檔　　號：
保存年限：

衛生福利部中央健康保險署　函

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密等及解密條件或保密期限：
附件：「全民健康保險藥物給付項目及支付標準」第七十九條附件二、第八十條附件三、第八十一條附件四、第八十二條附件五、第八十三條附件六、第八十四條附件七修正草案公告影本（附件請於本署公告網頁下載參考）1份

裝

主旨：檢送「全民健康保險藥物給付項目及支付標準」第七十九條附件二、第八十條附件三、第八十一條附件四、第八十二條附件五、第八十三條附件六、第八十四條附件七修正草案公告影本1份，對於本公告內容如有任何意見或修正建議者，請於本公告刊登公報隔日起60日內陳述意見或洽詢本署，請查照。

訂

正本：台灣醫院協會、中華民國醫師公會全國聯合會、社團法人中華民國牙醫師公會全國聯合會、中華民國中醫師公會全國聯合會、中華民國藥師公會全國聯合會、財團法人台灣醫療改革基金會、財團法人中華民國消費者文教基金會、台灣製藥工業同業公會、中華民國製藥發展協會、中華民國學名藥協會、中華民國開發性製藥研究協會、中華民國西藥代理商業同業公會、台北市西藥代理商業同業公會、台灣藥品行銷暨管理協會、中華民國西藥商業同業公會全國聯合會、台灣研發型生技新藥發展協會、中華民國醫療器材商業同業公會全國聯合會、中華民國儀器商業同業公會全國聯合會、台灣醫療暨生技器材工業同業公會、台北市儀器商業同業公會、台北市進出口商業同業公會、台灣先進醫療科技發展協會、台灣美國商會、高雄美國商會、台中美國商會、歐洲在台商務協會、台北市日本工商會、法國工商會、台北市英僑商務協會、台灣加拿大商會、馬來西亞商業及工業協會、台灣以色列商業文化促進會、台北市瑞典商會、台北市香港商業協會、德國工商總會駐台商會、衛生福利部

線

副本：衛生福利部中央健康保險署收對章(2)

署長 李伯璋

全民健康保險藥物給付項目及支付標準第七十九條附件二、第八十條附件三、第八十一條附件四、第八十二條附件五、第八十三條附件六、第八十四條附件七修正總說明

本次全民健康保險藥物給付項目及支付標準(以下稱本標準)之修正，為本(一百一十一)年第一次修正。

依據本標準第四條第八項「保險人每年將暫予收載結果，報請主管機關公告收載於本標準中」規定，修正本標準第七十九條附件二至第八十四條附件七之內容，依次為「藥品給付品項暨支付標準表」、「特殊材料給付品項暨支付標準表」、「中藥用藥品項表(單方)」、「中藥用藥品項表(複方)」、「藥品給付規定」及「特殊材料給付規定」，其修正要點如下：

一、本次內容係對照一百一十一年一月與一百十年一月之藥物給付品項、支付標準及給付規定等保險人暫予收載或增修訂內容，所作修正。

二、「藥品給付品項暨支付標準表」：一百一十一年一月共收載一萬五千五百六十五項，相較於一百十年一月，異動八千八百三十七項，其中新增二百九十四項、調整六千六百七十八項、刪除一千八百六十五項。(修正條文第七十九條附件二)

三、「特殊材料給付品項暨支付標準表」：一百一十一年一月共收載八千四百四十三項，相較於一百十年一月，異動一千二百八十一項，其中新增六百零六項、調整二百一十項、刪除四百六十五項。(修正條文第八十條附件三)

四、「中藥用藥品項表(單方)」：一百一十一年一月共收載三千四百八十五項，相較於一百十年一月，異動二十五項，其中新增二十三項、刪除二項。(修正條文第八十一條附件四)

五、「中藥用藥品項表(複方)」：一百一十一年一月共收載六千八百八十五項，相較於一百十年一月，異動二百一十二項，其中新增一百八十四項、刪除二十八項。(修正條文第八十二條附件五)

六、「藥品給付規定」：共十五節，本次修正內容為通則及第一節至第十節及第十三節、第十四節及其相關附表。(修正條文第八十三條附件六)

七、「特殊材料給付規定」：一百一十一年一月共有二百八十二項分類碼，相較於一百十年一月，異動六十項，其中新增二十一項、修正三十八項、刪除一項。（修正條文第八十四條附件七）

八、本次修正內容為一百一十一年一月份之給付品項、支付標準及給付規定，如有異動，以保險人最新公告為主。

第七十九條附件二修正對照表

修正規定			現行規定			說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付品項及支付價格；如有異動，以保險人最新公告為主。			通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付品項及支付價格；如有異動，以保險人最新公告為主。			修正年度並酌修文字。
藥品代碼	藥品英文名稱	支付價(111年1月)	藥品代碼	藥品英文名稱	支付價(110年1月)	說明
A000173100	FUDECOUGH TABLETS 15MG "F.Y."	0.47	A000173100	FUDECOUGH TABLETS 15MG "F.Y."	0.48	調價
A000604151	MEDICON SYRUP	29.70	A000604151	MEDICON SYRUP	30.70	調價
A001045100	VESSELON CAPSULES "H.L."	0.00	A001045100	VESSELON CAPSULES "H.L."	1.01	刪除
A001448100	NOSCAPINE TABLETS "YU SHENG"	0.83	A001448100	NOSCAPINE TABLETS "YU SHENG"	0.84	調價
A001713100	ENZYME TABLETS "H.C.T."	3.68	A001713100	ENZYME TABLETS "H.C.T."	3.69	調價
A001963100	FULICLIN TABLETS	0.00	A001963100	FUNA TABLETS "CURIE"	1.03	刪除
A0019631G0	FULICLIN TABLETS(鋁箔/膠箔)	0.00	A0019631G0	FUNA TABLETS "CURIE"(鋁箔/膠箔)	1.50	刪除
A002314221	DIANZEM INJECTION "Y.Y."	0.00	A002314221	DIANZEM INJECTION "Y.Y."	10.90	刪除
A002760100	THIAN TABLETS "YU SHENG"	0.47	A002760100	THIAN TABLETS "YU SHENG"	0.48	調價
A003373321	FLUCONIN OINT.	34.10	A003373321	FLUCONIN OINT.	34.70	調價
A003373329	FLUCONIN OINT.	40.70	A003373329	FLUCONIN OINT.	41.40	調價
A003621100	DEXCON TABLETS 10MG	0.43	A003621100	DEXCON TABLETS 10MG	0.44	調價
A004042100	LICOTIN TABLETS "YUNG CHI"	0.47	A004042100	LICOTIN TABLETS "YUNG CHI"	0.49	調價
A004219100	BISLAN TABLETS "YUNG SHIN"	0.23	A004219100	BISLAN TABLETS "YUNG SHIN"	0.24	調價
A004575100	SECOBARBITAL SODIUM CAPSULES "VPP"	0.00	A004575100	SECOBARBITAL SODIUM CAPSULES "VPP"	1.82	刪除
A004973321	RINDERON-VA CREAM 0.06%	35.60	A004973321	RINDERON-VA CREAM 0.06%	36.80	調價
A004975416	EYE RINDERON-A SOLUTION	28.40	A004975416	EYE RINDERON-A SOLUTION	28.60	調價
A004977429	YEN SAN EYE DROPS	24.50	A004977429	YEN SAN EYE DROPS	26.80	調價
A011014157	COUGH SYRUP "PATRON"	25.80	A011014157	COUGH SYRUP "PATRON"	26.10	調價
A011081321	BENISON CREAM 0.1% "GENTLE"	13.50	A011081321	BENISON CREAM 0.1% "GENTLE"	14.80	調價
A011093151	COTAINE SYRUP "HEALTH"	17.00	A011093151	COTAINE SYRUP "HEALTH"	17.30	調價
A011189151	COLISO SYRUP	18.10	A011189151	COLISO SYRUP	18.80	調價

A011189157	COLISO SYRUP "WINSTON"	23.00	A011189157	COLISO SYRUP "WINSTON"	23.80	調價
A011482238	POLYVITA INJECTION "Y.Y"	0.00	A011482238	POLYVITA INJECTION "Y.Y"	10.00	刪除
A012000100	TRIANPRES S.C. TABLETS "N.C.P."	1.07	A012000100	TRIANPRES S.C. TABLETS "N.C.P."	1.09	調價
A012243100	B.H. TABLETS 8MG "LITA"	0.26	A012243100	B.H. TABLETS 8MG "LITA"	0.28	調價
A012407500	ANTI-GI SUPPOSITORY	7.30	A012407500	ANTI-GI SUPPOSITORY	7.60	調價
A012458100	EURODIN TABLETS 2MG	1.53	A012458100	EURODIN TABLETS 2MG	1.55	調價
A012524100	MINRID TABLETS "H.H."	0.25	A012524100	MINRID TABLETS "H.H."	0.26	調價
A012556109	SHECO GRANULES	4.67	A012556109	SHECO GRANULES	4.76	調價
A012596100	MECOFAN TABLETS "ASTAR"	0.46	A012596100	MECOFAN TABLETS "ASTAR"	0.47	調價
A012876100	BIOTASE TABLETS "YUNG SHIN"	0.57	A012876100	BIOTASE TABLETS "YUNG SHIN"	0.58	調價
A013084100	NOSCAPINE TABLETS 20MG "H.L."	0.85	A013084100	NOSCAPINE TABLETS 20MG "H.L."	0.86	調價
A013103109	HISTAPP GRANULES	3.90	A013103109	HISTAPP GRANULES	3.93	調價
A013126100	HCNORITLE PIPRINHYDRINATE TABLETS	0.35	A013126100	HCNORITLE PIPRINHYDRINATE TABLETS	0.36	調價
A013339151	PANCOPAR SYRUP "BOWLIN"	0.00	A013339151	PANCOPAR SYRUP "BOWLIN"	23.50	刪除
A013339157	PANCOPAR SYRUP "BOWLIN"	0.00	A013339157	PANCOPAR SYRUP "BOWLIN"	26.10	刪除
A013531100	SEDASPA S.C. TABLETS "H.H."	1.12	A013531100	SEDASPA S.C. TABLETS "H.H."	1.13	調價
A013535157	ANTICOUGH SYRUP WITH CODEINE "C.S.P."	21.70	A013535157	ANTICOUGH SYRUP WITH CODEINE "C.S.P."	22.10	調價
A013631100	CARBINOXAMINE TAB.	0.34	A013631100	CARBINOXAMINE TAB.	0.36	調價
A013638100	BROMPHENIRAMINE TABLETS "J.S."	0.25	A013638100	BROMPHENIRAMINE TABLETS "J.S."	0.26	調價
A013719100	LIBUSE S.C. TABLETS "JEN SHENG"	1.12	A013719100	LIBUSE S.C. TABLETS "JEN SHENG"	1.13	調價
A013955100	ORCIPRENALINE TABLETS "S.Y."	1.34	A013955100	ORCIPRENALINE TABLETS "S.Y."	1.43	調價
A014118335	FUMEI OINTMENT "IDEAL"	38.20	A014118335	FUMEI OINTMENT "IDEAL"	40.40	調價
A014230100	OXESILIN TABLETS "JOHNSON"	0.29	A014230100	OXESILIN TABLETS "JOHNSON"	0.30	調價
A015180212	COLISTIN POWDER FOR INJECTION	0.00	A015180212	COLISTIN INJECTION "ORIENTAL"	20.00	刪除
A015199100	PYRININ TABLETS "GENTLE"	0.50	A015199100	PYRININ TABLETS "GENTLE"	0.52	調價

A015242100	STOMACHIC TABLETS "PATRON"	2.17	A015242100	STOMACHIC TABLETS "PATRON"	2.37	調價
A015376100	PORSUCON S.C. TABLETS "HONTEN"	1.12	A015376100	PORSUCON S.C. TABLETS "HONTEN"	1.13	調價
A015436100	URSODESOXYCHOLIC ACID TABLETS "Y.Y."	1.74	A015436100	URSODESOXYCHOLIC ACID TABLETS "Y.Y."	1.77	調價
A0155791G0	TRIAMCINOLONE TABLETS 4MG "F.Y."(鋁箔/膠箔)	0.00	A0155791G0	TRIAMCINOLONE TABLETS 4MG "F.Y."(鋁箔/膠箔)	1.50	刪除
A015613209	ORCIPRENALINE INJECTIONS "Y.Y."	0.00	A015613209	ORCIPRENALINE INJECTIONS "Y.Y."	7.30	刪除
A015762435	KASULO NASAL SPRAY "C.S.P."	30.00	A015762435	KASULO NASAL SPRAY "C.S.P."	31.40	調價
A015992100	PANATOL TABLETS "M.T."	0.50	A015992100	PANATOL TABLETS "M.T."	0.52	調價
A016248157	NOGESIC SYRUP (ACETAMINOPHEN) "HEALTH"	17.10	A016248157	NOGESIC SYRUP (ACETAMINOPHEN) "HEALTH"	17.60	調價
A016317100	CASCARA S.C. TABLETS 130MG "V.P.P."	0.00	A016317100	CASCARA S.C. TABLETS 130MG "V.P.P."	0.51	刪除
A016351100	EXTAMINE TABLETS (BROMPHENIRAMINE) "GCPC"	0.25	A016351100	EXTAMINE TABLETS (BROMPHENIRAMINE) "GCPC"	0.26	調價
A016373100	REH NAR TONG TABLETS "O.Y."	0.46	A016373100	REH NAR TONG TABLETS "O.Y."	0.49	調價
A016595100	CHOLIGEN S.C. TABLETS "K.B."	0.00	A016595100	CHOLIGEN S.C. TABLETS "K.B."	0.96	刪除
A016700100	METHYLSCOPOLAMINE METHYLSULFATE TABLETS	1.02	A016700100	METHYLSCOPOLAMINE METHYLSULFATE TABLETS	1.03	調價
A016838100	KETOPROFEN CAPSULES 50MG "P.J."	1.20	A016838100	KETOPROFEN CAPSULES 50MG "P.J."	1.28	調價
A017014321	TOPCORT OINTMENT (FLUOCINONIDE) "S.C."	32.30	A017014321	TOPCORT OINTMENT (FLUOCINONIDE) "S.C."	33.40	調價
A017014329	TOPCORT OINTMENT (FLUOCINONIDE) "S.C."	44.10	A017014329	TOPCORT OINTMENT (FLUOCINONIDE) "S.C."	45.90	調價
A017279416	GENTAMICIN EYE DROPS "GCPC"	13.30	A017279416	GENTAMICIN EYE DROPS "GCPC"	13.80	調價
A017302100	COUGHXIN TABLET 8MG (BROMHEXINE)	0.25	A017302100	COUGHXIN TABLET 8MG (BROMHEXINE)	0.27	調價
A017454423	RINTERON OPHTHALMIC SOLUTION "MAY SEE"	33.10	A017454423	RINTERON OPHTHALMIC SOLUTION "MAY SEE"	34.90	調價

A017805229	KANAMYCIN SULFATE INJECTION "ASTAR"	0.00	A017805229	KANAMYCIN SULFATE INJECTION "ASTAR"	19.00	刪除
A017805238	KANAMYCIN SULFATE INJECTION "ASTAR"	0.00	A017805238	KANAMYCIN SULFATE INJECTION "ASTAR"	26.60	刪除
A017805299	KANAMYCIN SULFATE INJECTION "ASTAR"	0.00	A017805299	KANAMYCIN SULFATE INJECTION "ASTAR"	1.33	刪除
A017806157	PANCOUDENIN SYRUP "PANBIOTIC"	23.40	A017806157	PANCOUDENIN SYRUP "PANBIOTIC"	24.30	調價
A018091100	METHON TABLETS 15MG	0.47	A018091100	METHON TABLETS 15MG	0.49	調價
A018160100	DEHYDRI S.C. TABLETS "P.J."	1.07	A018160100	DEHYDRI S.C. TABLETS "P.J."	1.09	調價
A018282100	SEPRONIN CAPSULES (KETOPROFEN) "SHITEH"	1.20	A018282100	SEPRONIN CAPSULES (KETOPROFEN) "SHITEH"	1.28	調價
A018322321	GENDERON CREAM "PATRON"	12.20	A018322321	GENDERON CREAM "PATRON"	12.60	調價
A018322329	GENDERON CREAM "PATRON"	13.50	A018322329	GENDERON CREAM "PATRON"	13.60	調價
A018432100	ACETAMINOPHEN TABLETS "WINSTON"	0.41	A018432100	ACETAMINOPHEN TABLETS "WINSTON"	0.43	調價
A018637100	COLAC E.C. TABLETS "S.C." (BISACODYL)	0.63	A018637100	COLAC E.C. TABLETS "S.C." (BISACODYL)	0.65	調價
A018678100	BIDICON TABLETS (DEXTROMETHORPHAN)	0.00	A018678100	BIDICON TABLETS (DEXTROMETHORPHAN)	0.82	刪除
A018696100	BIDYL S.C. TABLETS (BISACODYL) "C.C.P."	0.62	A018696100	BIDYL S.C. TABLETS (BISACODYL) "C.C.P."	0.63	調價
A018873100	BUCLIZINE TABLETS "H.H."	0.45	A018873100	BUCLIZINE TABLETS "H.H."	0.46	調價
A018952333	HEPARINOID OINTMENT "Y.Y."	34.60	A018952333	HEPARINOID OINTMENT "Y.Y."	35.90	調價
A019144355	DEHIST LOTION "GCPC"	22.80	A019144355	DEHIST LOTION "GCPC"	23.40	調價
A019178100	ANTIASTHMA CAPSULES	2.96	A019178100	ANTIASTHMA CAPSULES	3.08	調價
A019299151	PANDOL LIQUID (HALOPERIDOL) "PANBIOTIC"	0.00	A019299151	PANDOL LIQUID (HALOPERIDOL) "PANBIOTIC"	45.50	刪除

A019299157	PANDOL LIQUID (HALOPERIDOL) "PANBIOTIC"	0.00	A019299157	PANDOL LIQUID (HALOPERIDOL) "PANBIOTIC"	125.00	刪除
A019348100	KUANIUM S.C. TABLETS "VPP"	0.00	A019348100	KUANIUM S.C. TABLETS "VPP"	1.13	刪除
A019353100	STAZYME F.C. TABLETS "STANDARD"	1.66	A019353100	STAZYME F.C. TABLETS "STANDARD"	1.68	調價
A019485100	DEXCHLORPHENIRAMINE TABLETS "HONTEN"	0.30	A019485100	DEXCHLORPHENIRAMINE TABLETS "HONTEN"	0.31	調價
A019518100	FULOAN CAPSULES (FLUOXYMESTERONE) "N.C.P."	0.00	A019518100	FULOAN CAPSULES (FLUOXYMESTERONE) "N.C.P."	2.46	刪除
A019615329	SINQUART CREAM "SINPHAR"	17.90	A019615329	SINQUART CREAM "SINPHAR"	18.20	調價
A019819100	ANTONIN CAPSULES	1.20	A019819100	ANTONIN CAPSULES	1.28	調價
A019947100	NOSCAPINE TABLETS "J.L."	0.83	A019947100	NOSCAPINE TABLETS "J.L."	0.84	調價
A020070100	CLOMIFEN CAPSULES (CLOMIPHENE) "ROYAL"	3.54	A020070100	CLOMIFEN CAPSULES (CLOMIPHENE) "ROYAL"	3.63	調價
A020296329	WINSOLVE ANTIFUNGAL CREAM	34.20	A020296329	WINSOLVE ANTIFUNGAL CREAM	34.60	調價
A020444100	PARAMOL TABLETS	0.41	A020444100	PARAMOL TABLETS	0.43	調價
A020455100	MAGNESIUM HYDROXIDE 300MG "CHEN TA"	0.18	A020455100	MAGNESIUM HYDROXIDE 300MG "CHEN TA"	0.21	調價
A020538238	PLEXVITE INJECTION "ASTAR"	0.00	A020538238	PLEXVITE INJECTION "ASTAR"	5.30	刪除
A020538277	PLEXVITA INJECTION "ASTAR"	0.00	A020538277	PLEXVITA INJECTION "ASTAR"	19.10	刪除
A020694429	ENGENE EYE DROPS "PATRON"	42.80	A020694429	ENGENE EYE DROPS "PATRON"	46.10	調價
A020707100	DEPYRETIN TABLETS (ACETAMINOPHEN) "VPP"	0.41	A020707100	DEPYRETIN TABLETS (ACETAMINOPHEN) "VPP"	0.43	調價
A0208491G0	LOPERAMIDE TABLETS 2 MG "F.Y."(28粒/瓶裝)(鋁箔/膠箔)	0.00	A0208491G0	LOPERAMIDE TABLETS 2 MG "F.Y."(28粒/瓶裝)(鋁箔/膠箔)	1.50	刪除
A020892343	SINPHARDERM CREAM "SINPHAR"	31.20	A020892343	SINPHARDERM CREAM "SINPHAR"	32.00	調價
A020904100	JYYKO TABLETS 30MG (DEXTROMETHORPHEN) "N.C.P."	0.00	A020904100	JYYKO TABLETS 30MG (DEXTROMETHORPHEN) "H.L."	0.82	刪除
A020959100	CLONIN CAPSULES (CLOMIPHENE)	3.54	A020959100	CLONIN CAPSULES (CLOMIPHENE)	3.63	調價

A020998321	BEGTI CREAM "STANDARD"	14.80	A020998321	BEGTI CREAM "STANDARD"	14.90	調價
A021274100	XANPLAMIN TABLETS 150MG (XANTHINOL NICOTINATE) "VPP"	0.00	A021274100	XANPLAMIN TABLETS 150MG (XANTHINOL NICOTINATE) "VPP"	0.83	刪除
A021455335	XYLMOL OINTMENT "SINPHAR"	40.00	A021455335	XYLMOL OINTMENT "SINPHAR"	46.70	調價
A021573324	SCHEREE CREAM "BOWLIN"	16.60	A021573324	SCHEREE CREAM "BOWLIN"	17.10	調價
A021748277	6-H.E.S. INJECTION	0.00	A021748277	6-H.E.S. INJECTION	256.00	刪除
A021776151	CODEPIN SYRUPS "N.C.P."	0.00	A021776151	CODEPIN SYRUPS "N.C.P."	23.50	刪除
A021776157	CODEPIN SOLUTION "N.C.P."	0.00	A021776157	CODEPIN SOLUTION "N.C.P."	26.10	刪除
A021853329	DAFRIN CREAM (MICONAZOLE) "SWISS"	34.20	A021853329	DAFRIN CREAM (MICONAZOLE) "SWISS"	34.60	調價
A021887417	LECORT IN ORAL BASE (TRIAMCINOLONE)	21.20	A021887417	LECORT IN ORAL BASE (TRIAMCINOLONE)	21.60	調價
A021887423	LECORT IN ORAL BASE (TRIAMCINOLONE)	36.70	A021887423	LECORT IN ORAL BASE (TRIAMCINOLONE)	37.80	調價
A021960151	COCOSAU SYRUP "Y.Y"	0.00	A021960151	COCOSAU SYRUP "Y.Y"	23.50	刪除
A021990100	SONCHI TABLETS "CURIE"	1.66	A021990100	SONCHI TABLETS "CURIE"	1.76	調價
A022078321	ANTIFUNGUS CREAM "GCPC"	29.10	A022078321	ANTIFUNGUS CREAM "GCPC"	31.90	調價
A022259100	PRANOLOL TABLETS (PROPRANOLOL) "H.L."	0.00	A022259100	PRANOLOL TABLETS (PROPRANOLOL) "H.L."	0.87	刪除
A022407100	KETOPROFEN CAPSULES 50MG "CHI SHENG"	1.20	A022407100	KETOPROFEN CAPSULES 50MG "CHI SHENG"	1.28	調價
A022467100	INCALM TABLETS "SINPHAR"	0.53	A022467100	INCALM TABLETS "SINPHAR"	0.65	調價
A022473429	PATEAR EYE LOTIONS "PATRON"	29.60	A022473429	PATEAR EYE LOTIONS "PATRON"	31.50	調價
A022529100	BROMPHENIRAMINE TABLETS "TAI YU"	0.23	A022529100	BROMPHENIRAMINE TABLETS "TAI YU"	0.24	調價
A022540321	EPIDREM OINTMENT "SINPHAR"	15.00	A022540321	EPIDREM OINTMENT "SINPHAR"	15.20	調價
A022595100	POUGENIN CAPSULES (SILYMARIN)	1.22	A022595100	POUGENIN CAPSULES (SILYMARIN)	1.26	調價
A022664100	AMOXICILLIN CAPSULES 500MG "Taiten"	1.23	A022664100	AMOXICILLIN CAPSULES 500MG "Taiten"	1.24	調價

A022686329	CLOMAZOLE CREAM 1% (CLOTRIMAZOLE) "VPP"	15.40	A022686329	CLOMAZOLE CREAM 1% (CLOTRIMAZOLE) "VPP"	15.80	調價
A022693329	FLUOCINONIDE OINTMENT "H.S."	44.10	A022693329	FLUOCINONIDE OINTMENT "H.S."	45.90	調價
A022722100	BUCOFENE TABLETS	0.45	A022722100	BUCOFENE TABLETS	0.46	調價
A022729238	GENTAMICIN SULFATE INJECTION "ASTAR"	36.90	A022729238	GENTAMICIN SULFATE INJECTION "ASTAR"	40.60	調價
A022928100	ODETIN TABLETS (BUCLIZINE) "VPP"	0.45	A022928100	ODETIN TABLETS (BUCLIZINE) "VPP"	0.46	調價
A022970209	CANHONLIN INJECTION "Y.A." (ANETHOLE TRITHIONE)	0.00	A022970209	CANHONLIN INJECTION "Y.A." (ANETHOLE TRITHIONE)	10.00	刪除
A023012321	SINSODERM CREAM "S.Y."	15.00	A023012321	SINSODERM CREAM "S.Y."	15.20	調價
A023038321	CHAA CREAM (CHLOROHYDROXY ALUMINUM ALLANTOINATE) "H.C.T."	0.00	A023038321	CHAA CREAM (CHLOROHYDROXY ALUMINUM ALLANTOINATE) "H.C.T."	31.40	刪除
A023041100	ALLOPURINOL TABLETS "PANBIOTIC"	0.00	A023041100	ALLOPURINOL TABLETS "PANBIOTIC"	0.99	刪除
A023231329	CIVIDOID GEL (HEPARINOID) "SINPHAR"	31.50	A023231329	CIVIDOID GEL (HEPARINOID) "SINPHAR"	31.70	調價
A023231338	CIVIDOID GEL (HEPARINOID) "SINPHAR"	34.60	A023231338	CIVIDOID GEL (HEPARINOID) "SINPHAR"	35.90	調價
A023336329	PASCA GEL "SHIONOGI"	33.90	A023336329	PASCA GEL "SHIONOGI"	34.70	調價
A023356100	SU'S CAPSULES (SULPIRIDE) "CURIE"	1.08	A023356100	SU'S CAPSULES (SULPIRIDE) "CURIE"	1.11	調價
A023434100	LYSOEM TABLETS (LYSOZYME)	1.01	A023434100	LYSOEM TABLETS (LYSOZYME)	1.02	調價
A023490100	SODICON TABLETS "SINPHAR"	0.47	A023490100	SODICON TABLETS "SINPHAR"	0.49	調價
A023531421	BENEMYCIN EYE DROPS "OASIS"	28.40	A023531421	BENEMYCIN EYE DROPS "OASIS"	28.60	調價
A023533329	FUNGICIDE CREAM (CLOTRIMAZOLE) "ROYAL"	15.40	A023533329	FUNGICIDE CREAM (CLOTRIMAZOLE) "ROYAL"	15.80	調價
A023627100	VENTURIN TABLETS "Y.S." (DIPHENIDOL)	1.05	A023627100	VENTURIN TABLETS "Y.S." (DIPHENIDOL)	1.08	調價

A023628212	GASPIN INJECTION (PIRENZEPINE) "GENTLE"	0.00	A023628212	GASPIN INJECTION (PIRENZEPINE) "GENTLE"	26.50	刪除
A023654100	DECOUGH CAPSULES (CARBOCISTEINE)	1.15	A023654100	DECOUGH CAPSULES (CARBOCISTEINE)	1.19	調價
A023663321	ECONAZOLE TRIAMCINOLONE CREAM “TWI”	10.50	A023663321	ECONAZOLE TRIAMCINOLONE CREAM “TWI”	10.60	調價
A023663329	ECONAZOLE TRIAMCINOLONE CREAM “TWI”	18.20	A023663329	ECONAZOLE TRIAMCINOLONE CREAM “TWI”	18.50	調價
A023663335	ECONAZOLE TRIAMCINOLONE CREAM “TWI”	22.20	A023663335	ECONAZOLE TRIAMCINOLONE CREAM “TWI”	23.90	調價
A023687321	FUDELIN CREAM "L.S." (FLUOCINONIDE)	32.30	A023687321	FUDELIN CREAM "L.S." (FLUOCINONIDE)	33.40	調價
A023743100	PARAMMINE TABLETS	0.53	A023743100	PARAMMINE TABLETS	0.65	調價
A023839157	CORIGIN SYRUP "S.Y."	23.00	A023839157	CORIGIN SYRUP "S.Y."	23.80	調價
A024004100	BUGIFENE TABLETS "P.L."	0.45	A024004100	BUGIFENE TABLETS "P.L."	0.46	調價
A024155100	CHLOPHEDIANOL HCL TABLETS "S.C."	0.86	A024155100	CHLOPHEDIANOL HCL TABLETS "S.C."	0.87	調價
A024182100	ROXSON TABLETS "Y.Y"(PRIDINOL)	0.00	A024182100	ROXSON TABLETS "Y.Y"(PRIDINOL)	0.92	刪除
A024192221	REPACIN LYO-INJECTION (BETA-AESCIN)	0.00	A024192221	REPACIN LYO-INJECTION (BETA-AESCIN)	37.60	刪除
A024225338	WHITE CLOUD OINTMENT (FLUOCINONIDE)"C.H."	94.00	A024225338	WHITE CLOUD OINTMENT (FLUOCINONIDE)"C.H."	102.00	調價
A024239100	NEWTASE TABLETS "CHINTENG"	0.57	A024239100	NEWTASE TABLETS "CHINTENG"	0.58	調價
A024261100	ELIAMINE S.C. TABLETS (SILYMARIN)	1.22	A024261100	ELIAMINE S.C. TABLETS (SILYMARIN)	1.26	調價
A024280100	ANTOXINE TABLETS (DIHYDROERGOTOXINE METHANESULFONATE)	1.24	A024280100	ANTOXINE TABLETS (DIHYDROERGOTOXINE METHANESULFONATE)	1.26	調價
A024305100	ULSPAN CAPSULES (SULPIRIDE)	1.08	A024305100	ULSPAN CAPSULES (SULPIRIDE)	1.11	調價
A024309100	DARAFFIN TABLETETS "S.C."	0.50	A024309100	DARAFFIN TABLETETS "S.C."	0.52	調價
A024338321	TRISONE CREAM	0.00	A024338321	TRISONE CREAM	10.60	刪除
A024338329	TRISONE CREAM	0.00	A024338329	TRISONE CREAM	18.50	刪除
A024338335	TRISONE CREAM	0.00	A024338335	TRISONE CREAM	23.90	刪除
A024571321	EPARCORT CREAM	10.50	A024571321	EPARCORT CREAM	10.60	調價

A024571329	EPARCORT CREAM	18.20	A024571329	EPARCORT CREAM	18.50	調價
A024714100	BIODASE TABLETS "H.H."	0.57	A024714100	BIODASE TABLETS "H.H."	0.58	調價
A024867100	RISCO TABLETS "Y.S." (EPRAZINONE)	0.57	A024867100	RISCO TABLETS "Y.S." (EPRAZINONE)	0.58	調價
A024878321	PERICON CREAM "CENTURY"	10.40	A024878321	PERICON CREAM "CENTURY"	10.50	調價
A024878335	PERICON CREAM "CENTURY"	22.20	A024878335	PERICON CREAM "CENTURY"	23.90	調價
A025027100	DEXCHLORPHENIRAMINE MALEATE TABLETS 2MG "Y.K."	0.30	A025027100	DEXCHLORPHENIRAMINE MALEATE TABLETS 2MG "Y.K."	0.31	調價
A025081100	RECOUGH TABLETS 20MG "S.C." (EPRAZINONE)	0.59	A025081100	RECOUGH TABLETS 20MG "S.C." (EPRAZINONE)	0.60	調價
A025091100	MAGOCAIN TABLETS	0.42	A025091100	MAGOCAIN TABLETS	0.47	調價
A0251181G0	NEUROPAM TABLETS 2MG (LORAZEPAM) "PANBIOTIC"(鋁箔/膠箔)	0.00	A0251181G0	NEUROPAM TABLETS 2MG (LORAZEPAM) "PANBIOTIC"(鋁箔/膠箔)	1.50	刪除
A025136329	MYCOSTEN CREAM 10MG/GM (CLOTRIMAZOLE) "SINPHAR"	15.40	A025136329	MYCOSTEN CREAM 10MG/GM (CLOTRIMAZOLE) "SINPHAR"	15.80	調價
A025194157	KOSOLIN SYRUP	25.80	A025194157	KOSOLIN SYRUP	26.10	調價
A025195100	DYPHACOL TABLETS	0.00	A025195100	DYPHACOL TABLETS	0.92	刪除
A025216229	POLIMIN-B12 INJECTION "Y.Y."	0.00	A025216229	POLIMIN-B12 INJECTION "Y.Y."	9.10	刪除
A025218329	KONAZOLE OINTMENT (MICONAZOLE)"Y.Y."	34.20	A025218329	KONAZOLE OINTMENT (MICONAZOLE)"Y.Y."	34.60	調價
A025237321	TRETINOIN CREAM 0.1%	20.20	A025237321	TRETINOIN CREAM 0.1%	20.50	調價
A025291321	SEEDO-SANIN CREAM	0.00	A025291321	SEEDO-SANIN CREAM	10.50	刪除
A025309157	CARSTIN SYRUP 20MG/ML (S-CARBOXYMETHYLCYSTEINE)	20.50	A025309157	CARSTIN SYRUP 20MG/ML (S-CARBOXYMETHYLCYSTEINE)	20.80	調價
A0253961G0	MEFETON F.C. TABLETS 500MG (MEFENAMIC ACID) "S.Y."(瓶裝/84粒/瓶)	0.00	A0253961G0	MEFETON F.C. TABLETS 500MG (MEFENAMIC ACID) "S.Y."(瓶裝/84粒/瓶)	1.50	刪除
A025419100	REZINON TABLETS 20MG (EPRAZINONE)	0.58	A025419100	REZINON TABLETS 20MG (EPRAZINONE)	0.59	調價

A025582100	EPRANONE TABLETS 20MG (EPRAZINONE) "H.H."	0.59	A025582100	EPRANONE TABLETS 20MG (EPRAZINONE) "H.H."	0.60	調價
A025601100	EPRAZINONE TABLETS 30MG "CHINTENG"	0.64	A025601100	EPRAZINONE TABLETS 30MG "CHINTENG"	0.65	調價
A025621212	TOBRA INJECTION 40MG/ML (TOBRAMYCIN)	0.00	A025621212	TOBRA INJECTION 40MG/ML (TOBRAMYCIN)	37.40	刪除
A025706100	STARGEN S.C. TABLETS 100MG (TIOPRONIN) "S.T."	0.00	A025706100	STARGEN S.C. TABLETS 100MG (TIOPRONIN) "S.T."	4.39	刪除
A025715100	ACTIZYME TABLETS 30MG"PANBIOTIC"(LYSOZYME)	0.00	A025715100	ACETIZYME TABLETS 30MG (LYSOZYME) "PANBIOTIC"	0.92	刪除
A025720100	KETOPROFEN CAPSULES 50MG "TAH-AN"	1.20	A025720100	KETOPROFEN CAPSULES 50MG "TAH-AN"	1.28	調價
A025778100	TRI-ZYME TABLETS "S.T."	0.57	A025778100	TRI-ZYME TABLETS "S.T."	0.58	調價
A025856100	RESCO TABLETS 20MG (EPRAZINONE) "GENTLE"	0.59	A025856100	RESCO TABLETS 20MG (EPRAZINONE) "GENTLE"	0.60	調價
A025883321	MICONASON CREAM	0.00	A025883321	MICONASON CREAM	30.70	刪除
A025921100	REPRACON TABLETS 20MG (EPRAZINONE DIHYDROCHLORIDE)	0.59	A025921100	REPRACON TABLETS 20MG (EPRAZINONE DIHYDROCHLORIDE)	0.60	調價
A025937100	COEN TABLETS 20MG (EPRAZINONE)"YU SHENG"	0.59	A025937100	COEN TABLETS 20MG (EPRAZINONE)"YU SHENG"	0.60	調價
A025956100	NORETONE TABLETS 5MG (NORETHINDRONE ACETATE) "SHIN FONG"	1.26	A025956100	NORETONE TABLETS 5MG (NORETHINDRONE ACETATE) "SHIN FONG"	1.29	調價
A026390100	ANTIEXPECT TABLETS 20MG "JINUP" (EPRAZINONE HCL)	0.59	A026390100	ANTIEXPECT TABLETS 20MG "JINUP" (EPRAZINONE HCL)	0.60	調價
A026456100	UPANTA TABLETS 25MG (BUCLIZINE) "JINUP"	0.45	A026456100	UPANTA TABLETS 25MG (BUCLIZINE) "JINUP"	0.46	調價
A026485221	ASCORBIC ACID INJECTION 250MG/ML "S.Y."	0.00	A026485221	ASCORBIC ACID INJECTION 250MG/ML "S.Y."	5.40	刪除

A026487100	LONFADROXIL CAPSULES 250MG (CEFADROXIL) "UNION"	1.98	A026487100	LONFADROXIL CAPSULES 250MG (CEFADROXIL) "UNION"	2.00	調價
A026532100	BECTON F.C. TABLETS "W.P."	1.92	A026532100	BECTON F.C. TABLETS "W.P."	1.94	調價
A026549100	KOUMIN TABLETS 2MG (DEXCHLORPHENIRAMINE)	0.30	A026549100	KOUMIN TABLETS 2MG (DEXCHLORPHENIRAMINE)	0.31	調價
A026551121	FLUTAFIN GRANULES 20MG/GM "SHITEH" (ACETYLCYSTEINE)	1.58	A026551121	FLUTAFIN GRANULES 20MG/GM "SHITEH" (ACETYLCYSTEINE)	1.59	調價
A026643100	RESPININE TABLETS 30MG (EPRAZINONE)	0.67	A026643100	RESPININE TABLETS 30MG (EPRAZINONE)	0.69	調價
A026717100	MUCO CAPSULES 375MG "PATRON"	1.15	A026717100	MUCO CAPSULES 375MG "PATRON"	1.19	調價
A026793265	GLYCEROL INJECTION "S.Y."	0.00	A026793265	GLYCEROL INJECTION "S.Y."	73.00	刪除
A026793266	GLYCEROL INJECTION "S.Y."	0.00	A026793266	GLYCEROL INJECTION "S.Y."	73.00	刪除
A026793277	GLYCEROL INJECTION "S.Y."	0.00	A026793277	GLYCEROL INJECTION "S.Y."	73.00	刪除
A026875100	RIYAZINE CAPSULES "H.S."	0.00	A026875100	RIYAZINE CAPSULES "H.S."	1.06	刪除
A026906321	EPISONE CREAM "S.Y."	10.50	A026906321	EPISONE CREAM "S.Y."	10.60	調價
A026906329	EPISONE CREAM "S.Y."	18.20	A026906329	EPISONE CREAM "S.Y."	18.50	調價
A026906335	EPISONE CREAM 15GM "S.Y"	22.20	A026906335	EPISONE CREAM 15GM "S.Y"	23.90	調價
A026908100	RERTOXIN TABLETS 1.5MG (DIHYDROERGOTOXINE) "UNION"	0.00	A026908100	RERTOXIN TABLETS 1.5MG (DIHYDROERGOTOXINE) "UNION"	1.26	刪除
A026922100	MUCORPIN CAPSULES 375MG "Y.Y." (CARBOCYSTLINE)	1.13	A026922100	MUCORPIN CAPSULES 375MG "Y.Y." (CARBOCYSTLINE)	1.16	調價
A026955100	TOLSON CAPSULE 100MG (TOLPERISONE) "Y.Y"	1.30	A026955100	TOLSON CAPSULE 100MG (TOLPERISONE) "Y.Y"	1.31	調價
A027007100	SWEET TABLETS 50MG (SULPIRIDE)	1.08	A027007100	SWEET TABLETS 50MG (SULPIRIDE)	1.11	調價
A027013100	R.H.H TABLETS "Y.Y"	1.07	A027013100	R.H.H TABLETS "Y.Y"	1.09	調價
A027024100	RECOUGH TABLETS 30MG (EPRAZINONE) "S.C."	0.67	A027024100	RECOUGH TABLETS 30MG (EPRAZINONE) "S.C."	0.69	調價

A027040100	DEX-CTM TABLETS 2MG "S.Y."	0.30	A027040100	DEX-CTM TABLETS 2MG "S.Y."	0.31	調價
A027055100	CURRENT TABLETS "H.S."	0.00	A027055100	CURRENT TABLETS "H.S."	2.01	刪除
A027123100	AMOCILLIN CAPSULES 500MG (AMOXICILLIN) "CHI SHENG"	1.23	A027123100	AMOCILLIN CAPSULES 500MG (AMOXICILLIN) "CHI SHENG"	1.24	調價
A027146335	FU-KONG CREAM "T.L.B"	22.20	A027146335	FU-KONG CREAM "T.L.B"	23.90	調價
A027177121	ACTEIN GRANULES 20MG/GM "S.Y."	1.58	A027177121	ACTEIN GRANULES 20MG/GM "S.Y."	1.59	調價
A027233500	SAINT-IODINE VAGINAL SUPPOSITORIES 200MG "PATRON" (POVIDONE-IODINE)	10.10	A027233500	SAINT-IODINE VAGINAL SUPPOSITORIES 200MG "PATRON" (POVIDONE-IODINE)	10.70	調價
A027289338	UREA CREAM 100MG/GM "YUNG SHIN"	23.70	A027289338	UREA CREAM 100MG/GM "YUNG SHIN"	24.10	調價
A027300100	SEZEN TABLETS 30MG (NEFOPAM)"CBC"	2.70	A027300100	SEZEN TABLETS 30MG (NEFOPAM)"CBC"	2.87	調價
A027313100	METHYLSCOPOLAMINE TABLETS 1MG "Y.Y."	0.00	A027313100	METHYLSCOPOLAMINE TABLETS 1MG "Y.Y."	0.55	刪除
A027332209	PROASMA INJECTION 100MG/ML (METHOXYPHENAMINE)" Y.Y"	0.00	A027332209	PROASMA INJECTION 100MG/ML (METHOXYPHENAMINE)"Y.Y"	4.24	刪除
A027405100	SILLIVER CAPSULE 70MG (SILYMARIN) "C.M."	1.26	A027405100	SILLIVER CAPSULE 70MG (SILYMARIN) "C.M."	1.31	調價
A027444100	CARBOTIN CAPSULES 375MG (S-CARBOXYMETHYLCYSTEINE) "WEIDAR"	1.14	A027444100	CARBOTIN CAPSULES 375MG (S-CARBOXYMETHYLCYSTEINE) "WEIDAR"	1.17	調價
A027569100	SOMIN TABLETS 2MG (DEXCHLORPHENIRAMINE) "YUNG SHIN"	0.30	A027569100	SOMIN TABLETS 2MG (DEXCHLORPHENIRAMINE) "YUNG SHIN"	0.31	調價
A027706100	CLODNIN TABLETS 25MG(CHLOPHEDIANOL) "MEDIDE"	0.86	A027706100	CLODNIN TABLETS 25MG(CHLOPHEDIANOL)"MEDIDE"	0.87	調價
A027818100	DEPERMIDE S.C. TABLETS (INDAPAMIDE)	1.92	A027818100	DEPERMIDE S.C. TABLETS (INDAPAMIDE)	2.00	調價

A027876100	LIVORIN CAPSULES 70MG (SILYMARIN) "WEIDAR"	1.26	A027876100	LIVORIN CAPSULES 70MG (SILYMARIN) "WEIDAR"	1.31	調價
A027939221	BEESIX INJECTION 100MG/ML (PYRIDOXINE HCL) "VPP"	0.00	A027939221	BEESIX INJECTION 100MG/ML (PYRIDOXINE HCL) "VPP"	3.86	刪除
A027957277	CECONINE FOR INJECTION 0.5G (CEPHALORIDINE) "VPP"	0.00	A027957277	CECONINE FOR INJECTION 0.5G (CEPHALORIDINE) "VPP"	18.80	刪除
A028021321	AIRFUL CREAM 1MG/GM (TRETINOIN)	22.50	A028021321	AIRFUL CREAM 1MG/GM (TRETINOIN)	23.70	調價
A028080100	LEBUFEN F.C. TABLETS 200MG (FENBUFEN) "S.T."	1.28	A028080100	LEBUFEN F.C. TABLETS 200MG (FENBUFEN) "S.T."	1.30	調價
A028142100	KASTEINE TABLETS 375MG (S-CARBOXYMETHYLCYSTEINE "YUNG SHIN"	1.15	A028142100	KASTEINE TABLETS 375MG (S-CARBOXYMETHYLCYSTEINE "YUNG SHIN"	1.19	調價
A028380100	SULINDAC TABLETS 100MG "Y.S."	1.66	A028380100	SULINDAC TABLETS 100MG "Y.S."	1.67	調價
A028517100	PLOTON TABLETS	0.34	A028517100	PLOTON TABLETS	0.35	調價
A028578329	PIRIGEN CREAM 0.5MG/MG (CLOBETASOL)	13.70	A028578329	PIRIGEN CREAM 0.5MG/MG (CLOBETASOL)	14.30	調價
A028642100	CRIPTINE TABLETS 2.5MG (BROMOCRIPTINE)	4.25	A028642100	CRIPTINE TABLETS 2.5MG (BROMOCRIPTINE)	4.45	調價
A029036100	AMANTADINE CAPSULES 100MG (AMANTADINE)"GENTLE"	2.54	A029036100	AMANTADINE CAPSULES 100MG (AMANTADINE)"GENTLE"	2.76	調價
A029210100	TRIDIGESTS TABLETS "T.F."	0.57	A029210100	TRIDIGESTS TABLETS "T.F."	0.58	調價
A029217329	ANTIFUNGUO CREAM 10GM	18.20	A029217329	ANTIFUNGUO CREAM 10GM	18.50	調價
A029249100	U-PIRIDE TABLETS 200MG (SULPIRIDE)	1.30	A029249100	U-PIRIDE TABLETS 200MG (SULPIRIDE)	1.38	調價
A029250100	U-PIRIDE TABLETS 50MG (SULPIRIDE)	1.08	A029250100	U-PIRIDE TABLETS 50MG (SULPIRIDE)	1.11	調價
A029253100	SOURIREE COM-COLD CO. CAPSULES	0.00	A029253100	SOURIREE COM-COLD CO. CAPSULES	0.74	刪除
A029278216	CIDIX INJECTION "N.K."	0.00	A029278216	CIDIX INJECTION "N.K."	6.00	刪除
A029292209	ULOTHIN NEUTRAL INJECTION 1.0GM (CEPHALOTHIN)	0.00	A029292209	ULOTHIN NEUTRAL INJECTION 1.0GM (CEPHALOTHIN)	26.30	刪除

A029351209	URAZONE INJECTION 1GM (CEFOPERAZONE)	0.00	A029351209	URAZONE INJECTION 1GM (CEFOPERAZONE)	131.00	刪除
A029354324	CLOBESOL CREAM 0.5MG "GENTLE" (CLOBETASOL PROPIONATE)	12.80	A029354324	CLOBESOL CREAM 0.5MG "GENTLE" (CLOBETASOL PROPIONATE)	13.30	調價
A029354329	CLOBESOL CREAM 0.5MG "GENTLE" (CLOBETASOL PROPIONATE)	13.70	A029354329	CLOBESOL CREAM 0.5MG "GENTLE" (CLOBETASOL PROPIONATE)	14.30	調價
A029484100	ALUFATE CHEWING TABLETS 1000MG "C.M."	0.00	A029484100	ALUFATE CHEWING TABLETS 1000MG "C.M."	1.88	刪除
A029506309	PERITONEAL DIALYSIS SOLUTION-A "S.T."	0.00	A029506309	PERITONEAL DIALYSIS SOLUTION-A "S.T."	31.30	刪除
A029523289	MENIMYCIN INJECTION 750MG "TAI YU" (CEFUROXIME)	0.00	A029523289	MENIMYCIN INJECTION 750MG "TAI YU" (CEFUROXIME)	21.10	刪除
A029524100	TRIZIN CAPSULES 250MG "TAI YU" (CEFATRIZINE)	0.00	A029524100	TRIZIN CAPSULES 250MG "TAI YU" (CEFATRIZINE)	7.80	刪除
A029598155	AMANTA SOLUTION 10MG/ML "GENTLE" (AMANTADINE HCL)	0.00	A029598155	AMANTA SOLUTION 10MG/ML "GENTLE" (AMANTADINE HCL)	103.00	刪除
A029623100	LACEF CAPSULES 500MG "TAI YU" (CEPHRADINE)	2.68	A029623100	LACEF CAPSULES 500MG "TAI YU" (CEPHRADINE)	2.72	調價
A029704100	DOLCID TABLETS 400MG "SINPHAR"(PIPEMIDIC ACID)	2.99	A029704100	DOLCID TABLETS 400MG "SINPHAR"(PIPEMIDIC ACID)	3.01	調價
A029722321	FLUCONIN S CREAM 0.5MG/GM "S.Y."	32.30	A029722321	FLUCONIN S CREAM 0.5MG/GM "S.Y."	33.40	調價
A029722329	FLUCONIN S CREAM 0.5MG/GM "S.Y."	44.10	A029722329	FLUCONIN S CREAM 0.5MG/GM "S.Y."	45.90	調價
A029758110	ACETIN GRANULES 66.67MG/GM "TAI YU" (ACETYLCYSTEINE)	1.58	A029758110	ACETIN GRANULES 66.67MG/GM "TAI YU" (ACETYLCYSTEINE)	1.59	調價
A029889212	CEDOL FOR INJECTION 500MG (CEFAMANDOLE NAFATE)	0.00	A029889212	CEDOL FOR INJECTION 500MG (CEFAMANDOLE NAFATE)	159.00	刪除
A029906100	FUCOLE NOSPAN TABLETS 15MG	0.47	A029906100	FUCOLE NOSPAN TABLETS 15MG	0.48	調價
A029988100	LICODYNE TABLETS 375MG "Y.K."(CARBOCISTEINE)	1.14	A029988100	LICODYNE TABLETS 375MG "Y.K."(CARBOCISTEINE)	1.17	調價

A030385100	SULPIRIDE TABLETS	1.30	A030385100	SULPIRIDE TABLETS	1.38	調價
A030512100	DIAMICRON (GLICLAZIDE) TABLETS 80MG	1.02	A030512100	DIAMICRON (GLICLAZIDE) TABLETS 80MG	1.03	調價
A030590100	BEZALITE TABLETS 200MG (BEZAFIBRATE)	2.85	A030590100	BEZALITE TABLETS 200MG (BEZAFIBRATE)	2.97	調價
A030624343	SALICYLIC ACID AND BENZOIC ACID OINTMENT	0.00	A030624343	SALICYLIC ACID AND BENZOIC ACID OINTMENT	34.00	刪除
A030783338	MANNIN CREAM 0.5MG/G (CLOBETASOL) "SHITEH"	41.90	A030783338	MANNIN CREAM 0.5MG/G (CLOBETASOL) "SHITEH"	44.50	調價
A030811100	AMOXICILLIN CAPSULES 500MG "TAI YU"	1.23	A030811100	AMOXICILLIN CAPSULES 500MG "TAI YU"	1.24	調價
A030836157	MUCO SYRUP 20MG/ML (CARBOCISTEINE) "PATRON"	20.50	A030836157	MUCO SYRUP 20MG/ML (CARBOCISTEINE) "PATRON"	20.80	調價
A030871100	ASKACEF (CEPHRADINE) CAPSULES 500MG "VPP"	2.68	A030871100	ASKACEF (CEPHRADINE) CAPSULES 500MG "VPP"	2.72	調價
A031011157	COLIN SOLUTION	21.50	A031011157	COLIN SOLUTION	21.60	調價
A031032100	CARDINOL TAB. 100MG (METOPROLOL) "KINGDOM"	0.00	A031032100	CARDINOL TAB. 100MG (METOPROLOL) "KINGDOM"	3.07	刪除
A031055100	COSTINE TAB LETS 10MG (DOMPERIDONE) "K.N."	0.00	A031055100	COSTINE TAB LETS 10MG (DOMPERIDONE) "K.N."	0.86	刪除
A031094209	UROXIME INJECTION"UNION"(CEFUROXIME)	0.00	A031094209	UROXIME INJECTION"UNION"(CEFUROXIME)	52.00	刪除
A031094210	UROXIME INJECTION (CEFUROXIME) "UNION"	0.00	A031094210	UROXIME INJECTION (CEFUROXIME) "UNION"	53.00	刪除
A031094277	UROXIME INJ. 500MG. (CEFUROXIME) "UNION"	0.00	A031094277	UROXIME INJ. 500MG. (CEFUROXIME) "UNION"	21.10	刪除
A031174100	SULPYRONE TABLETS 100MG (SULPIRIDE) "EAYUNG"	1.23	A031174100	SULPYRONE TABLETS 100MG (SULPIRIDE) "EAYUNG"	1.28	調價
A031188338	VOREN EMULGEL (DICLOFENAC)	22.80	A031188338	VOREN EMULGEL (DICLOFENAC)	23.60	調價

A031224100	KETOTIFEN CAPSULES "EAYUNG"	1.04	A031224100	KETOTIFEN CAPSULES "EAYUNG"	1.06	調價
A031238100	MEBEN CAPSULES 300MG "Y.S." (FENBUFEN)	2.04	A031238100	MEBEN CAPSULES 300MG "Y.S." (FENBUFEN)	2.12	調價
A031274212	UNISONE INJECTION 4MG/ML (DEXAMETHASONE) "UNION"	15.70	A031274212	UNISONE INJECTION 4MG/ML (DEXAMETHASONE) "UNION"	16.00	調價
A031276100	TECYTEINE CAPSULES 375MG (CARBOCYSTEINE) "R.T."	1.14	A031276100	TECYTEINE CAPSULES 375MG (CARBOCYSTEINE) "R.T."	1.17	調價
A031356129	CONTRACID SUSPENSION 20MG/ML (CIMETIDINE)	0.00	A031356129	CONTRACID SUSPENSION 20MG/ML (CIMETIDINE)	13.40	刪除
A031651417	SCORO ORABASE	21.20	A031651417	SCORO ORABASE	21.60	調價
A031737151	SANCOUGH-CO SYRUP	0.00	A031737151	SANCOUGH-CO SYRUP	23.50	刪除
A031737157	SANCOUGH-CO SYRUP	0.00	A031737157	SANCOUGH-CO SYRUP	26.10	刪除
A031908255	FLUGEN INJECTION 5MG (TINIDAZOLE) "SIU GUAN"	0.00	A031908255	FLUGEN INJECTION 5MG (TINIDAZOLE) "SIU GUAN"	122.00	刪除
A031922338	INDOCIN CREAM 10MG/GM (INDOMETHACIN) "S.Y."	28.20	A031922338	INDOCIN CREAM 10MG/GM (INDOMETHACIN) "S.Y."	29.60	調價
A032001100	COSIN TABLETS 20MG "KOJAR" (NOSCAPINE)	0.83	A032001100	COSIN TABLETS 20MG "KOJAR" (NOSCAPINE)	0.84	調價
A0320011G0	COSIN TABLETS 20MG "KOJAR" (NOSCAPINE)(鋁箔/膠箔)	1.08	A0320011G0	COSIN TABLETS 20MG "KOJAR" (NOSCAPINE)(鋁箔/膠箔)	1.17	調價
A032006321	COBESONE CREAM 0.5MG/G (CLOBETASOL) "P.J."	11.90	A032006321	COBESONE CREAM 0.5MG/G (CLOBETASOL) "P.J."	12.60	調價
A032006324	COBESONE CREAM 0.5MG/GM "P.J"	12.80	A032006324	COBESONE CREAM 0.5MG/GM "P.J"	13.30	調價
A032006329	COBESONE CREAM 0.5MG/G (CLOBETASOL) "P.J."	13.70	A032006329	COBESONE CREAM 0.5MG/G (CLOBETASOL) "P.J."	14.30	調價
A032125209	PIXTIM INJECTION 20MG/ML (PIROXICAM) "UNION"	15.20	A032125209	PIXTIM INJECTION 20MG/ML (PIROXICAM) "UNION"	15.30	調價

A032125212	PIXTIM INJECTION 20MG/ML (PIROXICAM) "UNION"	15.50	A032125212	PIXTIM INJECTION 20MG/ML (PIROXICAM) "UNION"	15.80	調價
A032162100	SOURIREE COMTON TABLETS	0.00	A032162100	SOURIREE COMTON TABLETS	0.45	刪除
A032173329	TRIECO CREAM "SHITEH"	18.20	A032173329	TRIECO CREAM "SHITEH"	18.50	調價
A032208121	EQUSIL GRANULES 20MG/GM (ACETYLCYSTEINE) "LITA"	1.58	A032208121	EQUSIL GRANULES 20MG/GM (ACETYLCYSTEINE) "LITA"	1.59	調價
A032250100	SUPERTIDINE S.C. TABLETS 20MG (FAMOTIDINE) "VPP"	1.16	A032250100	SUPERTIDINE S.C. TABLETS 20MG (FAMOTIDINE) "VPP"	1.22	調價
A032267500	CLOTRIMAZOLE VAG. TAB. (CLOTRIMAZOLE) "PANBIOTIC"	0.00	A032267500	CLOTRIMAZOLE VAG. TAB. (CLOTRIMAZOLE) "PANBIOTIC"	13.20	刪除
A032287100	SENIDOL TAB. 25MG (DIPHENIDOL) "PANBIOTIC"	0.00	A032287100	SENIDOL TAB. 25MG (DIPHENIDOL) "PANBIOTIC"	0.91	刪除
A032295100	CEFADIN CAP 500MG (CEPHRADINE) "STANDARD"	2.68	A032295100	CEFADIN CAP 500MG (CEPHRADINE) "STANDARD"	2.72	調價
A032319321	GENTADERM CREAM	14.60	A032319321	GENTADERM CREAM	15.50	調價
A032323114	ACTEIN GRANULES 40MG/GM	1.58	A032323114	Flucil Granule 40mg/g "Purzer" (Acetylcysteine)	1.59	調價
A032325335	METHACIN GEL 10 MG/G "PURZER" (INDOMETHACIN)	27.30	A032325335	METHACIN GEL 10 MG/G "PURZER" (INDOMETHACIN)	28.40	調價
A032325338	METHACIN GEL 10 MG/G "PURZER" (INDOMETHACIN)	28.20	A032325338	METHACIN GEL 10 MG/G "PURZER" (INDOMETHACIN)	29.60	調價
A032376329	NISOLON GEL 50MG/G (ETOFENAMATE)	0.00	A032376329	NISOLON GEL 50MG/G (ETOFENAMATE)	29.40	刪除
A032419329	SINBETA DERM CREAM	13.50	A032419329	SINBETA DERM CREAM	13.60	調價
A032469100	LONGIAN TABLETS 25MG (BUCLIZINE)	0.45	A032469100	LONGIAN TABLETS 25MG (BUCLIZINE)	0.46	調價
A032492100	TOMIN TABLETS 2MG (DEXCHLORPHENIRAMINE) "KOJAR"	0.30	A032492100	TOMIN TABLETS 2MG (DEXCHLORPHENIRAMINE) "KOJAR"	0.31	調價
A032496100	ALDIN F.C. TABLETS 250MG (METHYLDOPA) "KOJAR"	0.00	A032496100	ALDIN F.C. TABLETS 250MG (METHYLDOPA) "KOJAR"	1.80	刪除

A032514421	TOBEYESON OPHTHALMIC SOLUTION	28.40	A032514421	TOBEYESON OPHTHALMIC SOLUTION	28.60	調價
A032624212	EUDAMYCIN INJECTION 150MG/ML (CLINDAMYCIN) "U-LIANG"	0.00	A032624212	EUDAMYCIN INJECTION 150MG/ML (CLINDAMYCIN) "U-LIANG"	15.00	刪除
A032634338	TONDONAC GEL 10MG/GM (DICLOFENAC SODIUM)	22.80	A032634338	TONDONAC GEL 10MG/GM (DICLOFENAC SODIUM)	23.60	調價
A032705221	DOPAMIN INJECTION 10MG/ML (DOPAMINE) "VPP"	18.70	A032705221	DOPAMIN INJECTION 10MG/ML (DOPAMINE) "VPP"	19.00	調價
A032760114	ACETYLEINE GRANULES 40MG/GM "H.S." (ACETYLCYSTEINE)	1.58	A032760114	ACETYLEINE GRANULES 40MG/GM "H.S." (ACETYLCYSTEINE)	1.59	調價
A032792229	DOPAMIN (DOPAMINE) INJECTION 20MG/ML "VPP"	18.70	A032792229	DOPAMIN (DOPAMINE) INJECTION 20MG/ML "VPP"	19.00	調價
A032803100	SLEEPING-DEPOT 0.25MG (TRIAZOLAM) "JINUP"	0.00	A032803100	SLEEPING-DEPOT 0.25MG (TRIAZOLAM) "JINUP"	1.86	刪除
A032848324	DERMOSOL CREAM 0.5MG/G (CLOBETASOL) "PATRON"	12.80	A032848324	DERMOSOL CREAM 0.5MG/G (CLOBETASOL) "PATRON"	13.30	調價
A032849100	MEZAIN TABLET 5MG (OXETHAZAINE) "STANDARD"	0.29	A032849100	MEZAIN TABLET 5MG (OXETHAZAINE) "STANDARD"	0.30	調價
A032886100	UPDOPA TABLETS 2.5MG (BROMOCRIPTINE) "JINUP"	0.00	A032886100	UPDOPA TABLETS 2.5MG (BROMOCRIPTINE) "JINUP"	4.45	刪除
A032891100	AMOXICILLIN CAPSULES 500MG "T.F."	1.23	A032891100	AMOXICILLIN CAPSULES 500MG "T.F."	1.24	調價
A032898330	GOODLUCK CREAM 0.5MG/GM (CLOBETASONE)	41.30	A032898330	GOODLUCK CREAM 0.5MG/GM (CLOBETASONE)	44.10	調價
A033073100	CASEMYCIN CAPSULES 500MG (CEPHALEXIN) "T.F."	0.00	A033073100	CASEMYCIN CAPSULES 500MG (CEPHALEXIN) "T.F."	1.75	刪除
A033093209	METACIN FOR INJECTION (CEFMETAZOLE)	0.00	A033093209	METACIN FOR INJECTION (CEFMETAZOLE)	83.00	刪除

A033166100	BROMPHENIRAMINE MALEATE TABLETS "Y.C."	0.23	A033166100	BROMPHENIRAMINE MALEATE TABLETS "Y.C."	0.24	調價
A033389100	DEGISON CAPSULES 25MG "KOJAR" (DANTROLENE)	0.00	A033389100	DEGISON CAPSULES 25MG "KOJAR" (DANTROLENE)	5.30	刪除
A033392100	SILYCON CAPSULES 150MG (SILYMARIN)"EAYUNG"	0.00	A033392100	SILYCON CAPSULES 150MG (SILYMARIN)"EAYUNG"	1.34	刪除
A033447338	PIROCAN 0.5% GEL "S.Y."	0.00	A033447338	PIROCAN 0.5% GEL "S.Y."	31.70	刪除
A033578338	CLOMOLD OINTMENT 0.5MG/GM (CLOBETASOL PROPIONATE) "T.F."	41.90	A033578338	CLOMOLD OINTMENT 0.5MG/GM (CLOBETASOL PROPIONATE) "T.F."	44.50	調價
A033677338	FORMAX GEL 10MG/GM (DICLOFENAC SODIUM) "SHITEH"	22.80	A033677338	FORMAX GEL 10MG/GM (DICLOFENAC SODIUM) "SHITEH"	23.60	調價
A033890100	LIGAT TABLETS 100MG (URSODEOXYCHOLIC ACID) "TAIWAN TUNG YANG"	1.75	A033890100	LIGAT TABLETS 100MG (URSODEOXYCHOLIC ACID) "TAIWAN TUNG YANG"	1.78	調價
A033922277	LACT-RINGER INJECTION "S.Y."	0.00	A033922277	LACT-RINGER INJECTION "S.Y."	21.10	刪除
A033930330	EUNEN CREAM 0.05%(CLOBETASONE)	41.30	A033930330	EUNEN CREAM 0.05%(CLOBETASONE)	44.10	調價
A033990100	GASAFE F.C. TABLETS 20MG (FAMOTIDINE)	1.16	A033990100	GASAFE F.C. TABLETS 20MG (FAMOTIDINE)	1.22	調價
A034017100	CABOTIN TABLETS 375MG (CARBOCYSTEINE) "KOJAR"	1.15	A034017100	CABOTIN TABLETS 375MG (CARBOCYSTEINE) "KOJAR"	1.19	調價
A034071421	TOBRAMYCIN OPHTHALMIC SOLUTION 3MG/ML "WU-FU"	32.40	A034071421	TOBRAMYCIN OPHTHALMIC SOLUTION 3MG/ML "WU-FU"	33.10	調價
A0340981G0	SOTOCON TABLETS 20MG "CHINTENG"(DEXTROMETHORPHAN)(鋁箔/膠箔)	0.88	A0340981G0	SOTOCON TABLETS 20MG "CHINTENG"(DEXTROMETHORPHAN)(鋁箔/膠箔)	1.01	調價
A034151100	VILLFULL TABLETS 5MG (NORETHINDRONE)	1.26	A034151100	VILLFULL TABLETS 5MG (NORETHINDRONE)	1.29	調價

A034159345	TEIRIA GEL 50MG/GM(ETOFENAMATE)	52.00	A034159345	TEIRIA GEL 50MG/GM(ETOFENAMATE)	54.00	調價
A034174335	NISOLON GEL 100MG/G (ETOFENAMATE)	0.00	A034174335	NISOLON GEL 100MG/G (ETOFENAMATE)	31.70	刪除
A034222157	MAC SAFE ORAL SUSPENSION 20MG/ML (IBUPROFEN)	40.60	A034222157	MAC SAFE ORAL SUSPENSION 20MG/ML (IBUPROFEN)	42.70	調價
A034272100	SEMPER TABLETS 25MG	0.00	A034272100	SEMPER TABLETS 25MG (MECLIZINE)	0.47	刪除
A034307336	VIVICOME CREAM “S.D”	22.40	A034307336	VIVICOME CREAM “S.D”	24.20	調價
A034329212	UFIN FOR IV INJECTION "UNION"(CEFTRIAXONE)	353.00	A034329212	UFIN FOR IV INJECTION "UNION"(CEFTRIAXONE)	403.00	調價
A034329265	UFIN FOR IV INJECTION (CEFTRIAXONE) "UNION"	0.00	A034329265	UFIN FOR IV INJECTION (CEFTRIAXONE) "UNION"	62.00	刪除
A034372329	FUCON 0.05% CREAM (CLOBETASOL PROPIONATE) "Y.Y."	13.70	A034372329	FUCON 0.05% CREAM (CLOBETASOL PROPIONATE) "Y.Y."	14.30	調價
A034503429	ARTIFICIAL TEAR "WU-FU"	23.30	A034503429	ARTIFICIAL TEAR "WU-FU"	24.30	調價
A034508338	CLOPAIN GEL 10MG/GM (DICLOFENAC SODIUM) "B & F"	22.50	A034508338	CLOPAIN GEL 10MG/GM (DICLOFENAC SODIUM) "B & F"	23.10	調價
A034523100	AMOXICILLIN 500MG CAPSULES "PANBIOTIC"	1.23	A034523100	AMOXICILLIN 500MG CAPSULES "PANBIOTIC"	1.24	調價
A034531321	SUGENFU CREAM 10MG/GM (BIFONAZOLE)	15.40	A034531321	SUGENFU CREAM 10MG/GM (BIFONAZOLE)	16.70	調價
A034573329	SALOSON 1% EMUGEL (DICLOFENAC) "MEY SEE"	0.00	A034573329	SALOSON 1% EMUGEL (DICLOFENAC) "MEY SEE"	14.30	刪除
A034577212	AMIKACIN INJECTION 125MG/ML "S.Y."	28.70	A034577212	AMIKACIN INJECTION 125MG/ML "S.Y."	28.90	調價
A034614212	KELIN FOR INJECTION "TAI YU" (CEFAZOLIN)	0.00	A034614212	KELIN FOR INJECTION "TAI YU" (CEFAZOLIN)	42.40	刪除
A034632100	DANAL 200MG CAPSULES (DANAZOLE) "ROYAL"	9.70	A034632100	DANAL 200MG CAPSULES (DANAZOLE) "ROYAL"	9.80	調價

A034723100	FUSTHMA TABLETS 1MG "J.M" (KETOTIFEN)	1.04	A034723100	FUSTHMA TABLETS 1MG "J.M" (KETOTIFEN)	1.06	調價
A034825157	LOPERAMIDE SYRUP 0.2MG/ML "ORIENTAL"	0.00	A034825157	LOPERAMIDE SYRUP 0.2MG/ML "ORIENTAL"	39.20	刪除
A034940100	PROPHYLAXIN TABLETS 30MG (PYRIDOSTIGMINE BROMIDE) "VPP"	0.00	A034940100	PROPHYLAXIN TABLETS 30MG (PYRIDOSTIGMINE BROMIDE) "VPP"	1.84	刪除
A034950100	SHITAN TABLETS 8MG (BROMHEXINE) "KOJAR"	0.26	A034950100	SHITAN TABLETS 8MG (BROMHEXINE) "KOJAR"	0.28	調價
A035145100	LOPERAMIDE CAPSULES 2MG "J.A."	0.00	A035145100	LOPERAMIDE CAPSULES 2MG "J.A."	0.94	刪除
A035150100	SABOLI CAPSULES "J.A."	0.00	A035150100	SABOLI CAPSULES "J.A."	1.62	刪除
A035157100	BETA-AESCIN CAPSULES 20MG "J.A."	1.78	A035157100	BETA-AESCIN CAPSULES 20MG "J.A."	1.80	調價
A035161100	PROPHYRIN S.C. TABLETS 200MG (PROTOPORPHYRIN) "J.A."	0.00	A035161100	PROPHYRIN S.C. TABLETS 200MG (PROTOPORPHYRIN) "J.A."	1.24	刪除
A035188321	EULIGAN CREAM 0.05% "Y.Y." (CLOBETASONE)	20.60	A035188321	EULIGAN CREAM 0.05% "Y.Y." (CLOBETASONE)	21.30	調價
A035188329	EULIGAN CREAM 0.05% "Y.Y." (CLOBETASONE)	37.60	A035188329	EULIGAN CREAM 0.05% "Y.Y." (CLOBETASONE)	39.20	調價
A035211100	MEBERINE F.C.TABLET 135MG "T.T.Y" (MEBEVERINE HYDROCHLORIDE)	1.58	A035211100	MEBERINE F.C.TABLET 135MG "T.T.Y" (MEBEVERINE HYDROCHLORIDE)	1.67	調價
A035235100	SEROL TABLETS 20MG (OXAZOLAM) "KOJAR"	1.64	A035235100	SEROL TABLETS 20MG (OXAZOLAM) "KOJAR"	1.69	調價
A035287336	AYFUCO CREAM "ROOT"	22.40	A035287336	AYFUCO CREAM "ROOT"	24.20	調價
A035397338	DICLOREN EMULGEL 1% (DICLOFENAC SODIUM) "WEIDAR"	22.80	A035397338	DICLOREN EMULGEL 1% (DICLOFENAC SODIUM) "WEIDAR"	23.60	調價
A035414100	DIARONZIDE TABLETS 80MG (GLICLAZIDE) "CHEN TA"	1.02	A035414100	DIARONZIDE TABLETS 80MG (GLICLAZIDE) "CHEN TA"	1.03	調價
A035423157	PANATOL SOLUTION 24MG/ML "PANBIOTIC" (ACETAMINOPHEN)	17.10	A035423157	PANATOL SOLUTION 24MG/ML "PANBIOTIC" (ACETAMINOPHEN)	17.60	調價

A035451330	WAZOLE CREAM 10MG/G (ISOCONAZOLE) "W.P."	42.30	A035451330	WAZOLE CREAM 10MG/G (ISOCONAZOLE) "W.P."	43.80	調價
A035452100	LOPERAMIDE CAPSULES 2MG "JENSHENG"	0.76	A035452100	LOPERAMIDE CAPSULES 2MG "JENSHENG"	0.79	調價
A035473209	ORIZONE POWDER FOR INJECTION (CEFOPERAZONE) "ORIENTAL"	0.00	A035473209	ORIZONE POWDER FOR INJECTION (CEFOPERAZONE) "ORIENTAL"	131.00	刪除
A035546429	SINDECON NASAL SPRAY 0.5MG/ML "STANDARD" (OXYMETAZOLINE)	49.10	A035546429	SINDECON NASAL SPRAY 0.5MG/ML "STANDARD" (OXYMETAZOLINE)	49.60	調價
A035676338	PAINSTOP GEL 1% "SWISS"(DICLOFENAC)	22.80	A035676338	PAINSTOP GEL 1% "SWISS"(DICLOFENAC)	23.60	調價
A035804221	FETODRIN INJECTION 10MG/ML (RITODRINE HYDROCHLORDE)"T.T.Y."	40.90	A035804221	FETODRIN INJECTION 10MG/ML (RITODRINE HYDROCHLORDE)"T.T.Y."	42.90	調價
A035837219	FAMODINE INJECTION 10MG/ML "S.Y." (FAMOTIDINE)	0.00	A035837219	FAMODINE INJECTION 10MG/ML "S.Y." (FAMOTIDINE)	39.40	刪除
A035870335	ISOGEN CREAM 10MG/G "PURZER" (ISOCONAZOLE)	42.30	A035870335	ISOGEN CREAM 10MG/G "PURZER" (ISOCONAZOLE)	43.80	調價
A0358703AH	ISOGEN CREAM 10MG/G "PURZER" (ISOCONAZOLE)	18.50	A0358703AH	ISOGEN CREAM 10MG/G "PURZER" (ISOCONAZOLE)	18.60	調價
A035931229	AMIKACIN 250MG/ML INJECTION "S.Y."	0.00	A035931229	AMIKACIN 250MG/ML INJECTION "S.Y."	151.00	刪除
A036131100	ILACEN CAPSULE (DIFLUNISAL)	0.00	A036131100	ILACEN CAPSULE (DIFLUNISAL)	6.80	刪除
A036167212	TRAMADOL INJECTION 50MG/ML "S.Y"	22.70	A036167212	TRAMADOL INJECTION 50MG/ML "S.Y"	24.10	調價
A036184100	PICKTON TABLET	0.00	A036184100	PICKTON TABLET (BACLOFEN)	1.00	刪除
A036243100	GINLOBA FILM COATED TABLETS 9.6MG (GINKGO FLAVONGLYCOSIDE) "UNION"	1.64	A036243100	GINLOBA FILM COATED TABLETS 9.6MG (GINKGO FLAVONGLYCOSIDE) "UNION"	1.66	調價
A036268100	DEXFERIN TABLETS 2MG (DEXCHLORPHENIRAMINE) "JOHNSON"	0.30	A036268100	DEXFERIN TABLETS 2MG (DEXCHLORPHENIRAMINE) "JOHNSON"	0.31	調價

A036284212	GENTAMYCIN INJECTION 140MG/ML "S.Y."	15.00	A036284212	GENTAMYCIN INJECTION 140MG/ML "S.Y."	15.10	調價
A036284229	GENTAMYCIN INJECTION 140MG/ML"S.Y."	57.00	A036284229	GENTAMYCIN INJECTION 140MG/ML"S.Y."	69.00	調價
A036374100	EULIP TABLETS "W.P." (BEZAFIBRATE)	0.00	A036374100	EULIP TABLETS "W.P." (BEZAFIBRATE)	2.97	刪除
A036408326	OPPVIR CREAM 50MG/GM (ACYCLOVIR) "S.D."	42.20	A036408326	OPPVIR CREAM 50MG/GM (ACYCLOVIR) "S.D."	42.60	調價
A036416421	EYECALM EYE DROPS "SUN YOU"	17.30	A036416421	EYECALM EYE DROPS "SUN YOU"	19.00	調價
A036587338	VORTAGEN EMULGEL 1% (DICLOFENAC SODIUM) "EVEREST"	22.80	A036587338	VORTAGEN EMULGEL 1% (DICLOFENAC SODIUM) "EVEREST"	23.60	調價
A036588100	GINKGO F.C.TABLETS 9.6MG (GINKGOFLAVONGLYCOSIDE) "C.H."	1.64	A036588100	GINKGO F.C.TABLETS 9.6MG (GINKGOFLAVONGLYCOSIDE) "C.H."	1.66	調價
A036661100	CERELINE TABLETS 5MG (NICERGOLINE) "ROYAL"	2.49	A036661100	CERELINE TABLETS 5MG (NICERGOLINE) "ROYAL"	2.62	調價
A036769100	TONMEX TABLETS 20MG (PIROXICAM) "PANBIOTIC"	1.03	A036769100	TONMEX TABLETS 20MG (PIROXICAM) "PANBIOTIC"	1.05	調價
A036772100	FLOCIDAL F.C. TABLETS 100MG (NORFLOXACIN) "VPP"	1.83	A036772100	FLOCIDAL F.C. TABLETS 100MG (NORFLOXACIN) "VPP"	1.88	調價
A036790100	EXCEL TABLETS 25MG (CAPTOPRIL)"VPP"	1.05	A036790100	EXCEL TABLETS 25MG (CAPTOPRIL)"VPP"	1.07	調價
A036844100	BETTERLOCK TABLET 100MG (METOPROLOL) "CURIE"	2.84	A036844100	BETTERLOCK TABLET 100MG (METOPROLOL) "CURIE"	3.07	調價
A036867338	KEPANIN GEL 1% (DICLOFENAC) "CHEN TA"	22.80	A036867338	KEPANIN GEL 1% (DICLOFENAC) "CHEN TA"	23.60	調價
A036894329	CHIN LEIN CREAM "CHINTENG"	17.90	A036894329	CHIN LEIN CREAM "CHINTENG"	18.20	調價
A036925338	VETIN GEL 10MG/GM (DICLOFENAC)	0.00	A036925338	VETIN GEL 10MG/GM (DICLOFENAC)	23.60	刪除
A037099100	KETOTIFEN TABLETS 1MG "ASTAR"	1.04	A037099100	KETOTIFEN TABLETS 1MG "ASTAR"	1.06	調價

A037162338	DERMALIN CREAM	0.00	A037162338	DERMALIN CREAM	77.00	刪除
A037249100	ANLITO TABLETS "EVEREST"	0.62	A037249100	ANLITO TABLETS "EVEREST"	0.65	調價
A037286329	VICORAX CREAM 5% "WEIDAR"	42.20	A037286329	VICORAX CREAM 5% "WEIDAR"	42.60	調價
A037287421	DENECIN EYE DROPS	12.00	A037287421	DENECIN EYE DROPS	12.10	調價
A037287429	DENECIN EYE DROPS	0.00	A037287429	DENECIN EYE DROPS	25.40	刪除
A037309100	NOXACIN 100MG F.C.TABLETS (NORFLOXACIN) "KINGDOM"	1.83	A037309100	NOXACIN 100MG F.C.TABLETS (NORFLOXACIN) "KINGDOM"	1.88	調價
A037431329	INHFUNGUS CREAM "CHEN TA"	18.20	A037431329	INHFUNGUS CREAM "CHEN TA"	18.50	調價
A037431335	INHFUNGUS CREAM "CHEN TA"	22.20	A037431335	INHFUNGUS CREAM "CHEN TA"	23.90	調價
A037500100	LIVERON CAPSULES (SILYMARIN) "H.S."	1.31	A037500100	LIVERON CAPSULES (SILYMARIN) "H.S."	1.34	調價
A037565100	TINIJING F.C.TABLETS 500MG "CHINTENG"	0.00	A037565100	TINIJING F.C.TABLETS 500MG "CHINTENG"	2.06	刪除
A037661100	TENSIONLEX TABLETS 100MG (ORHENADRINE CITRATE) "PANBIOTIC"	0.00	A037661100	TENSIONLEX TABLETS 100MG (ORHENADRINE CITRATE) "PANBIOTIC"	2.82	刪除
A0376913AK	PIROCAM CREAM 10MG/GM	28.20	A0376913AK	PIROCAM CREAM 10MG/GM	33.70	調價
A037697100	THROUGH F.C. TABLETS "C.M."(SENNOSIDES)	0.98	A037697100	THROUGH F.C. TABLETS "C.M."(SENNOSIDES)	1.00	調價
A037739329	NAZOLE CREAM 2% (KETOCONAZOLE) "S.Y."	13.10	A037739329	NAZOLE CREAM 2% (KETOCONAZOLE) "S.Y."	13.30	調價
A037739335	NAZOLE CREAM 2% "S.Y."(KETOCONAZOLE)	31.50	A037739335	NAZOLE CREAM 2% "S.Y."(KETOCONAZOLE)	32.20	調價
A037858277	V-CEFRA FOR INJECTION (CEPHRADINE)"VPP"	0.00	A037858277	V-CEFRA FOR INJECTION (CEPHRADINE)"VPP"	23.10	刪除
A037861100	UNIMARON TABLETS 50 MG	0.00	A037861100	UNIMARON TAB.	1.00	刪除
A037868100	TORICAM CAPSULES 20MG (PIROXICAM)	1.03	A037868100	TORICAM CAPSULES 20MG (PIROXICAM)	1.05	調價
A037923316	MINSONE CREAM 0.5MG/GM "M.H"(CLOBETASONE)	20.60	A037923316	MINSONE CREAM 0.5MG/GM "M.H"(CLOBETASONE)	21.30	調價

A037923321	MINSONE CREAM 0.5MG/GM "M.H"(CLOBETASONE)	20.60	A037923321	MINSONE CREAM 0.5MG/GM "M.H"(CLOBETASONE)	21.30	調價
A0380811G0	ANSUTAN CAP.(瓶裝/84粒/瓶)	0.00	A0380811G0	ANSUTAN CAP.(瓶裝/84粒/瓶)	1.50	刪除
A038102100	BEZILON TABLETS 200MG (BEZAFIBRATE)	0.00	A038102100	BEZILON TABLETS 200MG (BEZAFIBRATE)	2.97	刪除
A038276329	KERPHEN CREAM 1% "Y.Y." (DICLOFENAC)	0.00	A038276329	KERPHEN CREAM 1% "Y.Y." (DICLOFENAC)	14.30	刪除
A038280100	ANSOLIN TABLET 5MG (HALOPERIDOL) "GCPC"	1.30	A038280100	ANSOLIN TABLET 5MG (HALOPERIDOL) "GCPC"	1.38	調價
A038281100	ANSOLIN TABLET 10MG (HALOPERIDOL) "GCPC"	0.00	A038281100	ANSOLIN TABLET 10MG (HALOPERIDOL) "GCPC"	2.37	刪除
A038295100	KAPOS TAB. 250MG	1.15	A038295100	KAPOS TAB. 250MG	1.19	調價
A038356329	SUITERIN CREAM 1% (DICLOFENAC) "EVEREST"	0.00	A038356329	SUITERIN CREAM 1% (DICLOFENAC) "EVEREST"	14.30	刪除
A038356338	SUITERIN CREAM 1% (DICLOFENAC) "EVEREST"	22.80	A038356338	SUITERIN CREAM 1% (DICLOFENAC) "EVEREST"	23.60	調價
A038434100	CO-RELAX TABLETS 20MG "C.M."(BENPROPERINE)	1.02	A038434100	CO-RELAX TABLETS 20MG "C.M."(BENPROPERINE)	1.03	調價
A038438338	DICLOFENAC EMULGEL 1% "S.Y."	22.80	A038438338	DICLOFENAC EMULGEL 1% "S.Y."	23.60	調價
A038450100	ACETIN TABLETS"S.C."	1.22	A038450100	ACETIN TABLETS"S.C."	1.26	調價
A038494100	NALODINE F.C. TABLETS 100MG (TICLOPIDINE) "ROYAL"	3.08	A038494100	NALODINE F.C. TABLETS 100MG (TICLOPIDINE) "ROYAL"	3.10	調價
A038506100	KYOMUDYNE F.C. TABLETS 250MG (CARBOCYSTEINE)	1.15	A038506100	KYOMUDYNE F.C. TABLETS 250MG (CARBOCYSTEINE)	1.19	調價
A038511321	VAGENT CREAM 10MG/GM (ISOCONAZOLE) "GCPC"	13.10	A038511321	VAGENT CREAM 10MG/GM (ISOCONAZOLE) "GCPC"	13.40	調價
A0385113AH	VAGENT CREAM 10MG/G	18.50	A0385113AH	VAGENT CREAM 10MG/G	18.60	調價

A038527100	UNIPRO FILM-COATED TABLETS 750MG (CIPROFLOXACIN) "UNION"	0.00	A038527100	UNIPRO FILM-COATED TABLETS 750MG (CIPROFLOXACIN) "UNION"	39.50	刪除
A038559100	GINKGO S.C. TABLETS 9.6MG 'C.H.(GINKGOFLAVONGLYCOSIDE)	1.64	A038559100	GINKGO S.C. TABLETS 9.6MG 'C.H.(GINKGOFLAVONGLYCOSIDE)	1.66	調價
A038618209	CLINDAMYCIN INJECTION 150MG/ML "S.Y."	0.00	A038618209	CLINDAMYCIN INJECTION 150MG/ML "S.Y."	15.00	刪除
A0386201G0	MEDROLIN FILM COATED TABLETS 50MG (MEBHYDROLINE) "F.Y."(鋁箔/膠箔)	0.00	A0386201G0	MEDROLIN FILM COATED TABLETS 50MG (MEBHYDROLINE) "F.Y."(鋁箔/膠箔)	1.50	刪除
A038758338	CANSEN CREAM 10MG/GM "F.Y" (CLOTRIMAZOLE)	32.50	A038758338	CANSEN CREAM 10MG/GM "F.Y" (CLOTRIMAZOLE)	33.60	調價
A038760100	KERI CAPSULES 200MG "H.S." (NIFUROXAZIDE)	2.26	A038760100	KERI CAPSULES 200MG "H.S." (NIFUROXAZIDE)	2.28	調價
A038776100	Jiawiller F.C. Tablets 40mg (Famotidine) "C.L."	3.50	A038776100	Jiawiller F.C. Tablets 40mg (Famotidine) "C.L."	3.75	調價
A038821140	GINLOBA DROPS 9.6 MG/ML (GINKGOFLAVONGLYCOSIDE) "HS"	0.00	A038821140	GINLOBA DROPS 9.6 MG/ML (GINKGOFLAVONGLYCOSIDE) "HS"	133.00	刪除
A038837100	CIMENICE TABLETS 200MG (CIMETIDINE) "JINUP"	0.00	A038837100	CIMENICE TABLETS 200MG (CIMETIDINE) "JINUP"	1.00	刪除
A038848109	TOPCEF GRANULES FOR ORAL SUSPENSION 50MG/ML (CEPHRADINE)	0.00	A038848109	TOPCEF GRANULES FOR ORAL SUSPENSION 50MG/ML (CEPHRADINE)	8.10	刪除
A038862338	DICLOFEN GEL 10MG/GM "KOJAR"	22.80	A038862338	DICLOFEN GEL 10MG/GM "KOJAR"	23.60	調價
A038865100	BETALEN TAB. 100MG	2.05	A038865100	BETALEN TAB. 100MG	2.18	調價
A038944100	PHOS-CAL F.C. TABLETS 667MG (CALCIUM ACETATE) "W.P."	1.12	A038944100	PHOS-CAL F.C. TABLETS 667MG (CALCIUM ACETATE) "W.P."	1.15	調價
A038972277	AXONECEF FOR IV INJECTION (CEFTRIAXONE)	53.00	A038972277	AXONECEF FOR IV INJECTION (CEFTRIAXONE)	62.00	調價

A039037100	NEURONIN CAPSULES	0.00	A039037100	NEURONIN CAPSULES	2.60	刪除
A039045100	MEPRED TABLETS 4MG (METHYLPREDNISOLONE) "F.S."	0.00	A039045100	MEPRED TABLETS 4MG (METHYLPREDNISOLONE) "F.S."	1.19	刪除
A039057110	SUTUN GRANULE 66.67MG/G 1.5G	1.58	A039057110	SUTUN GRANULE 66.67MG/G 1.5G	1.59	調價
A039075100	NAPROXEN F.C. TABLET 500MG "KINGDOM"	0.00	A039075100	NAPROXEN F.C. TABLET 500MG "KINGDOM"	2.41	刪除
A039078209	ZONCEF FOR INJECTION(CEFOPERAZONE) 1G	0.00	A039078209	ZONCEF FOR INJECTION(CEFOPERAZONE) 1G	131.00	刪除
A039138277	KLITOL INJECTION 5% "S.T." (XYLITOL)	0.00	A039138277	KLITOL INJECTION 5% "S.T." (XYLITOL)	23.50	刪除
A039146100	SIUBOGA CAPSULES 150MG "S.Y." (SILYMARIN)	1.31	A039146100	SIUBOGA CAPSULES 150MG "S.Y." (SILYMARIN)	1.34	調價
A039271100	UNIPRO FILM COATED TABLETS 250MG (CIPROFLOXACIN) "UNION"	4.39	A039271100	UNIPRO FILM COATED TABLETS 250MG (CIPROFLOXACIN) "UNION"	5.00	調價
A039278271	Y.F. NO.5 INJECTION "Y.F."	0.00	A039278271	Y.F. NO.5 INJECTION "Y.F."	25.50	刪除
A039323100	METHYLNICE CAPSULES 0.5MG (MECOBALAMIN) "JINUP"	1.32	A039323100	METHYLNICE CAPSULES 0.5MG (MECOBALAMIN) "JINUP"	1.36	調價
A039346209	HALDECAN INJ. 50MG 1ML	0.00	A039346209	HALDECAN INJ. 50MG 1ML	130.00	刪除
A039488100	UNIPRO FILM-COATED TABLETS 500MG (CIPROFLOXACIN) "UNION"	5.00	A039488100	UNIPRO FILM-COATED TABLETS 500MG (CIPROFLOXACIN) "UNION"	5.70	調價
A039522212	UNIZID FOR INJECTION "UNION"(CEFTAZIDIME)	199.00	A039522212	UNIZID FOR INJECTION "UNION"(CEFTAZIDIME)	235.00	調價
A039522277	UNIZID FOR INJECTION "UNION"(CEFTAZIDIME)	0.00	A039522277	UNIZID FOR INJECTION "UNION"(CEFTAZIDIME)	27.20	刪除
A039621100	TOZY EXTRA. TAB.	0.64	A039621100	TOZY EXTRA. TAB.	0.68	調價
A039623321	MEXAC OINTMENT 5GM	24.00	A039623321	MEXAC OINTMENT 5GM	24.30	調價
A039623329	MEXAC OINTMENT 10GM	28.00	A039623329	MEXAC OINTMENT 10GM	29.00	調價
A039628100	SKIRAX 400MG TAB	5.40	A039628100	SKIRAX 400MG TAB	5.80	調價

A039629100	SKIRAX TABLETS 200MG (ACYCLOVIR)	4.26	A039629100	SKIRAX TABLETS 200MG (ACYCLOVIR)	4.67	調價
A039631216	MUCO-T INJECTION (ACETYLCYSTEINE) "S.Y."	0.00	A039631216	MUCO-T INJECTION (ACETYLCYSTEINE) "S.Y."	10.10	刪除
A039688100	DIMETINE TABLETS 4MGDIMETINE TABLETS 4MG "EVEREST" (BROMPHENIRAMINE)	0.23	A039688100	DIMETINE TABLETS 4MGDIMETINE TABLETS 4MG "EVEREST" (BROMPHENIRAMINE)	0.24	調價
A039707151	SYNTIFEN SOLUTION 0.2MG/ML (KETOTIFEN) "S.Y."	41.80	A039707151	SYNTIFEN SOLUTION 0.2MG/ML (KETOTIFEN) "S.Y."	41.90	調價
A039722100	CIFLODAL F.C. TABLETS 250MG (CIPROFLOXACIN) "C.C.P.C."	4.39	A039722100	CIFLODAL F.C. TABLETS 250MG (CIPROFLOXACIN) "C.C.P.C."	5.00	調價
A039774100	AMANXIN F.C. TABLETS 100MG "Y.J."(AMANTADINE)	2.54	A039774100	AMANXIN F.C. TABLETS 100MG "Y.J."(AMANTADINE)	2.76	調價
A039854100	DEVIRO TABLETS 800MG (ACYCLOVIR) "KINGDOM"	0.00	A039854100	DEVIRO TABLETS 800MG (ACYCLOVIR) "KINGDOM"	12.70	刪除
A039858100	IPENTOL CONTROLLED-RELEASE F.C. TABLETS 400 MG (PENTOXIFYLLINE) "S.Y."	1.79	A039858100	IPENTOL CONTROLLED-RELEASE F.C. TABLETS 400 MG (PENTOXIFYLLINE) "S.Y."	1.84	調價
A0398791G0	VARAPAMIL TABLETS 40MG "F.Y."(21粒/瓶)	0.00	A0398791G0	VARAPAMIL TABLETS 40MG "F.Y."(21粒/瓶)	1.50	刪除
A039944212	SUPREN INJECTION 2MG/ML (ONDANSETRON) "S.T"	0.00	A039944212	SUPREN INJECTION 2MG/ML (ONDANSETRON) "S.T"	94.00	刪除
A039947100	SINSULIN TABLETS 20MG "ASTAR"	1.64	A039947100	SINSULIN TABLETS 20MG "ASTAR"	1.69	調價
A039971110	"U-LIANG" U-CLOR FOR ORAL SUSPENSION 125MG/5ML (CEFACLOR)	106.00	A039971110	"U-LIANG" U-CLOR FOR ORAL SUSPENSION 125MG/5ML (CEFACLOR)	110.00	調價

A040059210	NETROCIN INJECTION 100MG/ML (NETILMICIN) "S.T."	0.00	A040059210	NETROCIN INJECTION 100MG/ML (NETILMICIN) "S.T."	112.00	刪除
A040076100	HALINE TAB. 5MG	1.30	A040076100	HALINE TAB. 5MG	1.38	調價
A040105100	SYNORID TAB. 300MG	2.20	A040105100	SYNORID TAB. 300MG	2.29	調價
A040158100	UROXATE F.C.TABLETS 200MG "Y.J."(FLAVOXATE)	3.52	A040158100	UROXATE F.C.TABLETS 200MG "Y.J."(FLAVOXATE)	3.59	調價
A040163100	HOMELAIN ENTERIC F.C. TABLETS 50MG "W.S."	0.00	A040163100	HOMELAIN ENTERIC F.C. TABLETS 50MG "W.S."	0.89	刪除
A040369100	UISPAN TABLETS 200MG (SULPIRIDE) "PANBIOTIC"	1.30	A040369100	UISPAN TABLETS 200MG (SULPIRIDE) "PANBIOTIC"	1.38	調價
A040423209	CEPONIN INJECTION (CEPHRADINE) "CHI SHENG."	0.00	A040423209	CEPONIN INJECTION (CEPHRADINE) "CHI SHENG."	23.10	刪除
A040423277	CEPONIN INJ.	0.00	A040423277	CEPONIN INJ.	23.10	刪除
A040558277	KALY INJ.50MG/ML500ML	0.00	A040558277	KALY INJ.50MG/ML500ML	23.50	刪除
A040559277	FULIN INJECTION "ASTAR"	0.00	A040559277	FULIN INJECTION "ASTAR"	19.60	刪除
A040563100	QUITEN CAPSULE 10MG (UBIDECARENONE) "Y.S."	2.85	A040563100	QUITEN CAPSULE 10MG (UBIDECARENONE) "Y.S."	3.00	調價
A040641100	GLIZIDE TABLETS 5MG (GLIPIZIDE) "S.Y"	0.00	A040641100	GLIZIDE TABLETS 5MG (GLIPIZIDE) "S.Y"	1.00	刪除
A0406411G0	GLIZIDE TABLETS 5MG (GLIPIZIDE) "S.Y"(鋁箔/膠箔)	0.00	A0406411G0	GLIZIDE TABLETS 5MG (GLIPIZIDE) "S.Y"(鋁箔/膠箔)	1.50	刪除
A040767329	TONEX CREAM 10MG/GM (PIROXICAM) "MEIDER"	14.60	A040767329	TONEX CREAM 10MG/GM (PIROXICAM) "MEIDER"	15.40	調價
A040767335	TONEX CREAM 10MG/GM (PIROXICAM) "MEIDER"	22.20	A040767335	TONEX CREAM 10MG/GM (PIROXICAM) "MEIDER"	25.60	調價
A040767338	TONEX CREAM 10MG/GM "MEIDER" (PIROXICAM)	23.10	A040767338	TONEX CREAM 10MG/GM "MEIDER" (PIROXICAM)	26.80	調價
A0407673AK	TONEX CREAM 10MG/G 22G	28.20	A0407673AK	TONEX CREAM 10MG/G 22G	33.70	調價

A040779100	CAPROINE TABLETS 25MG (CAPTOPRIL) "ROYAL"	1.05	A040779100	CAPROINE TABLETS 25MG (CAPTOPRIL) "ROYAL"	1.07	調價
A040812100	PERILAX SLOW RELEASE F.C.TAB. 400MG	1.79	A040812100	PERILAX SLOW RELEASE F.C.TAB. 400MG	1.84	調價
A040908100	TINTEN TABLETS "EXTRA"	0.58	A040908100	TINTEN TABLETS "EXTRA"	0.60	調價
A040949100	CAPOTIL TABLETS 25MG(CAPTOPRIL)"KINGDOM"	1.05	A040949100	CAPOTIL TABLETS 25MG(CAPTOPRIL)"KINGDOM"	1.07	調價
A040972100	AN-LIH CAPSULES 2MG "DS" (LOPERAMIDE)	0.93	A040972100	AN-LIH CAPSULES 2MG "DS" (LOPERAMIDE)	0.45	調價
A041237343	COGESAN CREAM	0.00	A041237343	COGESAN CREAM	72.00	刪除
A041237345	COGESAN CREAM 100MG/GM "MEIDER" (ETOFENAMATE)	0.00	A041237345	COGESAN CREAM 100MG/GM "MEIDER" (ETOFENAMATE)	72.00	刪除
A041278100	CYRONA TABLETS 50MG "MACRO" (CYPROTERONE)	25.40	A041278100	CYRONA TABLETS 50MG "MACRO" (CYPROTERONE)	26.90	調價
A041281100	KINTEC TABLETS 20MG "KINGDOM"(ENALAPRIL)	1.22	A041281100	KINTEC TABLETS 20MG "KINGDOM"(ENALAPRIL)	1.30	調價
A041355321	IMEFU CREAM 450GM	0.00	A041355321	IMEFU CREAM 450GM	14.00	刪除
A041355329	IMEFU CREAM 10GM	0.00	A041355329	IMEFU CREAM 10GM	22.50	刪除
A041355335	IMEFU CREAM 450GM	0.00	A041355335	IMEFU CREAM 450GM	40.30	刪除
A041355338	IMEFU CREAM 450GM	0.00	A041355338	IMEFU CREAM 450GM	49.80	刪除
A041428289	ORIXIM POWDER FOR INJECTION "ORIENTAL"(CEFUROXIME)	0.00	A041428289	ORIXIM POWDER FOR INJECTION "ORIENTAL"(CEFUROXIME)	21.10	刪除
A041452338	ANNIE CREAM	0.00	A041452338	ANNIE CREAM	49.80	刪除
A041464335	ANTIFUNGUS CREAM	22.20	A041464335	ANTIFUNGUS CREAM	23.90	調價
A041505100	URIMANONE TABLETS 100MG	2.05	A041505100	URIMANONE TABLETS 100MG	2.18	調價
A041541100	URSOL TAB. 100MG	1.75	A041541100	URSOL TAB. 100MG	1.78	調價
A041599100	FISHDON TAB. 50MG	1.15	A041599100	FISHDON TAB. 50MG	1.21	調價
A041601100	KIMODIN F.C. TAB. 40MG "KINGDOM"(FAMOTIDINE)	3.50	A041601100	KIMODIN F.C. TAB. 40MG "KINGDOM"(FAMOTIDINE)	3.75	調價
A041625100	QUIT A.C. ANALGESIC TABLET	0.68	A041625100	QUIT A.C. ANALGESIC TABLET	0.73	調價
A041672329	ZUME CREAM	0.00	A041672329	ZUME CREAM	36.00	刪除

A041676209	TYDINE INJECTION 1000MG (CEPHRADINE)"T.T.Y"	0.00	A041676209	TYDINE INJECTION 1000MG (CEPHRADINE)"T.T.Y"	23.10	刪除
A041681329	BICOS CREAM	34.50	A041681329	BICOS CREAM	35.50	調價
A041691421	KODOLO ORBASE 0.1%	34.70	A041691421	KODOLO ORBASE 0.1%	37.50	調價
A041725329	MENLIN CREAM	13.50	A041725329	MENLIN CREAM	13.60	調價
A041806335	EUDAMYCIN GEL 1% (CLINDAMYCIN PHOSPHATE) "U-LIANG"	20.20	A041806335	EUDAMYCIN GEL 1% (CLINDAMYCIN PHOSPHATE) "U-LIANG"	21.60	調價
A041941100	SHINLICIN F.C. TABLETS 9.6MG"J.S."	1.64	A041941100	SHINLICIN F.C. TABLETS 9.6MG"J.S."	1.66	調價
A041979335	BECLOMIN CREAM	0.00	A041979335	BECLOMIN CREAM	81.00	刪除
A041980321	GENTASON CREAM	12.20	A041980321	GENTASON CREAM	12.60	調價
A041980329	GENTASON CREAM	13.50	A041980329	GENTASON CREAM	13.60	調價
A041982321	TOLNAMIN CREAM	14.80	A041982321	TOLNAMIN CREAM	14.90	調價
A041982329	TOLNAMIN CREAM	17.90	A041982329	TOLNAMIN CREAM	18.20	調價
A042006323	UCOFU CREAM	0.00	A042006323	UCOFU CREAM	17.00	刪除
A042006330	UCOFU CREAM	0.00	A042006330	UCOFU CREAM	39.80	刪除
A042092100	RIVOSIN F.C. TAB. 9.6MG "S.Y."	1.64	A042092100	RIVOSIN F.C. TAB. 9.6MG "S.Y."	1.66	調價
A042136100	SHINSIN CAPSULES 10MG (UBIDECARENONE) "S.P."	2.85	A042136100	SHINSIN CAPSULES 10MG (UBIDECARENONE) "S.P."	3.00	調價
A042142155	ALTANT ELIXIR 0.4MG/ML (TRIHEXYPHENIDYL HYDROCHLORIDE)"PANBIOTIC"	0.00	A042142155	ALTANT ELIXIR 0.4MG/ML (TRIHEXYPHENIDYL HYDROCHLORIDE)"PANBIOTIC"	195.00	刪除
A042142157	ALTANT ELIXIR 0.4MG/ML "PANBIOTIC"	0.00	A042142157	ALTANT ELIXIR 0.4MG/ML "PANBIOTIC"	205.00	刪除
A042229335	B.& N. EXFUNGUS CREAM 10MG/GM (BIFONAZOLE)	45.30	A042229335	B.& N. EXFUNGUS CREAM 10MG/GM (BIFONAZOLE)	48.40	調價
A042253100	UROTIN TABLETS 100MG	2.05	A042253100	UROTIN TABLETS 100MG	2.18	調價
A042280100	DEVIRO TAB. 400MG "KINGDOM"(ACYCLOVIR)	5.40	A042280100	DEVIRO TAB. 400MG "KINGDOM"(ACYCLOVIR)	5.80	調價
A042346100	PERISAFE TAB. 20MG	1.22	A042346100	PERISAFE TAB. 20MG	1.30	調價
A042373338	CIPIROID CREAM 250U/GM	34.60	A042373338	CIPIROID CREAM 250U/GM	35.90	調價
A042389100	LOVATIN TABLETS 20MG "PANBIOTIC"	3.24	A042389100	LOVATIN TABLETS 20MG "PANBIOTIC"	3.47	調價

A042395100	DIMICON TAB. 80MG	1.02	A042395100	DIMICON TAB. 80MG	1.03	調價
A042401100	URINONE TABLETS 100MG (BENZBROMARONE) "EAYUNG"	2.05	A042401100	URINONE TABLETS 100MG (BENZBROMARONE) "EAYUNG"	2.18	調價
A042433100	CEFXIN F.C. TABLETS 125MG "STANDARD" (CEFUROXIME)	5.90	A042433100	CEFXIN F.C. TABLETS 125MG "STANDARD" (CEFUROXIME)	6.00	調價
A042439100	CEFXIN F.C. TABLETS 250MG "STANDARD" (CEFUROXIME)	5.90	A042439100	CEFXIN F.C. TABLETS 250MG "STANDARD" (CEFUROXIME)	6.00	調價
A042441338	BICAEN CREAM 10MG/GM"S.D."	23.10	A042441338	BICAEN CREAM 10MG/GM"S.D."	26.80	調價
A042592100	REGAL-HR TABLETS	4.03	A042592100	REGAL-HR TABLETS	4.17	調價
A042711100	PERISAFE TABLETS 5MG (ENALAPRIL)	0.00	A042711100	PERISAFE TABLETS 5MG (ENALAPRIL)	1.25	刪除
A042712100	PERISAFE TABLETS 10MG (ENALAPRIL)	1.18	A042712100	PERISAFE TABLETS 10MG (ENALAPRIL)	1.25	調價
A042745100	RITORIN TABLETS 10MG "PANBIOTIC"(RITODRINE HYDROCHLORIDE)	3.61	A042745100	RITORIN TABLETS 10MG "PANBIOTIC"(RITODRINE HYDROCHLORIDE)	3.66	調價
A042846348	ESTRADE GEL 0.6MG/GM "S.Y." (ESTRADIOL)	0.00	A042846348	ESTRADE GEL 0.6MG/GM "S.Y." (ESTRADIOL)	249.00	刪除
A042854157	SAURIN SUSPENSION 20MG/ML "GCPC." (IBUPROFEN)	0.00	A042854157	SAURIN SUSPENSION 20MG/ML "GCPC." (IBUPROFEN)	42.70	刪除
A042869100	FLUNEPAN TABLETS 1MG "PANBIOTIC" (FLUNITRAZEPAM)	0.00	A042869100	FLUNEPAN TABLETS 1MG "PANBIOTIC" (FLUNITRAZEPAM)	1.26	刪除
A042870421	TIMOL OPHTHALMIC SOLUTION 5MG/ML	0.00	A042870421	TIMOL OPHTHALMIC SOLUTION 5MG/ML	101.00	刪除
A042955338	ONEPASS CREAM 200MG/G (AZELAIC ACID)	0.00	A042955338	ONEPASS CREAM 200MG/G (AZELAIC ACID)	152.00	刪除
A042962421	F.S. OPHTHALMIC SUSPENSION 0.1%	12.40	A042962421	F.S. OPHTHALMIC SUSPENSION 0.1%	12.60	調價
A043190100	MECOBAL CAPSULE 0.5MG "TA FONG"	1.32	A043190100	MECOBAL CAPSULE 0.5MG "TA FONG"	1.36	調價
A043216100	DEGOUT TABLETS 100MG "H.S."(BENZBROMARONE)	2.05	A043216100	DEGOUT TABLETS 100MG "H.S."(BENZBROMARONE)	2.18	調價
A043257100	MEFNO TABLET 200MG	1.00	A043257100	MEFNO TABLET 200MG	1.01	調價
A043361151	DINCO SYRUP "CENTER"	17.50	A043361151	DINCO SYRUP "CENTER"	18.00	調價

A043361157	DINCO SYRUP "CENTER"	23.00	A043361157	DINCO SYRUP "CENTER"	23.80	調價
A043442100	ETODO CAPSULES 200MG	3.06	A043442100	ETODO CAPSULES 200MG	3.20	調價
A043470100	MEKEI TABLETS "PANBIOTIC"	36.60	A043470100	MEKEI TABLETS "PANBIOTIC"	36.70	調價
A043488100	SENNAPUR TABLETS	0.99	A043488100	SENNAPUR TABLETS	1.01	調價
A043618165	MAGCY ORAL SOLUTION "S.T"	0.00	A043618165	MAGCY ORAL SOLUTION "S.T"	37.50	刪除
A043707100	"U-LIANG" U-MISO TABLETS 200MCG (MISOPROSTOL)	9.00	A043707100	"U-LIANG" U-MISO TABLETS 200MCG (MISOPROSTOL)	9.90	調價
A043733100	U-ERGO TAB. 1.5MG "U-LIANG	0.00	A043733100	U-ERGO TAB. 1.5MG "U-LIANG	1.26	刪除
A043853329	CB CREAM	29.80	A043853329	CB CREAM	32.30	調價
A043853338	CB CREAM	67.00	A043853338	CB CREAM	77.00	調價
A043858100	DIACRON TABLETS 80MG "GENTLE"	1.02	A043858100	DIACRON TABLETS 80MG "GENTLE"	1.03	調價
A043866100	ZETON F.C TABLETS 100MG	2.48	A043866100	ZETON F.C TABLETS 100MG	2.64	調價
A043868100	UPISIN F.C. TABLETS 25MG	1.22	A043868100	UPISIN F.C. TABLETS 25MG	1.24	調價
A043869277	"TTY"MAXTAM INJECTION 500MG(SULBACTAM SODIUM)	67.00	A043869277	"TTY"MAXTAM INJECTION 500MG(SULBACTAM SODIUM)	76.00	調價
A043887100	'U-LIANG 'U-PRAVA TAB. 5MG	0.00	A043887100	'U-LIANG 'U-PRAVA TAB. 5MG	6.00	刪除
A043957100	GEN BO CAP. 35MG "C.H"	0.00	A043957100	GEN BO CAP. 35MG "C.H"	1.26	刪除
A043959100	"U-LIANG "U-SULAX TAB. 200MG	1.00	A043959100	"U-LIANG "U-SULAX TAB. 200MG	1.01	調價
A043988100	JINBERCHANQ TABLETS "T.F."	0.00	A043988100	JINBERCHANQ TABLETS "T.F."	3.53	刪除
A043992100	CHIN NI CHUAN CAP. "JENSHENG."	1.04	A043992100	CHIN NI CHUAN CAP. "JENSHENG."	1.06	調價
A044040209	AVAGIN INJECTION 25MG/ML	0.00	A044040209	AVAGIN INJECTION 25MG/ML	7.90	刪除
A044073121	GUAROL GRANULES "S.Y"	0.00	A044073121	GUAROL GRANULES "S.Y"	6.70	刪除
A044202100	LAZOL CAPSULES 200MG "S.T" (DANAZOL)	0.00	A044202100	LAZOL CAPSULES 200MG "S.T" (DANAZOL)	9.80	刪除
A044241321	DR. PI. A.F CREAM "MEIDER"	16.00	A044241321	DR. PI. A.F CREAM "MEIDER"	16.30	調價
A044241355	DR.PI.A.F CREAM "MEIDER"	112.00	A044241355	DR.PI.A.F CREAM "MEIDER"	140.00	調價
A044268329	CLINDAMYCIN GEL 10MG/G "T.F"	13.60	A044268329	CLINDAMYCIN GEL 10MG/G "T.F"	14.20	調價
A044268335	CLINDAMYCIN GEL 10MG/GM "T.F"	20.20	A044268335	CLINDAMYCIN GEL 10MG/GM "T.F"	21.60	調價
A044294151	RODAMINE SYRUP "W.P."	26.40	A044294151	RODAMINE SYRUP "W.P."	26.90	調價

A044315100	FONITEC TABLETS 20MG "T.F"	1.22	A044315100	FONITEC TABLETS 20MG "T.F"	1.30	調價
A044367321	BETASON CREAM 0.5MG/GM	11.90	A044367321	BETASON CREAM 0.5MG/GM	12.60	調價
A044367323	BETASON CREAM 0.5MG/GM	15.30	A044367323	BETASON CREAM 0.5MG/GM	15.80	調價
A044367329	BETASON CREAM 0.5MG/GM	15.30	A044367329	BETASON CREAM 0.5MG/GM	15.80	調價
A044394321	BETASOL CREAM 0.5MG/GM	11.90	A044394321	BETASOL CREAM 0.5MG/GM	12.60	調價
A044394323	BETASOL CREAM 0.5MG/GM	12.80	A044394323	BETASOL CREAM 0.5MG/GM	13.30	調價
A044394324	BETASOL CREAM 0.5MG/GM	12.80	A044394324	BETASOL CREAM 0.5MG/GM	13.30	調價
A044394329	BETASOL CREAM 0.5MG/GM	13.70	A044394329	BETASOL CREAM 0.5MG/GM	14.30	調價
A044464323	GLINDA GEL 10MG/GM	11.40	A044464323	GLINDA GEL 10MG/GM	12.00	調價
A044464329	GLINDA GEL 10MG/GM	13.60	A044464329	GLINDA GEL 10MG/GM	14.20	調價
A044464335	GLINDA GEL 10MG/GM	20.20	A044464335	GLINDA GEL 10MG/GM	21.60	調價
A044467321	BETAME OINTMENT	10.90	A044467321	BETAME OINTMENT	11.30	調價
A044467329	BETAME OINTMENT	19.30	A044467329	BETAME OINTMENT	20.70	調價
A044467335	BETAME OINTMENT	48.50	A044467335	BETAME OINTMENT	51.00	調價
A044611221	GENAXOL INJECTION 6MG/ML "GENTLE"	0.00	A044611221	GENAXOL INJECTION 6MG/ML "GENTLE"	652.00	刪除
A044653100	CA-P TABLETS 667MG "YU SHENG"(CALCIUM ACETATE)	1.12	A044653100	CA-P TABLETS 667MG "YU SHENG"(CALCIUM ACETATE)	1.15	調價
A044810100	ENARIL TABLETS 20MG "WEIDAR"	1.22	A044810100	ENARIL TABLETS 20MG "WEIDAR"	1.30	調價
A044879100	PSOLE F.C TAB.	3.52	A044879100	PSOLE F.C TAB.	3.59	調價
A045188100	KLARCIN F.C. TABLETS 250MG	3.24	A045188100	KLARCIN F.C. TABLETS 250MG	3.36	調價
A045228323	MIZTIN CREAM "MEIDER."	14.30	A045228323	MIZTIN CREAM "MEIDER."	14.50	調價
A045228336	MIZTIN CREAM "MEIDER"	29.70	A045228336	MIZTIN CREAM "MEIDER"	30.20	調價
A045280335	MEDAGEN GEL 0.75% "HEALTH" (METRONIDAZOLE)	38.10	A045280335	MEDAGEN GEL 0.75% "HEALTH" (METRONIDAZOLE)	41.40	調價
A045280338	MEDAGEN GEL 0.75% "HEALTH" (METRONIDAZOLE)	0.00	A045280338	MEDAGEN GEL 0.75% "HEALTH" (METRONIDAZOLE)	52.00	刪除
A045280343	MEDAGEN GEL 0.75% "HEALTH" (METRONIDAZOLE)	0.00	A045280343	MEDAGEN GEL 0.75% "HEALTH" (METRONIDAZOLE)	133.00	刪除
A045308100	YETAN CHEWABLE TABLETS "Y.A"	2.98	A045308100	YETAN CHEWABLE TABLETS "Y.A"	3.13	調價
A045357335	KENETON GEL	22.20	A045357335	KENETON GEL	25.60	調價

A045357340	KENETON GEL	28.20	A045357340	KENETON GEL	33.70	調價
A045357343	KENETON GEL	28.40	A045357343	KENETON GEL	34.00	調價
A045571321	FORMEI CREAM "Y.C"	16.00	A045571321	FORMEI CREAM "Y.C"	16.30	調價
A045600212	NEUROMIA INJECTION	0.00	A045600212	NEUROMIA INJECTION	4.79	刪除
A045650421	NORFOCIN EYE DROPS 0.3%	24.10	A045650421	NORFOCIN EYE DROPS 0.3%	26.90	調價
A045677100	METICORT TABLETS 2MG "KINGDOM"	1.14	A045677100	METICORT TABLETS 2MG "KINGDOM"	1.19	調價
A045925326	FUTEN CREAM 2%	39.70	A045925326	FUTEN CREAM 2%	40.40	調價
A045925338	FUTEN CREAM 2%	0.00	A045925338	FUTEN CREAM 2%	134.00	刪除
A045957321	ANCENT CREAM "Y.C"	20.40	A045957321	ANCENT CREAM "Y.C"	21.30	調價
A045957329	ANCENT CREAM "Y.C"	31.60	A045957329	ANCENT CREAM "Y.C"	33.30	調價
A046022100	"U-LIANG" U-PRAVA TABLETS 10MG (PRAVASTATIN SODIUM)	5.50	A046022100	"U-LIANG" U-PRAVA TABLETS 10MG (PRAVASTATIN SODIUM)	6.00	調價
A046026100	LABETA F.C L TABLETS 100MG "ROYAL"	2.75	A046026100	LABETA F.C L TABLETS 100MG "ROYAL"	2.80	調價
A046140100	BETARL F.C TABLETS 200MG "ROYAL"	2.75	A046140100	BETARL F.C TABLETS 200MG "ROYAL"	2.80	調價
A046143100	ACYLO TABLETS 200 MG (ACYCLOVIR)	4.26	A046143100	ACYLO TABLETS 200 MG (ACYCLOVIR)	4.67	調價
A046178329	AMYDA GEL 0.75% "Y.Y"	26.70	A046178329	AMYDA GEL 0.75% "Y.Y"	29.40	調價
A046183529	ZOCON VAGINAL GEL 0.75% "Y.Y"	0.00	A046183529	ZOCON VAGINAL GEL 0.75% "Y.Y"	54.00	刪除
A046183540	ZOCON VAGINAL GEL 0.75% "Y.Y"	0.00	A046183540	ZOCON VAGINAL GEL 0.75% "Y.Y"	107.00	刪除
A046183596	ZOCON VAGINAL GEL 0.75% "Y.Y"	121.00	A046183596	ZOCON VAGINAL GEL 0.75% "Y.Y"	124.00	調價
A046273100	KORFAN TABLETS 20MG "TAI"	0.85	A046273100	KORFAN TABLETS 20MG "TAI"	0.86	調價
A046275151	LALLERGY SYRUP "ROYAL"	26.40	A046275151	LALLERGY SYRUP "ROYAL"	26.90	調價
A046275157	LALLERGY SYRUP "ROYAL"	0.00	A046275157	LALLERGY SYRUP "ROYAL"	68.00	刪除
A046300151	CATEROL LIQUID 5MCG/ML	0.00	A046300151	CATEROL LIQUID 5MCG/ML	31.20	刪除
A046302363	KWAIE GEL 0.1%	0.00	A046302363	KWAIE GEL 0.1%	576.00	刪除
A046487112	TERCANYL NEBULISER SOLUTION 2.5MG/ML	0.00	A046487112	TERCANYL NEBULISER SOLUTION 2.5MG/ML	9.00	刪除
A046490248	DIPROFEN INJECTION	0.00	A046490248	DIPROFEN INJECTION	123.00	刪除

A046562335	METOPZOLE GEL 7.5MG/GM	0.00	A046562335	METOPZOLE GEL 7.5MG/GM	41.40	刪除
A046584335	ADAMEI GEL "S.C."	0.00	A046584335	ADAMEI GEL "S.C."	57.00	刪除
A046618229	DROPEDOL INJECTION 2.5MG/ML	0.00	A046618229	DROPEDOL INJECTION 2.5MG/ML	77.00	刪除
A046633326	LOMEANE CREAM "S.C."	26.60	A046633326	LOMEANE CREAM "S.C."	28.90	調價
A046633329	LOMEANE CREAM "S.C."	0.00	A046633329	LOMEANE CREAM "S.C."	40.40	刪除
A046686100	METO TABLETS 250MG "EB"(METFORMIN)	0.00	A046686100	METO TABLETS 250MG "EB"(METFORMIN)	1.00	刪除
A046691100	METOZONE TABLETS 0.5MG "Y.Y."	2.55	A046691100	METOZONE TABLETS 0.5MG "Y.Y."	2.85	調價
A046732100	GLUCOMET F.C. TABLETS 2.5/500MG	1.87	A046732100	GLUCOMET F.C. TABLETS 2.5/500MG	1.89	調價
A046933100	FLUVOXIN F.C. TABLETS 50MG	6.00	A046933100	FLUVOXIN F.C. TABLETS 50MG	6.50	調價
A047071212	KOP INJECTION	17.60	A047071212	KOP INJECTION	18.60	調價
A047157363	DELPAC GEL 1MG/GM "MEIDER" (ADAPALENE)	0.00	A047157363	DELPAC GEL 1MG/GM "MEIDER" (ADAPALENE)	576.00	刪除
A047375238	LIPOVAN INJECTION	0.00	A047375238	LIPOVAN INJECTION	39.20	刪除
A047375248	LIPOVAN INJECTION	0.00	A047375248	LIPOVAN INJECTION	123.00	刪除
A047420100	INMIDE F.C. TABLETS 1.25MG "EB"	0.00	A047420100	INMIDE F.C. TABLETS 1.25MG "EB"	1.18	刪除
A047517100	LATRIGINE TABLETS 100MG "KINGDOM" (LAMOTRIGINE)	13.80	A047517100	LATRIGINE TABLETS 100MG "KINGDOM" (LAMOTRIGINE)	16.20	調價
A047556340	FUBODYL Concentrate Solution "Meider"	0.00	A047556340	FUBODYL Concentrate Solution "Meider"	142.00	刪除
A047572100	IFONOL TABLETS 100 MG "ASTAR"	0.00	A047572100	IFONOL TABLETS 100 MG "ASTAR"	0.99	刪除
A047610100	IFONOL TABLETS 300MG "ASTAR"	0.00	A047610100	IFONOL TABLETS 300MG "ASTAR"	2.29	刪除
A047615157	BESUMIN SYRUP "Y.C"	0.00	A047615157	BESUMIN SYRUP "Y.C"	68.00	刪除
A047623100	EBASTEL TABLETS 5MG	1.55	A047623100	EBASTEL TABLETS 5MG	1.57	調價
A047680100	Decarbay Tablets 50mg "Kingdom"	1.93	A047680100	Decarbay Tablets 50mg "Kingdom"	2.00	調價
A047681321	Palene gel 0.1% "Panbiotic"	16.80	A047681321	Palene gel 0.1% "Panbiotic"	17.30	調價

A047681335	Palene gel 0.1% "Panbiotic"	0.00	A047681335	Palene gel 0.1% "Panbiotic"	57.00	刪除
A047681343	Palene gel 0.1% "Panbiotic"	0.00	A047681343	Palene gel 0.1% "Panbiotic"	119.00	刪除
A047681345	Palene gel 0.1% "Panbiotic"	0.00	A047681345	Palene gel 0.1% "Panbiotic"	206.00	刪除
A047681363	Palene gel 0.1% "Panbiotic"	0.00	A047681363	Palene gel 0.1% "Panbiotic"	576.00	刪除
A047843143	ZOCOMIN ORAL SOLUTION 0.1%W/V	25.40	A047843143	ZOCOMIN ORAL SOLUTION 0.1%W/V	25.60	調價
A047843151	ZOCOMIN ORAL SOLUTION 0.1%W/V	26.10	A047843151	ZOCOMIN ORAL SOLUTION 0.1%W/V	26.50	調價
A047843157	ZOCOMIN ORAL SOLUTION 0.1%W/V	0.00	A047843157	ZOCOMIN ORAL SOLUTION 0.1%W/V	80.00	刪除
A047966100	TONE F.C. Tablets 25mg "MEIDER"	1.22	A047966100	TONE F.C. Tablets 25mg "MEIDER"	1.24	調價
A048060321	Superin cream "Y.C."	28.20	A048060321	Superin cream "Y.C."	28.80	調價
A048060355	Superin cream "Y.C."	0.00	A048060355	Superin cream "Y.C."	586.00	刪除
A048087100	TONE F.C. TABLETS 10MG "MEIDER"	1.20	A048087100	TONE F.C. TABLETS 10MG "MEIDER"	1.22	調價
A048093321	Adalene Gel 0.1% "S.D."	16.80	A048093321	Adalene Gel 0.1% "S.D."	17.30	調價
A048093343	Adalene Gel 0.1% "S.D."	0.00	A048093343	Adalene Gel 0.1% "S.D."	119.00	刪除
A048093345	Adalene Gel 0.1% "S.D."	0.00	A048093345	Adalene Gel 0.1% "S.D."	206.00	刪除
A048093363	Adalene Gel 0.1% "S.D."	0.00	A048093363	Adalene Gel 0.1% "S.D."	576.00	刪除
A048178329	Betapro Cream "Patron"	0.00	A048178329	Betapro Cream "Patron"	15.80	刪除
A048183100	Riston F.C. Tablets 2mg "CHI SHENG"	6.50	A048183100	Riston F.C. Tablets 2mg "CHI SHENG"	7.90	調價
A048225321	Debesol Ointment 0.05%	11.90	A048225321	Debesol Ointment 0.05%	12.60	調價
A048225324	Debesol Ointment 0.05%	12.80	A048225324	Debesol Ointment 0.05%	13.30	調價
A048225329	Debesol Ointment 0.05%	13.70	A048225329	Debesol Ointment 0.05%	14.30	調價
A048225338	Debesol Ointment 0.05%	41.90	A048225338	Debesol Ointment 0.05%	44.50	調價
A048225340	Debesol Ointment 0.05%	0.00	A048225340	Debesol Ointment 0.05%	49.30	刪除
A048225355	Debesol Ointment 0.05%	0.00	A048225355	Debesol Ointment 0.05%	195.00	刪除
A048252100	Nincolide Tablets 100mg "Kingdom" (Nimesulide)	2.08	A048252100	Nincolide Tablets 100mg "Kingdom" (Nimesulide)	2.20	調價

A048277457	BUDES NASAL AQUA (64UG/DOSE) "PANBIOTIC"	120.00	A048277457	BUDES NASAL AQUA (64UG/DOSE) "PANBIOTIC"	127.00	調價
A048295321	Pindome Gel 0.1% (Adapalene)"HEALTH"	16.80	A048295321	Pindome Gel 0.1% (Adapalene)"HEALTH"	17.30	調價
A048295345	Pindome Gel 0.1% (Adapalene)"HEALTH"	0.00	A048295345	Pindome Gel 0.1% (Adapalene)"HEALTH"	206.00	刪除
A048295363	Pindome Gel 0.1% (Adapalene)"HEALTH"	0.00	A048295363	Pindome Gel 0.1% (Adapalene)"HEALTH"	576.00	刪除
A048339100	SINTAN ENTERIC COATED TABLETS 100MG "MEIDER"	0.00	A048339100	SINTAN ENTERIC COATED TABLETS 100MG "MEIDER"	1.00	刪除
A0483391G0	SINTAN ENTERIC COATED TABLETS 100MG "MEIDER"(鋁箔)	0.00	A0483391G0	SINTAN ENTERIC COATED TABLETS 100MG "MEIDER"(鋁箔)	1.50	刪除
A048345100	BOSU F.C. TABLETS 9.6MG "SOUNLIN"	0.00	A048345100	BOSU F.C. TABLETS 9.6MG "SOUNLIN"	1.66	刪除
A048390209	ANALIF FOR IV INJECTION	15.90	A048390209	ANALIF FOR IV INJECTION	16.30	調價
A048390212	ANALIF FOR IV INJECTION	17.60	A048390212	ANALIF FOR IV INJECTION	18.60	調價
A048442225	Diprofen Injection 20mg/ml	0.00	A048442225	Diprofen Injection 20mg/ml	39.20	刪除
A048442229	Diprofen Injection 20mg/ml	0.00	A048442229	Diprofen Injection 20mg/ml	39.20	刪除
A048442240	Diprofen Injection 20mg/ml	114.00	A048442240	Diprofen Injection 20mg/ml	123.00	調價
A048442248	Diprofen Injection 20mg/ml	0.00	A048442248	Diprofen Injection 20mg/ml	263.00	刪除
A048512100	NooSafe Film Coated Tablets 800mg	1.81	A048512100	NooSafe Film Coated Tablets 800mg	1.84	調價
A048561238	OLATIN I.V. INJECTION 5MG/ML	0.00	A048561238	OLATIN I.V. INJECTION 5MG/ML	4776.00	刪除
A048641209	Oxacillin Sodium Injection "Union"	36.00	A048641209	Oxacillin Sodium Injection "Union"	36.60	調價
A048641212	OXACILLIN SODIUM INJECTION "UNION"	84.00	A048641212	OXACILLIN SODIUM INJECTION "UNION"	91.00	調價
A048641265	Oxacillin Sodium Injection "Union"	0.00	A048641265	Oxacillin Sodium Injection "Union"	16.80	刪除

A048662100	FUCOLE MINLIFE ORALLY DISINTEGRATING TABLETS	0.75	A048662100	FUCOLE MINLIFE ORALLY DISINTEGRATING TABLETS	0.78	調價
A0487491G0	COLCHICINE TABLETS 0.5MG “F.Y.”(鋁箔/膠箔)	0.00	A0487491G0	COLCHICINE TABLETS 0.5MG “F.Y.”(鋁箔/膠箔)	1.50	刪除
A048756100	SUGANLIN SOFT CAPSULES “F.M”	0.00	A048756100	SUGANLIN SOFT CAPSULES “F.M”	1.34	刪除
A048786321	MOFUROATE CREAM 0.1 %〝Y.S.〞	0.00	A048786321	MOFUROATE CREAM 0.1 %〝Y.S.〞	23.70	刪除
A048786326	MOFUROATE CREAM 0.1 %〝Y.S.〞	0.00	A048786326	MOFUROATE CREAM 0.1 %〝Y.S.〞	28.90	刪除
A048786329	MOFUROATE CREAM 0.1 %〝Y.S.〞	0.00	A048786329	MOFUROATE CREAM 0.1 %〝Y.S.〞	40.40	刪除
A048786335	MOFUROATE CREAM 0.1 %〝Y.S.〞	0.00	A048786335	MOFUROATE CREAM 0.1 %〝Y.S.〞	60.00	刪除
A048840212	Irinotecan Solution for I.V. Infusion “LOTUS”	0.00	A048840212	Irinotecan Solution for I.V. Infusion “LOTUS”	1575.00	刪除
A048864329	Jelnizole Gel 0.75% "Panbiotic"	0.00	A048864329	Jelnizole Gel 0.75% "Panbiotic"	29.40	刪除
A048864335	Jelnizole Gel 0.75% "Panbiotic"	0.00	A048864335	Jelnizole Gel 0.75% "Panbiotic"	41.40	刪除
A048864338	Jelnizole Gel 0.75% "Panbiotic"	0.00	A048864338	Jelnizole Gel 0.75% "Panbiotic"	52.00	刪除
A048864343	Jelnizole Gel 0.75% "Panbiotic"	0.00	A048864343	Jelnizole Gel 0.75% "Panbiotic"	133.00	刪除
A048894100	MIGOFF TABLETS 10 MG	0.00	A048894100	MIGOFF TABLETS 10 MG	102.00	刪除
A048992421	KIRTOLAC OPHTHALMIC SOLUTION 0.5%	0.00	A048992421	KIRTOLAC OPHTHALMIC SOLUTION 0.5%	88.00	刪除
A0490111T0	FUNNIX SR TABLETS 150MG	11.70			#NULL!	異常確認_6
A049023100	PIRACETAM FILM COATED TABLETS 1200MG “Y.Y.”	1.81	A049023100	PIRACETAM FILM COATED TABLETS 1200MG “Y.Y.”	1.84	調價
A049033143	XINGTON DROPS 9.6 MG/ML “PANBIOTIC”	0.00	A049033143	XINGTON DROPS 9.6 MG/ML “PANBIOTIC”	176.00	刪除
A049033151	XINGTON DROPS 9.6 MG/ML “PANBIOTIC”	0.00	A049033151	XINGTON DROPS 9.6 MG/ML “PANBIOTIC”	267.00	刪除
A049033155	XINGTON DROPS 9.6 MG/ML “PANBIOTIC”	0.00	A049033155	XINGTON DROPS 9.6 MG/ML “PANBIOTIC”	432.00	刪除

A049033157	XINGTON DROPS 9.6 MG/ML “PANBIOTIC”	0.00	A049033157	XINGTON DROPS 9.6 MG/ML “PANBIOTIC”	525.00	刪除
A049058100	RISTON F.C. TABLETS 1 MG "CHI SHENG"	5.30	A049058100	RISTON F.C. TABLETS 1 MG "CHI SHENG"	6.30	調價
A049108321	KANGFUJING OINTMENT 2 %	28.60	A049108321	KANGFUJING OINTMENT 2 %	31.70	調價
A049108326	KANGFUJING OINTMENT 2 %	0.00	A049108326	KANGFUJING OINTMENT 2 %	40.40	刪除
A049108329	KANGFUJING OINTMENT 2 %	44.00	A049108329	KANGFUJING OINTMENT 2 %	44.70	調價
A049108335	KANGFUJING OINTMENT 2 %	0.00	A049108335	KANGFUJING OINTMENT 2 %	117.00	刪除
A049140280	AMOCLAN FOR I.V. INJECTION "UNION"	0.00	A049140280	AMOCLAN FOR I.V. INJECTION "UNION"	32.50	刪除
A049140297	AMOCLAN FOR I.V. INJECTION "UNION"	72.00	A049140297	AMOCLAN FOR I.V. INJECTION "UNION"	82.00	調價
A049144100	REPANORM TABLETS 1MG” KINGDOM” (REPAGLINIDE)	1.78	A049144100	REPANORM TABLETS 1MG” KINGDOM” (REPAGLINIDE)	2.06	調價
A049149209	SIROLAC IV INJECTION 30 MG/ML “SIEHO”	15.90	A049149209	SIROLAC IV INJECTION 30 MG/ML “SIEHO”	16.30	調價
A049149212	SIROLAC IV INJECTION 30 MG/ML “SIEHO”	17.60	A049149212	SIROLAC IV INJECTION 30 MG/ML “SIEHO”	18.60	調價
A049307100	LERPIN F.C. TABLETS 10 MG (LERCANIDIPINE)	5.00	A049307100	LERPIN F.C. TABLETS 10 MG (LERCANIDIPINE)	5.40	調價
A049314221	DOPAR INJECTION 40 MG/ML	0.00	A049314221	DOPAR INJECTION 40 MG/ML	19.00	刪除
A0493221T0	BUPROTRIN SUSTAINED RELEASE F.C. TABLETS 150MG 〝ROYAL″	11.70			#NULL!	異常確認_6
A049395100	TIABINE FILM COATED TABLETS 5MG (TIAGABINE)	0.00	A049395100	TIABINE FILM COATED TABLETS 5MG (TIAGABINE)	14.00	刪除
A049416173	KUZEM POWDER	0.00	A049416173	KUZEM POWDER	770.00	刪除
A049418321	POCOMMI CREAM	13.80	A049418321	POCOMMI CREAM	13.90	調價
A049418323	POCOMMI CREAM	14.30	A049418323	POCOMMI CREAM	14.50	調價
A049418335	POCOMMI CREAM	29.40	A049418335	POCOMMI CREAM	29.80	調價
A049418336	POCOMMI CREAM	29.70	A049418336	POCOMMI CREAM	30.20	調價
A049425100	SONIMAX CAPSULES 10MG	2.31	A049425100	SONIMAX CAPSULES 10MG	2.50	調價
A049426209	MEFLUPIN POWDER FOR INJECTION 0.25G、0.5G、1G “TAI YU”	0.00	A049426209	MEFLUPIN POWDER FOR INJECTION 0.25G、0.5G、1G “TAI YU”	566.00	刪除

A049426265	MEFLUPIN POWDER FOR INJECTION 0.25G、0.5G、1G “TAI YU”	0.00	A049426265	MEFLUPIN POWDER FOR INJECTION 0.25G、0.5G、1G “TAI YU”	271.00	刪除
A049426277	MEFLUPIN POWDER FOR INJECTION 0.25G、0.5G、1G “TAI YU”	0.00	A049426277	MEFLUPIN POWDER FOR INJECTION 0.25G、0.5G、1G “TAI YU”	292.00	刪除
A049554229	LIPOFOL INJECTION 20MG/ML	0.00	A049554229	LIPOFOL INJECTION 20MG/ML	39.20	刪除
A049554248	LIPOFOL INJECTION 20MG/ML	0.00	A049554248	LIPOFOL INJECTION 20MG/ML	263.00	刪除
A049565321	FUTEZOLE CREAM 1%	15.40	A049565321	FUTEZOLE CREAM 1%	16.70	調價
A049565329	FUTEZOLE CREAM 1%	0.00	A049565329	FUTEZOLE CREAM 1%	35.50	刪除
A049565335	FUTEZOLE CREAM 1%	45.30	A049565335	FUTEZOLE CREAM 1%	48.40	調價
A049580229	POTASSIUM CHLORIDE COMPLEX INJECTION 15% "SYNMOSA"	0.00	A049580229	POTASSIUM CHLORIDE COMPLEX INJECTION 15% "SYNMOSA"	5.90	刪除
A049601209	PRISUTOMYCIN FOR INJECTION “TAI YU”	0.00	A049601209	PRISUTOMYCIN FOR INJECTION “TAI YU”	35.50	刪除
A049601212	PRISUTOMYCIN FOR INJECTION “TAI YU”	0.00	A049601212	PRISUTOMYCIN FOR INJECTION “TAI YU”	35.50	刪除
A049601219	PRISUTOMYCIN FOR INJECTION “TAI YU”	0.00	A049601219	PRISUTOMYCIN FOR INJECTION “TAI YU”	76.00	刪除
A049624265	DOPAMINE “C.C.P.C.” INJECTION	0.00	A049624265	DOPAMINE “C.C.P.C.” INJECTION	99.00	刪除
A049652355	TRISEC CREAM	112.00	A049652355	TRISEC CREAM	140.00	調價
A049710321	SOHOUO HYDROPHILIC CREAM	16.00	A049710321	SOHOUO HYDROPHILIC CREAM	16.30	調價
A049710329	SOHOUO HYDROPHILIC CREAM	34.10	A049710329	SOHOUO HYDROPHILIC CREAM	35.10	調價
A049710338	SOHOUO HYDROPHILIC CREAM	71.00	A049710338	SOHOUO HYDROPHILIC CREAM	85.00	調價
A049712265	IMENAM POWDER FOR IV INJECTION	0.00	A049712265	IMENAM POWDER FOR IV INJECTION	187.00	刪除
A049712277	IMENAM POWDER FOR IV INJECTION	0.00	A049712277	IMENAM POWDER FOR IV INJECTION	283.00	刪除
A049718100	SUBININ EFFERVESCENT TABLETS 600 MG	5.40	A049718100	SUBININ EFFERVESCENT TABLETS 600 MG	5.60	調價

A049752329	KETOCO CREAM 20MG/G ” PATRON” (KETOCONAZOLE)	0.00	A049752329	KETOCO CREAM 20MG/G” PATRON” (KETOCONAZOLE)	13.30	刪除
A049752335	KETOCO CREAM 20MG/G ” PATRON” (KETOCONAZOLE)	31.50	A049752335	KETOCO CREAM 20MG/G” PATRON” (KETOCONAZOLE)	32.20	調價
A049752355	KETOCO CREAM 20MG/G ” PATRON” (KETOCONAZOLE)	0.00	A049752355	KETOCO CREAM 20MG/G” PATRON” (KETOCONAZOLE)	407.00	刪除
A049762100	CAFONA TABLETS 15 MG	0.00	A049762100	CAFONA TABLETS 15 MG	9.30	刪除
A049907321	PEVIGEN OINTMENT 0.5MG/GM (CLOBETASOL PROPIONATE)	11.90	A049907321	PEVIGEN OINTMENT 0.5MG/GM (CLOBETASOL PROPIONATE)	12.60	調價
A049914100	AMSOLVON SR TABLET 75MG	1.60	A049914100	AMSOLVON SR TABLET 75MG	1.65	調價
A049924121	QUARTON GRANULES	0.00	A049924121	QUARTON GRANULES	6.70	刪除
A049973100	QUEROPIN FILM COATED TABLETS 100MG “YUNG SHIN”	0.00	A049973100	QUEROPIN FILM COATED TABLETS 100MG “YUNG SHIN ”	11.20	刪除
A049975100	"U-LIANG" ETOPIN CAPSULES 200 MG	3.06	A049975100	"U-LIANG" ETOPIN CAPSULES 200 MG	3.20	調價
A049991421	ANKEMIN EYE DROPS “UNION”	16.90	A049991421	ANKEMIN EYE DROPS “UNION”	17.70	調價
A049991429	ANKEMIN EYE DROPS "UNION"	32.70	A049991429	ANKEMIN EYE DROPS "UNION"	35.30	調價
A049999335	DOFU CREAM	44.40	A049999335	DOFU CREAM	45.50	調價
A050055100	DINONE CAPSULE 2.5MG	0.00	A050055100	DINONE CAPSULE 2.5MG	168.00	刪除
A050096100	ETL CAPSULES 200 MG	3.06	A050096100	ETL CAPSULES 200 MG	3.20	調價
A050103100	NISULIN TABLETS 24MG	2.31	A050103100	NISULIN TABLETS 24MG	2.46	調價
A050119100	ANDM EXTENDED RELEASE TABLETS	1.28	A050119100	ANDM EXTENDED RELEASE TABLETS	1.32	調價
A050124163	GUWEI SUSPENSION 20MG/ML	0.00	A050124163	GUWEI SUSPENSION 20MG/ML	81.00	刪除
A050153100	MENOLON TABLETS 200MG	1.00	A050153100	MENOLON TABLETS 200MG	1.01	調價
A050164209	CEFMAY POWDER FOR INJECTION “TAI YU”	0.00	A050164209	CEFMAY POWDER FOR INJECTION “TAI YU ”	83.00	刪除
A050164212	CEFMAY POWDER FOR INJECTION “TAI YU”	0.00	A050164212	CEFMAY POWDER FOR INJECTION “TAI YU ”	263.00	刪除
A050164277	CEFMAY POWDER FOR INJECTION “TAI YU”	0.00	A050164277	CEFMAY POWDER FOR INJECTION “TAI YU ”	65.00	刪除

A050176209	CEFEROM POWDER FOR I.V. INJECTION 1GM "TAI YU"	0.00	A050176209	CEFEROM POWDER FOR I.V. INJECTION 1GM "TAI YU"	218.00	刪除
A050176212	CEFEROM POWDER FOR I.V. INJECTION 2GM "TAI YU"	0.00	A050176212	CEFEROM POWDER FOR I.V. INJECTION 2GM "TAI YU"	555.00	刪除
A050246151	NOOSAFE 200 MG SOLUTION	0.00	A050246151	NOOSAFE 200 MG SOLUTION	27.60	刪除
A050339100	ZALE CAPSULES 10MG	2.31	A050339100	ZALE CAPSULES 10MG	2.50	調價
A050430100	MEKEI TABLETS 40MG "PANBIOTIC"	0.00	A050430100	MEKEI TABLETS 40MG "PANBIOTIC"	9.30	刪除
A051388100	INDAMIDE SR F.C. TABLETS 1.5MG "KINGDOM" (INDAPAMIDE)	1.52	A051388100	INDAMIDE SR F.C. TABLETS 1.5MG "KINGDOM" (INDAPAMIDE)	1.61	調價
A051391100	CLENSAN TABLETS 16MG	1.24	A051391100	CLENSAN TABLETS 16MG	1.27	調價
A051719100	PURINOL-300 TABLETS 300MG "ROYAL"	2.20	A051719100	PURINOL-300 TABLETS 300MG "ROYAL"	2.29	調價
A051731100	EPILEN F.C. TABLETS 500MG	19.70	A051731100	EPILEN F.C. TABLETS 500MG	19.80	調價
A052361220	JEITA FOR I.V. INJECTION "UNION"	191.00	A052361220	JEITA FOR I.V. INJECTION "UNION"	213.00	調價
A0523612CX	JEITA FOR I.V. INJECTION "UNION"	116.00	A0523612CX	JEITA FOR I.V. INJECTION "UNION"	125.00	調價
A052438148	Witgen Oral Drop "LOTUS"	0.00	A052438148	Witgen Oral Drop "LOTUS"	782.00	刪除
A052460100	LIOBIGEN FILM COATED TABLETS "PANBIOTIC"	1.92	A052460100	LIOBIGEN FILM COATED TABLETS "PANBIOTIC"	1.94	調價
A052589100	PIOGO TABLETS 30MG	7.70	A052589100	PIOGO TABLETS 30MG	8.90	調價
A052618209	OXACILLIN POWDER FOR INJECTION "UNICARE"	0.00	A052618209	OXACILLIN POWDER FOR INJECTION "UNICARE"	36.60	刪除
A052618212	OXACILLIN POWDER FOR INJECTION "UNICARE"	0.00	A052618212	OXACILLIN POWDER FOR INJECTION "UNICARE"	91.00	刪除
A052618265	OXACILLIN POWDER FOR INJECTION "UNICARE"	0.00	A052618265	OXACILLIN POWDER FOR INJECTION "UNICARE"	16.80	刪除
A052618277	OXACILLIN POWDER FOR INJECTION "UNICARE"	0.00	A052618277	OXACILLIN POWDER FOR INJECTION "UNICARE"	19.00	刪除

A054856100	UTAPINE F.C. TABLETS 300MG “UNION”	29.50	A054856100	UTAPINE F.C. TABLETS 300MG “UNION”	34.30	調價
A054860100	EPRAM F.C. TABLETS 20 MG	14.10	A054860100	EPRAM F.C. TABLETS 20 MG	17.10	調價
A054972100	MOKAST CHEWABLE TABLETS 5 MG	8.00	A054972100	MOKAST CHEWABLE TABLETS 5 MG	9.00	調價
A0549771T0	BUPORIN SUSTAINED-RELEASE TABLETS 150MG	11.70			#NULL!	異常確認_6
A054981321	FLANSON OINTMENT	0.00	A054981321	FLANSON OINTMENT	23.20	刪除
A054981329	FLANSON OINTMENT	0.00	A054981329	FLANSON OINTMENT	35.20	刪除
A054981335	FLANSON OINTMENT	38.20	A054981335	FLANSON OINTMENT	40.40	調價
A054981338	FLANSON OINTMENT	0.00	A054981338	FLANSON OINTMENT	72.00	刪除
A054993100	AIDA TABLETS 2MG “H.H.”(BIPERIDEN)	1.43	A054993100	AIDA TABLETS 2MG “H.H.” (BIPERIDEN)	1.52	調價
A0550051T0	PREWELL SUSTAINED-RELEASE TABLETS 150MG “MACRO”	11.70			#NULL!	異常確認_6
A055044100	PLATOUT FILM COATED TABLETS 75MG	28.80	A055044100	PLATOUT FILM COATED TABLETS 75MG	29.90	調價
A0552841T0	BUPOPIN SR TABLETS 150 MG	11.70			#NULL!	異常確認_6
A055286266	HYSON POWDER FOR INJECTION	0.00	A055286266	HYSON POWDER FOR INJECTION	93.00	刪除
A055290329	MEFREE GEL 0.75%	26.70	A055290329	MEFREE GEL 0.75%	29.40	調價
A055290335	MEFREE GEL 0.75%	38.10	A055290335	MEFREE GEL 0.75%	41.40	調價
A055290338	MEFREE GEL 0.75%	0.00	A055290338	MEFREE GEL 0.75%	52.00	刪除
A055290343	MEFREE GEL 0.75%	0.00	A055290343	MEFREE GEL 0.75%	133.00	刪除
A0555341T0	BETETRIM S.R. FILM-COATED TABLETS 150MG	11.70			#NULL!	異常確認_6
A055899326	FUDOPIN CREAM 50MG/G “PANBIOTIC”	0.00	A055899326	FUDOPIN CREAM 50MG/G “PANBIOTIC”	37.20	刪除
A055899335	FUDOPIN CREAM 50MG/G “PANBIOTIC”	0.00	A055899335	FUDOPIN CREAM 50MG/G “PANBIOTIC”	45.50	刪除
A055915100	KINZAAR F.C. TABLETS 50MG “KINGDOM” (LOSARTAN)	3.53	A055915100	KINZAAR F.C. TABLETS 50MG “KINGDOM” (LOSARTAN)	4.03	調價
A055967100	SIMVA F.C. TABLETS 40MG “UNION”	7.10	A055967100	SIMVA F.C. TABLETS 40MG “UNION”	8.30	調價
A055969255	TEICON POWDER FOR I.V. INJECTION “UNION”	0.00	A055969255	TEICON POWDER FOR I.V. INJECTION “UNION”	449.00	刪除

A055969263	TEICON POWDER FOR I.V. INJECTION “UNION”	455.00	A055969263	TEICON POWDER FOR I.V. INJECTION “UNION”	480.00	調價
A055969271	TEICON POWDER FOR I.V. INJECTION “UNION”	0.00	A055969271	TEICON POWDER FOR I.V. INJECTION “UNION”	1111.00	刪除
A056308100	SUPERCILLIN CAPSULES 500MG	1.23	A056308100	SUPERCILLIN CAPSULES 500MG	1.24	調價
A056719100	FUZATAN F.C. TABLETS 50/12.5MG "KINGDOM"	3.53	A056719100	FUZATAN F.C. TABLETS 50/12.5MG "KINGDOM"	4.03	調價
A0567821T0	BUPION SR TABLETS 150MG	11.70			#NULL!	異常確認_6
A057123100	SEDOGREL F.C. TABLETS 75MG "UNION"	0.00	A057123100	SEDOGREL F.C. TABLETS 75MG "UNION"	29.90	刪除
A0571353AK	SOFTCAM GEL 10MG/G	28.20	A0571353AK	SOFTCAM GEL 10MG/G	33.70	調價
A057202265	MOXACIN INFUSION SOLUTION 400MG/250ML	0.00	A057202265	MOXACIN INFUSION SOLUTION 400MG/250ML	562.00	刪除
A057302151	PATADINE ORAL SOLUTION 10MG/ML "CENTER"	0.00	A057302151	PATADINE ORAL SOLUTION 10MG/ML "CENTER"	32.50	刪除
A057302155	PATADINE ORAL SOLUTION 10MG/ML "CENTER"	0.00	A057302155	PATADINE ORAL SOLUTION 10MG/ML "CENTER"	103.00	刪除
A057775100	KINCOUGH SUSTAINED RELEASE F.C. TABLET 60MG "KINGDOM" (DEXTROMETHORPHAN HYDROBROMIDE)	1.90	A057775100	KINCOUGH SUSTAINED RELEASE F.C. TABLET 60MG "KINGDOM" (DEXTROMETHORPHAN HYDROBROMIDE)	1.96	調價
A057792212	FEVA INJECTION 2%	0.00	A057792212	FEVA INJECTION 2%	34.40	刪除
A057835321	OMEX CREAM 10MG/GM	0.00	A057835321	OMEX CREAM 10MG/GM	54.00	刪除
A058011209	METHORON INJECTION	0.00	A058011209	METHORON INJECTION	6.00	刪除
A058081317	RAXZOR CREAM 5% "Y.C."	0.00	A058081317	RAXZOR CREAM 5% "Y.C."	17.30	刪除
A058118113	INTEMENO GRANULES FOR ORAL SOLUTION 2400MG	5.40	A058118113	INTEMENO GRANULES FOR ORAL SOLUTION 2400MG	5.70	調價
AA36015345	TEIRIA GEL 100MG/GM (ETOFENAMATE)(40GM)	84.00	AA36015345	TEIRIA GEL 100MG/GM (ETOFENAMATE)(40GM)	86.00	調價

AA36418229	DOXOR LYO INJECTION 10MG	399.00	AA36418229	DOXOR LYO INJECTION 10MG	417.00	調價
AA42704100	NOBAR TABLETS 5MG (AMLODIPINE BESYLATE)28粒/鋁箔盒裝	3.84	AA42704100	NOBAR TABLETS 5MG (AMLODIPINE BESYLATE)28粒/鋁箔盒裝	4.30	調價
AA44508229	OXALIP INJECTION (10毫升/瓶裝)	1336.00	AA44508229	OXALIP INJECTION (10毫升/瓶裝)	1635.00	調價
AA44508238	OXALIP INJECTION (20毫升/瓶裝)	4420.00	AA44508238	OXALIP INJECTION (20毫升/瓶裝)	5237.00	調價
AA45670100	NOVA TABLETS (28粒/鋁箔盒裝)	3.84	AA45670100	NOVA TABLETS (28粒/鋁箔盒裝)	4.30	調價
AA47170212	IRINO SOLUTION FOR I.V. INFUSION	1589.00	AA47170212	IRINO SOLUTION FOR I.V. INFUSION	1831.00	調價
AA47170221	IRINO SOLUTION FOR I.V. INFUSION	2975.00	AA47170221	IRINO SOLUTION FOR I.V. INFUSION	3607.00	調價
AA47469100	ARCDONE F.C. TABLETS 5 MG(28粒/鋁箔盒裝)。	55.00	AA47469100	ARCDONE F.C. TABLETS 5 MG(28粒/鋁箔盒裝)。	60.00	調價
AA47702100	ANXOKAST CHEWABLE TABLET 5MG(28粒/鋁箔盒裝)	9.30	AA47702100	ANXOKAST CHEWABLE TABLET 5MG(28粒/鋁箔盒裝)	10.70	調價
AA47792151	LACTULOSE LIQUID "SHUN HWA"(60ML/塑膠瓶裝)	25.00	AA47792151	LACTULOSE LIQUID "SHUN HWA"(60ML/塑膠瓶裝)	25.10	調價
AA47813100	ANXOKAST F.C. TABLETS 10MG(28粒/鋁箔盒裝)	12.30	AA47813100	ANXOKAST F.C. TABLETS 10MG(28粒/鋁箔盒裝)	14.30	調價
AA47895263	TEICOD FOR INJECTION 200MG	0.00	AA47895263	TEICOD FOR INJECTION 200MG	563.00	刪除
AA47960100	ANXOKAST CHEWABLE TABLETS 4MG(28粒/鋁箔盒裝)	9.10	AA47960100	ANXOKAST CHEWABLE TABLETS 4MG(28粒/鋁箔盒裝)	10.50	調價
AA48161145	Sodium Valproate Oral Solution 200mg/ml "Center" (Sodium Valproate)	177.00	AA48161145	Sodium Valproate Oral Solution 200mg/ml "Center" (Sodium Valproate)	190.00	調價
AA48333100	GLUTAZONE TABLETS 30MG(30粒/鋁箔盒裝)	9.60	AA48333100	GLUTAZONE TABLETS 30MG(30粒/鋁箔盒裝)	11.50	調價
AA48334100	SMILON F.C. TABLETS 30MG(30粒/鋁箔盒裝)。	8.90	AA48334100	SMILON F.C. TABLETS 30MG(30粒/鋁箔盒裝)。	10.60	調價
AA48352143	SERIDOL ORAL SOLUTION 1MG/ML "CENTER"(30ML/塑膠瓶裝)	548.00	AA48352143	SERIDOL ORAL SOLUTION 1MG/ML "CENTER"(30ML/塑膠瓶裝)	601.00	調價

AA48661100	ESCIPRO F.C. TABLETS 20 MG “D.T.” (30粒/鋁箔盒裝)	15.50	AA48661100	ESCIPRO F.C. TABLETS 20 MG “D.T.” (30粒/鋁箔盒裝)	20.00	調價
AA48730100	THROMBIFREE F.C. TABLETS 75 MG(28粒/鋁箔盒裝)	32.10	AA48730100	THROMBIFREE F.C. TABLETS 75 MG(28粒/鋁箔盒裝)	34.40	調價
AA48757100	Candanxo F.C. Tablets 50/12.5 mg	4.11	AA48757100	Candanxo F.C. Tablets 50/12.5 mg	4.82	調價
AA48879100	ANXOLIPO F.C. TABLET 10 MG,30粒/鋁箔/膠箔盒裝	9.00	AA48879100	ANXOLIPO F.C. TABLET 10 MG,30粒/鋁箔/膠箔盒裝	10.70	調價
AA49097100	AMILLIAN TABLETS 200 MG 〝D.T.″(30粒鋁箔盒裝)	18.40	AA49097100	AMILLIAN TABLETS 200 MG 〝D.T.″(30粒鋁箔盒裝)	20.40	調價
AA49116100	PIOTAS TABLETS 30 MG ” P.L.”(30粒/鋁箔盒裝)	9.60	AA49116100	PIOTAS TABLETS 30 MG ” P.L.”(30粒/鋁箔盒裝)	11.50	調價
AA49226100	ANXOLIGHTOR F.C. TABLETS 20 MG (30粒/鋁箔盒裝)	16.60	AA49226100	ANXOLIGHTOR F.C. TABLETS 20 MG (30粒/鋁箔盒裝)	18.90	調價
AA49288100	ANXOLIPO F.C TABLETS 40MG(30粒/鋁箔/膠箔盒裝)	20.20	AA49288100	ANXOLIPO F.C TABLETS 40MG(30粒/鋁箔/膠箔盒裝)	22.60	調價
AA49344100	CARVETONE F.C. TABLETS 75 MG(28粒/鋁箔盒裝)	32.10	AA49344100	CARVETONE F.C. TABLETS 75 MG(28粒/鋁箔盒裝)	34.40	調價
AA49429100	U-CHU PIOZON TABLETS 30 MG(30粒/鋁箔盒裝)	9.60	AA49429100	U-CHU PIOZON TABLETS 30 MG(30粒/鋁箔盒裝)	11.50	調價
AA49500100	PIOTAS TABLETS 15 MG “P.L.”(30粒/鋁箔盒裝)	6.90	AA49500100	PIOTAS TABLETS 15 MG “P.L.”(30粒/鋁箔盒裝)	8.30	調價
AA49543100	ATORIN F.C. TABLET 10MG(28粒/鋁箔盒裝)	9.00	AA49543100	ATORIN F.C. TABLET 10MG(28粒/鋁箔盒裝)	10.70	調價
AA49629100	LEEYO F.C. TABLETS 10 MG(28粒/鋁箔盒裝)	9.70	AA49629100	LEEYO F.C. TABLETS 10 MG(28粒/鋁箔盒裝)	11.40	調價
AA49805100	VENFAXIME S.R. CAPSULES 75MG “EVEREST”(28粒/鋁箔盒裝)	10.00	AA49805100	VENFAXIME S.R. CAPSULES 75MG “EVEREST”(28粒/鋁箔盒裝)	11.60	調價
AA49920100	XADOSIN SR F.C. TABLETS 4 MG(28粒/鋁箔盒裝)	9.40	AA49920100	XADOSIN SR F.C. TABLETS 4 MG(28粒/鋁箔盒裝)	10.30	調價
AA49930100	GLITIS TABLETS 30MG (30粒裝/鋁箔膠箔)	9.60	AA49930100	GLITIS TABLETS 30MG (30粒裝/鋁箔膠箔)	11.50	調價

AA52337100	GLUFAST TABLET 10MG (84粒/鋁箔盒裝)	3.09	AA52337100	GLUFAST TABLET 10MG (84粒/鋁箔盒裝)	3.20	調價
AA52339219	BOLENIC FOR SOLUTION FOR IV INFUSION 4 MG (凍晶注射劑附加注射用水)	5433.00	AA52339219	BOLENIC FOR SOLUTION FOR IV INFUSION 4 MG (凍晶注射劑附加注射用水)	6700.00	調價
AA55020219	ZOBONIC LYOPHILIZED POWDER FOR SOLUTION FOR I.V. INFUSION 4MG	5433.00	AA55020219	ZOBONIC LYOPHILIZED POWDER FOR SOLUTION FOR I.V. INFUSION 4MG	6693.00	調價
AA55113206	ISOTERA CONCENTRATE FOR INFUSION 40MG/ML	3199.00	AA55113206	ISOTERA CONCENTRATE FOR INFUSION 40MG/ML	3489.00	調價
AA55113212	ISOTERA CONCENTRATE FOR INFUSION 40MG/ML	10751.00	AA55113212	ISOTERA CONCENTRATE FOR INFUSION 40MG/ML	11800.00	調價
AA55417100	EASYFOR SR CAPSULES 37.5MG(28粒/鋁箔盒裝)	8.90	AA55417100	EASYFOR SR CAPSULES 37.5MG(28粒/鋁箔盒裝)	10.20	調價
AA55545261	LEVOFLOXACIN I.V. SOLUTION FOR INFUSION 5MG/ML “CHI SHENG”(玻璃瓶裝)	619.00	AA55545261	LEVOFLOXACIN I.V. SOLUTION FOR INFUSION 5MG/ML “CHI SHENG”(玻璃瓶裝)	656.00	調價
AA55555100	ANOTROLE F.C. TABLETS 1MG “P.L.”(30粒/鋁箔盒裝)。	45.30	AA55555100	ANOTROLE F.C. TABLETS 1MG “P.L.”(30粒/鋁箔盒裝)。	51.00	調價
AA55904100	ARIZOLE TABLETS 10 MG (30粒/鋁箔盒裝)	47.30	AA55904100	ARIZOLE TABLETS 10 MG (30粒/鋁箔盒裝)	51.00	調價
AA56639100	ESCITALO F.C. TABLETS 10MG(28粒/鋁箔盒裝)	9.70	AA56639100	ESCITALO F.C. TABLETS 10MG(28粒/鋁箔盒裝)	11.40	調價
AA56672206	DOFOR CONCENTRATE FOR INFUSION 40MG/ML	3199.00	AA56672206	DOFOR CONCENTRATE FOR INFUSION 40MG/ML	3489.00	調價
AA56672212	DOFOR CONCENTRATE FOR INFUSION 40MG/ML	0.00	AA56672212	DOFOR CONCENTRATE FOR INFUSION 40MG/ML	11800.00	刪除
AA56680100	OLAN ORALLY DISINTEGRATING TABLETS 5MG(28粒/鋁箔盒裝)	39.50	AA56680100	OLAN ORALLY DISINTEGRATING TABLETS 5MG(28粒/鋁箔盒裝)	45.30	調價
AA56736100	NOBELIN XR F.C. TABLETS 750MG(60粒/鋁箔盒裝)	29.40	AA56736100	NOBELIN XR F.C. TABLETS 750MG(60粒/鋁箔盒裝)	32.10	調價

AA56739100	ANXOLIPO F.C. TABLETS 20MG(30粒/鋁箔盒裝)	16.60	AA56739100	ANXOLIPO F.C. TABLETS 20MG(30粒/鋁箔盒裝)	18.90	調價
AA56761100	MIRTAZAPINE F.C. TABLETS 30MG "CYH"(30粒/鋁箔盒裝)	8.90	AA56761100	MIRTAZAPINE F.C. TABLETS 30MG "CYH"(30粒/鋁箔盒裝)	10.60	調價
AA56776100	DUXETINE CAPSULES 30MG(28粒/鋁箔盒裝)	16.60	AA56776100	DUXETINE CAPSULES 30MG(28粒/鋁箔盒裝)	18.00	調價
AA56787100	OKPINE F.C. TABLETS 10MG (28粒/鋁箔裝)	65.00	AA56787100	OKPINE F.C. TABLETS 10MG (28粒/鋁箔裝)	76.00	調價
AA56799100	SU-CHIN FILM COATED TABLETS(28粒/鋁箔盒裝)	65.00	AA56799100	SU-CHIN FILM COATED TABLETS(28粒/鋁箔盒裝)	76.00	調價
AA57140100	Clofree F.C. Tablets 75mg "Yu Sheng"	32.10	AA57140100	Clofree F.C. Tablets 75mg "Yu Sheng"	34.40	調價
AA57191255	Lexacin I.V. Solution for infusion 5mg/ml "Tai Yu"	601.00	AA57191255	Lexacin I.V. Solution for infusion 5mg/ml "Tai Yu"	656.00	調價
AA57213100	OLZAPINE F.C. TAB. 10MG(28粒/鋁箔盒裝)	65.00	AA57213100	OLZAPINE F.C. TAB. 10MG(28粒/鋁箔盒裝)	76.00	調價
AA57320100	ARIPIPRAZOLE TABLETS 10MG "GENOVATE"(28粒/鋁箔盒裝)	47.30	AA57320100	ARIPIPRAZOLE TABLETS 10MG "GENOVATE"(28粒/鋁箔盒裝)	51.00	調價
AA57321100	OLAN ORALLY DISINTEGRATING TABLETS 10MG【28粒/鋁箔盒裝】	65.00	AA57321100	OLAN ORALLY DISINTEGRATING TABLETS 10MG【28粒/鋁箔盒裝】	76.00	調價
AA57322100	ENVIR F.C. TABLETS 0.5MG(30粒/鋁箔盒裝)	104.00	AA57322100	ENVIR F.C. TABLETS 0.5MG(30粒/鋁箔盒裝)	116.00	調價
AA57364100	ARIPIPRAZOLE TABLETS 15MG "GENOVATE"(28粒/鋁箔盒裝)	47.30	AA57364100	ARIPIPRAZOLE TABLETS 15MG "GENOVATE"(28粒/鋁箔盒裝)	51.00	調價
AA57372100	PITATOR TABLETS 2MG(28粒/鋁箔盒裝)	11.90	AA57372100	PITATOR TABLETS 2MG(28粒/鋁箔盒裝)	13.30	調價
AA57409100	UBIXA FILM COATED TABLETS 10MG (28粒/鋁箔盒裝)	65.00	AA57409100	UBIXA FILM COATED TABLETS 10MG (28粒/鋁箔盒裝)	76.00	調價
AA57743100	DUXETINE CAPSULES 60MG(28粒/鋁箔盒裝)	29.50	AA57743100	DUXETINE CAPSULES 60MG(28粒/鋁箔盒裝)	32.10	調價

AA57769100	GLITOS TABLETS 15MG(30粒/鋁箔盒裝)	6.90	AA57769100	GLITOS TABLETS 15MG(30粒/鋁箔盒裝)	8.30	調價
AA57770145	DUASMA HFA 200 (BUDESONIDE 200MCG) INHALER	351.00	AA57770145	DUASMA HFA 200 (BUDESONIDE 200MCG) INHALER	361.00	調價
AA57774100	ATOVER F.C. TAB. 10MG "P.L."(30粒/鋁箔盒裝)	9.00	AA57774100	ATOVER F.C. TAB. 10MG "P.L."(30粒/鋁箔盒裝)	10.70	調價
AA57786100	BECAVIR F.C. TABLETS 0.5MG(30粒/鋁箔盒裝)	104.00	AA57786100	BECAVIR F.C. TABLETS 0.5MG(30粒/鋁箔盒裝)	115.00	調價
AA57802100	ROTY F.C. TABLETS 10MG(28粒/鋁箔盒裝)	13.40	AA57802100	ROTY F.C. TABLETS 10MG(28粒/鋁箔盒裝)	14.60	調價
AA57829100	Q-PINE F.C. TABLETS 100MG "TAI YU" (30粒/鋁箔盒裝)	12.10	AA57829100	Q-PINE F.C. TABLETS 100MG "TAI YU" (30粒/鋁箔盒裝)	14.70	調價
AA57838100	DOSABIN XL TABLETS 4MG "STANDARD" (DOXAZOSIN MESYLATE)(30粒/鋁箔盒裝)	9.40	AA57838100	DOSABIN XL TABLETS 4MG "STANDARD" (DOXAZOSIN MESYLATE)(30粒/鋁箔盒裝)	10.30	調價
AA57843100	ROTY F.C. TABLETS 5MG(28粒/鋁箔盒裝)	9.60	AA57843100	ROTY F.C. TABLETS 5MG(28粒/鋁箔盒裝)	11.40	調價
AA57880100	ROPICIN F.C. TABLETS 10MG(28粒/鋁箔盒裝)	13.40	AA57880100	ROPICIN F.C. TABLETS 10MG(28粒/鋁箔盒裝)	14.70	調價
AA579194E5	TRISONIN AQUEOUS NASAL SPRAY 55 MCG/DOSE	160.00	AA579194E5	TRISONIN AQUEOUS NASAL SPRAY 55 MCG/DOSE	170.00	調價
AA57950100	ATOVER F.C. TABLETS 20MG "P.L."(30粒/鋁箔盒裝)	16.60	AA57950100	ATOVER F.C. TABLETS 20MG "P.L."(30粒/鋁箔盒裝)	18.90	調價
AA57956221	LEVETIR CONCENTRATE FOR SOLUTION FOR INFUSION 100MG/ML	320.00	AA57956221	LEVETIR CONCENTRATE FOR SOLUTION FOR INFUSION 100MG/ML	337.00	調價
AA57995100	OLIPINE ORALLY DISINTEGRATING TABLETS 10MG "TAI YU"(28粒/鋁箔盒裝)	65.00	AA57995100	OLIPINE ORALLY DISINTEGRATING TABLETS 10MG "TAI YU"(28粒/鋁箔盒裝)	76.00	調價
AA58055100	APA-BILY TABLETS 10MG(30粒/鋁箔盒裝)	47.30	AA58055100	APA-BILY TABLETS 10MG(30粒/鋁箔盒裝)	52.00	調價

AA58091100	LIVEPRO F.C. TABLETS 0.5MG(28粒/鋁箔盒裝)	104.00	AA58091100	LIVEPRO F.C. TABLETS 0.5MG(28粒/鋁箔盒裝)	115.00	調價
AA58106100	Q-PINE F.C. TABLETS 200MG "TAI YU"(30粒/鋁箔盒裝)	16.30	AA58106100	Q-PINE F.C. TABLETS 200MG "TAI YU"(30粒/鋁箔盒裝)	19.40	調價
AA58112100	AMOTEN F.C. TABLETS 5/80MG(28粒/鋁箔盒裝)	9.50	AA58112100	AMOTEN F.C. TABLETS 5/80MG(28粒/鋁箔盒裝)	10.80	調價
AA58181100	"LEXINPING CAPSULES 30MG "TAI YU" (28粒/鋁箔盒裝)	16.60	AA58181100	"LEXINPING CAPSULES 30MG "TAI YU" (28粒/鋁箔盒裝)	18.40	調價
AA58233100	UBIXA FILM COATED TABLETS 5MG(28粒/鋁箔盒裝)	39.50	AA58233100	UBIXA FILM COATED TABLETS 5MG(28粒/鋁箔盒裝)	45.30	調價
AA58268100	CANDIS TABLETS 8MG(28粒/鋁箔盒裝)	6.90	AA58268100	CANDIS TABLETS 8MG(28粒/鋁箔盒裝)	7.50	調價
AA58282100	ROSTATIN F.C. TABLETS 10MG "STANDARD"(30粒/鋁箔盒裝)	13.40	AA58282100	ROSTATIN F.C. TABLETS 10MG "STANDARD"(30粒/鋁箔盒裝)	14.60	調價
AA58292100	LYGABA HARD CAPSULE 75MG "STANDARD"(56粒/鋁箔盒裝)	14.20	AA58292100	LYGABA HARD CAPSULE 75MG "STANDARD"(56粒/鋁箔盒裝)	15.10	調價
AA58542100	HEPURI F.C. TABLETS 0.5MG(30粒/鋁箔盒裝)	104.00	AA58542100	HEPURI F.C. TABLETS 0.5MG(30粒/鋁箔盒裝)	115.00	調價
AA58570100	VALSOON F.C. TABLETS 5/80MG(30粒/鋁箔盒裝)	9.00	AA58570100	VALSOON F.C. TABLETS 5/80MG(30粒/鋁箔盒裝)	10.50	調價
AA58628100	Q-PINE XR EXTENDED-RELEASE TABLETS 200MG "TAI YU"(30粒/鋁箔盒裝)	35.70	AA58628100	Q-PINE XR EXTENDED-RELEASE TABLETS 200MG "TAI YU"(30粒/鋁箔盒裝)	38.60	調價
AA58648100	PITARTY F.C. TABLETS 2MG(28粒/鋁箔盒裝)	11.90	AA58648100	PITARTY F.C. TABLETS 2MG(28粒/鋁箔盒裝)	13.30	調價
AB13578209	"TRIAMCINOLONE SUSPENDED INJECTION 10MG ""TAI YU"""	18.90	AB13578209	"TRIAMCINOLONE SUSPENDED INJECTION 10MG ""TAI YU"""	19.20	調價
AB19877100	EPBUTOL TABLETS "YU SHENG" (ETHAMBUTOL)	3.97	AB19877100	EPBUTOL TABLETS "YU SHENG" (ETHAMBUTOL)	2.61	調價

AB21199100	SULPIRIDE CAPSULES "JOHNSON"	1.53	AB21199100	SULPIRIDE CAPSULES "JOHNSON"	1.55	調價
AB26442100	ANPIN CAPSULES 15MG(SEAPROSE-S)	5.60	AB26442100	ANPIN CAPSULES 15MG(SEAPROSE-S)	5.70	調價
AB27082100	SECORIN CAPSULES 10MG "STANDARD"(OXAZOLAM)	1.52	AB27082100	SECORIN CAPSULES 10MG "STANDARD"(OXAZOLAM)	1.53	調價
AB27629100	VOLBRO CAPSULES 2.5MG (BROMOCRIPTINE)	4.58	AB27629100	VOLBRO CAPSULES 2.5MG (BROMOCRIPTINE)	4.90	調價
AB28041100	Amiorone Tablets 200mg	4.86	AB28041100	Amiorone Tablets 200mg	5.20	調價
AB28649100	SECORIN S.C.TABLET 10MG "STANDARD" (OXAZOLAM)	1.52	AB28649100	SECORIN S.C.TABLET 10MG "STANDARD" (OXAZOLAM)	1.53	調價
AB29478100	UROSIN FILM COATED TABLETS 100MG (ATENOLOL)	1.51	AB29478100	UROSIN FILM COATED TABLETS 100MG (ATENOLOL)	1.52	調價
AB29551100	YUPIN CAPSULES 10MG "YU SHENG" (OXAZOLAM)	1.52	AB29551100	YUPIN CAPSULES 10MG "YU SHENG" (OXAZOLAM)	1.53	調價
AB31086329	SEPTON SOL (BETAMETHASONE DIPROPIONATE) "SHIONOGI"	97.00	AB31086329	SEPTON SOL (BETAMETHASONE DIPROPIONATE) "SHIONOGI"	100.00	調價
AB31138100	BEFAT F.C. TAB. 200MG "STANDARD" (BEZAFIBRATE)	3.62	AB31138100	BEFAT F.C. TAB. 200MG "STANDARD" (BEZAFIBRATE)	4.01	調價
AB31295100	SEANTO CAPSULES 10MG (OXAZOLAM) "KOJAR"	1.52	AB31295100	SEANTO CAPSULES 10MG (OXAZOLAM) "KOJAR"	1.53	調價
AB31596100	LICODIN F.C. TABLET 100MG (TICLODINE)	3.53	AB31596100	LICODIN F.C. TABLET 100MG (TICLODINE)	3.71	調價
AB32322100	TENOLOL F.C TABLET 100MG (ATENOLOL) "PURZER"	1.51	AB32322100	TENOLOL F.C TABLET 100MG (ATENOLOL) "PURZER"	1.52	調價
AB32990238	FADIN LYO-INJECTION 20MG "STANDARD" (FAMOTIDINE)	23.20	AB32990238	FADIN LYO-INJECTION 20MG "STANDARD" (FAMOTIDINE)	23.30	調價
AB33029100	ATEOL F.C.TAB. 100MG (ATENOLOL) "STANDARD"	1.51	AB33029100	ATEOL F.C.TAB. 100MG (ATENOLOL) "STANDARD"	1.52	調價
AB33091100	LICODIN F.C.TABLET 250MG (TICLOPIDINE)	3.79	AB33091100	LICODIN F.C.TABLET 250MG (TICLOPIDINE)	3.94	調價

AB33128100	MEFENA F.C.TABLETS 500MG"KOJAR"	0.00	AB33128100	MEFENA F.C.TABLETS 500MG"KOJAR"	1.50	刪除
AB331281G0	MEFENA F.C. TABLETS 500MG"KOJAR" (MEFENAMIC ACID)(鋁箔/膠箔)	0.00	AB331281G0	MEFENA F.C. TABLETS 500MG"KOJAR" (MEFENAMIC ACID)(鋁箔/膠箔)	2.00	刪除
AB33541423	ORALOG ORABASE 1MG/GM (TRIAMCINOLONE)"PURZER"	36.70	AB33541423	ORALOG ORABASE 1MG/GM (TRIAMCINOLONE)"PURZER"	37.80	調價
AB34032209	CHEF FOR INJECTION (CEFTRIAXONE) "PURZER"	82.00	AB34032209	CHEF FOR INJECTION (CEFTRIAXONE) "PURZER"	100.00	調價
AB34032277	CHEF FOR INJECTION (CEFTRIAXONE) "PURZER"	54.00	AB34032277	CHEF FOR INJECTION (CEFTRIAXONE) "PURZER"	63.00	調價
AB34331209	CEBID FOR INJECTION (CEFOPERAZONE) "PURZER"	135.00	AB34331209	CEBID FOR INJECTION (CEFOPERAZONE) "PURZER"	157.00	調價
AB34331277	CEBID FOR INJECTION (CEFOPERAZONE) "PURZER"	0.00	AB34331277	CEBID FOR INJECTION (CEFOPERAZONE) "PURZER"	101.00	刪除
AB34359100	STERMIN F.C. TABLETS 100MG (ATENOLOL) "S.T."	1.51	AB34359100	STERMIN F.C. TABLETS 100MG (ATENOLOL) "S.T."	1.52	調價
AB34364100	PENTOP S.C. TABLETS 100MG (PENTOXIFYLLINE) "Y.S"	1.50	AB34364100	PENTOP S.C. TABLETS 100MG (PENTOXIFYLLINE) "Y.S"	1.51	調價
AB35169500	CAMAZOLE VAGINAL TABLET 100MG (CLOTRIMAZOLE) "PURZER"	5.90	AB35169500	CAMAZOLE VAGINAL TABLET 100MG (CLOTRIMAZOLE) "PURZER"	6.30	調價
AB35179100	LEFENINE F.C. TABLETS 100MG "C.H."(FLURBIPROFEN)	2.49	AB35179100	LEFENINE F.C. TABLETS 100MG "C.H."(FLURBIPROFEN)	2.65	調價
AB35680321	S.Z. CREAM 0.5MG/G "STANDARD" (CLOBETASOL)	11.90	AB35680321	S.Z. CREAM 0.5MG/G "STANDARD" (CLOBETASOL)	12.60	調價
AB35680329	S.Z. CREAM 0.5MG/G "STANDARD" (CLOBETASOL)	13.70	AB35680329	S.Z. CREAM 0.5MG/G "STANDARD" (CLOBETASOL)	14.30	調價

AB36082100	CERO CAPSULES 250MG (CAFACLOR) "S.T."	3.35	AB36082100	CERO CAPSULES 250MG (CAFACLOR) "S.T."	3.37	調價
AB36130100	ATENOLOL F.C. TABLETS 100MG "JOHNSON"	1.51	AB36130100	ATENOLOL F.C. TABLETS 100MG "JOHNSON"	1.52	調價
AB36176209	0.45% SOLUTIO NATRII CHLORIDI ISOTONICA "CHI-SHENG"	0.00	AB36176209	0.45% SOLUTIO NATRII CHLORIDI ISOTONICA "CHI-SHENG"	35.00	刪除
AB36248100	L.F.N. TABLET "C.H." 100MG (FLURBIPROFEN)	2.49	AB36248100	L.F.N. TABLET "C.H." 100MG (FLURBIPROFEN)	2.65	調價
AB36751209	SINTRIX FOR INJECTION 1G (CEFTRIAXONE)	82.00	AB36751209	SINTRIX FOR INJECTION 1G (CEFTRIAXONE)	100.00	調價
AB36751212	SINTRIX FOR INJECTION 2G (CEFTRIAXONE)	363.00	AB36751212	SINTRIX FOR INJECTION 2G (CEFTRIAXONE)	416.00	調價
AB36751277	SINTRIX FOR INJECTION 500MG (CEFTRIAXONE)	54.00	AB36751277	SINTRIX FOR INJECTION 500MG (CEFTRIAXONE)	63.00	調價
AB37126221	ANPO INJECTION 10MG/ML "S.T" (RITODRINE HYDROCHLORIDE)	44.40	AB37126221	ANPO INJECTION 10MG/ML "S.T" (RITODRINE HYDROCHLORIDE)	47.60	調價
AB37196100	ANPO TABLETS 10MG	4.15	AB37196100	ANPO TABLETS 10MG	4.39	調價
AB37550212	AMINFEC INJECTION 125MG/ML "STANDARD" (AMIKACIN)	29.00	AB37550212	AMINFEC INJECTION 125MG/ML "STANDARD" (AMIKACIN)	29.30	調價
AB37577100	ERA TABLET 0.25MG "T.T.Y." (FLUDIAZEPAM)	1.95	AB37577100	ERA TABLET 0.25MG "T.T.Y." (FLUDIAZEPAM)	2.04	調價
AB37608100	PIRACETAM CAPSULES 400MG "KOJAR" (PIRACETAM)	0.00	AB37608100	PIRACETAM CAPSULES 400MG "KOJAR" (PIRACETAM)	1.50	刪除
AB376081G0	PIRACETAM CAPSULES 400MG "KOJAR" (PIRACETAM)(鋁箔/膠箔)	0.00	AB376081G0	PIRACETAM CAPSULES 400MG "KOJAR" (PIRACETAM)(鋁箔/膠箔)	2.00	刪除
AB38016100	GEM-S F.C. TABLETS 600MG "S.T." (GEMFIBROZIL)	2.46	AB38016100	GEM-S F.C. TABLETS 600MG "S.T." (GEMFIBROZIL)	2.47	調價
AB38019100	VOREN SR FILM COATED TABLETS 100MG (DICLOFENAC)	2.13	AB38019100	VOREN SR FILM COATED TABLETS 100MG (DICLOFENAC)	2.20	調價

AB38075351	CORTEMA ENEMA 1.667MG/ML (HYDROCORTISONE) "PURZER"	55.00	AB38075351	CORTEMA ENEMA 1.667MG/ML (HYDROCORTISONE) "PURZER"	56.00	調價
AB38213100	SINFLO F.C.TAB. 200MG	1.88	AB38213100	SINFLO F.C.TAB. 200MG	2.02	調價
AB38288321	DEHERP CREAM 5% "STANDARD" (ACYCLOVIR)	41.10	AB38288321	DEHERP CREAM 5% "STANDARD" (ACYCLOVIR)	41.20	調價
AB38288329	DEHERP CREAM 5% "STANDARD" (ACYCLOVIR)	42.90	AB38288329	DEHERP CREAM 5% "STANDARD" (ACYCLOVIR)	43.50	調價
AB38332100	UCLOR CAPSULES 250MG (CEFACLOR)	3.35	AB38332100	UCLOR CAPSULES 250MG (CEFACLOR)	3.37	調價
AB38554100	SINFLO F.C.TAB. 100MG	1.58	AB38554100	SINFLO F.C.TAB. 100MG	1.62	調價
AB38600100	HESOR TABLETS 60MG (DILTIAZEM HYDROCHIORIDE) "YU SHENG"	2.15	AB38600100	HESOR TABLETS 60MG (DILTIAZEM HYDROCHIORIDE) "YU SHENG"	2.26	調價
AB38605100	FADIN F.C. TABLET 20MG "STANDARD" (FAMOTIDINE)	1.59	AB38605100	FADIN F.C. TABLET 20MG "STANDARD" (FAMOTIDINE)	1.63	調價
AB38843212	CEFMORE INJECTION "SWISS" (CEFOXITIN SODIUM)	143.00	AB38843212	CEFMORE INJECTION "SWISS" (CEFOXITIN SODIUM)	158.00	調價
AB38867100	ATEOL F.C. TABLETS 50MG "STANDARD" (ATENOLOL)	1.50	AB38867100	ATEOL F.C. TABLETS 50MG "STANDARD" (ATENOLOL)	1.51	調價
AB38927323	ZOPES CREAM 50MG/GM (ACYCLOVIR) "PURZER"	41.80	AB38927323	ZOPES CREAM 50MG/GM (ACYCLOVIR) "PURZER"	42.10	調價
AB39223209	CEFULIN FOR INJECTION (CEFTAZIDIME)	39.20	AB39223209	CEFULIN FOR INJECTION (CEFTAZIDIME)	43.30	調價
AB39223212	CEFULIN FOR INJECTION (CEFTAZIDIME)	199.00	AB39223212	CEFULIN FOR INJECTION (CEFTAZIDIME)	235.00	調價
AB39223277	CEFULIN FOR INJECTION (CEFTAZIDIME)	0.00	AB39223277	CEFULIN FOR INJECTION (CEFTAZIDIME)	27.20	刪除
AB39701151	LACTUL SYRUP 666MG/ML (LACTULOSE) "SINPHAR"	25.00	AB39701151	LACTUL SYRUP 666MG/ML (LACTULOSE) "SINPHAR"	25.10	調價

AB39701166	LACTUL SYRUP 666MG/ML (LACTULOSE) "SINPHAR"	105.00	AB39701166	LACTUL SYRUP 666MG/ML (LACTULOSE) "SINPHAR"	116.00	調價
AB39701177	LACTUL SYRUP 666MG/ML (LACTULOSE) "SINPHAR"	161.00	AB39701177	LACTUL SYRUP 666MG/ML (LACTULOSE) "SINPHAR"	176.00	調價
AB40517100	TENCAM F.C. TABLETS 20MG "STANDARD" (TENOXICAM)	3.59	AB40517100	TENCAM F.C. TABLETS 20MG "STANDARD" (TENOXICAM)	3.76	調價
AB40982209	CEXITIN FOR INJECTION 1GM "PURZER" (CEFOXITIN)	67.00	AB40982209	CEXITIN FOR INJECTION 1GM "PURZER" (CEFOXITIN)	75.00	調價
AB40983100	U-Ca soft capsules 0.5mcg "SINPHAR" (Calcitriol)	4.37	AB40983100	U-Ca soft capsules 0.5mcg "SINPHAR" (Calcitriol)	4.53	調價
AB41037229	LIPO-DOX LIPOSOME INJECTION 2MG/ML (DOXORUBICIN HCL)	12181.00	AB41037229	LIPO-DOX LIPOSOME INJECTION 2MG/ML (DOXORUBICIN HCL)	12226.00	調價
AB41236157	MUSCO SOLUTION 3MG/ML "STANDARD" (AMBROXOL)	50.00	AB41236157	MUSCO SOLUTION 3MG/ML "STANDARD" (AMBROXOL)	55.00	調價
AB41519100	FLUPINE TABLETS 0.25MG "JOHNSON" (FLUDIAZEPAM)	1.95	AB41519100	FLUPINE TABLETS 0.25MG "JOHNSON" (FLUDIAZEPAM)	2.04	調價
AB41535100	PENTOP S.R. TABLETS 400MG "YU SHENG" (PENTOXIFYLLINE)	1.82	AB41535100	PENTOP S.R. TABLETS 400MG "YU SHENG" (PENTOXIFYLLINE)	1.88	調價
AB41641100	NAKAMIDE F.C. TABLETS 2.5MG "N.K."(INDAPAMIDE)	1.92	AB41641100	NAKAMIDE F.C. TABLETS 2.5MG "N.K."(INDAPAMIDE)	2.00	調價
AB41669100	ACEBOL F.C. TABLET 400MG (ACEBUTOLOL) "STANDARD"	5.00	AB41669100	ACEBOL F.C. TABLET 400MG (ACEBUTOLOL) "STANDARD"	5.20	調價
AB41956100	CARTALOC TABLETS 100MG "S.C." (METOPROLOL TARTRATE)	3.06	AB41956100	CARTALOC TABLETS 100MG "S.C." (METOPROLOL TARTRATE)	3.36	調價
AB42198100	SPASPA CAPSULES 60MG (ALVERINE CITRATE)"MACRO"	1.74	AB42198100	SPASPA CAPSULES 60MG (ALVERINE CITRATE)"MACRO"	1.82	調價

AB42390245	OMEZOL LYO-INJ 40MG "STANDARD" (OMEPRAZOLE)	57.00	AB42390245	OMEZOL LYO-INJ 40MG "STANDARD" (OMEPRAZOLE)	61.00	調價
AB42687100	REGROW SUSTAINED RELEASE F.C. TABLET 60MG	1.98	AB42687100	REGROW SUSTAINED RELEASE F.C. TABLET 60MG	2.07	調價
AB43122151	MEPTIN LIQUID	33.90	AB43122151	MEPTIN LIQUID	36.60	調價
AB43124421	VOLEN OPHTHALMIC SOLUTION 0.1% (DICLOFENAC SODIUM)"WINSTON"	44.50	AB43124421	VOLEN OPHTHALMIC SOLUTION 0.1% (DICLOFENAC SODIUM)"WINSTON"	45.00	調價
AB43622100	MEPTIN TABLETS	3.06	AB43622100	MEPTIN TABLETS	3.17	調價
AB43657100	EUNAC SR F.C. TABLETS 100MG	2.13	AB43657100	EUNAC SR F.C. TABLETS 100MG	2.20	調價
AB43735112	BUTANYL INHALATION SOLUTION 2.5MG/ML (TERBUTALINE SULFATE)	9.40	AB43735112	BUTANYL INHALATION SOLUTION 2.5MG/ML (TERBUTALINE SULFATE)	10.00	調價
AB43837100	DICLOFENAC S.R F.C. TABLETS	2.13	AB43837100	DICLOFENAC S.R F.C. TABLETS	2.20	調價
AB43847335	ZALAIN CREAM 2%	89.00	AB43847335	ZALAIN CREAM 2%	91.00	調價
AB43852100	MIKELAN 5MG TABLETS "T.O.P."	2.82	AB43852100	MIKELAN 5MG TABLETS "T.O.P."	2.83	調價
AB43859100	USPEN TABLETS 100MG "YU SHENG"	4.55	AB43859100	USPEN TABLETS 100MG "YU SHENG"	5.20	調價
AB43929100	SALAZINE ENTERIC COATED TABLETS 500MG (SULFASALAZINE) "S.T"	2.45	AB43929100	SALAZINE ENTERIC COATED TABLETS 500MG (SULFASALAZINE) "S.T"	2.49	調價
AB43943412	IPRATRAN INHALATION SOLUTION 0.25MG/ML "S.T."(IPRATROPIUM BROMIDE)	7.40	AB43943412	IPRATRAN INHALATION SOLUTION 0.25MG/ML "S.T."(IPRATROPIUM BROMIDE)	8.10	調價
AB44046157	FUMIDE ORAL SOLUTION 10MG/ML "PURZER"	194.00	AB44046157	FUMIDE ORAL SOLUTION 10MG/ML "PURZER"	101.00	調價
AB44098100	FEDIL S.R TABLETS 5MG "STANDARD"	2.04	AB44098100	FEDIL S.R TABLETS 5MG "STANDARD"	2.24	調價
AB44122100	ACYLO TABLETS 400MG "S.T." (ACYCLOVIR)	5.60	AB44122100	ACYLO TABLETS 400MG "S.T." (ACYCLOVIR)	6.00	調價
AB44124100	PLETAAL TABLETS 100	11.30	AB44124100	PLETAAL TABLETS 100	12.30	調價
AB44136100	PLETAAL TAB. 50	5.50	AB44136100	PLETAAL TAB. 50	6.10	調價
AB44374100	YOU-JET F.C. TABLETS 50MG	6.10	AB44374100	YOU-JET F.C. TABLETS 50MG	7.00	調價

AB44434100	DELIBS F.C. TABLETS 50MG	5.30	AB44434100	DELIBS F.C. TABLETS 50MG	6.20	調價
AB44449100	AVERINE TABLETS 40MG	1.83	AB44449100	AVERINE TABLETS 40MG	1.94	調價
AB44463100	SEMI-NAX F.C. TAB. 10MG "D.T"	1.76	AB44463100	SEMI-NAX F.C. TAB. 10MG "D.T"	1.86	調價
AB44466221	PHYXOL INJECTION 6MG/ML "SINPHAR"	662.00	AB44466221	PHYXOL INJECTION 6MG/ML "SINPHAR"	785.00	調價
AB44466229	PHYXOL INJECTION 6MG/ML "SINPHAR"	995.00	AB44466229	PHYXOL INJECTION 6MG/ML "SINPHAR"	1142.00	調價
AB44466235	PHYXOL INJECTION 6MG/ML "SINPHAR"	1116.00	AB44466235	PHYXOL INJECTION 6MG/ML "SINPHAR"	1305.00	調價
AB44466240	PHYXOL INJECTION 6MG/ML "SINPHAR"	3724.00	AB44466240	PHYXOL INJECTION 6MG/ML "SINPHAR"	4521.00	調價
AB44466248	PHYXOL INJECTION 6MG/ML "SINPHAR"	16418.00	AB44466248	PHYXOL INJECTION 6MG/ML "SINPHAR"	20393.00	調價
AB444662E2	PHYXOL INJECTION 6MG/ML "SINPHAR"	1711.00	AB444662E2	PHYXOL INJECTION 6MG/ML "SINPHAR"	2111.00	調價
AB444662FG	PHYXOL INJECTION 6MG/ML "SINPHAR"	1711.00	AB444662FG	PHYXOL INJECTION 6MG/ML "SINPHAR"	2111.00	調價
AB44468100	FELOPINE E.R F.C. TABLETS 5MG	2.04	AB44468100	FELOPINE E.R F.C. TABLETS 5MG	2.24	調價
AB44475100	AMPIN TABLETS 5MG	3.84	AB44475100	AMPIN TABLETS 5MG	4.30	調價
AB44478100	VOTAN SR F.C TABLETS 100MG	2.13	AB44478100	VOTAN SR F.C TABLETS 100MG	2.20	調價
AB44482143	EXDILA LIQUID 5UG/ML "CENTER"	25.90	AB44482143	EXDILA LIQUID 5UG/ML "CENTER"	26.30	調價
AB44482151	EXDILA LIQUID 5UG/ML "CENTER"	33.90	AB44482151	EXDILA LIQUID 5UG/ML "CENTER"	36.60	調價
AB44509157	EUFAN SOLUTION 2.5MG/ML "STANDARD"	34.60	AB44509157	EUFAN SOLUTION 2.5MG/ML "STANDARD"	35.00	調價
AB44607100	AMLOBIN TABLETS 5MG "STANDARD"	3.84	AB44607100	AMLOBIN TABLETS 5MG "STANDARD"	4.30	調價
AB44621100	DOSABIN TABLETS 2MG	1.78	AB44621100	DOSABIN TABLETS 2MG	1.89	調價
AB44829100	DELCOPAN SR F.C.T 60MG	1.98	AB44829100	DELCOPAN SR F.C.T 60MG	2.07	調價
AB44832100	TANLEEG F.C. TABLETS 500MG "S.T." (NABUMETONE)	3.23	AB44832100	TANLEEG F.C. TABLETS 500MG "S.T." (NABUMETONE)	3.29	調價
AB44843100	UROSIN FILM COATED TABLETS 50MG (ATENOLOL)	1.50	AB44843100	UROSIN FILM COATED TABLETS 50MG (ATENOLOL)	1.51	調價
AB45041100	BABUROL TABLETS 10MG	2.01	AB45041100	BABUROL TABLETS 10MG	2.20	調價
AB45279100	"U-CHU" ZODEM TABLETS 10MG	1.76	AB45279100	"U-CHU" ZODEM TABLETS 10MG	1.86	調價
AB45348100	BISO F.C TABLETS 5 MG	2.15	AB45348100	BISO F.C TABLETS 5 MG	2.36	調價

AB45387100	"PURZER" PROLEAK TABLETS 5MG	12.60	AB45387100	"PURZER" PROLEAK TABLETS 5MG	14.00	調價
AB45392100	FELPIN EXTENDED RELEASE TABLETS 5MG "S.T" (FELODIPINE)	2.04	AB45392100	FELPIN EXTENDED RELEASE TABLETS 5MG "S.T" (FELODIPINE)	2.24	調價
AB45412100	NOOPOL F.C. TABLETS 1200MG "N.K."	1.91	AB45412100	NOOPOL F.C. TABLETS 1200MG "N.K."	1.98	調價
AB45415157	IDEFEN SUSPENSION 20MG/ML (IBUPROFEN)	45.10	AB45415157	IDEFEN SUSPENSION 20MG/ML (IBUPROFEN)	48.90	調價
AB45416100	POCATHMA-MINI TAB. 25MCG "STANDARD"	1.50	AB45416100	POCATHMA-MINI TAB. 25MCG "STANDARD"	1.51	調價
AB45438157	IDOFEN SUSPENSION 20MG/ML "STANDARD"	45.10	AB45438157	IDOFEN SUSPENSION 20MG/ML "STANDARD"	48.90	調價
AB45485430	BESONIN AQUA NASAL SPRAY 100MCG/DOSE	94.00	AB45485430	BESONIN AQUA NASAL SPRAY 100MCG/DOSE	100.00	調價
AB45485438	BESONIN AQUA NASAL SPRAY 100MCG/DOSE	125.00	AB45485438	BESONIN AQUA NASAL SPRAY 100MCG/DOSE	133.00	調價
AB45492100	MECATER TABLETS 25MCG (PROCATEROL HYDROCHLORIDE HEMIHYDRATE)	1.50	AB45492100	MECATER TABLETS 25MCG (PROCATEROL HYDROCHLORIDE HEMIHYDRATE)	1.51	調價
AB45592100	U-CHU LAMOGIN TABLETS 100MG	13.80	AB45592100	U-CHU LAMOGIN TABLETS 100MG	16.20	調價
AB45621100	FYNASID F.C TABLETS 5MG	12.60	AB45621100	FYNASID F.C TABLETS 5MG	14.00	調價
AB45668100	VALNON E.C TABLETS "S.C."	2.75	AB45668100	VALNON E.C TABLETS "S.C."	2.88	調價
AB45725100	LACOXA SR TABLETS 400MG	8.90	AB45725100	LACOXA SR TABLETS 400MG	9.80	調價
AB45856100	VALPROTINE ENTERIC COATED TABLETS 200MG "PURZER"	2.75	AB45856100	VALPROTINE ENTERIC COATED TABLETS 200MG "PURZER"	2.88	調價
AB45955100	NAKAMIDE SR TABLETS 1.5MG "N.K"	1.75	AB45955100	NAKAMIDE SR TABLETS 1.5MG "N.K"	1.84	調價
AB45961100	VALOSINE TABLET 37.5MG (VENLAFAXINE HYDROCHLORIDE)	5.20	AB45961100	VALOSINE TABLET 37.5MG (VENLAFAXINE HYDROCHLORIDE)	5.70	調價
AB45993100	ACTEIN EFFERVESCENT TABLETS 600MG	5.40	AB45993100	ACTEIN EFFERVESCENT TABLETS 600MG	5.60	調價

AB46016100	TAMLOSIN S.R. CAPSULES 0.2MG "STANDARD"	5.60	AB46016100	TAMLOSIN S.R. CAPSULES 0.2MG "STANDARD"	6.40	調價
AB46029100	PRATIN TABLETS 10MG "S.T" (PRAVASTATIN SODIUM)	5.70	AB46029100	PRATIN TABLETS 10MG "S.T" (PRAVASTATIN SODIUM)	6.30	調價
AB46074100	GLUSAFE TABLETS 2MG (GLIMEPIRIDE)	1.95	AB46074100	GLUSAFE TABLETS 2MG (GLIMEPIRIDE)	2.12	調價
AB46145100	ALEPAN TABLETS 15MG	3.13	AB46145100	ALEPAN TABLETS 15MG	3.18	調價
AB46173151	PROCAROL LIQUID 5UG/ML	33.90	AB46173151	PROCAROL LIQUID 5UG/ML	36.60	調價
AB46184100	TOPEE F.C. TABLETS 150MG	1.61	AB46184100	TOPEE F.C. TABLETS 150MG	1.65	調價
AB46237100	CILOPA F.C TABLETS 20MG "S.C"	7.10	AB46237100	CILOPA F.C TABLETS 20MG "S.C"	8.40	調價
AB46242151	WEMPTY SUSPENSION "CENTER" 1MG/ML	25.60	AB46242151	WEMPTY SUSPENSION "CENTER" 1MG/ML	25.90	調價
AB46283100	ICOMEIN CAPSULE 100MG "EVEREST"	17.80	AB46283100	ICOMEIN CAPSULE 100MG "EVEREST"	18.90	調價
AB46315100	LOSART F.C. TABLETS 50MG "STANDARD" (LOSARTAN POTASSIUM)	4.11	AB46315100	LOSART F.C. TABLETS 50MG "STANDARD" (LOSARTAN POTASSIUM)	4.82	調價
AB46480100	STAPIN S.R. TABLETS 5MG	2.04	AB46480100	STAPIN S.R. TABLETS 5MG	2.24	調價
AB46524100	DIPACHRO S.R. FILM COATED TABLETS 500MG	5.90	AB46524100	DIPACHRO S.R. FILM COATED TABLETS 500MG	6.30	調價
AB46613100	U-CHU TONEC TABLETS 100MG (ACECLOFENAC)	3.29	AB46613100	U-CHU TONEC TABLETS 100MG (ACECLOFENAC)	3.68	調價
AB46620100	SUPERNIDE TABLETS 1MG "YU SHENG"	2.09	AB46620100	SUPERNIDE TABLETS 1MG "YU SHENG"	2.31	調價
AB46639457	HEBIS AQUA NASAL SPRAY 64 MCG/DOSE	126.00	AB46639457	BESONIN AQUA NASAL SPRAY 64 MCG/DOSE	136.00	調價
AB46646100	POZOLA ENTERIC F.C. TABLETS 40MG "S.C."	10.10	AB46646100	POZOLA ENTERIC F.C. TABLETS 40MG "S.C."	11.70	調價
AB46656100	CALIFE TABLETS 15MG "N.K."	9.10	AB46656100	CALIFE TABLETS 15MG "N.K."	10.40	調價
AB46658100	KLUDONE MR TABLETS 30MG	1.65	AB46658100	KLUDONE MR TABLETS 30MG	1.71	調價

AB46661100	DISARTAN CAPSULES 80MG "KINGDOM"(VALSARTAN)	6.00	AB46661100	DISARTAN CAPSULES 80MG "KINGDOM"(VALSARTAN)	6.80	調價
AB46742100	AMTREL TABLETS	9.60	AB46742100	AMTREL TABLETS	10.40	調價
AB46749100	EPILRAMATE F.C. TABLETS 100MG	23.20	AB46749100	EPILRAMATE F.C. TABLETS 100MG	26.10	調價
AB46766100	GLIMARYL TABLETS 2MG (GLIMEPIRIDE)	1.95	AB46766100	GLIMARYL TABLETS 2MG (GLIMEPIRIDE)	2.12	調價
AB46991157	MEGEST ORAL SUSPENSION 40MG/ML	683.00	AB46991157	MEGEST ORAL SUSPENSION 40MG/ML	766.00	調價
AB46991164	MEGEST ORAL SUSPENSION 40MG/ML	1735.00	AB46991164	MEGEST ORAL SUSPENSION 40MG/ML	1872.00	調價
AB47003221	EPICIN INJECTION	407.00	AB47003221	EPICIN INJECTION	458.00	調價
AB47003229	EPICIN INJECTION	990.00	AB47003229	EPICIN INJECTION	1023.00	調價
AB47003240	EPICIN INJECTION	2311.00	AB47003240	EPICIN INJECTION	2554.00	調價
AB47071209	KOP INJECTION	17.00	AB47071209	KOP INJECTION	17.80	調價
AB47079100	U-CHU LAMOGIN TABLETS 50MG	10.10	AB47079100	U-CHU LAMOGIN TABLETS 50MG	11.40	調價
AB47147100	PICETAM F.C. TABLETS 1200MG "STANDARD" (PIRACETAM)	1.91	AB47147100	PICETAM F.C. TABLETS 1200MG "STANDARD" (PIRACETAM)	1.98	調價
AB47172100	AMEPIRIDE TABLETS 2.0MG	1.95	AB47172100	AMEPIRIDE TABLETS 2.0MG	2.12	調價
AB47228100	FENOLIP-U TABLETS 160MG "C.H."	3.92	AB47228100	FENOLIP-U TABLETS 160MG "C.H."	4.32	調價
AB47273100	VENFORSPINE XR CAPSULES 75MG	10.00	AB47273100	VENFORSPINE XR CAPSULES 75MG	11.60	調價
AB47294100	APA-RISDOL F.C. TABLETS 2MG	7.70	AB47294100	APA-RISDOL F.C. TABLETS 2MG	9.50	調價
AB47348100	VATATIN F.C. TABLETS 20MG "STANDARD"	3.58	AB47348100	VATATIN F.C. TABLETS 20MG "STANDARD"	4.05	調價
AB47368100	LANXO CAPSULES 30MG	10.00	AB47368100	LANXO CAPSULES 30MG	11.50	調價
AB47372100	INDAP S.R. TABLETS 1.5MG "STANDARD"	1.75	AB47372100	INDAP S.R. TABLETS 1.5MG "STANDARD"	1.84	調價
AB47407100	APA-RISDOL F.C. TABLETS 3MG	20.30	AB47407100	APA-RISDOL F.C. TABLETS 3MG	24.20	調價
AB47419100	APA-RISDOL F.C. TABLETS 1MG	6.80	AB47419100	APA-RISDOL F.C. TABLETS 1MG	8.30	調價
AB47472100	ABUTOL F.C. TABLETS 400MG (ACEBUTOLOL)	5.00	AB47472100	ABUTOL F.C. TABLETS 400MG (ACEBUTOLOL)	5.20	調價
AB47477100	GATINE CAPSULES 300MG	7.90	AB47477100	GATINE CAPSULES 300MG	8.40	調價

AB47516100	CRAVIT F.C. TAB 500MG	20.90	AB47516100	CRAVIT F.C. TAB 500MG	25.10	調價
AB47532100	ANSURES EXTENDED RELEASE TABLETS	1.54	AB47532100	ANSURES EXTENDED RELEASE TABLETS	1.56	調價
AB47538100	BISOL FILM COATED TABLETS 5MG(BISO PROLOL FUMARATE)	2.15	AB47538100	BISOL FILM COATED TABLETS 5MG(BISO PROLOL FUMARATE)	2.36	調價
AB47539100	ANAZO F.C. TABLETS	45.30	AB47539100	ANAZO F.C. TABLETS	51.00	調價
AB47553100	DEPATEC 500 MG FILM.COATED.TABLETS "PURZER"	5.90	AB47553100	DEPATEC 500 MG FILM.COATED.TABLETS"PURZER"	6.30	調價
AB47557229	EPICIN LYO INJECTION 10MG	0.00	AB47557229	EPICIN LYO INJECTION 10MG	458.00	刪除
AB47629100	TAMSO SR CAPSULES 0.2MG	5.60	AB47629100	TAMSO SR CAPSULES 0.2MG	6.40	調價
AB47656100	MOPRIDE F.C. TABLETS 5MG	1.75	AB47656100	MOPRIDE F.C. TABLETS 5MG	1.84	調價
AB47671100	Glubose Tablet 50mg	2.27	AB47671100	Glubose Tablet 50mg	2.46	調價
AB47689100	Neurtrol F.C. Tablets 300mg	7.80	AB47689100	Neurtrol F.C. Tablets 300mg	8.20	調價
AB47792166	Lactulose Liquid "SHUN HWA"	105.00	AB47792166	Lactulose Liquid "SHUN HWA"	116.00	調價
AB47792177	Lactulose Liquid "SHUN HWA"	161.00	AB47792177	Lactulose Liquid "SHUN HWA"	176.00	調價
AB47811100	TAGLU F.C. TABLETS 100MG	4.69	AB47811100	TAGLU F.C. TABLETS 100MG	5.00	調價
AB47848100	TAGLU F.C. TABLETS 50MG	2.27	AB47848100	TAGLU F.C. TABLETS 50MG	2.46	調價
AB47872223	GEMMIS INJECTION 38 MG/ML	598.00	AB47872223	GEMMIS INJECTION 38 MG/ML	703.00	調價
AB47872243	GEMMIS INJECTION 38 MG/ML	2854.00	AB47872243	GEMMIS INJECTION 38 MG/ML	3369.00	調價
AB47882206	TYXAN INJECTION	3199.00	AB47882206	TYXAN INJECTION	3489.00	調價
AB47882212	TYXAN INJECTION	10751.00	AB47882212	TYXAN INJECTION	11800.00	調價
AB47945100	PBF Mobicam Tablets 7.5mg	1.72	AB47945100	PBF Mobicam Tablets 7.5mg	1.80	調價
AB47979265	BOJUM INTRAVENOUS INJECTION 0.25G	281.00	AB47979265	BOJUM INTRAVENOUS INJECTION 0.25G	301.00	調價
AB47979277	BOJUM INTRAVENOUS INJECTION 0.5G	284.00	AB47979277	BOJUM INTRAVENOUS INJECTION 0.5G	305.00	調價
AB47981100	Acarose Tablets 50mg "Standard" (Acarbose)	2.27	AB47981100	Acarose Tablets 50mg "Standard" (Acarbose)	2.46	調價
AB47984100	CARLIPIN TABLETS 50MG	2.27	AB47984100	CARLIPIN TABLETS 50MG	2.46	調價
AB47991100	ANXOFIN F.C TABLETS 850MG	1.68	AB47991100	ANXOFIN F.C TABLETS 850MG	1.75	調價

AB48089100	DIAMIN MR TABLETS 30MG (GLICLAZIDE)	1.65	AB48089100	DIAMIN MR TABLETS 30MG (GLICLAZIDE)	1.71	調價
AB48130100	C.T.L. XR TABLETS 500MG "C.H."	1.54	AB48130100	C.T.L. XR TABLETS 500MG "C.H."	1.56	調價
AB48190100	Gastroloc Gastro-resistant Tablets 40mg	10.10	AB48190100	Gastroloc Gastro-resistant Tablets 40mg	11.70	調價
AB48229100	ANXOKEN F.C. TABLETS 1000MG	1.75	AB48229100	ANXOKEN F.C. TABLETS 1000MG	1.79	調價
AB48329248	EPICIN LYO INJECTION 50MG	2311.00	AB48329248	EPICIN LYO INJECTION 50MG	2554.00	調價
AB48351100	RISPAL F.C TABLETS 2MG	7.70	AB48351100	RISPAL F.C TABLETS 2MG	9.50	調價
AB48439100	PURCON F.C TABLETS 5MG	2.15	AB48439100	PURCON F.C TABLETS 5MG	2.36	調價
AB48484100	Glucomin X.R. Tablets 500mg "P.L."	1.58	AB48484100	Glucomin X.R. Tablets 500mg "P.L."	1.62	調價
AB48506100	EPRAM TABLETS 10MG	9.70	AB48506100	EPRAM TABLETS 10MG	10.70	調價
AB48507100	EPILRAMATE FILM-COATED TABLETS 25MG	5.50	AB48507100	EPILRAMATE FILM-COATED TABLETS 25MG	6.10	調價
AB48586100	PAVATIN PROTECT TABLETS 20MG "STANDARD" (PRAVASTATIN SODIUM)	5.90	AB48586100	PAVATIN PROTECT TABLETS 20MG "STANDARD" (PRAVASTATIN SODIUM)	6.60	調價
AB48644100	MECHOL TABLETS 20MG "YUNG SHIN"	5.90	AB48644100	MECHOL TABLETS 20MG "YUNG SHIN"	6.60	調價
AB48681100	PAVADIN TABLETS 20MG	5.90	AB48681100	PAVADIN TABLETS 20MG	6.60	調價
AB48699209	KTOLAC INJECTION 30MG/ML (KETOROLAC)	17.00	AB48699209	KTOLAC INJECTION 30MG/ML (KETOROLAC)	17.80	調價
AB48747100	MIRTAN TABLETS 30MG "UNION"	8.90	AB48747100	MIRTAN TABLETS 30MG "UNION"	10.60	調價
AB48751265	PENEM FOR I.V. INJECTION	187.00	AB48751265	PENEM FOR I.V. INJECTION	197.00	調價
AB48751277	PENEM FOR I.V. INJECTION	275.00	AB48751277	PENEM FOR I.V. INJECTION	316.00	調價
AB48802265	YOUNAM POWDER FOR IV INJECTION	187.00	AB48802265	YOUNAM POWDER FOR IV INJECTION	197.00	調價
AB48802277	YOUNAM POWDER FOR IV INJECTION	275.00	AB48802277	YOUNAM POWDER FOR IV INJECTION	316.00	調價
AB48836100	RAPMITEC TABLETS 10MG	5.10	AB48836100	RAPMITEC TABLETS 10MG	5.70	調價
AB48878100	VAKIN CHRONO FILM COATED TABLETS 500 MG	5.90	AB48878100	VAKIN CHRONO FILM COATED TABLETS 500 MG	6.30	調價

AB48909100	ANSUZOLE F.C TABLETS 1MG	45.30	AB48909100	ANSUZOLE F.C TABLETS 1MG	51.00	調價
AB48911265	BESTNEM POWDER FOR I.V. INJECTION	187.00	AB48911265	BESTNEM POWDER FOR I.V. INJECTION	197.00	調價
AB48911277	BESTNEM POWDER FOR I.V. INJECTION	275.00	AB48911277	BESTNEM POWDER FOR I.V. INJECTION	316.00	調價
AB48969100	THADO CAPSULES 50 MG	229.00	AB48969100	THADO CAPSULES 50 MG	234.00	調價
AB48991100	NIRANDIL TABLETS 5 MG (NICORANDIL) “STANDARD”	2.89	AB48991100	NIRANDIL TABLETS 5 MG (NICORANDIL) “STANDARD”	3.12	調價
AB48993245	PANE FOR IV INJECTION	119.00	AB48993245	PANE FOR IV INJECTION	131.00	調價
AB49011100	FUNNIX SR TABLETS 150MG	11.70	AB49011100	FUNNIX SR TABLETS 150MG	13.60	調價
AB49012100	RISDAL F.C. TABLETS 2MG	7.70	AB49012100	RISDAL F.C. TABLETS 2MG	9.50	調價
AB49021100	PRATIN TABLETS 20 MG	5.90	AB49021100	PRATIN TABLETS 20 MG	6.60	調價
AB49053143	POCATHMA LIQUID 5UG//ML “STANDARD”	25.90	AB49053143	POCATHMA LIQUID 5UG//ML “STANDARD”	26.30	調價
AB49053151	POCATHMA LIQUID 5UG/ML “STANDARD”	33.90	AB49053151	POCATHMA LIQUID 5UG/ML “STANDARD”	36.60	調價
AB49053157	POCATHMA LIQUID 5UG/ML “STANDARD”	0.00	AB49053157	POCATHMA LIQUID 5UG/ML “STANDARD”	111.00	刪除
AB49110100	NIDIL TABLETS 5 MG “S.C.”	2.89	AB49110100	NIDIL TABLETS 5 MG “S.C.”	3.12	調價
AB49143100	DEHYPOTIN PROTECT TABLETS 40MG	14.10	AB49143100	DEHYPOTIN PROTECT TABLETS 40MG	15.80	調價
AB49145100	LAXYMIG ER TABLETS 500 MG "LOTUS"	5.90	AB49145100	LAXYMIG ER TABLETS 500 MG "LOTUS"	6.30	調價
AB49147209	SUPECEF POWDER FOR INJECTION	242.00	AB49147209	SUPECEF POWDER FOR INJECTION	283.00	調價
AB49147212	SUPECEF POWDER FOR INJECTION	450.00	AB49147212	SUPECEF POWDER FOR INJECTION	496.00	調價
AB49147277	SUPECEF POWDER FOR INJECTION	151.00	AB49147277	SUPECEF POWDER FOR INJECTION	172.00	調價
AB49165100	ANXOPONE F.C. TABLETS 200MG	17.20	AB49165100	ANXOPONE F.C. TABLETS 200MG	18.10	調價
AB49189100	LOATA TABLETS 50 MG	5.50	AB49189100	LOATA TABLETS 50 MG	6.10	調價
AB49225100	GLIMED MR TABLETS 30MG	1.65	AB49225100	GLIMED MR TABLETS 30MG	1.71	調價
AB49240100	SMILON F.C TABLETS 15MG	5.10	AB49240100	SMILON F.C TABLETS 15MG	6.10	調價

AB49342100	URNAL S.R.F.C. TABLETS 0.2 MG	5.60	AB49342100	URNAL S.R.F.C. TABLETS 0.2 MG	6.40	調價
AB49446100	CARBATIN F.C. TABLETS 800 MG	19.20	AB49446100	CARBATIN F.C. TABLETS 800 MG	19.40	調價
AB49454100	PRATIN TABLETS 40 MG (PRAVASTATIN SODIUM)	14.10	AB49454100	PRATIN TABLETS 40 MG (PRAVASTATIN SODIUM)	15.80	調價
AB49457100	GLUCOFIT ER TABLETS 500 MG ” SWISS”	1.54	AB49457100	GLUCOFIT ER TABLETS 500 MG ” SWISS”	1.56	調價
AB49466100	GLICLAX SUSTAINED RELEASE TABLETS 30MG	1.65	AB49466100	GLICLAX SUSTAINED RELEASE TABLETS 30MG	1.71	調價
AB49503100	DEHYPOTIN PROTECT TABLETS 20MG	5.90	AB49503100	DEHYPOTIN PROTECT TABLETS 20MG	6.60	調價
AB49518100	NEUROQUEL F.C. TABLETS 100MG	12.10	AB49518100	NEUROQUEL F.C. TABLETS 100MG	14.70	調價
AB49532100	SUPERNIDE TABLETS 2MG ” YUSHENG”	2.49	AB49532100	SUPERNIDE TABLETS 2MG ” YUSHENG”	2.69	調價
AB49551100	LINLIP MICRONISED CAPSULES 200MG” CHINTENG”	3.92	AB49551100	LINLIP MICRONISED CAPSULES 200MG” CHINTENG”	4.32	調價
AB49556100	YOU-JET F.C. TABLETS 100 MG	11.80	AB49556100	YOU-JET F.C. TABLETS 100 MG	13.60	調價
AB49581100	PIOSUGAR TABLETS 30 MG	9.60	AB49581100	PIOSUGAR TABLETS 30 MG	11.50	調價
AB49599100	BETAFORM TABLETS 850MG ” M.T.” (METFORMIN)	1.68	AB49599100	BETAFORM TABLETS 850MG ” M.T.” (METFORMIN)	1.75	調價
AB49656100	MIRTAPINE ORALLY DISINTEGRATING TABLETS 30MG	8.90	AB49656100	MIRTAPINE ORALLY DISINTEGRATING TABLETS 30MG	10.60	調價
AB49696100	LEFLODAL F.C. TABLETS 500 MG	20.90	AB49696100	LEFLODAL F.C. TABLETS 500 MG	25.10	調價
AB49719100	CLOPID F.C. TABLETS 75 MG “P.L.”	32.10	AB49719100	CLOPID F.C. TABLETS 75 MG “P.L.”	34.40	調價
AB49735265	MEPENEM POWDER FOR INTRAVENOUS INJECTION	281.00	AB49735265	MEPENEM POWDER FOR INTRAVENOUS INJECTION	301.00	調價
AB49735277	MEPENEM POWDER FOR INTRAVENOUS INJECTION	284.00	AB49735277	MEPENEM POWDER FOR INTRAVENOUS INJECTION	305.00	調價
AB49742100	HILOCA F.C. TABLETS 200MG	16.30	AB49742100	HILOCA F.C. TABLETS 200MG	19.40	調價
AB49770229	NOESIN INJECTION “TAI YU” (PIRACETAM)	28.20	AB49770229	NOESIN INJECTION “TAI YU” (PIRACETAM)	28.70	調價

AB49905100	AZOSIN S.R. TABLETS 10 MG “STANDARD” (ALFUZOSIN HYDROCHLORIDE)	5.80	AB49905100	AZOSIN S.R. TABLETS 10 MG “STANDARD” (ALFUZOSIN HYDROCHLORIDE)	6.30	調價
AB49969100	AMLOBIN TABLETS 10 MG “STANDARD”	3.84	AB49969100	AMLOBIN TABLETS 10 MG “STANDARD”	4.30	調價
AB49977209	YUPIME POWDER FOR INJECTION	242.00	AB49977209	YUPIME POWDER FOR INJECTION	283.00	調價
AB49977212	YUPIME POWDER FOR INJECTION	450.00	AB49977212	YUPIME POWDER FOR INJECTION	496.00	調價
AB49977277	YUPIME POWDER FOR INJECTION	151.00	AB49977277	YUPIME POWDER FOR INJECTION	172.00	調價
AB50006100	ALFUZO XL TABLETS 10 MG “S.C.”	5.80	AB50006100	ALFUZO XL TABLETS 10 MG “S.C.”	6.30	調價
AB50115100	QUETIALIN F.C. TABLETS 25MG “KINGDOM”	7.30	AB50115100	QUETIALIN F.C. TABLETS 25MG “KINGDOM”	8.70	調價
AB50154100	IMMUFINE CAPSULES 250MG	41.30	AB50154100	IMMUFINE CAPSULES 250MG	42.80	調價
AB50168100	HOLIGIN S.R. CAPSULES 0.2MG	5.60	AB50168100	HOLIGIN S.R. CAPSULES 0.2MG	6.40	調價
AB50204100	CHME CAPSULES 100MG “WECAM”	17.80	AB50204100	CHME CAPSULES 100MG “WECAM”	18.90	調價
AB50206151	PIRACETAM ORAL SOLUTION “CENTER”	28.20	AB50206151	PIRACETAM ORAL SOLUTION “CENTER”	29.40	調價
AB50206157	PIRACETAM ORAL SOLUTION “CENTER”	48.70	AB50206157	PIRACETAM ORAL SOLUTION “CENTER”	52.00	調價
AB50206163	PIRACETAM ORAL SOLUTION “CENTER”	76.00	AB50206163	PIRACETAM ORAL SOLUTION “CENTER”	80.00	調價
AB50206164	PIRACETAM ORAL SOLUTION “CENTER”	92.00	AB50206164	PIRACETAM ORAL SOLUTION “CENTER”	98.00	調價
AB50227100	AMBRO SR TABLETS 75MG “C.H.”	1.77	AB50227100	AMBRO SR TABLETS 75MG “C.H.”	1.82	調價
AB50240100	LOWTEN F.C. TABLETS 50 MG	4.11	AB50240100	LOWTEN F.C. TABLETS 50 MG	4.82	調價
AB50256209	MEROXIN POWDER FOR INJECTION	525.00	AB50256209	MEROXIN POWDER FOR INJECTION	588.00	調價
AB50256265	MEROXIN POWDER FOR INJECTION	0.00	AB50256265	MEROXIN POWDER FOR INJECTION	301.00	刪除
AB50256277	MEROXIN POWDER FOR INJECTION	284.00	AB50256277	MEROXIN POWDER FOR INJECTION	305.00	調價
AB50343209	MELOPEN POWDER FOR INJECTION 1G	525.00	AB50343209	MELOPEN POWDER FOR INJECTION 1G	588.00	調價
AB50343265	MELOPEN POWDER FOR INJECTION 0.25G	281.00	AB50343265	MELOPEN POWDER FOR INJECTION 0.25G	301.00	調價

AB50343277	MELOPEN POWDER FOR INJECTION 0.5G	284.00	AB50343277	MELOPEN POWDER FOR INJECTION 0.5G	305.00	調價
AB50431100	HISART F.C. TABLETS 50/12.5MG “STANDARD”（LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE）	4.11	AB50431100	HISART F.C. TABLETS 50/12.5MG “STANDARD”（LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE）	4.82	調價
AB51029100	SYNTACE TABLETS 10 MG	5.10	AB51029100	SYNTACE TABLETS 10 MG	5.70	調價
AB51526245	OMEZOL I.V. INFUSION 40MG “STANDARD”（OMEPRAZOLE）	57.00	AB51526245	OMEZOL I.V. INFUSION 40MG “STANDARD”（OMEPRAZOLE）	61.00	調價
AB51714100	MIGBOSE F.C. TABLETS 50MG “STANDAED”（MIGLITOL）	3.39	AB51714100	MIGBOSE F.C. TABLETS 50MG “STANDAED”（MIGLITOL）	3.46	調價
AB51728100	“Purzer” Purtraline Film Coated Tablet 50mg	6.10	AB51728100	“Purzer” Purtraline Film Coated Tablet 50mg	7.00	調價
AB51732100	ATORIN F.C. TABLETS 40MG	20.20	AB51732100	ATORIN F.C. TABLETS 40MG	22.60	調價
AB52308100	REGLIDE TABLETS 1 MG	2.09	AB52308100	REGLIDE TABLETS 1 MG	2.31	調價
AB52446100	QUETIALIN F.C. TABLETS 200MG “KINGDOM”（QUETIAPINE）	16.30	AB52446100	QUETIALIN F.C. TABLETS 200MG “KINGDOM”（QUETIAPINE）	19.40	調價
AB52462100	SMARTGEN TAB. 2 MG	2.72	AB52462100	SMARTGEN TAB. 2 MG	2.83	調價
AB52548100	TONLIEF F.C. TABLETS 100MG（ACECLOFENAC）	3.00	AB52548100	TONLIEF F.C. TABLETS 100MG（ACECLOFENAC）	3.38	調價
AB52615100	LEVOCIN F.C. TABLETS 100MG"P.L."	3.21	AB52615100	LEVOCIN F.C. TABLETS 100MG"P.L."	3.82	調價
AB54966100	Prinwin Tablets 8mg	9.40	AB54966100	Prinwin Tablets 8mg	10.30	調價
AB54967100	ATOVER F.C. TABLETS 40 MG “P.L.”	20.20	AB54967100	ATOVER F.C. TABLETS 40 MG “P.L.”	22.60	調價
AB54977100	BUPORIN SUSTAINED-RELEASE TABLETS 150MG	11.70	AB54977100	BUPORIN SUSTAINED-RELEASE TABLETS 150MG	13.60	調價
AB55028100	IRBETAN F.C. TABLETS 150 MG	5.40	AB55028100	IRBETAN F.C. TABLETS 150 MG	6.00	調價

AB55041100	NEUROQUEL F.C. TABLETS 25MG	7.30	AB55041100	NEUROQUEL F.C. TABLETS 25MG	8.70	調價
AB55057100	HILOCA F.C. TABLETS 300 MG	30.80	AB55057100	HILOCA F.C. TABLETS 300 MG	36.10	調價
AB55103100	QUEPINE F.C. TABLET 200MG	16.30	AB55103100	QUEPINE F.C. TABLET 200MG	19.40	調價
AB55108100	NARGIN F.C. TABLETS 5MG	3.05	AB55108100	NARGIN F.C. TABLETS 5MG	3.19	調價
AB55244100	HILOCA F.C. TABLETS 25 MG	7.30	AB55244100	HILOCA F.C. TABLETS 25 MG	8.70	調價
AB55264209	MEROBIOTIC POWDER FOR IV INJECTION “SLC” 1.0GM	525.00	AB55264209	MEROBIOTIC POWDER FOR IV INJECTION “SLC” 1.0GM	588.00	調價
AB55264265	MEROBIOTIC POWDER FOR IV INJECTION “SLC” 250MG	281.00	AB55264265	MEROBIOTIC POWDER FOR IV INJECTION “SLC” 250MG	301.00	調價
AB55264277	MEROBIOTIC POWDER FOR IV INJECTION “SLC” 500MG	284.00	AB55264277	MEROBIOTIC POWDER FOR IV INJECTION “SLC” 500MG	305.00	調價
AB55275100	GLUFIT TABLETS 30 MG “YU SHENG”	9.60	AB55275100	GLUFIT TABLETS 30 MG “YU SHENG”	11.50	調價
AB55276277	IMIBIOTIC POWDER FOR I.V. INJECTION “SLC”	0.00	AB55276277	IMIBIOTIC POWDER FOR I.V. INJECTION “SLC”	316.00	刪除
AB55298100	KOTANG X.R. TABLETS 500 MG	1.58	AB55298100	KOTANG X.R. TABLETS 500 MG	1.62	調價
AB55406100	SINBISOL FILM COATED TABLETS 5 MG	2.15	AB55406100	SINBISOL FILM COATED TABLETS 5 MG	2.36	調價
AB55536100	Sinlukast Chewable Tablets 5mg(Montelukast)	9.30	AB55536100	Sinlukast Chewable Tablets 5mg(Montelukast)	10.70	調價
AB55547100	DIVAPRODIUM E.C. TABLETS 500MG “SC”	7.40	AB55547100	DIVAPRODIUM E.C. TABLETS 500MG “SC”	8.00	調價
AB55553343	CALSKIN OINTMENT	461.00	AB55553343	CALSKIN OINTMENT	472.00	調價
AB55557100	DECPRESS FILM COATED TABLETS 160MG “STANDARD”	7.30	AB55557100	DECPRESS FILM COATED TABLETS 160MG “STANDARD”	8.20	調價
AB55560100	KLUDONE MR TABLETS 60MG	2.91	AB55560100	KLUDONE MR TABLETS 60MG	3.05	調價
AB55564100	MOSAD TABLETS 5 MG (MOSAPRIDE)	1.75	AB55564100	MOSAD TABLETS 5 MG (MOSAPRIDE)	1.85	調價
AB55582100	DIVOSHOT EXTENDED-RELEASE TABLETS 500MG “TWI”	0.00	AB55582100	DIVOSHOT EXTENDED-RELEASE TABLETS 500MG “TWI”	6.30	刪除

AB55585100	DECPRESS FILM COATED TABLETS 80MG “STANDARD”	6.00	AB55585100	DECPRESS FILM COATED TABLETS 80MG “STANDARD”	6.80	調價
AB55931100	ZOSATAN FILM COATED TABLETS 50 MG	4.11	AB55931100	ZOSATAN FILM COATED TABLETS 50 MG	4.82	調價
AB55954100	FEXODINE F.C. TABLETS 60MG “STANDARD” (FEXOFENADINE HYDROCHLORIDE)	1.80	AB55954100	FEXODINE F.C. TABLETS 60MG “STANDARD” (FEXOFENADINE HYDROCHLORIDE)	1.91	調價
AB55966220	TAPI MYCIN LYO-INJECTION	226.00	AB55966220	TAPI MYCIN LYO-INJECTION	260.00	調價
AB559662CX	TAPI MYCIN LYO-INJECTION	136.00	AB559662CX	TAPI MYCIN LYO-INJECTION	152.00	調價
AB55984100	BISOL F.C. TABLETS 1.25MG	2.01	AB55984100	BISOL F.C. TABLETS 1.25MG	2.17	調價
AB55990100	MOSA F.C. TABLETS 5MG	1.75	AB55990100	MOSA F.C. TABLETS 5MG	1.85	調價
AB55991100	MECATER TABLETS 50 MCG	3.06	AB55991100	MECATER TABLETS 50 MCG	3.17	調價
AB56626100	LFLOCIN F.C. TABLETS 500MG	20.90	AB56626100	LFLOCIN F.C. TABLETS 500MG	25.10	調價
AB56661100	LODITON FILM-COATED TABLETS 850MG "STANDARD"	1.68	AB56661100	LODITON FILM-COATED TABLETS 850MG "STANDARD"	1.75	調價
AB56670100	VOSAA F.C. TABLETS 80MG	6.00	AB56670100	VOSAA F.C. TABLETS 80MG	6.80	調價
AB56697100	IRBEPROVEL F.C. TABLETS 150MG	5.40	AB56697100	IRBEPROVEL F.C. TABLETS 150MG	6.00	調價
AB56698343	ZALAIN EXTERNAL GEL 2%	164.00	AB56698343	ZALAIN EXTERNAL GEL 2%	167.00	調價
AB56718100	Aripizole Tablets 10mg	47.30	AB56718100	Aripizole Tablets 10mg	49.70	調價
AB56724100	QUIAPINE F.C. TABLETS 100MG	12.10	AB56724100	QUIAPINE F.C. TABLETS 100MG	14.70	調價
AB56731209	CEFEPIN POWDER FOR IV INJECTION	242.00	AB56731209	CEFEPIN POWDER FOR IV INJECTION	283.00	調價
AB56731212	CEFEPIN POWDER FOR IV INJECTION	450.00	AB56731212	CEFEPIN POWDER FOR IV INJECTION	496.00	調價
AB56731277	CEFEPIN POWDER FOR IV INJECTION	0.00	AB56731277	CEFEPIN POWDER FOR IV INJECTION	172.00	刪除
AB56773100	DIVAPRODIUM E.C. TABLETS 250MG "SC"	3.78	AB56773100	DIVAPRODIUM E.C. TABLETS 250MG "SC"	4.10	調價
AB56774100	PANHO ENTERIC F.C. TABLETS 40MG	10.10	AB56774100	PANHO ENTERIC F.C. TABLETS 40MG	11.70	調價
AB56782100	BUPION SR TABLETS 150MG	11.70	AB56782100	BUPION SR TABLETS 150MG	13.60	調價

AB57103100	LOSARTAN F.C. TABLETS 50MG "CYH"	4.11	AB57103100	LOSARTAN F.C. TABLETS 50MG "CYH"	4.82	調價
AB57107100	PROMONE 100MG SOFT CAPSULES "P.L."	6.30	AB57107100	PROMONE 100MG SOFT CAPSULES "P.L."	8.10	調價
AB57116100	LOSARZIDE F.C. TABLETS 50/12.5MG	4.11	AB57116100	LOSARZIDE F.C. TABLETS 50/12.5MG	4.82	調價
AB57178100	APROTAN F.C. TAB. 150MG "STANDARD"	5.40	AB57178100	APROTAN F.C. TAB. 150MG "STANDARD"	6.00	調價
AB57191248	Lexacin I.V. Solution for infusion 5mg/ml "Tai Yu"	376.00	AB57191248	Lexacin I.V. Solution for infusion 5mg/ml "Tai Yu"	408.00	調價
AB57194100	ROZININ F.C. TABLETS 10MG	13.40	AB57194100	ROZININ F.C. TABLETS 10MG	13.90	調價
AB57204100	IRBETAN F.C. TABLETS 300MG	9.10	AB57204100	IRBETAN F.C. TABLETS 300MG	10.30	調價
AB57206100	TAMSULOSIN S.R. CAPSULES 0.2MG "CYH"	5.60	AB57206100	TAMSULOSIN S.R. CAPSULES 0.2MG "CYH"	6.40	調價
AB57217100	GLUCOFIT ER TABLETS 750MG "SWISS"	1.59	AB57217100	GLUCOFIT ER TABLETS 750MG "SWISS"	1.63	調價
AB57225100	REPAGLINIDE TABLETS 1MG "CYH"	2.09	AB57225100	REPAGLINIDE TABLETS 1MG "CYH"	2.31	調價
AB57234100	OLSAA F.C. TABLETS 20MG	7.30	AB57234100	OLSAA F.C. TABLETS 20MG	7.70	調價
AB57237100	LOSA&HYDRO F.C. TABLETS 50/12.5MG "CYH"	4.11	AB57237100	LOSA&HYDRO F.C. TABLETS 50/12.5MG "CYH"	4.82	調價
AB57240209	TYNEN INJECTION	3199.00	AB57240209	TYNEN INJECTION	3489.00	調價
AB57240219	TYNEN INJECTION	10751.00	AB57240219	TYNEN INJECTION	11800.00	調價
AB57254100	MOSAPIN F.C. TABLET 5MG "STANDARD" (MOSAPRIDE)	1.75	AB57254100	MOSAPIN F.C. TABLET 5MG "STANDARD" (MOSAPRIDE)	1.85	調價
AB57263100	DEVENLOFE S.R. CAPSULES 75MG	10.00	AB57263100	DEVENLOFE S.R. CAPSULES 75MG	11.60	調價
AB57275100	RISPERIDONE F.C. TABLETS 2MG "CYH"	7.70	AB57275100	RISPERIDONE F.C. TABLETS 2MG "CYH"	9.50	調價
AB57312100	ACARBOSE F.C. TABLETS 50MG "CYH"	2.27	AB57312100	ACARBOSE F.C. TABLETS 50MG "CYH"	2.46	調價
AB57327100	RELINIDE TABLETS 2MG "STANDARD" (REPAGLINIDE)	2.49	AB57327100	RELINIDE TABLETS 2MG "STANDARD" (REPAGLINIDE)	2.69	調價
AB57343100	VOSAA F.C. TABLETS 160MG	7.30	AB57343100	VOSAA F.C. TABLETS 160MG	8.20	調價

AB57351100	ZHIKUI GASTRO-RESISTANT TABLETS 40MG	10.10	AB57351100	ZHIKUI GASTRO-RESISTANT TABLETS 40MG	11.70	調價
AB57367100	BAMROL TABLETS 10MG	2.01	AB57367100	BAMROL TABLETS 10MG	2.20	調價
AB57415100	DISARTAN CAPSULES 160MG "KINGDOM" (VALSARTAN)	7.30	AB57415100	DISARTAN CAPSULES 160MG "KINGDOM" (VALSARTAN)	8.20	調價
AB57426100	Sinlukast F.C. Tablets 10mg (Montelukast)	12.30	AB57426100	Sinlukast F.C. Tablets 10mg (Montelukast)	14.30	調價
AB57427100	BYRAXO F.C. TABLETS 10MG	0.00	AB57427100	BYRAXO F.C. TABLETS 10MG	76.00	刪除
AB57733100	ARIZOLE TABLETS 15MG	47.30	AB57733100	ARIZOLE TABLETS 15MG	48.80	調價
AB57737100	DIVOSHOT EXTENDED-RELEASE TABLETS 250 MG "TWI"	4.01	AB57737100	DIVOSHOT EXTENDED-RELEASE TABLETS 250 MG "TWI"	4.06	調價
AB57759100	RELUNG F.C. TABLETS 20MG	176.00	AB57759100	RELUNG F.C. TABLETS 20MG	183.00	調價
AB57772100	ATORSTIN FILM COATED TABLETS 40MG	20.20	AB57772100	ATORSTIN FILM COATED TABLETS 40MG	22.60	調價
AB57783248	TIGELIN LYOPHILIZED POWDER FOR INJECTION 50MG	1297.00	AB57783248	TIGELIN LYOPHILIZED POWDER FOR INJECTION 50MG	1354.00	調價
AB57839100	LEVOFLOXACIN F.C. TABLET 750MG "P.L."	47.30	AB57839100	LEVOFLOXACIN F.C. TABLET 750MG "P.L."	50.00	調價
AB57845100	GLIMEPINE TABLETS 2MG	1.95	AB57845100	GLIMEPINE TABLETS 2MG	2.12	調價
AB57850100	Quepine F.C. Tablet 100mg	12.10	AB57850100	Quepine F.C. Tablet 100mg	14.70	調價
AB57864100	HEIPO F.C. TABLETS 300MG "EVEREST"	9.10	AB57864100	HEIPO F.C. TABLETS 300MG "EVEREST"	10.30	調價
AB57879100	BYRAXO F.C. TABLETS 5MG	0.00	AB57879100	BYRAXO F.C. TABLETS 5MG	45.30	刪除
AB57892100	QUIAPINE F.C. TABLETS 25MG	7.30	AB57892100	QUIAPINE F.C. TABLETS 25MG	8.70	調價
AB57923100	LAVUDIN F.C. TABLETS 100MG "STANDARD" (LAMIVUDINE)	0.00	AB57923100	LAVUDIN F.C. TABLETS 100MG "STANDARD" (LAMIVUDINE)	53.00	刪除
AB57926100	QUIAPINE F.C. TABLETS 200MG	16.30	AB57926100	QUIAPINE F.C. TABLETS 200MG	19.40	調價
AB57940100	ROSULATOR F.C. TABLETS 10MG "S.C."	13.40	AB57940100	ROSULATOR F.C. TABLETS 10MG "S.C."	13.90	調價

AB57963100	ANBUTRINE XL 150MG TABLETS	11.70	AB57963100	ANBUTRINE XL 150MG TABLETS	13.60	調價
AB57966100	PINTON SR TABLETS 400MG "C.H."	8.90	AB57966100	PINTON SR TABLETS 400MG "C.H."	8.50	調價
AB57967100	ATORSTIN FILM COATED TABLETS 10MG	9.00	AB57967100	ATORSTIN FILM COATED TABLETS 10MG	10.70	調價
AB57982248	Ampholipad Liposome for Injection 50mg	5523.00	AB57982248	Ampholipad Liposome for Injection 50mg	5760.00	調價
AB57991100	Bensau Soft Capsules 200mg "Lotus"	3.12	AB57991100	Bensau Soft Capsules 200mg "Lotus"	3.27	調價
AB57992248	LIPO-AB FOR INJECTION	5523.00	AB57992248	LIPO-AB FOR INJECTION	5760.00	調價
AB58049100	ATORSTIN FILM COATED TABLETS 20MG	16.60	AB58049100	ATORSTIN FILM COATED TABLETS 20MG	18.90	調價
AB58065209	DOCE INJECTION 20MG/ML, 1ML/VIAL	3199.00	AB58065209	DOCE INJECTION 20MG/ML, 1ML/VIAL	3489.00	調價
AB58071100	GLIMET F.C. TABLETS 2/500MG	2.89	AB58071100	GLIMET F.C. TABLETS 2/500MG	3.25	調價
AB58075100	ADAPINE S.R.F.C. TAB. 30MG "STANDARD"	5.10	AB58075100	ADAPINE S.R.F.C. TAB. 30MG "STANDARD"	5.70	調價
AB58173100	KETOFAN S.R. CAPSULES 200MG	4.75	AB58173100	KETOFAN S.R. CAPSULES 200MG	4.96	調價
AB58253100	CIPROGEN F.C. TABLETS 250MG	5.10	AB58253100	CIPROGEN F.C. TABLETS 250MG	6.00	調價
AB58278100	CINSUTON TABLETS 5MG	3.84	AB58278100	CINSUTON TABLETS 5MG	4.30	調價
AB58303100	U-CHU CASODOL TABLETS 250MG	2.17	AB58303100	U-CHU CASODOL TABLETS 250MG	2.36	調價
AC00106100	ERYTHROMYCIN CAPSULES 250MG "KINGDOM"	1.77	AC00106100	ERYTHROMYCIN CAPSULES 250MG "KINGDOM"	1.81	調價
AC001621G0	SUYI TABLETS "HEALTH"(鋁箔/膠箔)	0.00	AC001621G0	SUYI TABLETS "HEALTH"(鋁箔/膠箔)	2.00	刪除
AC00263209	DEXTROSE AND SODIUM CHLORIDE INJECTION "Y.F."	0.00	AC00263209	DEXTROSE AND SODIUM CHLORIDE INJECTION "Y.F."	35.00	刪除
AC00605321	FLUCORT-F OINTMENT 0.025%	34.90	AC00605321	FLUCORT-F OINTMENT 0.025%	35.80	調價
AC00849100	ERYTHROMYCIN ESTOLATE CAPSULES "LITA"	1.77	AC00849100	ERYTHROMYCIN ESTOLATE CAPSULES "LITA"	1.81	調價
AC01963100	FULICLIN TABLETS	1.52			#NULL!	新增
AC019631G0	FULICLIN TABLETS(鋁箔/膠箔)	2.00			#NULL!	新增

AC02589100	DIPORAX S.C. TABLETS	1.62	AC02589100	DIPORAX S.C. TABLETS	1.67	調價
AC02947100	SHITON S.C. TABLETS "YU SHENG"	1.66	AC02947100	SHITON S.C. TABLETS "YU SHENG"	1.72	調價
AC029631G5	"ZM"CALCIUM GLUCONATED TABLETS(84粒/瓶)	2.00			#NULL!	新增
AC03286100	HYLOMYCIN CAPSULES 250MG "SWISS"	1.77	AC03286100	HYLOMYCIN CAPSULES 250MG "SWISS"	1.81	調價
AC03697421	TETRACYCLINE EYE OINTMENT "OASIS"	16.60	AC03697421	TETRACYCLINE EYE OINTMENT "OASIS"	16.80	調價
AC03700229	DEXARON INJECTION 2MG	19.10	AC03700229	DEXARON INJECTION 2MG	19.30	調價
AC03775100	ERYTHROMYCIN CAPSULES "YUNG SHIN"	1.77	AC03775100	ERYTHROMYCIN CAPSULES "YUNG SHIN"	1.81	調價
AC03881209	DEXAMETHASONE INJECTION	17.20	AC03881209	DEXAMETHASONE INJECTION	18.00	調價
AC03994421	CON-N EYE-DROPS	14.10	AC03994421	CON-N EYE-DROPS	14.30	調價
AC04163100	ESCIN S.C. TABLETS	1.78	AC04163100	ESCIN S.C. TABLETS	1.80	調價
AC04166421	COLSAMIN EYE DROPS	12.20	AC04166421	COLSAMIN EYE DROPS	12.30	調價
AC04249100	DYNIN TABLETS	1.52	AC04249100	DYNIN TABLETS	1.53	調價
AC04265100	TONILIN CAP. 250MG	1.52	AC04265100	TONILIN CAP. 250MG	1.53	調價
AC04266100	"NAGOMIN TABLETS (NALIDIXIC ACID)""M.T.""""	0.00	AC04266100	"NAGOMIN TABLETS (NALIDIXIC ACID)""M.T.""""	2.22	刪除
AC045061G0	FUCON TABLETS(鋁箔/膠箔)	2.00			#NULL!	新增
AC04565229	DECAMIN INJECTION 4MG/ML "ORIENTAL"	20.00	AC04565229	DECAMIN INJECTION 4MG/ML "ORIENTAL"	20.40	調價
AC04771263	MAGNESIUM SULFATE INJECTION "TBC"	120.00	AC04771263	MAGNESIUM SULFATE INJECTION "TBC"	125.00	調價
AC04975421	EYE RINDERON-A SOLUTION	29.60	AC04975421	EYE RINDERON-A SOLUTION	30.20	調價
AC05045100	YUNGISUMIN TABLETS "CHEN TA"	1.21	AC05045100	YUNGISUMIN TABLETS "CHEN TA"	1.39	調價
AC050451G0	YUNGISUMIN TABLETS (鋁箔/膠箔)	1.53	AC050451G0	YUNGISUMIN TABLETS (鋁箔/膠箔)	1.82	調價
AC05324209	DELTONIN INJECTION "N.K."	15.40	AC05324209	DELTONIN INJECTION "N.K."	15.60	調價
AC05324221	DELTONIN INJECTION "N.K."	0.00	AC05324221	DELTONIN INJECTION "N.K."	16.90	刪除
AC05418100	"O.D.K. CAPSULES ""ORIENT""""	0.00	AC05418100	"O.D.K. CAPSULES ""ORIENT""""	2.39	刪除

AC05889209	CODEINE PHOSPHATE INJECTION 15MG/ML	29.00	AC05889209	CODEINE PHOSPHATE INJECTION 15MG/ML	20.00	調價
AC065431G0	PREDNISOLONE TABLETS 5MG "CHEN TA"(鋁箔/膠箔)	2.00			#NULL!	新增
AC06554100	ERYTHROMYCIN CAPSULES 250MG "HONTEN"	1.77	AC06554100	ERYTHROMYCIN CAPSULES 250MG "HONTEN"	1.81	調價
AC066911G0	UCALON TABLETS 0.5MG "CHEN TA" (DEXAMETHASONE)(鋁箔/膠箔)	2.00			#NULL!	新增
AC07024100	FUNIONE TABLETS 250MG (METRONIDAZOLE)	1.52	AC07024100	FUNIONE TABLETS 250MG (METRONIDAZOLE)	1.53	調價
AC07350323	PARACORT CREAM	32.20	AC07350323	PARACORT CREAM	35.40	調價
AC07371100	VASODILAN TABLETS	0.00	AC07371100	VASODILAN TABLETS	1.50	刪除
AC07682229	DEXASON INJECTION 4MG/ML "LITA"	20.00	AC07682229	DEXASON INJECTION 4MG/ML "LITA"	20.40	調價
AC07715421	LOSEMIN EYE DROPS "OASIS"	16.50	AC07715421	LOSEMIN EYE DROPS "OASIS"	18.20	調價
AC08956299	GENTAMYCIN INJECTION	1.35	AC08956299	GENTAMYCIN INJECTION	1.37	調價
AC09203100	LIBLAN S.C. TABLETS "YUNG SHIN"	1.62	AC09203100	LIBLAN S.C. TABLETS "YUNG SHIN"	1.67	調價
AC09271277	SORBIT-HARTMANN INJECTION	36.40	AC09271277	SORBIT-HARTMANN INJECTION	37.90	調價
AC09334100	FUZUIN S.C. TABLETS "CHINGTENG"	1.52	AC09334100	FUZUIN S.C. TABLETS "CHINGTENG"	1.53	調價
AC09352100	HOMALIN TABLETS "W.S."	1.50			#NULL!	新增
AC09408100	METRONIDAZOLE TABLETS "YU SHENG"	1.52	AC09408100	METRONIDAZOLE TABLETS "YU SHENG"	1.53	調價
AC094531G0	CEPHANMYCIN CAPSULES "YUNG SHIN"(鋁箔/膠箔)	2.00			#NULL!	新增
AC09587100	FROTIN ENTERIC SUGAR COATED TABLETS	1.52	AC09587100	FROTIN ENTERIC SUGAR COATED TABLETS	1.53	調價
AC09614100	SUYI TABLETS 5MG "HEALTH"	0.00	AC09614100	SUYI TABLETS 5MG "HEALTH"	1.50	刪除
AC096141G0	SUYI TABLETS 5MG "HEALTH"(鋁箔/膠箔)	0.00	AC096141G0	SUYI TABLETS 5MG "HEALTH"(鋁箔/膠箔)	2.00	刪除
AC09633277	MANITON INJECTION	108.00	AC09633277	MANITON INJECTION	110.00	調價

AC09743100	RIDONRA TABLETS	0.00	AC09743100	RIDONRA TABLETS	1.50	刪除
AC09782100	INDAL TABLETS	1.50			#NULL!	新增
AC097821G0	INDAL TABLETS(鋁箔/膠箔)	2.00			#NULL!	新增
AC10221321	"WINCORT CREAM ""WINSTON"""	25.80	AC10221321	"WINCORT CREAM ""WINSTON"""	27.30	調價
AC10221329	"WINCORT CREAM ""WINSTON"""	32.40	AC10221329	"WINCORT CREAM ""WINSTON"""	33.40	調價
AC102291G0	THIMAZOL TABLETS "SHUN HWA"(鋁箔/膠箔)	2.00			#NULL!	新增
AC102491G0	PIWEILIN TABLETS "CHINTENG"(鋁箔/膠箔)	0.00	AC102491G0	PIWEILIN TABLETS "CHINTENG"(鋁箔/膠箔)	2.00	刪除
AC10320277	"ELECTRO-5% DEXTROSE INFUSION SOLUTION ""Y.F.""""	29.50	AC10320277	"ELECTRO-5% DEXTROSE INFUSION SOLUTION ""Y.F.""""	29.70	調價
AC10381321	PATRONCORT-F OINTMENT "PATRON"	34.90	AC10381321	PATRONCORT-F OINTMENT "PATRON"	35.80	調價
AC10571100	COLIGIN CAPSULES "HEALTH"	0.00	AC10571100	COLIGIN CAPSULES "HEALTH"	1.53	刪除
AC10638277	STAMINA INJECTION "CHI SHENG"	25.00			#NULL!	新增
AC10688100	ERYTHROCIN CAPSULES "WINSTON"	1.77	AC10688100	ERYTHROCIN CAPSULES "WINSTON"	1.81	調價
AC10775100	BRONDIN TABLETS "PATRON"	1.50	AC10775100	BRONDIN TABLETS "PATRON"	1.51	調價
AC11136209	"VETHASONE INJECTION ""S.Y.""""	15.40	AC11136209	"VETHASONE INJECTION ""S.Y.""""	15.60	調價
AC11331238	GENTAMICIN INJECTION "YUNG SHIN"	40.80	AC11331238	GENTAMICIN INJECTION "YUNG SHIN"	43.40	調價
AC11331299	GENTAMICIN INJECTION "YUNG SHIN"	1.35	AC11331299	GENTAMICIN INJECTION "YUNG SHIN"	1.37	調價
AC11420229	NOOPOL INJECTION "N.K."	28.20	AC11420229	NOOPOL INJECTION "N.K."	28.70	調價
AC11570216	SERACIN INJECTION	15.50	AC11570216	SERACIN INJECTION	15.70	調價
AC11570238	SERACIN INJECTION	40.80	AC11570238	SERACIN INJECTION	43.40	調價
AC11652321	BETTERSONE OINTMENT	12.80	AC11652321	BETTERSONE OINTMENT	13.40	調價
AC11782209	ASTHNIL INJECTION	0.00	AC11782209	ASTHNIL INJECTION	15.00	刪除
AC11832212	SEAFAR POWDER 2G FOR INJECTION	0.00	AC11832212	SEAFAR POWDER 2G FOR INJECTION	61.00	刪除

AC11832221	SEAFAR POWDER 5G FOR INJECTION	0.00	AC11832221	SEAFAR POWDER 5G FOR INJECTION	189.00	刪除
AC11832229	SEAFAR POWDER 10G FOR INJECTION	0.00	AC11832229	SEAFAR POWDER 10G FOR INJECTION	380.00	刪除
AC11832238	SEAFAR POWDER 20G FOR INJECTION	0.00	AC11832238	SEAFAR POWDER 20G FOR INJECTION	761.00	刪除
AC11838416	GENTAMICIN OPHTHALMIC OINTMENT "OASIS"	18.20	AC11838416	GENTAMICIN OPHTHALMIC OINTMENT "OASIS"	18.60	調價
AC11838417	GENTAMICIN OPHTHALMIC OINTMENT "OASIS"	18.20	AC11838417	GENTAMICIN OPHTHALMIC OINTMENT "OASIS"	18.60	調價
AC11838421	GENTAMICIN OPHTHALMIC OINTMENT "OASIS"	22.80	AC11838421	GENTAMICIN OPHTHALMIC OINTMENT "OASIS"	23.80	調價
AC12318100	YIKANG TABLETS	1.52	AC12318100	YIKANG TABLETS	1.53	調價
AC12452100	FLACIL CAPSULES	0.00	AC12452100	FLACIL CAPSULES	21.10	刪除
AC12474212	DEXAMETHASONE INJECTION 4MG/ML "N.K."	17.30	AC12474212	DEXAMETHASONE INJECTION 4MG/ML "N.K."	18.20	調價
AC12474229	DEXAMETHASONE INJECTION 4MG/ML "N.K."	20.00	AC12474229	DEXAMETHASONE INJECTION 4MG/ML "N.K."	20.40	調價
AC12521299	GENTACIN INJECTION	1.35	AC12521299	GENTACIN INJECTION	1.37	調價
AC12527209	SIVKORT SUSPENSION	18.90	AC12527209	SIVKORT SUSPENSION	19.20	調價
AC12745321	PARMASON CREAM "BOWLIN"	13.50	AC12745321	PARMASON CREAM "BOWLIN"	14.80	調價
AC12745329	PARMASON CREAM "BOWLIN"	16.80	AC12745329	PARMASON CREAM "BOWLIN"	17.60	調價
AC12973421	GENTAMICIN EYE DROPS "OASIS"	14.50	AC12973421	GENTAMICIN EYE DROPS "OASIS"	15.50	調價
AC13576238	"KANAMYCIN INJECTION ""TAI YU"""	0.00	AC13576238	"KANAMYCIN INJECTION ""TAI YU"""	26.60	刪除
AC13577229	"VITAMIN C INJECTION ""TAI YU"	0.00	AC13577229	"VITAMIN C INJECTION ""TAI YU"	15.00	刪除
AC13637238	GENTAMICIN SULFATE INJECTION "SOURIREE"	40.80	AC13637238	GENTAMICIN SULFATE INJECTION "SOURIREE"	43.40	調價
AC13647321	GENTASONE CREAM	20.70	AC13647321	GENTASONE CREAM	23.80	調價
AC13647329	GENTASONE CREAM	23.50	AC13647329	GENTASONE CREAM	26.50	調價
AC13647335	GENTASONE CREAM	38.50	AC13647335	GENTASONE CREAM	39.60	調價
AC13662100	METRONIDAZOLE CAPSULES "C.H."	1.52	AC13662100	METRONIDAZOLE CAPSULES "C.H."	1.53	調價
AC13664100	METRONIDAZOLE CAPSULES 250MG "SHINLON"	1.52	AC13664100	METRONIDAZOLE CAPSULES 250MG "SHINLON"	1.53	調價

AC13912229	DEXAMETHASONE INJECTION "PANBIOTIC"	20.00	AC13912229	DEXAMETHASONE INJECTION "PANBIOTIC"	20.40	調價
AC13929277	"DEXTROSE-LACTATED RINGER'S INJECTION ""TAI YU"""	29.50	AC13929277	"DEXTROSE-LACTATED RINGER'S INJECTION ""TAI YU"""	29.70	調價
AC13985209	TESTOSTERONE CYPIONATE INJECTION "TAI YU"	117.00	AC13985209	"TESTOSTERONE CYPIONATE INJECTION ""TAI YU"""	30.80	調價
AC14025100	KENTAMIN CAPSULES	1.68	AC14025100	KENTAMIN CAPSULES	1.69	調價
AC14321421	PAMESONE OPHTHALMIC SOLUTION "PATRON"	12.20	AC14321421	PAMESONE OPHTHALMIC SOLUTION "PATRON"	12.30	調價
AC14325229	"DEXAMETHASONE INJECTION ""TAI YU"""	19.10	AC14325229	"DEXAMETHASONE INJECTION ""TAI YU"""	19.30	調價
AC14356209	TESTOSTERONE PROPIONATE INJECTION "TAI YU"	103.00	AC14356209	"TESTOSTERONE PROPIONATE INJECTION ""TAI YU"""	15.00	調價
AC14750229	LICOMYCIN INJECTION 300MG/ML "CSP"	0.00	AC14750229	LICOMYCIN INJECTION 300MG/ML "CSP"	27.20	刪除
AC14880100	METHYLSCOPOLAMINE METHYLSULFASTE TABLETS "S.Y."	1.50	AC14880100	METHYLSCOPOLAMINE METHYLSULFASTE TABLETS "S.Y."	1.51	調價
AC14894238	"GENTAMICIN INJECTION 4% ""TAI YU"""	40.80	AC14894238	"GENTAMICIN INJECTION 4% ""TAI YU"""	43.40	調價
AC14915329	FLUCORTONE OINT.	41.20	AC14915329	FLUCORTONE OINT.	42.10	調價
AC15024100	METHYLSCOPOLAMINE METHYLSULFATE TABLETS "P.L.	1.50	AC15024100	METHYLSCOPOLAMINE METHYLSULFATE TABLETS "P.L.	1.51	調價
AC15041100	KETOFEN CAPSULES "H.H."	1.59	AC15041100	KETOFEN CAPSULES "H.H."	1.63	調價
AC15091100	KETOPROFEN CAPSULES 50MG "F.Y."	1.59	AC15091100	KETOPROFEN CAPSULES 50MG "F.Y."	1.63	調價
AC15180212	COLISTIN POWDER FOR INJECTION	130.00			#NULL!	新增
AC15265100	CHLORPROMAZINE TABLETS "Y.Y."	0.00	AC15265100	CHLORPROMAZINE TABLETS "Y.Y."	1.50	刪除
AC15279229	"DEXAMETHASONE INJECTION 4MG ""TAI YU"""	20.00	AC15279229	"DEXAMETHASONE INJECTION 4MG ""TAI YU"""	20.40	調價
AC15394100	METHYLSCOPOLAMINE METHYLSULFATE TABLETS "LITA	1.50	AC15394100	METHYLSCOPOLAMINE METHYLSULFATE TABLETS "LITA	1.51	調價

AC15522100	CANCIDIN TABLETS 500MG "BOWLIN" (TINIDAZOLE)	0.00	AC15522100	CANCIDIN TABLETS 500MG "BOWLIN" (TINIDAZOLE)	2.09	刪除
AC15561277	MANNITOL INJECTION 20% "SHUN HWA"	108.00	AC15561277	MANNITOL INJECTION 20% "SHUN HWA"	110.00	調價
AC155791G0	TRIAMCINOLONE TABLETS 4MG "F.Y."(鋁箔/膠箔)	2.00			#NULL!	新增
AC15674100	SESDEN CAPSULES (TIMEPIDIUM)	2.55	AC15674100	SESDEN CAPSULES (TIMEPIDIUM)	2.60	調價
AC15849100	CLOMIPHENE CAPSULES 50MG "YU SHENG"	3.87	AC15849100	CLOMIPHENE CAPSULES 50MG "YU SHENG"	4.07	調價
AC16065212	DEXAMETHASONE INJECTIONS 4MG "ASTAR"	17.30	AC16065212	DEXAMETHASONE INJECTIONS 4MG "ASTAR"	18.20	調價
AC16303421	DECASON EYE DROPS	12.20	AC16303421	DECASON EYE DROPS	12.30	調價
AC16336100	"BEYLIYAN TABLETS ""M.T.""""	0.00	AC16336100	"BEYLIYAN TABLETS ""M.T.""""	1.50	刪除
AC16349321	"BETASONE CREAM (BETAMETHASONE) ""GCPC""""	13.00	AC16349321	"BETASONE CREAM (BETAMETHASONE) ""GCPC""""	14.00	調價
AC16349329	"BETASONE CREAM (BETAMETHASONE) ""GCPC""""	15.90	AC16349329	"BETASONE CREAM (BETAMETHASONE) ""GCPC""""	16.50	調價
AC16402338	SILVER SULFADIAZINE CREAM	32.30	AC16402338	SILVER SULFADIAZINE CREAM	32.70	調價
AC16402371	SILVER SULFADIAZINE CREAM	267.00	AC16402371	SILVER SULFADIAZINE CREAM	275.00	調價
AC16402377	SILVER SULFADIAZINE CREAM	357.00	AC16402377	SILVER SULFADIAZINE CREAM	397.00	調價
AC16476238	"MANNITOL INJECTION ""TAI YU""""	0.00	AC16476238	"MANNITOL INJECTION ""TAI YU""""	15.00	刪除
AC16476277	"MANNITOL INJECTION ""TAI YU""""	108.00	AC16476277	"MANNITOL INJECTION ""TAI YU""""	110.00	調價
AC16589209	ORIDERON INJECTION "ORIENTAL"	15.40	AC16589209	ORIDERON INJECTION "ORIENTAL"	15.60	調價
AC16850100	TAR WEING TABLETS (METHYLSCOPOLAMIN METHYL SULFATE)"S.T."	1.50	AC16850100	TAR WEING TABLETS (METHYLSCOPOLAMIN METHYL SULFATE)"S.T."	1.51	調價
AC16862321	TOPCORT CREAM "RICHEVER"	34.10	AC16862321	TOPCORT CREAM "RICHEVER"	35.80	調價

AC16862329	TOPCORT CREAM "RICHEVER"	44.10	AC16862329	TOPCORT CREAM "RICHEVER"	45.90	調價
AC16913209	CARBENMYCIN INJECTION "YUNG SHIN"(CARBENICILLIN)	0.00	AC16913209	CARBENMYCIN INJECTION "YUNG SHIN"(CARBENICILLIN)	78.00	刪除
AC16958100	NICOFEROL CAPSULES "GENTLE" (TOCOPHEROL NICOTINATE)	0.00	AC16958100	NICOFEROL CAPSULES "GENTLE" (TOCOPHEROL NICOTINATE)	1.50	刪除
AC17022277	HARTMANN'S G INJECTION	36.40	AC17022277	HARTMANN'S G INJECTION	37.90	調價
AC17200421	DECASON EYE DROPS "OASIS" (DEXAMETHASONE)	12.80	AC17200421	DECASON EYE DROPS "OASIS" (DEXAMETHASONE)	13.20	調價
AC172031G0	GLYCYRRIZINE & OPIUM COMPOUND TABLETS "HEALTH"(鋁箔/膠箔)	0.00	AC172031G0	GLYCYRRIZINE & OPIUM COMPOUND TABLETS "HEALTH"(鋁箔/膠箔)	2.00	刪除
AC17248100	MIGUZETO TABLETS "M.T."	0.00	AC17248100	MIGUZETO TABLETS "M.T."	1.50	刪除
AC17279421	GENTAMICIN EYE DROPS "GCPC"	14.50	AC17279421	GENTAMICIN EYE DROPS "GCPC"	15.50	調價
AC17292100	LITONIN TABLETS (TRIAMCINOLONE)	0.00	AC17292100	LITONIN TABLETS (TRIAMCINOLONE)	1.50	刪除
AC17353100	N-METHYLSCOPOLAMINE METHYL SULFATE TABLETS 1MG "M.T."	1.50	AC17353100	N-METHYLSCOPOLAMINE METHYL SULFATE TABLETS 1MG "M.T."	1.51	調價
AC17382100	NORDRON S.C. TABLETS (NORETHINDRONE)	1.66	AC17382100	NORDRON S.C. TABLETS (NORETHINDRONE)	1.72	調價
AC17628100	STOPIN TABLETS "GENTLE" (METHYL-SCOPOLAMINE METHYL SULFATE)	0.00	AC17628100	STOPIN TABLETS "GENTLE" (METHYL-SCOPOLAMINE METHYL SULFATE)	1.51	刪除
AC17795321	SOFT CREAM	12.80	AC17795321	SOFT CREAM	13.40	調價
AC18053321	SWISSCORT CREAM "SWISS BRAND"	13.90	AC18053321	SWISSCORT CREAM "SWISS BRAND"	14.00	調價
AC18063321	TOPSYM CREAM (FLUOCINONIDE)	34.10	AC18063321	TOPSYM CREAM (FLUOCINONIDE)	35.80	調價
AC18063329	TOPSYM CREAM (FLUOCINONIDE)	44.10	AC18063329	TOPSYM CREAM (FLUOCINONIDE)	45.90	調價
AC18063338	TOPSYM CREAM (FLUOCINONIDE)	109.00	AC18063338	TOPSYM CREAM (FLUOCINONIDE)	122.00	調價
AC18088321	TOPSYM OINTMENT (FLUOCINONIDE)	34.10	AC18088321	TOPSYM OINTMENT (FLUOCINONIDE)	35.80	調價
AC18088338	TOPSYM OINTMENT (FLUOCINONIDE)	109.00	AC18088338	TOPSYM OINTMENT (FLUOCINONIDE)	122.00	調價

AC18097100	"KETOPROFEN CAPSULES ""M.T.""""	1.59	AC18097100	"KETOPROFEN CAPSULES ""M.T.""""	1.63	調價
AC18193100	HOMSHIPEN CAPSULES	1.59			#NULL!	新增
AC181931G0	HOMSHIPEN CAPSULES(鋁箔/膠箔)	2.00			#NULL!	新增
AC18204212	SEQUITON INJECTION	0.00	AC18204212	SEQUITON INJECTION	15.00	刪除
AC18232100	"SUSEMIDE TABLETS (HYDRALAZINE) ""H.C."" "	1.52	AC18232100	"SUSEMIDE TABLETS (HYDRALAZINE) ""H.C."" "	1.53	調價
AC184441G0	CABIDRIN FILM COATED TABLETS "JOHNSON"(鋁箔/膠箔)	1.54	AC184441G0	CABIDRIN FILM COATED TABLETS "JOHNSON"(鋁箔/膠箔)	1.62	調價
AC18572100	KETOPROFEN CAPSULES "CHEN TA"	1.59	AC18572100	KETOPROFEN CAPSULES "CHEN TA"	1.63	調價
AC18598329	HEMODIN OINTMENT "PATRON"	49.00	AC18598329	HEMODIN OINTMENT "PATRON"	50.00	調價
AC18598335	HEMODIN OINTMENT "PATRON"	60.00	AC18598335	HEMODIN OINTMENT "PATRON"	65.00	調價
AC18670212	DEXAMETHASONE INJECTION 4 MG/ML "GENTLE"	0.00	AC18670212	DEXAMETHASONE INJECTION 4 MG/ML "GENTLE"	18.20	刪除
AC18670229	DEXAMETHASONE INJECTION 4 MG/ML "GENTLE"	20.00	AC18670229	DEXAMETHASONE INJECTION 4 MG/ML "GENTLE"	20.40	調價
AC18679209	DEXAMETHASONE INJECTION 0.5%	17.20	AC18679209	DEXAMETHASONE INJECTION 0.5%	18.00	調價
AC18719100	IMIMINE S.C. TABLETS 25MG "VPP" (IMIPRAMINE)	1.55	AC18719100	IMIMINE S.C. TABLETS 25MG "VPP" (IMIPRAMINE)	1.58	調價
AC18886100	KETOPROFENE CAPSULES "LITA"	1.59	AC18886100	KETOPROFENE CAPSULES "LITA"	1.63	調價
AC18895100	NYSTATIN CAPSULES "YUNG SHIN"	2.64	AC18895100	NYSTATIN CAPSULES "YUNG SHIN"	2.67	調價
AC18946229	DEXAMETHASONE INJECTION "Y.Y."	19.10	AC18946229	DEXAMETHASONE INJECTION "Y.Y."	19.30	調價
AC19072100	KETOPROFEN CAPSULES "Y.S."	1.59	AC19072100	KETOPROFEN CAPSULES "Y.S."	1.63	調價
AC19093100	DIPHENIDOL TABLETS 25MG “N.C.P”	1.50			#NULL!	新增
AC19141100	TENING TABLETS (DIAZEPAM) "C.H."	0.00	AC19141100	TENING TABLETS (DIAZEPAM) "C.H."	1.50	刪除
AC19252100	KETOFEN CAPSULES "J.H."	1.59	AC19252100	KETOFEN CAPSULES "J.H."	1.63	調價

AC19263100	MUQUAPIN F.C. TABLETS "H.S." (N-METHYLSCOPOLAMINE METHYLSULFATE)	1.50	AC19263100	MUQUAPIN F.C. TABLETS "H.S." (N-METHYLSCOPOLAMINE METHYLSULFATE)	1.51	調價
AC19280221	CEFAZOLIN INJECTION "CHI SHENG"	0.00	AC19280221	CEFAZOLIN INJECTION "CHI SHENG"	189.00	刪除
AC19280229	CEFAZOLIN INJECTION "CHI SHENG"	0.00	AC19280229	CEFAZOLIN INJECTION "CHI SHENG"	380.00	刪除
AC19280238	CEFAZOLIN INJECTION "CHI SHENG"	0.00	AC19280238	CEFAZOLIN INJECTION "CHI SHENG"	761.00	刪除
AC19548100	"ASRITIN TABLETS (ORCIPRENALINE) ""ROYAL"""	1.50	AC19548100	"ASRITIN TABLETS (ORCIPRENALINE) ""ROYAL"""	1.51	調價
AC19562100	TOROFEN CAPSULES (KETOPROFEN) "STANDARD"	1.59	AC19562100	TOROFEN CAPSULES (KETOPROFEN) "STANDARD"	1.63	調價
AC19573100	CLOMIPHENE TABLETS "PEILI"	3.87	AC19573100	CLOMIPHENE TABLETS "PEILI"	4.07	調價
AC19616321	BETAMETHASONE OINTMENT "SINPHAR"	13.00	AC19616321	BETAMETHASONE OINTMENT "SINPHAR"	14.00	調價
AC19616329	BETAMETHASONE OINTMENT "SINPHAR"	15.90	AC19616329	BETAMETHASONE OINTMENT "SINPHAR"	16.50	調價
AC19709100	MESCO TABLETS "J.H." (METHYLSCOPOLAMINE METHYLSULFATE)	1.50	AC19709100	MESCO TABLETS "J.H." (METHYLSCOPOLAMIN E METHYLSULFATE)	1.51	調價
AC19915421	DELONE EYE DROP "SINPHAR"	12.20	AC19915421	DELONE EYE DROP "SINPHAR"	12.30	調價
AC19935265	VELIP INFUSION SOLUTION "N.K."	0.00	AC19935265	VELIP INFUSION SOLUTION "N.K."	26.30	刪除
AC19935277	VELIP INFUSION SOLUTION "N.K."	29.50	AC19935277	VELIP INFUSION SOLUTION "N.K."	29.70	調價
AC19937421	FLUOROMETHOLONE EYE DROPS "OASIS"	12.40	AC19937421	FLUOROMETHOLONE EYE DROPS "OASIS"	12.60	調價
AC19983100	KETOFEN CAPSULE. (KETOPROFEN)	1.59	AC19983100	KETOFEN CAPSULE. (KETOPROFEN)	1.63	調價
AC20096100	SULQUINYL CAPSULES (SULPIRIDE) "PATRON"	1.53	AC20096100	SULQUINYL CAPSULES (SULPIRIDE) "PATRON"	1.55	調價
AC20102321	TRIACT CREAM "GCPC"	13.90	AC20102321	TRIACT CREAM "GCPC"	14.00	調價
AC20102323	TRIACT CREAM "GCPC"	14.40	AC20102323	TRIACT CREAM "GCPC"	14.70	調價

AC20102329	TRIACT CREAM "GCPC"	18.40	AC20102329	TRIACT CREAM "GCPC"	18.70	調價
AC20102335	TRIACT CREAM "GCPC"	29.70	AC20102335	TRIACT CREAM "GCPC"	30.20	調價
AC20102336	TRIACT CREAM "GCPC"	29.70	AC20102336	TRIACT CREAM "GCPC"	30.20	調價
AC20102338	TRIACT CREAM "GCPC"	57.00	AC20102338	TRIACT CREAM "GCPC"	59.00	調價
AC20112100	"TRICOGYL F.C TABLETS (METRONIDAZOLE) ""ROYAL"""	1.52	AC20112100	"TRICOGYL F.C TABLETS (METRONIDAZOLE) ""ROYAL"""	1.53	調價
AC20118212	GURON-BC INJECTION "GENTLE"	0.00	AC20118212	GURON-BC INJECTION "GENTLE"	15.00	刪除
AC20118221	GURON-BC INJECTION "GENTLE"	0.00	AC20118221	GURON-BC INJECTION "GENTLE"	15.00	刪除
AC20276365	UBURN CREAM (SILVER SULFADIAZINE)	140.00	AC20276365	UBURN CREAM (SILVER SULFADIAZINE)	142.00	調價
AC20276377	UBURN CREAM (SILVER SULFADIAZINE)	357.00	AC20276377	UBURN CREAM (SILVER SULFADIAZINE)	397.00	調價
AC20295500	ANTIFUNGAL VAGINAL TABLETS "YUNG SHIN"(MICONAZOLE)	5.00	AC20295500	ANTIFUNGAL VAGINAL TABLETS "YUNG SHIN"(MICONAZOLE)	5.10	調價
AC20441435	KINGMIN OPHTHALMIC SOLUTION (SULFAMETHOXAZOLE)	13.90	AC20441435	KINGMIN OPHTHALMIC SOLUTION (SULFAMETHOXAZOLE)	14.10	調價
AC20700100	"KETOPROFEN CAPSULES ""WINSTON"""	1.59	AC20700100	"KETOPROFEN CAPSULES ""WINSTON"""	1.63	調價
AC20782209	PANDOL INJECTION (HALOPERIDOL) "PANBIOTIC"	22.40			#NULL!	新增
AC20782212	PANDOL INJECTION (HALOPERIDOL) "PANBIOTIC"	32.40			#NULL!	新增
AC208491G0	LOPERAMIDE TABLETS 2 MG "F.Y."(鋁箔/膠箔)	2.00			#NULL!	新增
AC208491G2	LOPERAMIDE TABLETS 2 MG "F.Y."(28粒/瓶裝)	2.00			#NULL!	新增
AC20857100	ROSTAN CAPSULES (BETA-AESCIN) "CHEN TA"	3.47	AC20857100	ROSTAN CAPSULES (BETA-AESCIN) "CHEN TA"	3.50	調價
AC20860100	SINSOLAX TABLETS	1.76	AC20860100	SINSOLAX TABLETS	1.86	調價

AC20873100	"CLIXIN F.C TABLETS ""ROYAL"""	1.62	AC20873100	"CLIXIN F.C TABLETS ""ROYAL"""	1.67	調價
AC20900100	SIRIN S.C. TABLETS (SILYMARIN) "Y. S."	1.50	AC20900100	SIRIN S.C. TABLETS (SILYMARIN) "Y. S."	1.51	調價
AC20904100	JYYKO TABLETS 30MG (DEXTROMETHORPHEN) "N.C.P."	1.50			#NULL!	新增
AC20910100	DOLCOL FILM COATING TABLETS 250MG	3.54	AC20910100	DOLCOL FILM COATING TABLETS 250MG	3.75	調價
AC20964329	SCABI CREAM (GAMMA-BHC) "HEALTH"	93.00	AC20964329	SCABI CREAM (GAMMA-BHC) "HEALTH"	94.00	調價
AC21326100	ISIDIUM CAPSULES "Y.K."	1.50			#NULL!	新增
AC213261G0	ISIDIUM CAPSULES "Y.K."(鋁箔/膠箔)	2.00			#NULL!	新增
AC21490100	HESTAZIN TABLETS"HEALTH"(TRIFLUOPERAZINE)	0.00	AC21490100	HESTAZIN TABLETS"HEALTH"(TRIFLUOPERAZINE)	1.50	刪除
AC21539100	RISONIN CAPSULES "D.T.S."	2.35	AC21539100	RISONIN CAPSULES "D.T.S."	2.51	調價
AC21552100	SUNTONIN CAPSULES "STANDARD"	0.00	AC21552100	SUNTONIN CAPSULES "STANDARD"	1.50	刪除
AC21629277	TAITA NO.3 INJECTION "OTSUKA"	29.50	AC21629277	TAITA NO.3 INJECTION "OTSUKA"	29.70	調價
AC21630277	TAITA NO.2 INJECTION "OTSUKA"	29.50	AC21630277	TAITA NO.2 INJECTION "OTSUKA"	29.70	調價
AC21632277	TAITA NO.1 INJECTION "OTSUKA"	29.50	AC21632277	TAITA NO.1 INJECTION "OTSUKA"	29.70	調價
AC21635100	"LIPIN TABLETS (METHYLSCOPOLAMINE METHYLSULFAT) ""ROYAL"""	1.50	AC21635100	"LIPIN TABLETS (METHYLSCOPOLAMINE METHYLSULFAT) ""ROYAL"""	1.51	調價
AC21652143	MINTAPP SYRUP "SINPHAR"	25.00	AC21652143	MINTAPP SYRUP "SINPHAR"	25.10	調價
AC21652151	MINTAPP SYRUP "SINPHAR"	26.80	AC21652151	MINTAPP SYRUP "SINPHAR"	27.50	調價
AC21678157	CODIN P SYRUP "SINPHAR"	25.80	AC21678157	CODIN P SYRUP "SINPHAR"	26.20	調價
AC21706100	RIFAMPIN CAPSULES 450MG "VPP"	12.00	AC21706100	RIFAMPIN CAPSULES 450MG "VPP"	13.60	調價
AC21709238	"TRANEXAMIC ACID INJECTION ""S.Y.""""	33.00	AC21709238	"TRANEXAMIC ACID INJECTION ""S.Y.""""	33.20	調價

AC21730209	LIFOXITIN INJECTION (CEFOXITIN) "LITA"	67.00	AC21730209	LIFOXITIN INJECTION (CEFOXITIN) "LITA"	75.00	調價
AC21730212	LIFOXITIN INJECTION (CEFOXITIN) "LITA"	143.00	AC21730212	LIFOXITIN INJECTION (CEFOXITIN) "LITA"	158.00	調價
AC21882100	NINGILON CAPSULES "P.L."	1.57	AC21882100	NINGILON CAPSULES "P.L."	1.60	調價
AC21893209	METHYLERGONOVINE INJECTION "TAI YU"	44.30	AC21893209	"METHYLERGONOVINE INJECTION ""TAI YU"""	17.40	調價
AC21924321	MY COMB CREAM "SINPHAR"	13.90	AC21924321	MY COMB CREAM "SINPHAR"	14.00	調價
AC21924323	MY COMB CREAM "SINPHAR"	14.40	AC21924323	MY COMB CREAM "SINPHAR"	14.70	調價
AC21924329	MY COMB CREAM "SINPHAR"	18.40	AC21924329	MY COMB CREAM "SINPHAR"	18.70	調價
AC21924336	MY COMB CREAM "SINPHAR"	29.70	AC21924336	MY COMB CREAM "SINPHAR"	30.20	調價
AC21924338	MY COMB CREAM "SINPHAR"	57.00	AC21924338	MY COMB CREAM "SINPHAR"	59.00	調價
AC21959209	"BETAMETHASONE INJECTION ""TAI YU"""	15.40	AC21959209	"BETAMETHASONE INJECTION ""TAI YU"""	15.60	調價
AC21959229	"BETAMETHASONE INJECTION ""TAI YU"""	0.00	AC21959229	"BETAMETHASONE INJECTION ""TAI YU"""	19.50	刪除
AC21961100	CEPHADROXIL CAPSULES "LITA"	2.13	AC21961100	CEPHADROXIL CAPSULES "LITA"	2.14	調價
AC21978221	URAMIN INJECTION (DOPAMINE)	19.90	AC21978221	URAMIN INJECTION (DOPAMINE)	20.70	調價
AC21981417	NINCORT ORAL GEL (TRIAMCINOLONE) "SINPHAR"	21.50	AC21981417	NINCORT ORAL GEL (TRIAMCINOLONE) "SINPHAR"	22.00	調價
AC21981423	NINCORT ORAL GEL (TRIAMCINOLONE) "SINPHAR"	36.70	AC21981423	NINCORT ORAL GEL (TRIAMCINOLONE) "SINPHAR"	37.80	調價
AC21994100	VI JANE CAPSULES (FLUOXYMESTERONE) "S.T."	0.00	AC21994100	VI JANE CAPSULES (FLUOXYMESTERONE) "S.T."	2.46	刪除
AC22069100	SILYMARIN CAPSULES "P.L."	1.50	AC22069100	SILYMARIN CAPSULES "P.L."	1.51	調價
AC22198421	GENTAMICIN EYE DROPS "SINPHAR"	14.50	AC22198421	GENTAMICIN EYE DROPS "SINPHAR"	15.50	調價
AC22272209	BININ-U INJECTION (HALOPERIDOL)	22.40	AC22272209	BININ-U INJECTION (HALOPERIDOL)	22.50	調價
AC22314100	RADI-K TABLETS "BOWLIN" (POTASSIUM GLUCONATE)	1.72	AC22314100	RADI-K TABLETS "BOWLIN" (POTASSIUM GLUCONATE)	1.79	調價

AC22340321	TOTUSAN OINTMENT	0.00	AC22340321	TOTUSAN OINTMENT	20.00	刪除
AC22340329	TOTUSAN OINTMENT	0.00	AC22340329	TOTUSAN OINTMENT	30.90	刪除
AC22340335	TOTUSAN OINTMENT	0.00	AC22340335	TOTUSAN OINTMENT	41.80	刪除
AC22355419	COYENSU IN ORABASE (DEXAMETHASONE)	32.70	AC22355419	COYENSU IN ORABASE (DEXAMETHASONE)	34.90	調價
AC22393221	RASEMIN INJECTION "Y.Y." (TRAREXAMIC ACID)	0.00	AC22393221	RASEMIN INJECTION "Y.Y." (TRAREXAMIC ACID)	15.00	刪除
AC22448100	DOLAN TABLETS	1.76	AC22448100	DOLAN TABLETS	1.86	調價
AC224481G0	DOLAN TABLETS(鋁箔/膠箔)	2.00			#NULL!	新增
AC22459229	GENTAMICIN INJECTION 140MG/ML "GENTLE"	75.00	AC22459229	GENTAMICIN INJECTION 140MG/ML "GENTLE"	77.00	調價
AC22582229	LICOXIN INJECTION 300MG/ML "GENTLE" (LINCOMYCIN)	0.00	AC22582229	LICOXIN INJECTION 300MG/ML "GENTLE" (LINCOMYCIN)	27.20	刪除
AC22682271	TAITA NO.5 INJECTION "OTSUKA"	29.50	AC22682271	TAITA NO.5 INJECTION "OTSUKA"	29.70	調價
AC22682277	TAITA NO.5 INJECTION "OTSUKA"	29.50	AC22682277	TAITA NO.5 INJECTION "OTSUKA"	29.70	調價
AC22767500	DAFRIN VAGINAL TABLETS "SWISS"(MICONAZOLE)	5.00	AC22767500	DAFRIN VAGINAL TABLETS "SWISS"(MICONAZOLE)	5.10	調價
AC22801100	CONSPIN TABLETS (TOLPERISONE) "H.H."	1.52	AC22801100	CONSPIN TABLETS (TOLPERISONE) "H.H."	1.53	調價
AC22867421	MYCOMB OTIC DROPS "SINPHAR"	49.30	AC22867421	MYCOMB OTIC DROPS "SINPHAR"	50.00	調價
AC22930212	GEXAMIN INJECTION "GENTLE" (TRANEXAMIC ACID)	0.00	AC22930212	GEXAMIN INJECTION "GENTLE" (TRANEXAMIC ACID)	15.00	刪除
AC22964100	NARCARICIN CAPSULES 100MG (BENZBROMARONE) "SWISS"	2.05	AC22964100	NARCARICIN CAPSULES 100MG (BENZBROMARONE) "SWISS"	2.18	調價
AC23041100	ALLOPURINOL TABLETS "PANBIOTIC"	1.50			#NULL!	新增
AC23110100	MEGATO TABLETS "GENTLE"(CMETIDINE)	0.00	AC23110100	MEGATO TABLETS "GENTLE"(CMETIDINE)	1.50	刪除

AC23114212	SERACIN INJECTION 6% (GENTAMYCIN SULFATE) "SWISS"	15.50	AC23114212	SERACIN INJECTION 6% (GENTAMYCIN SULFATE) "SWISS"	15.70	調價
AC23133323	EXTRACOMB CREAM "S.Y."	14.40	AC23133323	EXTRACOMB CREAM "S.Y."	14.70	調價
AC23133329	EXTRACOMB CREAM "S.Y."	18.40	AC23133329	EXTRACOMB CREAM "S.Y."	18.70	調價
AC23133335	EXTRACOMB CREAM "S.Y."	29.70	AC23133335	EXTRACOMB CREAM "S.Y."	30.20	調價
AC23150429	EYESMIN EYE DROPS (NEOSTIGMINE METHYLSULFATE) "OASIS"	15.60	AC23150429	EYESMIN EYE DROPS (NEOSTIGMINE METHYLSULFATE) "OASIS"	16.90	調價
AC23169500	CLOMAZOLE VAGINAL TABLETS 100MG "VPP" (CLOTRIMAZOLE)	5.90	AC23169500	CLOMAZOLE VAGINAL TABLETS 100MG "VPP" (CLOTRIMAZOLE)	6.30	調價
AC23234100	"DOGEN TABLETS (PIPEMIDIC ACID) ""M.T.""""	3.54	AC23234100	"DOGEN TABLETS (PIPEMIDIC ACID) ""M.T.""""	3.75	調價
AC23479229	"DEXAMETHASONE INJECTION 1MG/ML ""TAI YU""""	19.00	AC23479229	"DEXAMETHASONE INJECTION 1MG/ML ""TAI YU""""	19.20	調價
AC23508100	DALCONE TABLETS "H.H." (PIPEMIDIC ACID)	3.54	AC23508100	DALCONE TABLETS "H.H." (PIPEMIDIC ACID)	3.75	調價
AC23572100	WYPIRIDE CAPSULES (SULPIRIDE) "S.P.C."	1.53	AC23572100	WYPIRIDE CAPSULES (SULPIRIDE) "S.P.C."	1.55	調價
AC23587421	E E N EYE DROPS "GCPC"	29.60	AC23587421	E E N EYE DROPS "GCPC"	30.20	調價
AC23589100	LOGMAL CAPSULES (SULPIRIDE) "M.T	1.53	AC23589100	LOGMAL CAPSULES (SULPIRIDE) "M.T	1.55	調價
AC23635100	RITESONE CAPSULES (ERYTHROMYCIN ESTOLATE)	1.77	AC23635100	RITESONE CAPSULES (ERYTHROMYCIN ESTOLATE)	1.81	調價
AC23662329	ECOSONE CREAM "BOWLIN"	18.80	AC23662329	ECOSONE CREAM "BOWLIN"	19.30	調價
AC23662335	ECOSONE CREAM "BOWLIN"	30.40	AC23662335	ECOSONE CREAM "BOWLIN"	30.90	調價
AC23683100	REPACIN F.C TABLETS (BETA-AESCIN) "ROYAL"	1.78	AC23683100	REPACIN F.C TABLETS (BETA-AESCIN) "ROYAL"	1.80	調價
AC23708100	ESCIN S.C. TABLETS (BETA-AESIN)	1.78	AC23708100	ESCIN S.C. TABLETS (BETA-AESIN)	1.80	調價
AC23733263	GLYCETOSE INJECTION "S.T."	67.00	AC23733263	GLYCETOSE INJECTION "S.T."	68.00	調價

AC23733266	GLYCETOSE INJECTION "S.T."	70.00	AC23733266	GLYCETOSE INJECTION "S.T."	73.00	調價
AC23733277	GLYCETOSE INJECTION "S.T."	75.00	AC23733277	GLYCETOSE INJECTION "S.T."	78.00	調價
AC23789100	TRANCOSU TABLETS	2.97	AC23789100	TRANCOSU TABLETS	3.09	調價
AC23791100	ENLAIN F.C. TABLETS "CHEN TA"	4.14	AC23791100	ENLAIN F.C. TABLETS "CHEN TA"	4.30	調價
AC23825100	SPLOTIN TABLETS (SULPIRIDE)	1.53	AC23825100	SPLOTIN TABLETS (SULPIRIDE)	1.55	調價
AC23850100	AN-AN TABLETS	1.76	AC23850100	AN-AN TABLETS	1.86	調價
AC23866100	GENLIMIN S.C. TABLETS "F.Y."	1.50			#NULL!	新增
AC23870100	AMMONIUM CHLORIDE E.C. TABLETS "HEALTH"	0.00	AC23870100	AMMONIUM CHLORIDE E.C. TABLETS "HEALTH"	1.50	刪除
AC23890277	AMINOL-V INJECTION "S.T."	104.00	AC23890277	AMINOL-V INJECTION "S.T."	107.00	調價
AC23918100	FLUZINE TABLETS 5MG(FLUNARIZINE)"STANDARD"	1.52	AC23918100	FLUZINE TABLETS 5MG(FLUNARIZINE)"STANDARD"	1.53	調價
AC23969100	MERO CAPSULES (KETOPROFEN) "NCP"	1.59	AC23969100	MERO CAPSULES (KETOPROFEN) "NCP"	1.63	調價
AC24006271	TBC NO.8A INJECTION	0.00	AC24006271	TBC NO.8A INJECTION	56.00	刪除
AC24014238	TRANSACID INJECTION (TRANEXAMIC ACID)	33.00	AC24014238	TRANSACID INJECTION (TRANEXAMIC ACID)	33.20	調價
AC24029263	MORIAMIN-SN INJECTION	138.00	AC24029263	MORIAMIN-SN INJECTION	142.00	調價
AC24187100	TRENTAL DRAGEE 100MG (PENTOXIFYLLINE)	1.50	AC24187100	TRENTAL DRAGEE 100MG (PENTOXIFYLLINE)	1.51	調價
AC24196100	PIPEMID TABLETS 250MG "Y.C."(PIPEMIDIC ACID)	3.54	AC24196100	PIPEMID TABLETS 250MG "Y.C."(PIPEMIDIC ACID)	3.75	調價
AC24198212	AMIKACIN INJECTION 125MG/ML "N.K."	29.00	AC24198212	AMIKACIN INJECTION 125MG/ML "N.K."	29.30	調價
AC24258277	TAITA NO.4 INJECTION	35.00	AC24258277	TAITA NO.4 INJECTION	35.20	調價
AC24270100	PISON CAPSULES "C.H."	1.60	AC24270100	PISON CAPSULES "C.H."	1.64	調價
AC24271100	ISMEDINE TABLETS (GUANETHIDINE SULFATE) "C.H."	0.00	AC24271100	ISMEDINE TABLETS (GUANETHIDINE SULFATE) "C.H."	1.50	刪除
AC24277100	SULYANG CAPSUES (SULPIRIDE) "S.T."	1.53	AC24277100	SULYANG CAPSUES (SULPIRIDE) "S.T."	1.55	調價

AC24318100	LORAZEPAM TABLETS 2MG "LITA"	1.50			#NULL!	新增
AC243181G0	LORAZEPAM TABLETS 2MG "LITA"(鋁箔/膠箔)	2.00			#NULL!	新增
AC24490100	PIPERAN CAPSULES (PIPEMIDIC ACID)"YU SHENG"	3.54	AC24490100	PIPERAN CAPSULES (PIPEMIDIC ACID)"YU SHENG"	3.75	調價
AC24516210	"SODIUM CHLORIDE INJECTION 0.9% ""TAI YU"""	40.90	AC24516210	"SODIUM CHLORIDE INJECTION 0.9% ""TAI YU"""	41.30	調價
AC24588100	SALUPEN TABLETS "Y.K."	1.50	AC24588100	SALUPEN TABLETS "Y.K."	1.51	調價
AC24620221	MULTIVITA INJECTION	0.00	AC24620221	MULTIVITA INJECTION	53.00	刪除
AC24703100	"SULPI CAPSULES 50MG (SULPIRIDE) ""WINSTON"""	1.53	AC24703100	"SULPI CAPSULES 50MG (SULPIRIDE) ""WINSTON"""	1.55	調價
AC24730500	FUCODINE VAGINAL TABLETS 100MG "Y.K."	5.90			#NULL!	新增
AC24766100	"HETEL CAPSULES (CLOMIPHENE)""M.T." ""	3.87	AC24766100	"HETEL CAPSULES (CLOMIPHENE)""M.T.""	4.07	調價
AC24789100	ERYMYCIN CAPSULES 250MG (ERYTHROMYCIN ESTOLATE) "VPP"	1.77	AC24789100	ERYMYCIN CAPSULES 250MG (ERYTHROMYCIN ESTOLATE) "VPP"	1.81	調價
AC24840209	CEMANDOLE INJECTION (CEFAMANDOLE)	0.00	AC24840209	CEMANDOLE INJECTION (CEFAMANDOLE)	56.00	刪除
AC24840277	CEMANDOLE INJECTION (CEFAMANDOLE)	0.00	AC24840277	CEMANDOLE INJECTION (CEFAMANDOLE)	32.60	刪除
AC24841100	CLOMIPHENE CAPSULES 50MG "Y.C."	3.87	AC24841100	CLOMIPHENE CAPSULES 50MG "Y.C."	4.07	調價
AC24894100	E-BUTOL F.C. TABLETS 400MG	3.97	AC24894100	E-BUTOL F.C. TABLETS 400MG	2.32	調價
AC24942209	SALTOLIN INJECTION "GENTLE" (SALBUTAMOL)	0.00	AC24942209	SALTOLIN INJECTION "GENTLE" (SALBUTAMOL)	15.00	刪除
AC24952212	DEXAMETHASONE INJECTION 4MG/ML "Y.Y."	17.30	AC24952212	DEXAMETHASONE INJECTION 4MG/ML "Y.Y."	18.20	調價
AC24986265	GLYCEROL INJECTION "N.K."	70.00	AC24986265	GLYCEROL INJECTION "N.K."	73.00	調價
AC24986266	GLYCEROL INJECTION "N.K."	70.00	AC24986266	GLYCEROL INJECTION "N.K."	73.00	調價
AC24986277	GLYCEROL INJECTION	75.00	AC24986277	GLYCEROL INJECTION	78.00	調價

AC24987100	Cendmycin Capsules 500mg (Cefadroxil)	2.13	AC24987100	Cendmycin Capsules 500mg (Cefadroxil)	2.14	調價
AC24990271	TBC NO.8B INJECTION	0.00	AC24990271	TBC NO.8B INJECTION	43.60	刪除
AC25020100	ERYSTAC CAPSULES 250MG (ERYTHROMYCIN STEARATE) "KINGDOM"	1.77	AC25020100	ERYSTAC CAPSULES 250MG (ERYTHROMYCIN STEARATE) "KINGDOM"	1.81	調價
AC25025100	NYSTATIN TABLETS 500000 UNITS "Y.C."	2.64	AC25025100	NYSTATIN TABLETS 500000 UNITS "Y.C."	2.67	調價
AC25079100	COMBICILLIN CAPSULES "C.R."	3.81	AC25079100	COMBICILLIN CAPSULES "C.R."	3.97	調價
AC25083100	UCEFA CAPSULES 500MG (CEFADROXIL)	2.13	AC25083100	UCEFA CAPSULES 500MG (CEFADROXIL)	2.14	調價
AC25104277	"FRUCERINTONE INTECTION ""TAI YU"""	0.00	AC25104277	"FRUCERINTONE INTECTION ""TAI YU"""	78.00	刪除
AC251181G0	NEUROPAM TABLETS 2MG (LORAZEPAM) "PANBIOTIC"(鋁箔/膠箔)	2.00			#NULL!	新增
AC25128417	GENTAMYCIN OPHTH. OINTMENT 3MG/GM "GCPC"	18.20	AC25128417	GENTAMYCIN OPHTH. OINTMENT 3MG/GM "GCPC"	18.60	調價
AC25128421	GENTAMYCIN OPHTH. OINTMENT 3MG/GM "GCPC"	22.80	AC25128421	GENTAMYCIN OPHTH. OINTMENT 3MG/GM "GCPC"	23.80	調價
AC25195100	DYPHACOL TABLETS	1.50			#NULL!	新增
AC25217500	ANTIFUNGAL VAGINAL TABLETS 100MG "S.C." (MICONAZOLE)	5.00	AC25217500	ANTIFUNGAL VAGINAL TABLETS 100MG "S.C." (MICONAZOLE)	5.10	調價
AC25230100	DOGWEISU CAPSULES 50MG (SULPIRIDE)	1.53	AC25230100	DOGWEISU CAPSULES 50MG (SULPIRIDE)	1.55	調價
AC25231100	KETOEN CAPSULES 50MG (KETOPROFEN) "SPC"	1.59	AC25231100	KETOEN CAPSULES 50MG (KETOPROFEN) "SPC"	1.63	調價
AC25244100	LIKODIN CAPSULES 500MG "SWISS" (CEFADROXIL)	2.13	AC25244100	LIKODIN CAPSULES 500MG "SWISS" (CEFADROXIL)	2.14	調價
AC25273100	DOCOLER TABLETS 250MG "Y.Y."	3.54	AC25273100	DOCOLER TABLETS 250MG "Y.Y."	3.75	調價
AC25291329	SEEDO-SANIN CREAM	18.80	AC25291329	SEEDO-SANIN CREAM	19.30	調價
AC25291335	SEEDO-SANIN CREAM	30.40	AC25291335	SEEDO-SANIN CREAM	30.90	調價

AC25355266	FRUCEROL INJECTION	70.00	AC25355266	FRUCEROL INJECTION	73.00	調價
AC25355277	FRUCEROL INJECTION	75.00	AC25355277	FRUCEROL INJECTION	78.00	調價
AC25377100	TIOPRONIN S.C. TABLETS 100MG "H.S."	4.39			#NULL!	新增
AC253961G0	MEFETON F.C. TABLETS 500MG (MEFENAMIC ACID)(鋁箔/膠箔)	2.00			#NULL!	新增
AC253961G5	MEFETON F.C. TABLETS 500MG (MEFENAMIC ACID)(84粒/瓶裝)	2.00			#NULL!	新增
AC25406100	PERANSIN F.C. TABLETS 75MG (DIPYRIDAMOLE) "C.H."	1.58	AC25406100	PERANSIN F.C. TABLETS 75MG (DIPYRIDAMOLE) "C.H."	1.61	調價
AC25447100	ANSRON FILM COATED TABLETS 100MG	3.54	AC25447100	ANSRON FILM COATED TABLETS 100MG	3.57	調價
AC25466100	LEVAZOL TABLETS 40MG (LEVAMISOLE) "S.T."	2.23	AC25466100	LEVAZOL TABLETS 40MG (LEVAMISOLE) "S.T."	2.32	調價
AC25504423	YECOLON ORABASE (TRIAMCINOLONE)	36.70	AC25504423	YECOLON ORABASE (TRIAMCINOLONE)	37.80	調價
AC25541100	SILYMARIN F.C. TABLETS 35MG	1.50	AC25541100	SILYMARIN F.C. TABLETS 35MG	1.51	調價
AC25550263	AMIYU INJECTION	113.00	AC25550263	AMIYU INJECTION	114.00	調價
AC25567321	ECONALONE CREAM "SINPHAR"	10.50	AC25567321	ECONALONE CREAM "SINPHAR"	10.60	調價
AC25567329	ECONALONE CREAM "SINPHAR"	18.80	AC25567329	ECONALONE CREAM "SINPHAR"	19.30	調價
AC25617100	CEFADROXIL CAPSULES 500MG "Y.S."	2.13	AC25617100	CEFADROXIL CAPSULES 500MG "Y.S."	2.14	調價
AC25659100	CEFADROXIL CAPSULES 500MG "S.T."	2.13	AC25659100	CEFADROXIL CAPSULES 500MG "S.T."	2.14	調價
AC25675277	MALTOSE INJECTION 10% "N.K."	0.00	AC25675277	MALTOSE INJECTION 10% "N.K."	130.00	刪除
AC25698100	PIPEMIDON CAPSULES 250MG"T.F." (PIPEMIDIC ACID)	3.54	AC25698100	PIPEMIDON CAPSULES 250MG"T.F." (PIPEMIDIC ACID)	3.75	調價
AC25715100	ACTIZYME TABLETS 30MG"PANBIOTIC"(LYSOZYME)	1.50			#NULL!	新增
AC25717317	"ECONOL-T CREAM ""GCPC"""	10.50	AC25717317	"ECONOL-T CREAM ""GCPC"""	10.60	調價

AC25717321	"ECONOL-T CREAM ""GCPC"""	10.50	AC25717321	"ECONOL-T CREAM ""GCPC"""	10.60	調價
AC25717329	"ECONOL-T CREAM ""GCPC"""	18.80	AC25717329	"ECONOL-T CREAM ""GCPC"""	19.30	調價
AC25717335	"ECONOL-T CREAM ""GCPC"""	30.40	AC25717335	"ECONOL-T CREAM ""GCPC"""	30.90	調價
AC25739100	ERYTHROMYCIN STEARATE FILM COATED TABLETS 250MG "SHITEH"	1.77	AC25739100	ERYTHROMYCIN STEARATE FILM COATED TABLETS 250MG "SHITEH"	1.81	調價
AC25754100	PICOTAM CAPSULES 400MG GENTLE (PIPEMIDIC ACID)	3.54	AC25754100	PICOTAM CAPSULES 400MG GENTLE (PIPEMIDIC ACID)	3.75	調價
AC25802265	CEFURO INJECTION 250MG	0.00	AC25802265	CEFURO INJECTION 250MG	25.00	刪除
AC25816329	YEAFULIN CREAM "Y.S"	18.80	AC25816329	YEAFULIN CREAM "Y.S"	19.30	調價
AC25816335	YEAFULIN CREAM "Y.S."	30.40	AC25816335	YEAFULIN CREAM "Y.S."	30.90	調價
AC25816338	YEAFULIN CREAM "Y.S"	0.00	AC25816338	YEAFULIN CREAM "Y.S"	32.60	刪除
AC25840100	ATENOL F.C. TABLETS 100MG (ATENOLOL)	1.51	AC25840100	ATENOL F.C. TABLETS 100MG (ATENOLOL)	1.52	調價
AC26002100	CODEMIN CAPSULES "S.T."	1.60	AC26002100	CODEMIN CAPSULES "S.T."	1.64	調價
AC26128363	SULFASIL CREAM 1% (SILVER SULFADIAZINE) "VPP"	139.00	AC26128363	SULFASIL CREAM 1% (SILVER SULFADIAZINE) "VPP"	141.00	調價
AC26128365	SULFASIL CREAM 1% (SILVER SULFADIAZINE) "VPP"	140.00	AC26128365	SULFASIL CREAM 1% (SILVER SULFADIAZINE) "VPP"	142.00	調價
AC26128377	SULFASIL CREAM 1% (SILVER SULFADIAZINE) "VPP"	357.00	AC26128377	SULFASIL CREAM 1% (SILVER SULFADIAZINE) "VPP"	397.00	調價
AC26138100	TOLPERISONE TABLETS 100MG "S.C."	1.52	AC26138100	TOLPERISONE TABLETS 100MG "S.C."	1.53	調價
AC26144100	CLONIDINE TABLETS 0.15MG "C.H."	0.00	AC26144100	CLONIDINE TABLETS 0.15MG "C.H."	1.96	刪除
AC26154100	BUDEMA TABLETS 1MG (BUMETANIDE) "S.T."	1.69	AC26154100	BUDEMA TABLETS 1MG (BUMETANIDE) "S.T."	1.77	調價
AC26155329	"ECONAT CREAM ""WINSTON"""	18.80	AC26155329	"ECONAT CREAM ""WINSTON"""	19.30	調價
AC26233100	FLUNAZON CAPSULES 5MG (FLUNARIZINE) "N.K."	1.52	AC26233100	FLUNAZON CAPSULES 5MG (FLUNARIZINE) "N.K."	1.53	調價

AC26234500	KANEZIN VAGINAL TABLETS 100MG (CLOTRIMAZOLE)	5.90	AC26234500	KANEZIN VAGINAL TABLETS 100MG (CLOTRIMAZOLE)	6.30	調價
AC26261100	Soprinol Tablets ''H.S.''	5.60	AC26261100	Soprinol Tablets ''H.S.''	5.90	調價
AC26263100	VIRUX TABLETS 500MG (METHISOPRINOL)	5.60	AC26263100	VIRUX TABLETS 500MG (METHISOPRINOL)	5.90	調價
AC26272100	CAPAIN F.C. TABLETS 30MG (NEFOPAM) "YUNG SHIN	2.73	AC26272100	CAPAIN F.C. TABLETS 30MG (NEFOPAM) "YUNG SHIN	2.91	調價
AC26278100	NOSCAPINE TABLETS 15MG "SINPHAR"	0.91	AC26278100	NOSCAPINE TABLETS 15MG "SINPHAR"	0.96	調價
AC26308321	"CANFLAME CREAM 10MG/GM (SILVER SULFADIAZINE) ""WINSTON"""	15.80	AC26308321	"CANFLAME CREAM 10MG/GM (SILVER SULFADIAZINE) ""WINSTON"""	16.30	調價
AC26308365	"CANFLAME CREAM 10MG/GM (SILVER SULFADIAZINE) ""WINSTON"""	140.00	AC26308365	"CANFLAME CREAM 10MG/GM (SILVER SULFADIAZINE) ""WINSTON"""	142.00	調價
AC26308372	"CANFLAME CREAM 10MG/GM (SILVER SULFADIAZINE) ""WINSTON"""	267.00	AC26308372	"CANFLAME CREAM 10MG/GM (SILVER SULFADIAZINE) ""WINSTON"""	275.00	調價
AC26308377	"CANFLAME CREAM 10MG/GM (SILVER SULFADIAZINE) ""WINSTON"""	357.00	AC26308377	"CANFLAME CREAM 10MG/GM (SILVER SULFADIAZINE) ""WINSTON"""	397.00	調價
AC263301G0	TRANEXAM TABLETS 250MG (TRANEXAMIC ACID)(鋁箔/膠箔)	2.00			#NULL!	新增
AC26343321	ECONOL CREAM 1% "GCPC"	11.20	AC26343321	ECONOL CREAM 1% "GCPC"	11.70	調價
AC26343329	ECONOL CREAM 1% "GCPC"	20.10	AC26343329	ECONOL CREAM 1% "GCPC"	21.20	調價
AC26363100	MUSCONE TABLETS 50MG (TOPERISONE) "SHIN FONG"	1.52	AC26363100	MUSCONE TABLETS 50MG (TOPERISONE) "SHIN FONG"	1.53	調價
AC26385100	NEFOPAM TABLETS 30MG "S.T."	2.73	AC26385100	NEFOPAM TABLETS 30MG "S.T."	2.91	調價
AC26400277	TBC NO.2 INJECTION	29.50	AC26400277	TBC NO.2 INJECTION	29.70	調價
AC26402277	TBC NO.3 INJECTION	29.50	AC26402277	TBC NO.3 INJECTION	29.70	調價
AC26439100	LONFADROXIL CAPSULES 500MG (CEFADROXIL) "UNION"	2.13	AC26439100	LONFADROXIL CAPSULES 500MG (CEFADROXIL) "UNION"	2.14	調價

AC26501500	ZOOZEAN VAGINAL TABLETS 100MG (MICONAZOLE)	5.00	AC26501500	ZOOZEAN VAGINAL TABLETS 100MG (MICONAZOLE)	5.10	調價
AC26554321	STADERM CREAM "STANDARD"	10.50	AC26554321	STADERM CREAM "STANDARD"	10.60	調價
AC26554329	STADERM CREAM "STANDARD"	18.80	AC26554329	STADERM CREAM "STANDARD"	19.30	調價
AC26554335	STADERM CREAM "STANDARD"	30.40	AC26554335	STADERM CREAM "STANDARD"	30.90	調價
AC26556100	SULFINPYRAZONE CAPSULES 100MG "S.C."	3.54	AC26556100	SULFINPYRAZONE CAPSULES 100MG "S.C."	3.57	調價
AC26563500	FASTIN VAGINAL TABLETS 200MG (CLOTRIMAZOLE)	8.20	AC26563500	FASTIN VAGINAL TABLETS 200MG (CLOTRIMAZOLE)	8.60	調價
AC26588100	SPAGASGEL TABLETS	2.34	AC26588100	SPAGASGEL TABLETS	2.48	調價
AC26604435	PILOCARPINE OPHTHALMIC SOLUTION 1% "WU-FU"	81.00	AC26604435	PILOCARPINE OPHTHALMIC SOLUTION 1% "WU-FU"	59.00	調價
AC26649100	HELOSON CAPSULES (ERYTHROMYCIN) "HEALTH"	1.77	AC26649100	HELOSON CAPSULES (ERYTHROMYCIN) "HEALTH"	1.81	調價
AC26678100	SULINDAC TABLETS 100MG "W.P."	1.72	AC26678100	SULINDAC TABLETS 100MG "W.P."	1.75	調價
AC26683100	SULINDA TABLETS 100MG (SULINDAC)	1.72	AC26683100	SULINDA TABLETS 100MG (SULINDAC)	1.75	調價
AC26703338	"SILVA-SULFA 1% CREAM (SILVER SULFADIAZINE) ""GCPC"""	32.30	AC26703338	"SILVA-SULFA 1% CREAM (SILVER SULFADIAZINE) ""GCPC"""	32.70	調價
AC26703363	SILVA-SULFA 1% CREAM	139.00	AC26703363	SILVA-SULFA 1% CREAM	141.00	調價
AC26703365	SILVA-SULFA 1% CREAM	140.00	AC26703365	SILVA-SULFA 1% CREAM	142.00	調價
AC26703371	SILVA-SULFA 1% CREAM	0.00	AC26703371	SILVA-SULFA 1% CREAM	275.00	刪除
AC26703372	SILVA-SULFA 1% CREAM	0.00	AC26703372	SILVA-SULFA 1% CREAM	275.00	刪除
AC26703377	SILVA-SULFA 1% CREAM	357.00	AC26703377	SILVA-SULFA 1% CREAM	397.00	調價
AC26763100	NICE SUGAR COATED TABLETS 100MG (NITROXOLINE) "YUNG SHIN"	2.52	AC26763100	NICE SUGAR COATED TABLETS 100MG (NITROXOLINE) "YUNG SHIN"	2.55	調價
AC26804209	METHASONE INJECTION 5MG/ML (DEXAMETHASONE PHOSPHATE) "VPP"	17.20	AC26804209	METHASONE INJECTION 5MG/ML (DEXAMETHASONE PHOSPHATE) "VPP"	18.00	調價

AC26817255	SABS INJECTION FOR IV INFUSION 5MG/ML	41.00	AC26817255	SABS INJECTION FOR IV INFUSION 5MG/ML	45.40	調價
AC26861329	PECIGEN CREAM "VPP"	18.80	AC26861329	PECIGEN CREAM "VPP"	19.30	調價
AC26975100	DOXEPIN CAPSULES 25MG "S.C."	1.78	AC26975100	DOXEPIN CAPSULES 25MG "S.C."	1.81	調價
AC26990209	BETASON INJECTION 4MG/ML "LITA" (BETAMETHASONE)	15.40	AC26990209	BETASON INJECTION 4MG/ML "LITA" (BETAMETHASONE)	15.60	調價
AC27011100	THRONE ENTERIC SUGAR COATED TABLETS 100MG "YUNG SHIN"	1.50	AC27011100	THRONE ENTERIC SUGAR COATED TABLETS 100MG "YUNG SHIN"	1.51	調價
AC27055100	CURRENT TABLETS "H.S."	2.01			#NULL!	新增
AC27090263	AMINOL-RF INJECTION "S.T."	113.00	AC27090263	AMINOL-RF INJECTION "S.T."	114.00	調價
AC27221100	LEUCOMYCIN CAPSULES 250MG "CENTER"	2.25	AC27221100	LEUCOMYCIN CAPSULES 250MG "CENTER"	2.28	調價
AC27244100	BUMETA TABLETS 1MG (BUMETANIDE) "H.H."	1.69	AC27244100	BUMETA TABLETS 1MG (BUMETANIDE) "H.H."	1.77	調價
AC27246277	HARTMANN-SORBITOL INJECTION "S.T."	36.40	AC27246277	HARTMANN-SORBITOL INJECTION "S.T."	37.90	調價
AC27254100	ANOPAIN TABLETS 30MG (NEFOPAM) "GENTLE"	2.73	AC27254100	ANOPAIN TABLETS 30MG (NEFOPAM) "GENTLE"	2.91	調價
AC27261100	NIPAM TABLETS 30MG (NEFOPAM)	2.73	AC27261100	NIPAM TABLETS 30MG (NEFOPAM)	2.91	調價
AC27317100	ESUSIN S.C. TABLETS 20MG "M.T."	1.78	AC27317100	ESUSIN S.C. TABLETS 20MG "M.T."	1.80	調價
AC27325209	LOFORAN FOR INJECTION 1GM (CEFOTAXIME SODIUM) "GENTLE"	113.00	AC27325209	LOFORAN FOR INJECTION 1GM (CEFOTAXIME SODIUM) "GENTLE"	124.00	調價
AC27325212	LOFORAN FOR INJECTION 2GM "GENTLE"(CEFOTAXIME SODIUM)	387.00	AC27325212	LOFORAN FOR INJECTION 2GM "GENTLE"(CEFOTAXIME SODIUM)	431.00	調價
AC27338100	CLOMIPHENE TABLET 50MG "YUNG SHIN"	3.87	AC27338100	CLOMIPHENE TABLET 50MG "YUNG SHIN"	4.07	調價
AC27361100	DITROPAN TABLETS 5MG (OXYBUTYNIN)	2.12	AC27361100	DITROPAN TABLETS 5MG (OXYBUTYNIN)	2.25	調價
AC274391G0	NEDIPIN CAPSULES 10MG "WEIDAR"(鋁箔/膠箔)	2.00			#NULL!	新增

AC27445100	SANDEL S.C. TABLETS 50MG "WEIDAR" (DIPYRIDAMOLE)	1.54	AC27445100	SANDEL S.C. TABLETS 50MG "WEIDAR" (DIPYRIDAMOLE)	1.56	調價
AC27446100	BENOTON TABLETS 30MG "WEIDAR" (NEFOPAM)	2.73	AC27446100	BENOTON TABLETS 30MG "WEIDAR" (NEFOPAM)	2.91	調價
AC27451100	SULORIL TABLETS 100MG "WEIDAR" (SULINDAC)	1.72	AC27451100	SULORIL TABLETS 100MG "WEIDAR" (SULINDAC)	1.75	調價
AC27452100	ATENOL TABLETS 50MG (ATENOLOL) "WEIDAR"	1.50	AC27452100	ATENOL TABLETS 50MG (ATENOLOL) "WEIDAR"	1.51	調價
AC27456263	ROLIKAN INJECTION (SODIUM BICARBONATE)	0.00	AC27456263	ROLIKAN INJECTION (SODIUM BICARBONATE)	28.80	刪除
AC27459100	DEPROLAC TABLETS 2.87MG "WEIDAR" (BROMOCRIPTINE)	4.58	AC27459100	DEPROLAC TABLETS 2.87MG "WEIDAR" (BROMOCRIPTINE)	4.90	調價
AC27513100	U-CLOR CAPSULES 250MG (CEFACLOR) "U.L."	3.35	AC27513100	U-CLOR CAPSULES 250MG (CEFACLOR) "U.L."	3.37	調價
AC27519321	BETAGEN CREAM "SWISS"	12.80	AC27519321	BETAGEN CREAM "SWISS"	13.40	調價
AC27638209	CLAVOX FOR INJECTION 1.0 GM (CEFOTAXIME)	0.00	AC27638209	CLAVOX FOR INJECTION 1.0 GM (CEFOTAXIME)	124.00	刪除
AC27638277	CLAVOX FOR INJECTION 0.5 GM (CEFOTAXIME)	0.00	AC27638277	CLAVOX FOR INJECTION 0.5 GM (CEFOTAXIME)	93.00	刪除
AC27718209	RINDERON INJECTION 4MG/ML (BETAMETHASONE)	15.40	AC27718209	RINDERON INJECTION 4MG/ML (BETAMETHASONE)	15.60	調價
AC27775100	SINROX F.C TABLETS 40MG (VERAPAMIL)	1.53	AC27775100	SINROX F.C TABLETS 40MG (VERAPAMIL)	1.55	調價
AC27851255	MEDAZOLE INJECTION FOR INTRAVENOUS INFUSION 0.5% (METRONIDAZOLE)	41.00	AC27851255	MEDAZOLE INJECTION FOR INTRAVENOUS INFUSION 0.5% (METRONIDAZOLE)	45.40	調價
AC27864212	AMIKACIN INJECTION 250MG/ML "N.K."	40.80	AC27864212	AMIKACIN INJECTION 250MG/ML "N.K."	42.50	調價
AC27887100	VERTIZINE TABLETS 5MG "Y.Y."	1.52	AC27887100	VERTIZINE TABLETS 5MG "Y.Y."	1.53	調價
AC27926100	FU LI HORMONE CAPSULES "WELCAN"	0.00	AC27926100	FU LI HORMONE CAPSULES "WELCAN"	1.93	刪除

AC28013100	CLOMID TABLETS 50MG "SHIONOGI"(CLOMIFENE)	3.87	AC28013100	CLOMID TABLETS 50MG "SHIONOGI"(CLOMIFENE)	4.07	調價
AC28032100	VETRIMIL S.C. TABLETS 40MG (VERAPAMIL)	1.53	AC28032100	VETRIMIL S.C. TABLETS 40MG (VERAPAMIL)	1.55	調價
AC28047212	SAVOX INJECTION 125MG/ML (AMIKACIN)	29.00	AC28047212	SAVOX INJECTION 125MG/ML (AMIKACIN)	29.30	調價
AC28078100	SULPIN F.C. TABLETS 200MG "S.T." (SULPIRIDE)	1.71	AC28078100	SULPIN F.C. TABLETS 200MG "S.T." (SULPIRIDE)	1.79	調價
AC28079100	BUSIX TABLETS 1.0MG (BUMETANID) "S.T."	1.69	AC28079100	BUSIX TABLETS 1.0MG (BUMETANID) "S.T."	1.77	調價
AC28099210	FUROXIME FOR INJECTION "S.T." (CEFUROXIME)	52.00	AC28099210	FUROXIME FOR INJECTION "S.T." (CEFUROXIME)	56.00	調價
AC28136100	SELADIN TABLETS 500MG (NAPROXEN) "YUNG SHIN"	2.95	AC28136100	SELADIN TABLETS 500MG (NAPROXEN) "YUNG SHIN"	2.96	調價
AC28168338	SILVADENE CREAM 1% (SILVER SULFADIAZINE)	32.30	AC28168338	SILVADENE CREAM 1% (SILVER SULFADIAZINE)	32.70	調價
AC28168371	SILVADENE CREAM 1% (SILVER SULFADIAZINE)	267.00	AC28168371	SILVADENE CREAM 1% (SILVER SULFADIAZINE)	275.00	調價
AC28171100	SOOTHER TABLETS 1MG (KETOTIFEN)	1.54	AC28171100	SOOTHER TABLETS 1MG (KETOTIFEN)	1.56	調價
AC28283100	SUFUNI CAPSULES 5MG (FLUNARIZINE)	1.52	AC28283100	SUFUNI CAPSULES 5MG (FLUNARIZINE)	1.53	調價
AC28341500	GYNOMYCODERIN VAGINAL TABLETS 100MG (MICONAZOE NITRATE)	5.00	AC28341500	GYNOMYCODERIN VAGINAL TABLETS 100MG (MICONAZOE NITRATE)	5.10	調價
AC28350212	ACEMYCIN INJECTION 100MG/ML (AMIKACIN) "YUNG SHIN"	29.00	AC28350212	ACEMYCIN INJECTION 100MG/ML (AMIKACIN) "YUNG SHIN"	29.30	調價
AC28462100	CRIP CAPSULES 2.5MG (BROMOCRIPTINE)"H.H."	4.58	AC28462100	CRIP CAPSULES 2.5MG (BROMOCRIPTINE)"H.H."	4.90	調價
AC28477212	ACEMYCIN INJECTION 250MG/ML (AMIKACIN) "YUNG SHIN"	40.80	AC28477212	ACEMYCIN INJECTION 250MG/ML (AMIKACIN) "YUNG SHIN"	42.50	調價

AC28535277	POTACOL-R INJECTION	0.00	AC28535277	POTACOL-R INJECTION	112.00	刪除
AC28538209	C.P.Z. INJECTION 1GM "STANDARD" (CEFOPERAZONE)	135.00	AC28538209	C.P.Z. INJECTION 1GM "STANDARD" (CEFOPERAZONE)	157.00	調價
AC28542265	PANTOGEN INJECTION "SINTONG"	0.00	AC28542265	PANTOGEN INJECTION "SINTONG"	22.00	刪除
AC28542277	PANTOGEN INJECTION "SINTONG"	0.00	AC28542277	PANTOGEN INJECTION "SINTONG"	25.00	刪除
AC28560255	METRONIDAZOLE INJECTION 5MG/ML	41.00	AC28560255	METRONIDAZOLE INJECTION 5MG/ML	45.40	調價
AC28562321	CLOBETASOL OINTMENT 0.5MG/GM "SINPHAR"	11.90	AC28562321	CLOBETASOL OINTMENT 0.5MG/GM "SINPHAR"	12.60	調價
AC28562324	CLOBETASOL OINTMENT 0.5MG/GM "SINPHAR"	12.80	AC28562324	CLOBETASOL OINTMENT 0.5MG/GM "SINPHAR"	13.30	調價
AC28562329	CLOBETASOL OINTMENT 0.5MG/GM "SINPHAR"	13.70	AC28562329	CLOBETASOL OINTMENT 0.5MG/GM "SINPHAR"	14.30	調價
AC28562340	CLOBETASOL OINTMENT 0.5MG/GM "SINPHAR"	61.00	AC28562340	CLOBETASOL OINTMENT 0.5MG/GM "SINPHAR"	71.00	調價
AC28581100	FLUNAZINE TABLETS 5MG (FLUNARIZINE)	1.52	AC28581100	FLUNAZINE TABLETS 5MG (FLUNARIZINE)	1.53	調價
AC28592100	PAROTIN S.C. TABLETS 75MG "Y.S." (DIPYRIDAMOLE)	1.58	AC28592100	PAROTIN S.C. TABLETS 75MG "Y.S." (DIPYRIDAMOLE)	1.61	調價
AC28606157	COMPOUND GLYCYRRHIZA MIXTURE "KINGDOM"	25.70	AC28606157	COMPOUND GLYCYRRHIZA MIXTURE "KINGDOM"	26.00	調價
AC28607329	DERMOCURE CREAM 0.5MG/GM"WEIDAR"	13.70	AC28607329	DERMOCURE CREAM 0.5MG/GM"WEIDAR"	14.30	調價
AC28648100	KETIBRON CAPSULES 1MG (KETOTIFEN) "WEIDAR"	1.54	AC28648100	KETIBRON CAPSULES 1MG (KETOTIFEN) "WEIDAR"	1.56	調價
AC28650209	CETAX INJECTION "STANDARD" (CEFOTAXIME)	113.00	AC28650209	CETAX INJECTION "STANDARD" (CEFOTAXIME)	124.00	調價
AC28650277	CETAX INJECTION "STANDARD" (CEFOTAXIME)	87.00	AC28650277	CETAX INJECTION "STANDARD" (CEFOTAXIME)	93.00	調價

AC28801100	HALDOLIN TABLETS 5MG "WEIDAR" (HALOPERIDOL)	1.75	AC28801100	HALDOLIN TABLETS 5MG "WEIDAR" (HALOPERIDOL)	1.85	調價
AC28804500	MULTIDON SUPPOSITORY 25MG (DICLOFENAC)	0.00	AC28804500	MULTIDON SUPPOSITORY 25MG (DICLOFENAC)	5.00	刪除
AC28925321	ECONAZINE CREAM	10.50	AC28925321	ECONAZINE CREAM	10.60	調價
AC28925329	ECONAZINE CREAM	18.80	AC28925329	ECONAZINE CREAM	19.30	調價
AC28958100	CHOLEXAMIN TABLETS 200MG (NICOMOL)	3.56	AC28958100	CHOLEXAMIN TABLETS 200MG (NICOMOL)	3.57	調價
AC28965100	SUTA CAPSULES 300MG"C.M."(FENBUFEN)	2.08	AC28965100	SUTA CAPSULES 300MG"C.M."(FENBUFEN)	2.18	調價
AC29005421	MYROSONE OPHTHALMIC SOLUTION	20.30	AC29005421	MYROSONE OPHTHALMIC SOLUTION	20.70	調價
AC29037100	RELAX CAPSULES "H.S."	3.21	AC29037100	RELAX CAPSULES "H.S."	3.50	調價
AC29061277	HATERMAS INJECTION "N.K."	36.40	AC29061277	HATERMAS INJECTION "N.K."	37.90	調價
AC29078209	SHINFOMYCIN INJECTION (CEFOPERAZONE)	0.00	AC29078209	SHINFOMYCIN INJECTION (CEFOPERAZONE)	157.00	刪除
AC29085245	MEDASON FOR INJECTION	39.30	AC29085245	MEDASON FOR INJECTION	41.70	調價
AC29085258	MEDASON FOR INJECTION	108.00	AC29085258	MEDASON FOR INJECTION	117.00	調價
AC29085265	MEDASON FOR INJECTION	172.00	AC29085265	MEDASON FOR INJECTION	176.00	調價
AC29085277	MEDASON FOR INJECTION	188.00	AC29085277	MEDASON FOR INJECTION	198.00	調價
AC29090100	TONFUL TABLETS	3.21	AC29090100	TONFUL TABLETS	3.50	調價
AC29108266	BABYSALT INJECTION "N.K."	24.20	AC29108266	BABYSALT INJECTION "N.K."	24.50	調價
AC29244421	TROPICAMIDE OPHTHALMIC SOLUTION 0.5% "WU FU"	16.50	AC29244421	TROPICAMIDE OPHTHALMIC SOLUTION 0.5% "WU FU"	18.20	調價
AC29251100	SERENIN TABLETS 10MG "S.T." (OXAZOLAM)	1.52	AC29251100	SERENIN TABLETS 10MG "S.T." (OXAZOLAM)	1.53	調價
AC29276277	AMINOPOLY-H INJECTION	143.00	AC29276277	AMINOPOLY-H INJECTION	151.00	調價
AC29279321	BESTASOL CREAM (CLOBETASOL)	11.90	AC29279321	BESTASOL CREAM (CLOBETASOL)	12.60	調價
AC29279324	BESTASOL CREAM (CLOBETASOL)	12.80	AC29279324	BESTASOL CREAM (CLOBETASOL)	13.30	調價
AC29279329	BESTASOL CREAM (CLOBETASOL)	13.70	AC29279329	BESTASOL CREAM (CLOBETASOL)	14.30	調價
AC29279340	BESTASOL CREAM (CLOBETASOL)	61.00	AC29279340	BESTASOL CREAM (CLOBETASOL)	71.00	調價

AC29301100	CANCLIOL TABLETS 100MG (METOPROLOL)	3.06	AC29301100	CANCLIOL TABLETS 100MG (METOPROLOL)	3.36	調價
AC29313100	BETAPRESS TABLETS 100MG "S.D." (METOPROLOL)	3.06	AC29313100	BETAPRESS TABLETS 100MG "S.D." (METOPROLOL)	3.36	調價
AC29320100	AMIZIDE TABLETS "STANDARD"	1.88	AC29320100	AMIZIDE TABLETS "STANDARD"	1.98	調價
AC29330277	NAKO NO.4 INJECTION "N.K."	29.50	AC29330277	NAKO NO.4 INJECTION "N.K."	29.70	調價
AC29331277	NAKO NO.2 INJECTION "N.K."	29.50	AC29331277	NAKO NO.2 INJECTION "N.K."	29.70	調價
AC29332277	NAKO NO.3 INJECTION "N.K."	29.50	AC29332277	NAKO NO.3 INJECTION "N.K."	29.70	調價
AC29333277	NAKO NO.1 INJECTION "N.K."	29.50	AC29333277	NAKO NO.1 INJECTION "N.K."	29.70	調價
AC29334277	NAKO NO.5 INJECTION "N.K."	29.50	AC29334277	NAKO NO.5 INJECTION "N.K."	29.70	調價
AC29343429	NEOSTIGMINE METHYLSULFATE OPHTHALMIC SOLUTION (O.N.S.D.) 0.01%	12.80	AC29343429	NEOSTIGMINE METHYLSULFATE OPHTHALMIC SOLUTION (O.N.S.D.) 0.01%	13.20	調價
AC29345100	FLAGYL ORAL TABLETS 250MG (METRONIDAZOLE)	1.52	AC29345100	FLAGYL ORAL TABLETS 250MG (METRONIDAZOLE)	1.53	調價
AC29354321	CLOBESOL CREAM 0.5MG "GENTLE" (CLOBETASOL PROPIONATE)	11.90	AC29354321	CLOBESOL CREAM 0.5MG "GENTLE" (CLOBETASOL PROPIONATE)	12.60	調價
AC29355100	STACAINE TABLETS "STANDARD"	1.52	AC29355100	STACAINE TABLETS "STANDARD"	1.53	調價
AC29375100	CAMAPINE TABLETS 200MG "P.L." (CARBAMAZEPINE)	2.18	AC29375100	CAMAPINE TABLETS 200MG "P.L." (CARBAMAZEPINE)	2.28	調價
AC29417263	TALAMIN-E INJECTION "CHI SHENG"	0.00	AC29417263	TALAMIN-E INJECTION "CHI SHENG"	86.00	刪除
AC29439321	LTOFLA OINTMENT	34.10	AC29439321	LTOFLA OINTMENT	35.80	調價
AC29439329	LTOFLA OINTMENT	44.10	AC29439329	LTOFLA OINTMENT	45.90	調價
AC29439338	LTOFLA OINTMENT	109.00	AC29439338	LTOFLA OINTMENT	122.00	調價
AC29440100	FUNAZINE TABLETS 10MG "WEIDAR" (FLUNARIZINE)	2.66	AC29440100	FUNAZINE TABLETS 10MG "WEIDAR" (FLUNARIZINE)	2.89	調價
AC29442100	AMANDIN CAPSULES 100MG "YU SHENG" (AMANTADIN)	3.77	AC29442100	AMANDIN CAPSULES 100MG "YU SHENG" (AMANTADIN)	4.42	調價
AC29457283	PAREN-AID NO. 2 INJECTION "OTSUKA"	0.00	AC29457283	PAREN-AID NO. 2 INJECTION "OTSUKA"	152.00	刪除

AC29458283	PAREN-AID NO.3 INJECTION "OTSUKA"	0.00	AC29458283	PAREN-AID NO.3 INJECTION "OTSUKA"	152.00	刪除
AC29465100	METISONE TABLETS 2MG "S.T." (METHYLPREDNISOLONE)	1.53	AC29465100	METISONE TABLETS 2MG "S.T." (METHYLPREDNISOLONE)	1.55	調價
AC29475265	FRUCEOL INJECTION "CHI SHENG"	0.00	AC29475265	FRUCEOL INJECTION "CHI SHENG"	73.00	刪除
AC29476100	LUTIN R CAPSULES 10MG (OXAZOLAM)	1.52	AC29476100	LUTIN R CAPSULES 10MG (OXAZOLAM)	1.53	調價
AC29496209	PU-I NO.2 INJECTION "CHI SHENG"	0.00	AC29496209	PU-I NO.2 INJECTION "CHI SHENG"	35.00	刪除
AC29496265	PU-I NO.2 INJECTION "CHI SHENG"	0.00	AC29496265	PU-I NO.2 INJECTION "CHI SHENG"	22.00	刪除
AC29510100	BACCIDAL F.C. TABLETS (NORFLOXACIN)	1.96	AC29510100	BACCIDAL F.C. TABLETS (NORFLOXACIN)	2.06	調價
AC29572100	SUZIN CAPSULES 5MG (FLUNARIZINE) "STANDARD"	1.52	AC29572100	SUZIN CAPSULES 5MG (FLUNARIZINE) "STANDARD"	1.53	調價
AC29574329	SONGI OINTMENT "STANDARD"	19.50	AC29574329	SONGI OINTMENT "STANDARD"	20.90	調價
AC29575100	SUZIN CAPSULES 10MG (FLUNARIZINE) "STANDARD"	2.66	AC29575100	SUZIN CAPSULES 10MG (FLUNARIZINE) "STANDARD"	2.89	調價
AC29576100	SERELAM CAPSULES 10MG "WEIDAR" (OXAZOLAM)	1.52	AC29576100	SERELAM CAPSULES 10MG "WEIDAR" (OXAZOLAM)	1.53	調價
AC29617100	UROXATE TABLETS 200MG (FLAVOXATE)"WEIDAR"	3.74	AC29617100	UROXATE TABLETS 200MG (FLAVOXATE)"WEIDAR"	3.89	調價
AC29702100	AMANDINE TABLETS 100MG "H.H." (AMANTADINE)	3.77	AC29702100	AMANDINE TABLETS 100MG "H.H." (AMANTADINE)	4.42	調價
AC29724212	FOSMYCIN INJECTION	187.00	AC29724212	FOSMYCIN INJECTION	192.00	調價
AC29724219	FOSMYCIN INJECTION	305.00	AC29724219	FOSMYCIN INJECTION	347.00	調價
AC29735100	TIATENOL TABLETS 100MG "T.F."	1.51	AC29735100	TIATENOL TABLETS 100MG "T.F."	1.52	調價
AC29739329	TOPSYM LOTION (FLUOCINONIDE)	67.00	AC29739329	TOPSYM LOTION (FLUOCINONIDE)	69.00	調價
AC29742277	BIOLYTE NO.4 INJECTION "CHI SHENG"	29.50	AC29742277	BIOLYTE NO.4 INJECTION "CHI SHENG"	29.70	調價

AC29743277	BIOLYTE NO.3 INJECTION "CHI SHENG"	0.00	AC29743277	BIOLYTE NO.3 INJECTION "CHI SHENG"	29.70	刪除
AC29744277	BIOLYTE NO.2 INJECTION "CHI SHENG"	29.50	AC29744277	BIOLYTE NO.2 INJECTION "CHI SHENG"	29.70	調價
AC29759100	MAIYITONG CAPSULES 0.5MG (METHYLCOBALAMIN)"C.M."	1.55	AC29759100	MAIYITONG CAPSULES 0.5MG (METHYLCOBALAMIN) "C.M."	1.58	調價
AC29760421	"GARABETA EYE DROPS ""WINSTON"""	20.00	AC29760421	"GARABETA EYE DROPS ""WINSTON"""	22.60	調價
AC29789321	EXELDERM CREAM (SULCONAZOLE)	31.80	AC29789321	EXELDERM CREAM (SULCONAZOLE)	32.40	調價
AC29789329	EXELDERM CREAM (SULCONAZOLE)	52.00	AC29789329	EXELDERM CREAM (SULCONAZOLE)	53.00	調價
AC29789338	EXELDERM CREAM (SULCONAZOLE)	107.00	AC29789338	EXELDERM CREAM (SULCONAZOLE)	111.00	調價
AC29790329	EXELDERM SOLUTION (SULCONAZOLE)	60.00	AC29790329	EXELDERM SOLUTION (SULCONAZOLE)	62.00	調價
AC29791212	PITAMYCIN INJECTION 2GM (PIPERACILLIN SODIUM)	33.90	AC29791212	PITAMYCIN INJECTION 2GM (PIPERACILLIN SODIUM)	35.50	調價
AC29791219	PITAMYCIN INJECTION 4GM (PIPERACILLIN SODIUM)	0.00	AC29791219	PITAMYCIN INJECTION 4GM (PIPERACILLIN SODIUM)	76.00	刪除
AC29796100	ENZIL FILM COATED TABLETS 100MG (AMANTADINE)	3.77	AC29796100	ENZIL FILM COATED TABLETS 100MG (AMANTADINE)	4.42	調價
AC29804100	SHPYNJA TABLETS "C.M."	4.13	AC29804100	SHPYNJA TABLETS "C.M."	4.38	調價
AC29823100	AMANTEC CAPSULES 100MG (AMANTADINE)	3.77	AC29823100	AMANTEC CAPSULES 100MG (AMANTADINE)	4.42	調價
AC29837255	HAFORMAN INJECTION "N.K."	0.00	AC29837255	HAFORMAN INJECTION "N.K."	22.00	刪除
AC29837265	HAFORMAN INJECTION "N.K."	0.00	AC29837265	HAFORMAN INJECTION "N.K."	22.00	刪除
AC29866100	"HIRANIN CAPSULES 350MG (CARISOPRODOL) ""HS"""	2.78	AC29866100	"HIRANIN CAPSULES 350MG (CARISOPRODOL) ""HS"""	3.01	調價
AC29875100	"HOW NAMIN CAPSULES ""HS"""	1.21	AC29875100	"HOW NAMIN CAPSULES ""HS"""	1.39	調價
AC298751G0	"HOW NAMIN CAPSULES ""HS""(鋁箔/膠箔)"	1.53	AC298751G0	"HOW NAMIN CAPSULES ""HS""(鋁箔/膠箔)"	1.82	調價

AC29889277	CEDOL FOR INJECTION 500MG (CEFAMANDOLE NAFATE)	0.00	AC29889277	CEDOL FOR INJECTION 500MG (CEFAMANDOLE NAFATE)	32.60	刪除
AC29907151	"CODENIN SYRUP ""H.S.""	0.00	AC29907151	"CODENIN SYRUP ""H.S.""	20.20	刪除
AC29907157	"CODENIN SYRUP ""H.S.""	23.00	AC29907157	"CODENIN SYRUP ""H.S.""	23.80	調價
AC29984255	HARINGER INJECTION "N.K."	0.00	AC29984255	HARINGER INJECTION "N.K."	22.00	刪除
AC30058100	EROMYCIN F.C. TABLET 250MG "SHITEH"	1.77	AC30058100	EROMYCIN F.C. TABLET 250MG "SHITEH"	1.81	調價
AC30120100	CINTSU SUGAR COATED TABLETS 40MG (VERAPAMIL)"YUNG SHIN"	1.53	AC30120100	CINTSU SUGAR COATED TABLETS 40MG (VERAPAMIL)"YUNG SHIN"	1.55	調價
AC30257100	AMANDA F.C. TABLETS 100MG "WEIDAR" (AMANTADINE)	3.77	AC30257100	AMANDA F.C. TABLETS 100MG "WEIDAR" (AMANTADINE)	4.42	調價
AC30390212	AMIKACIN INJECTION 125MG/ML	29.00	AC30390212	AMIKACIN INJECTION 125MG/ML	29.30	調價
AC30465329	EPISONE SOLUTION (BETAMETHASONE)	31.80	AC30465329	EPISONE SOLUTION (BETAMETHASONE)	34.10	調價
AC30465338	EPISONE SOLUTION (BETAMETHASONE)	33.50			#NULL!	新增
AC30465340	EPISONE SOLUTION (BETAMETHASONE)	33.50			#NULL!	新增
AC30465345	EPISONE SOLUTION (BETAMETHASONE)	51.00			#NULL!	新增
AC30467100	ASUMALIFE CAPSULES 1MG (KETOTIFEN)	1.54	AC30467100	ASUMALIFE CAPSULES 1MG (KETOTIFEN)	1.56	調價
AC30513100	MORESAFE TABLETS 5MG (ALLYLESTRENOL)	2.72	AC30513100	MORESAFE TABLETS 5MG (ALLYLESTRENOL)	2.76	調價
AC30532100	ASTIFEN TABLETS 1MG (KETOTIFEN) "VPP"	1.54	AC30532100	ASTIFEN TABLETS 1MG (KETOTIFEN) "VPP"	1.56	調價
AC30535209	LEPHOCIN INJECTION 1GM (CEFOXITIN)	67.00	AC30535209	LEPHOCIN INJECTION 1GM (CEFOXITIN)	75.00	調價
AC30538500	ECOVAL SUPPOSITORY 50MG (ECONAZOLE) "P.L."	9.20	AC30538500	ECOVAL SUPPOSITORY 50MG (ECONAZOLE) "P.L."	9.40	調價
AC30545100	INFLU CAPSULES 100MG (AMANTADINE)	3.77	AC30545100	INFLU CAPSULES 100MG (AMANTADINE)	4.42	調價

AC30559277	LOFADINE INJECTION 500MG"GENTLE" (CEPHRADINE)	0.00	AC30559277	LOFADINE INJECTION 500MG"GENTLE" (CEPHRADINE)	25.00	刪除
AC30560277	LOFORAN INJECTION 0.5G "GENTLE"(CEFOTAXIME SODIUM)	0.00	AC30560277	LOFORAN INJECTION 0.5G "GENTLE"(CEFOTAXIME SODIUM)	93.00	刪除
AC30587100	TEGOL TABLETS 200MG "YU SHENG" (CARBAMAZEPINE)	2.18	AC30587100	TEGOL TABLETS 200MG "YU SHENG" (CARBAMAZEPINE)	2.28	調價
AC30605100	MAMICON CAPSULES 1MG "PATRON" (KETOTIFEN)	1.54	AC30605100	MAMICON CAPSULES 1MG "PATRON" (KETOTIFEN)	1.56	調價
AC30611100	KATIFEN TABLETS 1MG (KETOTIFEN) "YU SHENG"	1.54	AC30611100	KATIFEN TABLETS 1MG (KETOTIFEN) "YU SHENG"	1.56	調價
AC30614100	DOPERAN CAPSULES 400MG "Y.S." (PIPEMIDIC ACID)	3.54	AC30614100	DOPERAN CAPSULES 400MG "Y.S." (PIPEMIDIC ACID)	3.75	調價
AC30615100	ISOMIL S.C. TABLETS 40MG (VERAPAMIL) "Y.S."	1.53	AC30615100	ISOMIL S.C. TABLETS 40MG (VERAPAMIL) "Y.S."	1.55	調價
AC30641100	YUNGKEN FILM COATED TABLETS 200MG (FLAVOXATE)	3.74	AC30641100	YUNGKEN FILM COATED TABLETS 200MG (FLAVOXATE)	3.89	調價
AC30693100	"KETOFEN TABLETS ""WELCAN"" (KETOTIFENE)"	1.54	AC30693100	"KETOFEN TABLETS ""WELCAN"" (KETOTIFENE)"	1.56	調價
AC30742100	APRESOLINE (R) S.C. TABLETS 25MG (HYDRALAZINE)	1.52	AC30742100	APRESOLINE (R) S.C. TABLETS 25MG (HYDRALAZINE)	1.53	調價
AC30743100	APRESOLINE (R) S.C. TABLETS 50MG (HYDRALAZINE)	1.52	AC30743100	APRESOLINE (R) S.C. TABLETS 50MG (HYDRALAZINE)	1.53	調價
AC30754321	HUPICON CREAM "Y.Y."	10.50	AC30754321	HUPICON CREAM "Y.Y."	10.60	調價
AC30754329	HUPICON CREAM "Y.Y."	18.80	AC30754329	HUPICON CREAM "Y.Y."	19.30	調價
AC30754335	HUPICON CREAM "Y.Y."	30.40	AC30754335	HUPICON CREAM "Y.Y."	30.90	調價
AC30766100	"CLOESTIN TABLETS 200MG (BEZAFIBRATE) ""H.S.""	3.62	AC30766100	"CLOESTIN TABLETS 200MG (BEZAFIBRATE) ""H.S.""	4.01	調價
AC30767100	"KANYENING CAPSULES 300MG (FENBUFEN) ""H.S.""	2.08	AC30767100	"KANYENING CAPSULES 300MG (FENBUFEN) ""H.S.""	2.18	調價

AC30791209	CETAXIMA INJECTION 0.5GM,1GM (CEFOTAXIME SODIUM)	113.00	AC30791209	CETAXIMA INJECTION 0.5GM,1GM (CEFOTAXIME SODIUM)	124.00	調價
AC30791277	CETAXIMA INJECTION 0.5GM (CEFOTAXIME SODIUM)	0.00	AC30791277	CETAXIMA INJECTION 0.5GM (CEFOTAXIME SODIUM)	93.00	刪除
AC30803100	DITROPAN TABLETS 2.5MG (OXYBUTYNIN)	1.60	AC30803100	DITROPAN TABLETS 2.5MG (OXYBUTYNIN)	1.64	調價
AC30837100	"ANRIGIN TABLETS 100MG (AMANTADINE HCL) ""H.S.""""	3.77	AC30837100	"ANRIGIN TABLETS 100MG (AMANTADINE HCL) ""H.S.""""	4.42	調價
AC30838335	"KOTASON CREAM 0.5MG/G (CLOBETASOL) ""H.S.""""	24.80	AC30838335	"KOTASON CREAM 0.5MG/G (CLOBETASOL) ""H.S.""""	25.50	調價
AC30838338	KOTASON CREAM 0.5MG/G (CLOBETASOL) "H.S."	41.90	AC30838338	KOTASON CREAM 0.5MG/G (CLOBETASOL) "H.S."	44.50	調價
AC30838340	KOTASON CREAM 0.5MG/G (CLOBETASOL) "H.S."	61.00	AC30838340	KOTASON CREAM 0.5MG/G (CLOBETASOL) "H.S."	71.00	調價
AC30889100	KOBAL CAPSULES 0.5MG "WEIDAR" (MECOBALAMIN)	1.55	AC30889100	KOBAL CAPSULES 0.5MG "WEIDAR" (MECOBALAMIN)	1.58	調價
AC30940100	YUNGFU CAPSULES 30MG (TIMEPIDIUM BROMIDE)	2.55	AC30940100	YUNGFU CAPSULES 30MG (TIMEPIDIUM BROMIDE)	2.60	調價
AC30984100	INFAXIL CAPSULES 500MG (CEPHADROXIL)	2.13	AC30984100	INFAXIL CAPSULES 500MG (CEPHADROXIL)	2.14	調價
AC30989329	"RICH CREAM 20MG/G (KETOCONAZOLE) ""WINSTON""""	0.00	AC30989329	"RICH CREAM 20MG/G (KETOCONAZOLE) ""WINSTON""""	13.30	刪除
AC30989335	"RICH CREAM 20MG/G (KETOCONAZOLE) ""WINSTON""""	31.90	AC30989335	"RICH CREAM 20MG/G (KETOCONAZOLE) ""WINSTON""""	32.80	調價
AC30994155	AMTADINE SYRUP 10MG/ML(AMANTADINE)	0.00	AC30994155	AMTADINE SYRUP 10MG/ML(AMANTADINE)	103.00	刪除
AC30996100	KETIMIN TABLETS 1MG (KETOTIFEN)	1.54	AC30996100	KETIMIN TABLETS 1MG (KETOTIFEN)	1.56	調價

AC31002229	SERACIN INJECTION 140MG/ML (GENTAMYCIN) "SWISS"	75.00	AC31002229	SERACIN INJECTION 140MG/ML (GENTAMYCIN) "SWISS"	77.00	調價
AC31004159	COUGH MIXTURE B SYRUP	25.80	AC31004159	COUGH MIXTURE B SYRUP	26.20	調價
AC31049157	"COUGEL SYRUP ""H.S.""	0.00	AC31049157	"COUGEL SYRUP ""H.S.""	26.20	刪除
AC31050100	VIRACON TABLETS 100MG "Y.Y." (AMANTADINE)	3.77	AC31050100	VIRACON TABLETS 100MG "Y.Y." (AMANTADINE)	4.42	調價
AC31073100	UNIFRADINE CAPSULES 500MG (CEPHRADINE) "UNION"	2.72	AC31073100	UNIFRADINE CAPSULES 500MG (CEPHRADINE) "UNION"	2.77	調價
AC31101100	"LOLIAN CAPSULES 150MG ""H.S."" (SILYBIN)"	1.34	AC31101100	"LOLIAN CAPSULES 150MG ""H.S."" (SILYBIN)"	1.38	調價
AC311011G0	"LOLIAN CAPSULES 150MG ""H.S."" (SILYBIN)(鋁箔/膠箔)"	1.43	AC311011G0	"LOLIAN CAPSULES 150MG ""H.S."" (SILYBIN)(鋁箔/膠箔)"	1.51	調價
AC31113121	U-CITRA GRANULES	6.90	AC31113121	U-CITRA GRANULES	7.20	調價
AC31119100	AMANTADINE SULFATE CAPSULES 100MG "HCT"	3.77	AC31119100	AMANTADINE SULFATE CAPSULES 100MG "HCT"	4.42	調價
AC31165100	ATADIN CAP. 100MG "STANDARD" (AMANTADINE)	3.77	AC31165100	ATADIN CAP. 100MG "STANDARD" (AMANTADINE)	4.42	調價
AC31190100	LICHEIN CAPSULES 0.5MG (MECOBALAMIN) "CHINTENG"	1.55	AC31190100	LICHEIN CAPSULES 0.5MG (MECOBALAMIN) "CHINTENG"	1.58	調價
AC31193157	SUNSO SYRUP	25.80	AC31193157	SUNSO SYRUP	26.20	調價
AC31213209	LOFATIN INJECTION 1000MG "GENTLE"(CEFOXITIN)	67.00	AC31213209	LOFATIN INJECTION 1000MG "GENTLE"(CEFOXITIN)	75.00	調價
AC31213212	LOFATIN INJECTION 1000MG (CEFOXITIN) "GENTLE"	143.00	AC31213212	LOFATIN INJECTION 1000MG (CEFOXITIN) "GENTLE"	158.00	調價
AC31213277	LOFATIN INJECTION 1000MG (CEFOXITIN) "GENTLE"	49.80	AC31213277	LOFATIN INJECTION 1000MG (CEFOXITIN) "GENTLE"	51.00	調價
AC31223100	ATENO F.C. TABLETS 100MG (ATENOLOL) "CHINTENG"	1.51	AC31223100	ATENO F.C. TABLETS 100MG (ATENOLOL) "CHINTENG"	1.52	調價

AC31225100	ACERINE S.C. TABLETS 5MG (NICERGOLINE) "WEIDAR"	2.56	AC31225100	ACERINE S.C. TABLETS 5MG (NICERGOLINE) "WEIDAR"	2.72	調價
AC31226100	LATOL F.C.TABLET 200MG "STANDARD"	2.82	AC31226100	LATOL F.C.TABLET 200MG "STANDARD"	2.89	調價
AC31228100	EFOSIN S.C. TABLETS 50MG "KOJAR" (DIPYRIDAMOLE)	1.54	AC31228100	EFOSIN S.C. TABLETS 50MG "KOJAR" (DIPYRIDAMOLE)	1.56	調價
AC31259100	UNITADIN CAPSULES 100MG (AMANTADINE) "UNION"	0.00	AC31259100	UNITADIN CAPSULES 100MG (AMANTADINE) "UNION"	4.42	刪除
AC31280100	DANOL CAPSULES 200MG	9.80	AC31280100	DANOL CAPSULES 200MG	10.00	調價
AC31282100	MARION TABLETS 10MG "LITA"	4.38	AC31282100	MARION TABLETS 10MG "LITA"	4.70	調價
AC31283100	MARION TABLETS 5MG"LITA"	2.56	AC31283100	MARION TABLETS 5MG"LITA"	2.72	調價
AC31284100	CHAZE TABLETS 200MG "CHINTENG" (BEZAFIBRATE)	3.62	AC31284100	CHAZE TABLETS 200MG "CHINTENG" (BEZAFIBRATE)	4.01	調價
AC31302321	MULTIGIVE CREAM 0.5MG/G (CLOBETASOL PROPIONATE) "WINSTON"	11.90	AC31302321	MULTIGIVE CREAM 0.5MG/G (CLOBETASOL PROPIONATE) "WINSTON"	12.60	調價
AC31302323	MULTIGIVE CREAM 0.5MG/G (CLOBETASOL PROPIONATE) "WINSTON"	12.80	AC31302323	MULTIGIVE CREAM 0.5MG/G (CLOBETASOL PROPIONATE) "WINSTON"	13.30	調價
AC31302324	MULTIGIVE CREAM 0.5MG/G (CLOBETASOL PROPIONATE) "WINSTON"	12.80	AC31302324	MULTIGIVE CREAM 0.5MG/G (CLOBETASOL PROPIONATE) "WINSTON"	13.30	調價
AC31302329	MULTIGIVE CREAM 0.5MG/G (CLOBETASOL PROPIONATE) "WINSTON"	13.70	AC31302329	MULTIGIVE CREAM 0.5MG/G (CLOBETASOL PROPIONATE) "WINSTON"	14.30	調價
AC31302335	MULTIGIVE CREAM 0.5MG/G (CLOBETASOL PROPIONATE) "WINSTON"	24.80	AC31302335	MULTIGIVE CREAM 0.5MG/G (CLOBETASOL PROPIONATE) "WINSTON"	25.50	調價
AC31302338	MULTIGIVE CREAM 0.5MG/G (CLOBETASOL PROPIONATE) "WINSTON"	41.90	AC31302338	MULTIGIVE CREAM 0.5MG/G (CLOBETASOL PROPIONATE) "WINSTON"	44.50	調價

AC31302340	MULTIGIVE CREAM 0.5MG/G (CLOBETASOL PROPIONATE) "WINSTON"	61.00	AC31302340	MULTIGIVE CREAM 0.5MG/G (CLOBETASOL PROPIONATE) "WINSTON"	71.00	調價
AC31303319	"MULTIGIVE OINTMENT 0.5MG/G (CLOBETASOL PROPIONATE) ""WINSTON"""	0.00	AC31303319	"MULTIGIVE OINTMENT 0.5MG/G (CLOBETASOL PROPIONATE) ""WINSTON"""	10.00	刪除
AC31303321	"MULTIGIVE OINTMENT 0.5MG/G (CLOBETASOL PROPIONATE) ""WINSTON"""	11.90	AC31303321	"MULTIGIVE OINTMENT 0.5MG/G (CLOBETASOL PROPIONATE) ""WINSTON"""	12.60	調價
AC31303324	"MULTIGIVE OINTMENT 0.5MG/G (CLOBETASOL PROPIONATE) ""WINSTON"""	12.80	AC31303324	"MULTIGIVE OINTMENT 0.5MG/G (CLOBETASOL PROPIONATE) ""WINSTON"""	13.30	調價
AC31303329	"MULTIGIVE OINTMENT 0.5MG/G (CLOBETASOL PROPIONATE) ""WINSTON"""	13.70	AC31303329	"MULTIGIVE OINTMENT 0.5MG/G (CLOBETASOL PROPIONATE) ""WINSTON"""	14.30	調價
AC31303335	"MULTIGIVE OINTMENT 0.5MG/G (CLOBETASOL PROPIONATE) ""WINSTON"""	24.80	AC31303335	"MULTIGIVE OINTMENT 0.5MG/G (CLOBETASOL PROPIONATE) ""WINSTON"""	25.50	調價
AC31303338	"MULTIGIVE OINTMENT 0.5MG/G (CLOBETASOL PROPIONATE) ""WINSTON"""	41.90	AC31303338	"MULTIGIVE OINTMENT 0.5MG/G (CLOBETASOL PROPIONATE) ""WINSTON"""	44.50	調價
AC31303340	"MULTIGIVE OINTMENT 0.5MG/G (CLOBETASOL PROPIONATE) ""WINSTON"""	61.00	AC31303340	"MULTIGIVE OINTMENT 0.5MG/G (CLOBETASOL PROPIONATE) ""WINSTON"""	71.00	調價
AC31307100	"DECOLD CAPSULES 100MG (AMANTADINE) wR.T.""	3.77	AC31307100	"DECOLD CAPSULES 100MG (AMANTADINE) wR.T.""	4.42	調價
AC31309100	IMIN TABLETS YUNG "SHIN"(METHISOPRINOL)	5.60	AC31309100	IMIN TABLETS YUNG "SHIN"(METHISOPRINOL)	5.90	調價
AC31317421	ACOLON ORABASE 1MG/G (DEXAMETHASONE) "MEIDER"	35.60	AC31317421	ACOLON ORABASE 1MG/G (DEXAMETHASONE) "MEIDER"	38.80	調價

AC31321335	SLIKA A CREAM "MEIDER"	39.30	AC31321335	SLIKA A CREAM "MEIDER"	40.60	調價
AC313213AH	SLIKA A CREAM "MEIDER"	22.30	AC313213AH	SLIKA A CREAM "MEIDER"	22.70	調價
AC31349100	UNEW F.C. TABLETS 2.5MG "CHINTENG"(BROMOCRIPTINE)	4.58	AC31349100	UNEW F.C. TABLETS 2.5MG "CHINTENG"(BROMOCRIPTINE)	4.90	調價
AC31446324	"CLOTASOL CREAM 0.5MG/GM (CLOBETASOL) ""R.T"""	12.80	AC31446324	"CLOTASOL CREAM 0.5MG/GM (CLOBETASOL) ""R.T"""	13.30	調價
AC31446329	"CLOTASOL CREAM 0.5MG/GM (CLOBETASOL) ""R.T"""	13.70	AC31446329	"CLOTASOL CREAM 0.5MG/GM (CLOBETASOL) ""R.T"""	14.30	調價
AC31446335	"CLOTASOL CREAM 0.5MG/GM""R.T"" (CLOBETASOL)"	24.80	AC31446335	"CLOTASOL CREAM 0.5MG/GM""R.T"" (CLOBETASOL)"	25.50	調價
AC31446338	"CLOTASOL CREAM 0.5MG/GM""R.T"" (CLOBETASOL)"	41.90	AC31446338	"CLOTASOL CREAM 0.5MG/GM""R.T"" (CLOBETASOL)"	44.50	調價
AC31446340	"CLOTASOL CREAM 0.5MG/GM""R.T"" (CLOBETASOL)"	61.00	AC31446340	"CLOTASOL CREAM 0.5MG/GM""R.T"" (CLOBETASOL)"	71.00	調價
AC31450100	HALOPIN TABLETS 5MG "JOHNSON" (HALOPERIDOL)	1.75	AC31450100	HALOPIN TABLETS 5MG "JOHNSON" (HALOPERIDOL)	1.85	調價
AC31476100	ETUMINE TABLETS 40MG (CLOTIAPINE)	6.20	AC31476100	ETUMINE TABLETS 40MG (CLOTIAPINE)	6.30	調價
AC31481100	SILIRIN CAPSULES 150MG (SILYMARIR) "CHINTENG"	1.52	AC31481100	SILIRIN CAPSULES 150MG (SILYMARIR) "CHINTENG"	1.53	調價
AC31482100	SEROMIN S.C. TABLETS 10MG (NICERGOLIN) "Y.S."	4.38	AC31482100	SEROMIN S.C. TABLETS 10MG (NICERGOLIN) "Y.S."	4.70	調價
AC31493100	"CHIPHONE TABLETS 100MG (BENZBROMARONE) ""R.T.""	2.05	AC31493100	"CHIPHONE TABLETS 100MG (BENZBROMARONE) ""R.T.""	2.18	調價
AC31505100	HALIN TABLETS 5MG "YU SHENG" (HALOPERIDOL)	1.75	AC31505100	HALIN TABLETS 5MG "YU SHENG" (HALOPERIDOL)	1.85	調價
AC31508209	"PIROCAN INJECTION 20MG (PIROXICAM) ""SIU GUAN""	16.90	AC31508209	"PIROCAN INJECTION 20MG (PIROXICAM) ""SIU GUAN""	17.60	調價

AC31508212	"PIROCAN INJECTION 20MG (PIROXICAM) ""SIU GUAN"""	16.90	AC31508212	"PIROCAN INJECTION 20MG (PIROXICAM) ""SIU GUAN"""	17.60	調價
AC31513100	ROPECON TABLETS 250MG (PIPEMIDIC ACID) "YUNG CHI"	3.54	AC31513100	ROPECON TABLETS 250MG (PIPEMIDIC ACID) "YUNG CHI"	3.75	調價
AC31515100	"ELININ TABLETS 20MG (OXAZOLAM) ""R.T.""	1.67	AC31515100	"ELININ TABLETS 20MG (OXAZOLAM) ""R.T.""	1.73	調價
AC31526229	"LILONTON INJECTION 200MG (PIRACETAM) ""SIU GUAN"""	28.20	AC31526229	"LILONTON INJECTION 200MG (PIRACETAM) ""SIU GUAN"""	28.70	調價
AC31534100	STABLE TABLETS 25 MG (HYDRALAZINE)	1.52	AC31534100	STABLE TABLETS 25 MG (HYDRALAZINE)	1.53	調價
AC31536100	PICOLIN F.C. TABLETS 250MG (PIPEMIDIC ACID) "KOJAR"	3.54	AC31536100	PICOLIN F.C. TABLETS 250MG (PIPEMIDIC ACID) "KOJAR"	3.75	調價
AC31537100	SINGEN F.C.TABLETS 40MG "KOJAR" (VERAPAMIL)	1.53	AC31537100	SINGEN F.C.TABLETS 40MG "KOJAR" (VERAPAMIL)	1.55	調價
AC31544100	KODAZOL CAPSULES 200MG "KOJAR" (DANAZOL)	9.80	AC31544100	KODAZOL CAPSULES 200MG "KOJAR" (DANAZOL)	10.00	調價
AC31593100	FURNAZM TABLETS 5MG "CHINTENG"(FLUNARIZINE)	1.52	AC31593100	FURNAZM TABLETS 5MG "CHINTENG"(FLUNARIZINE)	1.53	調價
AC31609100	LIGISIN F.C. TABLETS 200MG "KOJAR" (BEZAFIBRATE)	3.62	AC31609100	LIGISIN F.C. TABLETS 200MG "KOJAR" (BEZAFIBRATE)	4.01	調價
AC31614423	STACORT DENTAL PASTE 1MG/G "STANDARD" (TRIAMCINOLONE)	36.70	AC31614423	STACORT DENTAL PASTE 1MG/G "STANDARD" (TRIAMCINOLONE)	37.80	調價
AC31628277	AMINOLEBAN INJECTION	182.00	AC31628277	AMINOLEBAN INJECTION	191.00	調價
AC31630209	CETAME FOR INJECTION "SWISS" (CEFOTAXIME)	113.00	AC31630209	CETAME FOR INJECTION "SWISS" (CEFOTAXIME)	124.00	調價
AC31630212	CETAME FOR INJECTION "SWISS" (CEFOTAXIME)	387.00	AC31630212	CETAME FOR INJECTION "SWISS" (CEFOTAXIME)	431.00	調價

AC31630265	CETAME FOR INJECTION "SWISS" (CEFOTAXIME)	0.00	AC31630265	CETAME FOR INJECTION "SWISS" (CEFOTAXIME)	87.00	刪除
AC31630277	CETAME FOR INJECTION "SWISS" (CEFOTAXIME)	0.00	AC31630277	CETAME FOR INJECTION "SWISS" (CEFOTAXIME)	93.00	刪除
AC31641100	FEVILON TABLETS 200MG "LITA" (BEZAFIBRATE)	3.62	AC31641100	FEVILON TABLETS 200MG "LITA" (BEZAFIBRATE)	4.01	調價
AC31651423	SCORO ORABASE 1MG/G (TRIAMCINOLONE) "MEIDER"	36.70	AC31651423	SCORO ORABASE 1MG/G (TRIAMCINOLONE) "MEIDER"	37.80	調價
AC31658100	FORKNOW TABLETS 10MG (FLUNARIZINE) "YUNG SHIN"	2.66	AC31658100	FORKNOW TABLETS 10MG (FLUNARIZINE) "YUNG SHIN"	2.89	調價
AC31659100	BUTIN TABLETS 2.5MG (BROMOCRIPTINE)	4.58	AC31659100	BUTIN TABLETS 2.5MG (BROMOCRIPTINE)	4.90	調價
AC316621G0	AXOL TABLETS 30MG (AMBROXOL) "YUNG SHIN"(鋁箔/膠箔)	2.00			#NULL!	新增
AC31757157	B.M.O LIQUID	25.70	AC31757157	B.M.O LIQUID	26.00	調價
AC31801100	KETOSMA CAPSULES 1MG "KOJAR" (KETOTIFEN)	1.54	AC31801100	KETOSMA CAPSULES 1MG "KOJAR" (KETOTIFEN)	1.56	調價
AC31853100	GENXATE F.C. TABLETS 200MG "Y.S." (GLAVOXATE)	3.74	AC31853100	GENXATE F.C. TABLETS 200MG "Y.S." (GLAVOXATE)	3.89	調價
AC31882277	U-SAVE-A FOR INJECTION (CEPHRADINE)	0.00	AC31882277	U-SAVE-A FOR INJECTION (CEPHRADINE)	25.00	刪除
AC31894100	ASTHAN TABLETS 1MG (KETOTIFEN) "P.L"	1.54	AC31894100	ASTHAN TABLETS 1MG (KETOTIFEN) "P.L"	1.56	調價
AC31906100	BARLOLIN CAPSULE 2.5MG "SWISS" (BROMOCRIPTINE)	4.58	AC31906100	BARLOLIN CAPSULE 2.5MG "SWISS" (BROMOCRIPTINE)	4.90	調價
AC31907100	"NEOBA CAPSULES 500MCG (METHYL COBALAMINE) ""S.Y.""""	1.55	AC31907100	"NEOBA CAPSULES 500MCG (METHYL COBALAMINE) ""S.Y.""""	1.58	調價
AC31952100	FUNASIN CAPSULES 5MG "KOJAR" (FLUNARIZINE)	1.52	AC31952100	FUNASIN CAPSULES 5MG "KOJAR" (FLUNARIZINE)	1.53	調價
AC31954100	BEZIN TABLETS 200MG (BEZAFIBRATE) "S.D."	3.62	AC31954100	BEZIN TABLETS 200MG (BEZAFIBRATE) "S.D."	4.01	調價

AC31979100	ANTADINE TABLETS 100MG (AMANTADINE) "YUNG CHI"	3.77	AC31979100	ANTADINE TABLETS 100MG (AMANTADINE) "YUNG CHI"	4.42	調價
AC31991100	UTELAX TABLETS 10MG (RITODRINE HYDROCHLORIDE) "WEIDAR"	4.15	AC31991100	UTELAX TABLETS 10MG (RITODRINE HYDROCHLORIDE) "WEIDAR"	4.39	調價
AC32000100	PENTOSIN E.S.C.TABLETS 100MG "KOJAR" (PENTOXIFYLLINE)	1.50	AC32000100	PENTOSIN E.S.C.TABLETS 100MG "KOJAR" (PENTOXIFYLLINE)	1.51	調價
AC32046100	DIPYRIDAMOLE S.C. TABLETS 75MG "YUNG SHIN"	1.58	AC32046100	DIPYRIDAMOLE S.C. TABLETS 75MG "YUNG SHIN"	1.61	調價
AC32051321	BETAMETHASONE OINTMENT 0.5MG/GM "SINPHAR"	13.00	AC32051321	BETAMETHASONE OINTMENT 0.5MG/GM "SINPHAR"	14.00	調價
AC32051329	BETAMETHASONE OINTMENT 0.5MG/GM "SINPHAR"	15.90	AC32051329	BETAMETHASONE OINTMENT 0.5MG/GM "SINPHAR"	16.50	調價
AC32053100	PENTAL S.C.TABLETS 100MG (PENTOXIFYLLINE) "JOHNSON"	1.50	AC32053100	PENTAL S.C.TABLETS 100MG (PENTOXIFYLLINE) "JOHNSON"	1.51	調價
AC32070317	EYME CREAM "CHINTENG"	10.40	AC32070317	EYME CREAM "CHINTENG"	10.50	調價
AC32070321	EYME CREAM "CHINTENG"	10.40	AC32070321	EYME CREAM "CHINTENG"	10.50	調價
AC32070329	EYME CREAM "CHINTENG"	18.80	AC32070329	EYME CREAM "CHINTENG"	19.30	調價
AC32070335	EYME CREAM "CHINTENG"	30.40	AC32070335	EYME CREAM "CHINTENG"	30.90	調價
AC32105321	FUCON CREAM "S.Y."	10.50	AC32105321	FUCON CREAM "S.Y."	10.60	調價
AC32105329	"FUCON CREAM ""S.Y.""	18.80	AC32105329	"FUCON CREAM ""S.Y.""	19.30	調價
AC32105335	"FUCON CREAM ""S.Y.""	30.40	AC32105335	"FUCON CREAM ""S.Y.""	30.90	調價
AC32117100	APOLIN TABLETS 25MG "T.S." (HYDRALAZINE)	1.52	AC32117100	APOLIN TABLETS 25MG "T.S." (HYDRALAZINE)	1.53	調價
AC32118212	EUKACIN INJECTION 250MG/ML (AMIKACIN) "U-LIANG"	40.80	AC32118212	EUKACIN INJECTION 250MG/ML (AMIKACIN) "U-LIANG"	42.50	調價

AC32118229	EUKACIN INJECTION 250MG/ML (AMIKACIN) "U-LIANG"	0.00	AC32118229	EUKACIN INJECTION 250MG/ML (AMIKACIN) "U-LIANG"	199.00	刪除
AC32122255	SATA INJECTION FOR INTRAVENOUS INFUSION 5MG/ML "S.T." (TINIDAZOLE)	117.00	AC32122255	SATA INJECTION FOR INTRAVENOUS INFUSION 5MG/ML "S.T." (TINIDAZOLE)	123.00	調價
AC32135421	TIMOLOL OPHTHALMIC SOLUTION 0.5% "WU-FU"	122.00	AC32135421	TIMOLOL OPHTHALMIC SOLUTION 0.5% "WU-FU"	130.00	調價
AC32136421	TIMOLOL OPHTHALMIC SOLUTION 0.25% "WU-FU"	51.00	AC32136421	TIMOLOL OPHTHALMIC SOLUTION 0.25% "WU-FU"	54.00	調價
AC32181329	C.P.P. CREAM 500MCG/G (CLOBETASOL) "SWISS"	13.70	AC32181329	C.P.P. CREAM 500MCG/G (CLOBETASOL) "SWISS"	14.30	調價
AC32181335	C.P.P. CREAM 500MCG/G (CLOBETASOL) "SWISS"	24.80	AC32181335	C.P.P. CREAM 500MCG/G (CLOBETASOL) "SWISS"	25.50	調價
AC32181338	C.P.P. CREAM 500MCG/G (CLOBETASOL) "SWISS"	41.90	AC32181338	C.P.P. CREAM 500MCG/G (CLOBETASOL) "SWISS"	44.50	調價
AC32181340	C.P.P. CREAM 500MCG/G (CLOBETASOL) "SWISS"	61.00	AC32181340	C.P.P. CREAM 500MCG/G (CLOBETASOL) "SWISS"	71.00	調價
AC32182100	DANAZOL CAPSULES 200MG "SWISS"(DANAZOL)	9.80	AC32182100	DANAZOL CAPSULES 200MG "SWISS"(DANAZOL)	10.00	調價
AC32217321	SHIN-SHIN CREAM "SWISS"0.5MG (BETAMETHASONE)	13.00	AC32217321	SHIN-SHIN CREAM "SWISS"0.5MG (BETAMETHASONE)	14.00	調價
AC32217323	SHIN-SHIN CREAM "SWISS"0.5MG (BETAMETHASONE)	0.00	AC32217323	SHIN-SHIN CREAM "SWISS"0.5MG (BETAMETHASONE)	16.50	刪除
AC32217329	SHIN-SHIN CREAM"SWISS" 0.5MG (BETAMETHASONE)	15.90	AC32217329	SHIN-SHIN CREAM"SWISS" 0.5MG (BETAMETHASONE)	16.50	調價
AC32217330	SHIN-SHIN CREAM "SWISS"0.5MG (BETAMETHASONE)	0.00	AC32217330	SHIN-SHIN CREAM "SWISS"0.5MG (BETAMETHASONE)	19.90	刪除
AC32217335	SHIN-SHIN CREAM "SWISS"0.5MG (BETAMETHASONE)	0.00	AC32217335	SHIN-SHIN CREAM "SWISS"0.5MG (BETAMETHASONE)	31.90	刪除

AC32251212	"AMIKACIN INJECTION 250MG/ML ""TAI YU"""	40.80	AC32251212	"AMIKACIN INJECTION 250MG/ML ""TAI YU"""	42.50	調價
AC32263238	"GENTAMYCIN INJECTION 40MG/ML ""S.Y."" (GENTAMYCIN)"	40.80	AC32263238	"GENTAMYCIN INJECTION 40MG/ML ""S.Y."" (GENTAMYCIN)"	43.40	調價
AC32264321	"CLOBETA CREAM 500MCG ""S.Y."" (CLOBETASOL 17-PROPIONATE)"	11.90	AC32264321	"CLOBETA CREAM 500MCG ""S.Y."" (CLOBETASOL 17-PROPIONATE)"	12.60	調價
AC32264324	"Clobeta Cream 500mcg""S.Y.""(Clobetasol 17-Propionate)"	12.80	AC32264324	"Clobeta Cream 500mcg""S.Y.""(Clobetasol 17-Propionate)"	13.30	調價
AC32264329	"CLOBETA CREAM 500MCG ""S.Y."" (CLOBETASOL 17-PROPIONATE)"	13.70	AC32264329	"CLOBETA CREAM 500MCG ""S.Y."" (CLOBETASOL 17-PROPIONATE)"	14.30	調價
AC32264335	"CLOBETA CREAM 500MCG ""S.Y."" (CLOBETASOL 17-PROPIONATE)"	24.80	AC32264335	"CLOBETA CREAM 500MCG ""S.Y."" (CLOBETASOL 17-PROPIONATE)"	25.50	調價
AC32264338	"CLOBETA CREAM 500MCG ""S.Y."" (CLOBETASOL 17-PROPIONATE)"	41.90	AC32264338	"CLOBETA CREAM 500MCG ""S.Y."" (CLOBETASOL 17-PROPIONATE)"	44.50	調價
AC32264340	CLOBETA CREAM 500MCG (CLOBETASOL 17-PROPIONATE) "S.Y."	61.00	AC32264340	CLOBETA CREAM 500MCG (CLOBETASOL 17-PROPIONATE) "S.Y."	71.00	調價
AC32265100	FLUNEPAN TABLET 2MG "PANBIOTIC" (FLUNITRAZEPAM)	1.77	AC32265100	FLUNEPAN TABLET 2MG "PANBIOTIC" (FLUNITRAZEPAM)	1.87	調價
AC32267500	CLOTRIMAZOLE VAG. TAB. (CLOTRIMAZOLE) "PANBIOTIC"	12.50			#NULL!	新增
AC32282429	CHLORAMPHENICOL OPHTHALMIC SOLUTION 0.25% "SYNMOSA"	12.70	AC32282429	CHLORAMPHENICOL OPHTHALMIC SOLUTION 0.25% "SYNMOSA"	13.00	調價
AC32284435	PILOCARPINE OPHTHALMIC SOLUTION 1% "Synmosa"	81.00	AC32284435	PILOCARPINE OPHTHALMIC SOLUTION 1% "Synmosa"	59.00	調價
AC32286100	ANTIASTH SLOW RELEASE TABLETS 225MG (AMINOPHYLLINE)	2.83	AC32286100	ANTIASTH SLOW RELEASE TABLETS 225MG (AMINOPHYLLINE)	2.89	調價

AC32287100	SENIDOL TAB. 25MG (DIPHENIDOL) "PANBIOTIC"	1.50			#NULL!	新增
AC32288321	"FUTUSOA CREAM ""S.Y.""""	12.80	AC32288321	"FUTUSOA CREAM ""S.Y.""""	13.40	調價
AC32292100	PANCOBAMIN CAPSULE 500MCG (MECOBALAMIN) "PANBIOTIC"	1.55	AC32292100	PANCOBAMIN CAPSULE 500MCG (MECOBALAMIN) "PANBIOTIC"	1.58	調價
AC32311100	DANALOL CAPSULE 200MG (DANAZOL) "PURZER"	9.80	AC32311100	DANALOL CAPSULE 200MG (DANAZOL) "PURZER"	10.00	調價
AC32324100	RECEF CAPSULE 500MG (CEPHRADINE) "PURZER"	2.72	AC32324100	RECEF CAPSULE 500MG (CEPHRADINE) "PURZER"	2.77	調價
AC32327100	LONINE CAPSULES 200MG (ETODOLAC)	3.25	AC32327100	LONINE CAPSULES 200MG (ETODOLAC)	3.46	調價
AC32340100	NIXO TABLETS 5MG (NICERGOLINE) "H.H."	2.56	AC32340100	NIXO TABLETS 5MG (NICERGOLINE) "H.H."	2.72	調價
AC32350221	TRANDATE INJECTION 5MG/ML (LABETALOL)	72.00	AC32350221	TRANDATE INJECTION 5MG/ML (LABETALOL)	74.00	調價
AC323581G0	DOMPER TABLETS 10MG (DOMPERIDONE)(鋁箔/膠箔)	2.00			#NULL!	新增
AC32361100	UROL TABLETS 200MG "H.H" (FLAVOXATE)	3.74	AC32361100	UROL TABLETS 200MG "H.H" (FLAVOXATE)	3.89	調價
AC32368100	KETOTI TABLETS 1MG (KETOTIFEN) "YUNG CHI"	1.54	AC32368100	KETOTI TABLETS 1MG (KETOTIFEN) "YUNG CHI"	1.56	調價
AC32378500	FEMSTAT VAGINAL SUPPOSITORY 100MG (BUTOCONAZOLE)	25.50	AC32378500	FEMSTAT VAGINAL SUPPOSITORY 100MG (BUTOCONAZOLE)	26.00	調價
AC32380100	TERLAM CAPSULE 10MG	1.52	AC32380100	TERLAM CAPSULE 10MG	1.53	調價
AC32385321	FULIAN CREAM "MEIDER"	13.90	AC32385321	FULIAN CREAM "MEIDER"	15.00	調價
AC32385329	FULIAN CREAM "MEIDER"	32.20	AC32385329	FULIAN CREAM "MEIDER"	35.50	調價
AC32385335	FULIAN CREAM "MEIDER"	51.00	AC32385335	FULIAN CREAM "MEIDER"	55.00	調價
AC32416209	PIROCAM INJECTION 20MG/ML (PIROXICAM)	16.90	AC32416209	PIROCAM INJECTION 20MG/ML (PIROXICAM)	17.60	調價
AC32437100	NORMABRAIN F.C. TABLETS 800MG (PIRACETAM)	1.88	AC32437100	NORMABRAIN F.C. TABLETS 800MG (PIRACETAM)	1.94	調價

AC32504100	ANTADINE CAPSULES 100MG (AMANTADINE) "S.L."	3.77	AC32504100	ANTADINE CAPSULES 100MG (AMANTADINE) "S.L."	4.42	調價
AC32528151	TRIMERIN SYRUP	0.00	AC32528151	TRIMERIN SYRUP	28.00	刪除
AC32561100	URINOL TABLETS 200MG (FLAVOXATE) "ROYAL"	3.74	AC32561100	URINOL TABLETS 200MG (FLAVOXATE) "ROYAL"	3.89	調價
AC32562321	CLEOSOL CREAM 5GM	11.90	AC32562321	CLEOSOL CREAM 5GM	12.60	調價
AC32562324	"CLEOSOL CREAM 0.5MG/GM ""GCPC"""	12.80	AC32562324	"CLEOSOL CREAM 0.5MG/GM ""GCPC"""	13.30	調價
AC32562329	"CLEOSOL CREAM 0.5MG/GM (CLOBETASOL) ""GCPC"""	13.70	AC32562329	"CLEOSOL CREAM 0.5MG/GM (CLOBETASOL) ""GCPC"""	14.30	調價
AC32562335	CLEOSOL CREAM 0.5MG/GM (CLOBETASOL) "GCPC"	24.80	AC32562335	CLEOSOL CREAM 0.5MG/GM (CLOBETASOL) "GCPC"	25.50	調價
AC32562338	"CLEOSOL CREAM 0.5MG/GM ""GCPC"" (CLOBETASOL0"	41.90	AC32562338	"CLEOSOL CREAM 0.5MG/GM ""GCPC"" (CLOBETASOL0"	44.50	調價
AC32562340	"CLEOSOL CREAM 0.5MG/GM (CLOBETASOL) ""GCPC"""	61.00	AC32562340	"CLEOSOL CREAM 0.5MG/GM (CLOBETASOL) ""GCPC"""	71.00	調價
AC32571338	"SINPHAR" SILIVERZINE CREAM 10MG/GM (SULFADIAZINE SILVER)	32.30	AC32571338	"SINPHAR" SILIVERZINE CREAM 10MG/GM (SULFADIAZINE SILVER)	32.70	調價
AC32571363	"SINPHAR" SILIVERZINE CREAM 10MG/GM (SULFADIAZINE SILVER)	139.00	AC32571363	"SINPHAR" SILIVERZINE CREAM 10MG/GM (SULFADIAZINE SILVER)	141.00	調價
AC32571365	"SINPHAR" SILIVERZINE CREAM 10MG/GM (SULFADIAZINE SILVER)	140.00	AC32571365	"SINPHAR" SILIVERZINE CREAM 10MG/GM (SULFADIAZINE SILVER)	142.00	調價
AC32571371	"SINPHAR" SILIVERZINE CREAM 10MG/GM (SULFADIAZINE SILVER)	267.00	AC32571371	"SINPHAR" SILIVERZINE CREAM 10MG/GM (SULFADIAZINE SILVER)	275.00	調價

AC32571372	"SINPHAR" SILIVERZINE CREAM 10MG/GM (SULFADIAZINE SILVER)	267.00	AC32571372	"SINPHAR" SILIVERZINE CREAM 10MG/GM (SULFADIAZINE SILVER)	275.00	調價
AC32571377	"SINPHAR" SILIVERZINE CREAM 10MG/GM (SULFADIAZINE SILVER)	357.00	AC32571377	"SINPHAR" SILIVERZINE CREAM 10MG/GM (SULFADIAZINE SILVER)	397.00	調價
AC32584100	BININ-U TABLETS 5MG (HALOPERIDOL)	1.75	AC32584100	BININ-U TABLETS 5MG (HALOPERIDOL)	1.85	調價
AC32601329	MYCOCIN CREAM	22.30	AC32601329	MYCOCIN CREAM	22.70	調價
AC32601335	MYCOCIN CREAM	39.30	AC32601335	MYCOCIN CREAM	40.60	調價
AC32625151	COSILY LIQUID 650MG/ML (LACTULOSE) "MEIDER"	25.00	AC32625151	COSILY LIQUID 650MG/ML (LACTULOSE) "MEIDER"	25.10	調價
AC32625166	COSILY LIQUID 650MG/ML "MEIDER" (LACTULOSE)	105.00	AC32625166	COSILY LIQUID 650MG/ML "MEIDER" (LACTULOSE)	116.00	調價
AC32642100	"GIKO FILM-COATED TABLETS 9.6MG (GYNKGOFLAVONGLYCOSIDE)""H.S.""""	1.71	AC32642100	"GIKO FILM-COATED TABLETS 9.6MG (GYNKGOFLAVONGLYCOSIDE)""H.S.""""	1.76	調價
AC32651100	"KETIFEN TABLETS 1MG (KETOTIFEN) ""H.S.""""	1.54	AC32651100	"KETIFEN TABLETS 1MG (KETOTIFEN) ""H.S.""""	1.56	調價
AC32684321	VIRLESS CREAM 5%	41.10	AC32684321	VIRLESS CREAM 5%	41.20	調價
AC32704221	DOPAMIN (DOPAMINE) INJECTION 40MG/ML "VPP"	19.90	AC32704221	DOPAMIN (DOPAMINE) INJECTION 40MG/ML "VPP"	20.70	調價
AC32723100	PAPIROR E.C. TABLETS 100MG (PENTOXYFYLLINE) "KYORIN"	1.50	AC32723100	PAPIROR E.C. TABLETS 100MG (PENTOXYFYLLINE) "KYORIN"	1.51	調價
AC32729100	SHERY E.C. TABLETS 100MG "H.S." (PENTOXIFYLLINE)	1.50	AC32729100	SHERY E.C. TABLETS 100MG "H.S." (PENTOXIFYLLINE)	1.51	調價
AC32785321	U-Chu Acyclovir Cream 50 mg/gm	41.10	AC32785321	U-Chu Acyclovir Cream 50 mg/gm	41.20	調價
AC32805100	BUTANIDE TABLET 1MG (BUMETANIDE) "LITA"	1.69	AC32805100	BUTANIDE TABLET 1MG (BUMETANIDE) "LITA"	1.77	調價
AC32812321	CLOMOLD CREAM 0.5MG/GM"T.F."	11.90	AC32812321	CLOMOLD CREAM 0.5MG/GM"T.F."	12.60	調價
AC32812338	CLOMOLD CREAM 0.5MG/GM	41.90	AC32812338	CLOMOLD CREAM 0.5MG/GM	44.50	調價

AC32816100	"NASCO TABLETS ""H.S.""""	1.36	AC32816100	"NASCO TABLETS ""H.S.""""	1.38	調價
AC328161G0	"NASCO TABLETS ""H.S.""(鋁箔/膠箔)"	1.54	AC328161G0	"NASCO TABLETS ""H.S.""(鋁箔/膠箔)"	1.62	調價
AC32828338	SIGEL CREAM 10MG/G "C.H." (SILVER SULFADIAZINE)	32.30	AC32828338	SIGEL CREAM 10MG/G "C.H." (SILVER SULFADIAZINE)	32.70	調價
AC32830100	BETAPID TABLETS 200MG (BEZAFIBRATE)	3.62	AC32830100	BETAPID TABLETS 200MG (BEZAFIBRATE)	4.01	調價
AC32848321	DERMOSOL CREAM 0.5MG/G "PATRON" (CLOBETASOL)	11.90	AC32848321	DERMOSOL CREAM 0.5MG/G "PATRON" (CLOBETASOL)	12.60	調價
AC32848329	DERMOSOL CREAM 0.5MG/G "PATRON"(CLOBETASOL)	13.70	AC32848329	DERMOSOL CREAM 0.5MG/G "PATRON"(CLOBETASOL)	14.30	調價
AC32848335	DERMOSOL CREAM 0.5MG/G "PATRON"(CLOBETASOL)	24.80	AC32848335	DERMOSOL CREAM 0.5MG/G "PATRON"(CLOBETASOL)	25.50	調價
AC32848338	DERMOSOL CREAM 0.5MG/G "PATRON"(CLOBETASOL)	41.90	AC32848338	DERMOSOL CREAM 0.5MG/G "PATRON"(CLOBETASOL)	44.50	調價
AC32848340	DERMOSOL CREAM 0.5MG/G "PATRON"(CLOBETASOL)	61.00	AC32848340	DERMOSOL CREAM 0.5MG/G "PATRON"(CLOBETASOL)	71.00	調價
AC32851100	ADERNAN TABLETS 50MG (HYDRALAZINE)	1.52	AC32851100	ADERNAN TABLETS 50MG (HYDRALAZINE)	1.53	調價
AC32856329	WEICORT-N CREAM "WEIDAR"	32.40	AC32856329	WEICORT-N CREAM "WEIDAR"	33.40	調價
AC32876100	HERBESSER TABLETS 60MG	2.15	AC32876100	HERBESSER TABLETS 60MG	2.26	調價
AC32881321	E.F. CREAM	13.90	AC32881321	E.F. CREAM	14.30	調價
AC32881329	E.F. CREAM	22.30	AC32881329	E.F. CREAM	22.70	調價
AC32881330	E.F. CREAM 12GM	37.90	AC32881330	E.F. CREAM 12GM	40.10	調價
AC32882321	SALIC OINTMENT	10.90	AC32882321	SALIC OINTMENT	11.30	調價
AC32882329	SALIC OINTMENT	19.50	AC32882329	SALIC OINTMENT	20.90	調價
AC32882335	SALIC OINTMENT	52.00	AC32882335	SALIC OINTMENT	57.00	調價
AC32882338	SALIC OINTMENT	68.00	AC32882338	SALIC OINTMENT	73.00	調價
AC32917209	PIROCAM INJ. 20MG/ML (PIROXICAM) "N.K"	16.90	AC32917209	PIROCAM INJ. 20MG/ML (PIROXICAM) "N.K"	17.60	調價
AC32917212	PIROCAM INJ. 20MG/ML (PIROXICAM) "N.K"	16.90	AC32917212	PIROCAM INJ. 20MG/ML (PIROXICAM) "N.K"	17.60	調價

AC32938329	CHEMIN OINTMENT 0.25%(DESOXIMETASONE)"H.S."	50.00	AC32938329	CHEMIN OINTMENT 0.25%(DESOXIMETASONE)"H.S."	53.00	調價
AC32938338	CHEMIN OINTMENT 0.25%(DESOXIMETASONE)"H.S."	77.00	AC32938338	CHEMIN OINTMENT 0.25%(DESOXIMETASONE)"H.S."	81.00	調價
AC32942100	DEMIL TABLETS 2.5MG "KOJAR" (BROMOCRIPTINE)	4.58	AC32942100	DEMIL TABLETS 2.5MG "KOJAR" (BROMOCRIPTINE)	4.90	調價
AC32969100	"DEANTRAN TABLETS 1MG ""R.T.""""	1.54	AC32969100	"DEANTRAN TABLETS 1MG ""R.T.""""	1.56	調價
AC32970100	SANTITEN TABLETS 1MG(KETOTIFEN)"S.D."	1.54	AC32970100	SANTITEN TABLETS 1MG(KETOTIFEN)"S.D."	1.56	調價
AC32971329	YIHFU OINTMENT 0.5MG/GM (CLOBETASOL PROPIONATE)"S.D."	13.70	AC32971329	YIHFU OINTMENT 0.5MG/GM (CLOBETASOL PROPIONATE)"S.D."	14.30	調價
AC32985100	COLIBRATE TABLET 200MG	0.00	AC32985100	COLIBRATE TABLET 200MG	4.01	刪除
AC32988329	ECORT CREAM "WEIDAR"	18.80	AC32988329	ECORT CREAM "WEIDAR"	19.30	調價
AC33048100	NAPTON S.R. TABLETS 750MG "B&F" (NAPROXEN)	3.63	AC33048100	NAPTON S.R. TABLETS 750MG "B&F" (NAPROXEN)	3.73	調價
AC33063321	JINRIH CREAM 50MG/GM "CHINTENG"(ACYCLOVIR)	41.10	AC33063321	JINRIH CREAM 50MG/GM "CHINTENG"(ACYCLOVIR)	41.20	調價
AC33072212	FAMODINE INJECTION 10MG/ML "N.K." (FAMOTIDINE)	23.20	AC33072212	FAMODINE INJECTION 10MG/ML "N.K." (FAMOTIDINE)	23.30	調價
AC33074321	KENALON CREAM "T.F."	13.90	AC33074321	KENALON CREAM "T.F."	14.00	調價
AC33080100	PROTANON TABLETS 5MG "Y.S" (ALLYLESTRENOL)	2.72	AC33080100	PROTANON TABLETS 5MG "Y.S" (ALLYLESTRENOL)	2.76	調價
AC33081100	KEFEN TABLETS 1MG "H.S" (KETOTIFEN)	1.54	AC33081100	KEFEN TABLETS 1MG "H.S" (KETOTIFEN)	1.56	調價
AC33093277	METACIN FOR INJECTION (CEFMETAZOLE)	64.00	AC33093277	METACIN FOR INJECTION (CEFMETAZOLE)	69.00	調價
AC33124100	ANLIPIN F.C. TABLETS 100MG (ATENOLOL) "KOJAR"	1.51	AC33124100	ANLIPIN F.C. TABLETS 100MG (ATENOLOL) "KOJAR"	1.52	調價

AC33125100	FUCOTIN F.C. TABLETS 200MG "KOJAR" (FLAVOXATE)	3.74	AC33125100	FUCOTIN F.C. TABLETS 200MG "KOJAR" (FLAVOXATE)	3.89	調價
AC33128100	MEFENA F.C.TABLETS 500MG"KOJAR"	1.50			#NULL!	新增
AC331281G0	MEFENA F.C. TABLETS 500MG"KOJAR" (MEFENAMIC ACID)(鋁箔/膠箔)	2.00			#NULL!	新增
AC33149277	S-60 INJECTION (CEPHRADINE)	0.00	AC33149277	S-60 INJECTION (CEPHRADINE)	25.00	刪除
AC33185100	TERICO-S .TABLETS 250MG (METRONIDAZOLE) "Y.C."	1.52	AC33185100	TERICO-S .TABLETS 250MG (METRONIDAZOLE) "Y.C."	1.53	調價
AC33201100	SEPHYLLINE TABLETS 100MG (PENTOXIFYLLINE)	1.50	AC33201100	SEPHYLLINE TABLETS 100MG (PENTOXIFYLLINE)	1.51	調價
AC33208100	"HEXOPAL TABLETS 100MG (PENTOXIPHYLLINE)""R.T"""	1.50	AC33208100	"HEXOPAL TABLETS 100MG (PENTOXIPHYLLINE)""R.T"""	1.51	調價
AC33220100	ACTIRIN CAPSULES 10MG "Y.C." (OXAZOLAM)	1.52	AC33220100	ACTIRIN CAPSULES 10MG "Y.C." (OXAZOLAM)	1.53	調價
AC33253329	E-FLOW CREAM "M.T."	18.80	AC33253329	E-FLOW CREAM "M.T."	19.30	調價
AC33253335	E-FLOW CREAM "M.T."	30.40	AC33253335	E-FLOW CREAM "M.T."	30.90	調價
AC33258321	BETAMAZOLE CREAM 5GM	13.90	AC33258321	BETAMAZOLE CREAM 5GM	15.00	調價
AC33258329	BETAMAZOLE CREAM "GCPC"	32.20	AC33258329	BETAMAZOLE CREAM "GCPC"	35.50	調價
AC33258335	BETAMAZOLE CREAM "GCPC"	51.00	AC33258335	BETAMAZOLE CREAM "GCPC"	55.00	調價
AC33258338	BETAMAZOLE CREAM "GCPC"	74.00	AC33258338	BETAMAZOLE CREAM "GCPC"	87.00	調價
AC33285151	FUSOSHU SYRUP "M.T"	19.70	AC33285151	FUSOSHU SYRUP "M.T"	21.00	調價
AC33288329	"FLUSIN CREAM 0.05% 10GM ""M.T"""	44.10	AC33288329	"FLUSIN CREAM 0.05% 10GM ""M.T"""	45.90	調價
AC33304100	IBUPROFEN F.C. TABLETS 400MG "C.H."	1.31	AC33304100	IBUPROFEN F.C. TABLETS 400MG "C.H."	1.50	調價
AC33376229	GENTAMYCIN INJECTION 140MG/ML "T.F."	75.00	AC33376229	GENTAMYCIN INJECTION 140MG/ML "T.F."	77.00	調價
AC33377335	URESON CREAM	41.80	AC33377335	URESON CREAM	42.60	調價
AC33377336	URESON CREAM	41.80	AC33377336	URESON CREAM	42.60	調價

AC33387100	SURIN TABLETS 200MG "YU SHENG" (SULPIRIDE)	1.71	AC33387100	SURIN TABLETS 200MG "YU SHENG" (SULPIRIDE)	1.79	調價
AC33429238	PITRESSIN INJECTION 20 UNITS/ML (ARGININE VASOPRESSIN)	222.00	AC33429238	PITRESSIN INJECTION 20 UNITS/ML (ARGININE VASOPRESSIN)	224.00	調價
AC33433100	"SINSULIN CAPSULES 10MG ""ASTAR"""	1.52	AC33433100	"SINSULIN CAPSULES 10MG ""ASTAR"""	1.53	調價
AC33453100	MECOMIN CAPSULES 0.5MG (MECOBALAMIN)"Y.C."	1.55	AC33453100	MECOMIN CAPSULES 0.5MG (MECOBALAMIN)"Y.C."	1.58	調價
AC33459100	NOXACIN CAPSULE 100MG "GENTLE" (NORFLOXACIN)	1.96	AC33459100	NOXACIN CAPSULE 100MG "GENTLE" (NORFLOXACIN)	2.06	調價
AC33468100	SILIMIN CAPSULES 150MG (SILYMARIN) "KOJAR"	1.52	AC33468100	SILIMIN CAPSULES 150MG (SILYMARIN) "KOJAR"	1.53	調價
AC33590321	"DEVIRUS CREAM 50MG/G (ACYCLOVIR) ""WINSTON"""	41.10	AC33590321	"DEVIRUS CREAM 50MG/G (ACYCLOVIR) ""WINSTON"""	41.20	調價
AC33590323	"DEVIRUS CREAM 50MG/G (ACYCLOVIR) ""WINSTON"""	41.80	AC33590323	"DEVIRUS CREAM 50MG/G (ACYCLOVIR) ""WINSTON"""	42.10	調價
AC33590325	"DEVIRUS CREAM 50MG/G (ACYCLOVIR) ""WINSTON"""	42.50	AC33590325	"DEVIRUS CREAM 50MG/G (ACYCLOVIR) ""WINSTON"""	42.90	調價
AC33590326	"DEVIRUS CREAM 50MG/G (ACYCLOVIR) ""WINSTON"""	42.90	AC33590326	"DEVIRUS CREAM 50MG/G (ACYCLOVIR) ""WINSTON"""	43.50	調價
AC33590329	"DEVIRUS CREAM 50MG/G (ACYCLOVIR) ""WINSTON"""	42.90	AC33590329	"DEVIRUS CREAM 50MG/G (ACYCLOVIR) ""WINSTON"""	43.50	調價
AC33664100	MESYREL TABLETS 50MG "LOTUS"	1.60	AC33664100	MESYREL TABLETS 50MG "LOTUS"	1.64	調價
AC33675100	DECLOT F.C. TABLETS 100MG "WEIDAR" (TICLOPIDINE)	3.53	AC33675100	DECLOT F.C. TABLETS 100MG "WEIDAR" (TICLOPIDINE)	3.71	調價
AC33729329	ISORADIN CREAM "YUNG SHIN"	22.30	AC33729329	ISORADIN CREAM "YUNG SHIN"	22.70	調價

AC33730321	MYCOSON CREAM 10MG/G (BIFONAZOLE) "S.Y."	18.20	AC33730321	MYCOSON CREAM 10MG/G (BIFONAZOLE) "S.Y."	20.50	調價
AC33730329	MYCOSON CREAM 10MG/G (S.Y.) (BIFONAZOLE)	44.60	AC33730329	MYCOSON CREAM 10MG/G (S.Y.) (BIFONAZOLE)	49.20	調價
AC33730335	MYCOSON CREAM 10MG/G (BIFONAZOLE) "S.Y."	49.40	AC33730335	MYCOSON CREAM 10MG/G (BIFONAZOLE) "S.Y."	54.00	調價
AC33733100	CEGELIN TABLETS 200MG (BEZAFIBRATE) "YUNG CHI"	0.00	AC33733100	CEGELIN TABLETS 200MG (BEZAFIBRATE) "YUNG CHI"	4.01	刪除
AC33738320	DEVIRO OPHTHALMIC OINTMENT 3% (ACYCLOVIR) "KINGDOM"	400.00	AC33738320	DEVIRO OPHTHALMIC OINTMENT 3% (ACYCLOVIR) "KINGDOM"	405.00	調價
AC33738321	DEVIRO OPHTHALMIC OINTMENT 3% (ACYCLOVIR) "KINGDOM"	0.00	AC33738321	DEVIRO OPHTHALMIC OINTMENT 3% (ACYCLOVIR) "KINGDOM"	427.00	刪除
AC33822100	ISOPERDINE TABLETS 40MG "S.L."	1.53	AC33822100	ISOPERDINE TABLETS 40MG "S.L."	1.55	調價
AC33825100	NIGOLINE TABLETS 10MG "Y.C." (NICERGOLINE)	4.38	AC33825100	NIGOLINE TABLETS 10MG "Y.C." (NICERGOLINE)	4.70	調價
AC33862100	METROCIDE CAPSULES 250MG "T.F."(METRONIDAZOLE)	1.52	AC33862100	METROCIDE CAPSULES 250MG "T.F."(METRONIDAZOLE)	1.53	調價
AC33871100	"FORLIVER CAPSULES 150MG ""ROOT"" (SILYBIN)"	1.52	AC33871100	"FORLIVER CAPSULES 150MG ""ROOT"" (SILYBIN)"	1.53	調價
AC33887329	"ENFULON CREAM 1MG/GM (DIFLUCORTOLONE) ""GCPC"""	44.50	AC33887329	"ENFULON CREAM 1MG/GM (DIFLUCORTOLONE) ""GCPC"""	46.00	調價
AC33887343	ENFULON CREAM 1MG/GM(DIFLUCORTOLONE)"GCPC"	79.00	AC33887343	ENFULON CREAM 1MG/GM(DIFLUCORTOLONE)"GCPC"	80.00	調價
AC33934100	LIPLOW F.C. TABLETS 200MG (BEZAFIBRATE) "H.S."	3.62	AC33934100	LIPLOW F.C. TABLETS 200MG (BEZAFIBRATE) "H.S."	4.01	調價

AC33935209	CEFTAM INJECTION 0.5GM,1GM,2GM (CEFOTAXIME SODIUM) "LITA"	113.00	AC33935209	CEFTAM INJECTION 0.5GM,1GM,2GM (CEFOTAXIME SODIUM) "LITA"	124.00	調價
AC33935212	CEFTAM INJECTION 0.5GM,1GM,2GM (CEFOTAXIME SODIUM) "LITA"	387.00	AC33935212	CEFTAM INJECTION 0.5GM,1GM,2GM (CEFOTAXIME SODIUM) "LITA"	431.00	調價
AC33935277	CEFTAM INJECTION 0.5GM,1GM,2GM (CEFOTAXIME SODIUM) "LITA"	87.00	AC33935277	CEFTAM INJECTION 0.5GM,1GM,2GM (CEFOTAXIME SODIUM) "LITA"	93.00	調價
AC33938329	FUNGIN CREAM 10MG/GM (BIFONAZOLE) "SWISS"	44.60	AC33938329	FUNGIN CREAM 10MG/GM (BIFONAZOLE) "SWISS"	49.20	調價
AC33938335	FUNGIN CREAM 10MG/GM "SWISS" (BIFONAZOLE)	49.40	AC33938335	FUNGIN CREAM 10MG/GM "SWISS" (BIFONAZOLE)	54.00	調價
AC33943321	CHENG HOU CREAM "C.T"	13.90	AC33943321	CHENG HOU CREAM "C.T"	14.00	調價
AC33943323	CHENG HOU CREAM "C.T"	14.40	AC33943323	CHENG HOU CREAM "C.T"	14.70	調價
AC33943329	CHENG HOU CREAM "C.T"	18.40	AC33943329	CHENG HOU CREAM "C.T"	18.70	調價
AC33943335	CHENG HOU CREAM "C.T"	29.70	AC33943335	CHENG HOU CREAM "C.T"	30.20	調價
AC33943336	CHENG HOU CREAM "C.T"	29.70	AC33943336	CHENG HOU CREAM "C.T"	30.20	調價
AC33943338	CHENG HOU CREAM "C.T"	57.00	AC33943338	CHENG HOU CREAM "C.T"	59.00	調價
AC33950100	N.F.S. F.C.T. 100MG "C.H."(NORFLOXACIN)	1.96	AC33950100	N.F.S. F.C.T. 100MG "C.H."(NORFLOXACIN)	2.06	調價
AC33968417	CLEO EYE DROP 3MG/ML (TOBRAMYCIN) "PURZER"	32.80	AC33968417	CLEO EYE DROP 3MG/ML (TOBRAMYCIN) "PURZER"	33.60	調價
AC34004321	ISOCORT CREAM	13.90	AC34004321	ISOCORT CREAM	14.30	調價
AC34004329	ISOCORT CREAM	22.30	AC34004329	ISOCORT CREAM	22.70	調價
AC34008329	BESOL CREAM 0.05% (CLOBETASOL) "C.H."	13.70	AC34008329	BESOL CREAM 0.05% (CLOBETASOL) "C.H."	14.30	調價
AC34011421	LENSPURE EYE DROPS "SINPHAR"	20.00	AC34011421	LENSPURE EYE DROPS "SINPHAR"	22.60	調價
AC34015321	"ANCLOZIN CREAM 50MG/GM (ACYCLOVIR) ""ROOT"""	41.10	AC34015321	"ANCLOZIN CREAM 50MG/GM (ACYCLOVIR) ""ROOT"""	41.20	調價

AC34038100	CEKODIN CAPSULES 500MG "SWISS"(CEPHRADINE)	2.72	AC34038100	CEKODIN CAPSULES 500MG "SWISS"(CEPHRADINE)	2.77	調價
AC34040321	S.S. CREAM	0.00	AC34040321	S.S. CREAM	14.30	刪除
AC34040329	S.S. CREAM	0.00	AC34040329	S.S. CREAM	22.70	刪除
AC34040330	S.S. CREAM	37.90	AC34040330	S.S. CREAM	40.10	調價
AC34040335	S.S. CREAM	37.90	AC34040335	S.S. CREAM	40.10	調價
AC34070421	GENTAMYCIN OPHTHALMIC SOLUTION 3MG/ML "WU-FU"	14.50	AC34070421	GENTAMYCIN OPHTHALMIC SOLUTION 3MG/ML "WU-FU"	15.50	調價
AC34078100	NYSIN S.C. TABLETS 100MG "CHINTENG"(NITROXOLINE)	2.52	AC34078100	NYSIN S.C. TABLETS 100MG "CHINTENG"(NITROXOLINE)	2.55	調價
AC34089417	"AYCO IN ORABASE 1MG/GM (TRIAMCINOLONE ACETONIDE) ""ROOT"""	21.50	AC34089417	"AYCO IN ORABASE 1MG/GM (TRIAMCINOLONE ACETONIDE) ""ROOT"""	22.00	調價
AC34089423	"AYCO IN ORABASE 1MG/GM (TRIAMCINOLONE ACETONIDE) ""ROOT"""	36.70	AC34089423	"AYCO IN ORABASE 1MG/GM (TRIAMCINOLONE ACETONIDE) ""ROOT"""	37.80	調價
AC34090100	MILIX CAPSULES 2.5MG "M.S." (INDAPAMIDE)	1.92	AC34090100	MILIX CAPSULES 2.5MG "M.S." (INDAPAMIDE)	2.00	調價
AC34108209	PIROCAM INJECTION 20MG/ML (PIROXICAM) "GENTLE"	16.90	AC34108209	PIROCAM INJECTION 20MG/ML (PIROXICAM) "GENTLE"	17.60	調價
AC34110100	AMANTADINE F.C. TABLETS 100MG "KOJAR"	3.77	AC34110100	AMANTADINE F.C. TABLETS 100MG "KOJAR"	4.42	調價
AC34123100	YUTODIN TABLET 10MG (RITODRINE HCL) "PURZER"	4.15	AC34123100	YUTODIN TABLET 10MG (RITODRINE HCL) "PURZER"	4.39	調價
AC34124321	GENTAMYCIN CREAM 1MG/GM "SINPHAR"	13.20	AC34124321	GENTAMYCIN CREAM 1MG/GM "SINPHAR"	14.10	調價
AC34124335	GENTAMYCIN CREAM 1MG/GM "SINPHAR"	37.20	AC34124335	GENTAMYCIN CREAM 1MG/GM "SINPHAR"	38.80	調價
AC34128321	CLOTRISONE CREAM	13.90	AC34128321	CLOTRISONE CREAM	15.00	調價
AC34128329	CLOTRISONE CREAM	32.20	AC34128329	CLOTRISONE CREAM	35.50	調價
AC34128335	CLOTRISONE CREAM	51.00	AC34128335	CLOTRISONE CREAM	55.00	調價
AC34128338	CLOTRISONE CREAM	74.00	AC34128338	CLOTRISONE CREAM	87.00	調價
AC34157100	CERETAL S.C. TAB. 400MG "S.T." (PENTOXIFYLLINE)	1.82	AC34157100	CERETAL S.C. TAB. 400MG "S.T." (PENTOXIFYLLINE)	1.88	調價

AC34166255	HEPACARE INJECTION 8% "N.K."	0.00	AC34166255	HEPACARE INJECTION 8% "N.K."	96.00	刪除
AC34166277	HEPACARE INJECTION 8% "N.K."	0.00	AC34166277	HEPACARE INJECTION 8% "N.K."	191.00	刪除
AC34171100	FOAN CAPSULES 10MG "S.C" (OXAZOLAM)	1.52	AC34171100	FOAN CAPSULES 10MG "S.C" (OXAZOLAM)	1.53	調價
AC34223157	"KOJAR" AMBROXOL SOLUTION 3MG/ML	50.00	AC34223157	"KOJAR" AMBROXOL SOLUTION 3MG/ML	55.00	調價
AC34283100	URENIDE TABLETS 1MG "ROOT"(BUMETANIDE)	1.69	AC34283100	URENIDE TABLETS 1MG "ROOT"(BUMETANIDE)	1.77	調價
AC34300100	TENSOLIN TABLET "T.F"	4.13	AC34300100	TENSOLIN TABLET "T.F"	4.38	調價
AC34306321	KEC. JEN OINTMENT 0.05% (CLOBETASOL PROPIONATE) "CHINTENG"	11.90	AC34306321	KEC. JEN OINTMENT 0.05% (CLOBETASOL PROPIONATE) "CHINTENG"	12.60	調價
AC34306323	KEC. JEN OINTMENT 0.05% (CLOBETASOL PROPIONATE) "CHINTENG"	12.80	AC34306323	KEC. JEN OINTMENT 0.05% (CLOBETASOL PROPIONATE) "CHINTENG"	13.30	調價
AC34306324	KEC. JEN OINTMENT 0.05% (CLOBETASOL PROPIONATE) "CHINTENG"	12.80	AC34306324	KEC. JEN OINTMENT 0.05% (CLOBETASOL PROPIONATE) "CHINTENG"	13.30	調價
AC34306329	KEC. JEN OINTMENT 0.05% (CLOBETASOL PROPIONATE) "CHINTENG"	13.70	AC34306329	KEC. JEN OINTMENT 0.05% (CLOBETASOL PROPIONATE) "CHINTENG"	14.30	調價
AC34306335	KEC. JEN OINTMENT 0.05% (CLOBETASOL PROPIONATE) "CHINTENG"	24.80	AC34306335	KEC. JEN OINTMENT 0.05% (CLOBETASOL PROPIONATE) "CHINTENG"	25.50	調價
AC34306338	KEC. JEN OINTMENT 0.05% (CLOBETASOL PROPIONATE) "CHINTENG"	41.90	AC34306338	KEC. JEN OINTMENT 0.05% (CLOBETASOL PROPIONATE) "CHINTENG"	44.50	調價
AC34308100	TONLIN TABLETS 200MG (FLAVOXATE) "S.D."	3.74	AC34308100	TONLIN TABLETS 200MG (FLAVOXATE) "S.D."	3.89	調價

AC34329209	UFIN FOR I.V. INJ. 1GM (CEFTRIAXONE) "UNION"	82.00	AC34329209	UFIN FOR I.V. INJ. 1GM (CEFTRIAXONE) "UNION"	100.00	調價
AC34355321	CYCLOUIR CREAM 50MG/GM "T.F"	41.10	AC34355321	CYCLOUIR CREAM 50MG/GM "T.F"	41.20	調價
AC34358100	DEFEN CAPSULE 1MG (KETOTIFEN) "PURZER"	1.54	AC34358100	DEFEN CAPSULE 1MG (KETOTIFEN) "PURZER"	1.56	調價
AC34366100	OXYBAN TABLETS 5MG "WEIDAR" (OXYBUTYNIN)	2.12	AC34366100	OXYBAN TABLETS 5MG "WEIDAR" (OXYBUTYNIN)	2.25	調價
AC34375100	TIMEN CAPSULES 30MG "WEIDAR" (TIMEPIDIUM BROMIDE)	2.55	AC34375100	TIMEN CAPSULES 30MG "WEIDAR" (TIMEPIDIUM BROMIDE)	2.60	調價
AC34511100	"LISUMEN CAPSULES 30MG ""ASTAR"""	3.75	AC34511100	"LISUMEN CAPSULES 30MG ""ASTAR"""	3.98	調價
AC34518100	COFEN 1MG TABLETS (KETOTIFEN) "C.H."	1.54	AC34518100	COFEN 1MG TABLETS (KETOTIFEN) "C.H."	1.56	調價
AC34545329	WIPOIDO CREAM	0.00	AC34545329	WIPOIDO CREAM	61.00	刪除
AC34545343	WIPOIDO CREAM	74.00	AC34545343	WIPOIDO CREAM	76.00	調價
AC34551100	SULIMEN TABLETS 100MG "KOJAR" (SULINDAC)	1.72	AC34551100	SULIMEN TABLETS 100MG "KOJAR" (SULINDAC)	1.75	調價
AC34557100	ZU-U TABLETS 100MG "CHINTENG" (BENZARONE)	2.79	AC34557100	ZU-U TABLETS 100MG "CHINTENG" (BENZARONE)	2.82	調價
AC34559100	KETOTIFEN TABLETS 1MG "CHINTENG"	1.54	AC34559100	KETOTIFEN TABLETS 1MG "CHINTENG"	1.56	調價
AC34567209	GOODGEN INJECTION 20MG/ML "T.F."	16.90	AC34567209	GOODGEN INJECTION 20MG/ML "T.F."	17.60	調價
AC34567212	GOODGEN INJECTION 20MG/ML "T.F."	16.90	AC34567212	GOODGEN INJECTION 20MG/ML "T.F."	17.60	調價
AC34569329	BESONG SCALP SOLUTION 1MG/ML ''SINPHAR''(BETAMETHASONE)	31.80	AC34569329	BESONG SCALP SOLUTION 1MG/ML ''SINPHAR''(BETAMETHASONE)	34.10	調價
AC34569340	BESONG SCALP SOLUTION 1MG/ML ''SINPHAR''(BETAMETHASONE)	33.50	AC34569340	BESONG SCALP SOLUTION 1MG/ML ''SINPHAR''(BETAMETHASONE)	36.20	調價
AC34579216	GARA INJECTION 40MG/ML (GENTAMYCIN SULFATE)	15.50	AC34579216	GARA INJECTION 40MG/ML (GENTAMYCIN SULFATE)	15.70	調價

AC34579299	GARA INJ. 40MG/ML (GENTAMYCIN IULFATE)	1.35	AC34579299	GARA INJ. 40MG/ML (GENTAMYCIN IULFATE)	1.37	調價
AC34581321	SHUKANG OINTMENT "C.A."	13.90	AC34581321	SHUKANG OINTMENT "C.A."	15.00	調價
AC34581329	SHUKANG OINTMENT "C.A."	32.20	AC34581329	SHUKANG OINTMENT "C.A."	35.50	調價
AC34581335	SHUKANG OINTMENT "C.A."	51.00	AC34581335	SHUKANG OINTMENT "C.A."	55.00	調價
AC34583100	VIRLESS TABLETS 200MG "YUNG SHIN" (ACYCLOVIR)	4.26	AC34583100	VIRLESS TABLETS 200MG "YUNG SHIN" (ACYCLOVIR)	4.67	調價
AC34633100	MANTA 100MG CAPSULES (AMANTADINE) "C.H."	3.77	AC34633100	MANTA 100MG CAPSULES (AMANTADINE) "C.H."	4.42	調價
AC34634100	KETOZEN 1MG TABLETS (KETOTIFEN)"S.L."	1.54	AC34634100	KETOZEN 1MG TABLETS (KETOTIFEN)"S.L."	1.56	調價
AC34641100	LEZECON CAPSULES 30MG "Y.C." (TIMEPIDIUM)	2.55	AC34641100	LEZECON CAPSULES 30MG "Y.C." (TIMEPIDIUM)	2.60	調價
AC34643421	GENDERON OPHTHALMIC SOLUTION "PATRON"	20.00	AC34643421	GENDERON OPHTHALMIC SOLUTION "PATRON"	22.60	調價
AC34648209	LOMANDOLE FOR INJECTION "GENTLE" (CEFAMANDOLE)	0.00	AC34648209	LOMANDOLE FOR INJECTION "GENTLE" (CEFAMANDOLE)	56.00	刪除
AC34648212	LOMANDOLE FOR INJECTION "GENTLE"(CEFAMANDOLE)	0.00	AC34648212	LOMANDOLE FOR INJECTION "GENTLE"(CEFAMANDOLE)	159.00	刪除
AC34648277	LOMANDOLE FOR INJECTION "GENTLE" (CEFAMANDOLE)	0.00	AC34648277	LOMANDOLE FOR INJECTION "GENTLE" (CEFAMANDOLE)	32.60	刪除
AC34654157	LOSOLVAN 3MG/ML SOLUTION(AMBROXOL)	50.00	AC34654157	LOSOLVAN 3MG/ML SOLUTION(AMBROXOL)	55.00	調價
AC34660345	SPORTON GEL 100MG/GM "F.B"	84.00	AC34660345	SPORTON GEL 100MG/GM "F.B"	86.00	調價
AC34727100	MEGEJOHN TABLETS 40MG	8.90	AC34727100	MEGEJOHN TABLETS 40MG	9.30	調價
AC34799100	MEDRONE TABLETS 10MG	2.63	AC34799100	MEDRONE TABLETS 10MG	2.69	調價

AC34806100	FORPHEN FILM COATED TABLETS 100MG (FLURBIPROFEN) "YUNG SHIN"	2.49	AC34806100	FORPHEN FILM COATED TABLETS 100MG (FLURBIPROFEN) "YUNG SHIN"	2.65	調價
AC34821321	AMELON CREAM "EVEREST"	10.50	AC34821321	AMELON CREAM "EVEREST"	10.60	調價
AC34821329	AMELON CREAM "EVEREST"	18.80	AC34821329	AMELON CREAM "EVEREST"	19.30	調價
AC34824100	URIDRON F.C. TABLETS 200MG (FLAVOXATE) "JOHNSON"	3.74	AC34824100	URIDRON F.C. TABLETS 200MG (FLAVOXATE) "JOHNSON"	3.89	調價
AC34834330	ISUCON CREAM "PATRON"	37.90	AC34834330	ISUCON CREAM "PATRON"	40.10	調價
AC34854100	MACALOL SOFT CAPSULES 0.25UG "F.M."	2.16	AC34854100	MACALOL SOFT CAPSULES 0.25UG "F.M."	2.23	調價
AC34883329	CLODAI CREAM "CHINTENG"	32.20	AC34883329	CLODAI CREAM "CHINTENG"	35.50	調價
AC34885100	ERYTHROMYCIN ETHYLSUCCINATE CAPSULES 250MG "P.L."	1.77	AC34885100	ERYTHROMYCIN ETHYLSUCCINATE CAPSULES 250MG "P.L."	1.81	調價
AC34911329	DERMOLEX CREAM 0.5MG/GM (CLOBETASOL)"PURZER"	13.70	AC34911329	DERMOLEX CREAM 0.5MG/GM (CLOBETASOL)"PURZER"	14.30	調價
AC34911338	DERMOLEX CREAM 0.5MG/GM (CLOBETASOL)"PURZER"	41.90	AC34911338	DERMOLEX CREAM 0.5MG/GM (CLOBETASOL)"PURZER"	44.50	調價
AC34921321	ISO COSAN CREAM "PFOSHEN"	0.00	AC34921321	ISO COSAN CREAM "PFOSHEN"	14.30	刪除
AC34921329	ISO COSAN CREAM "PFOSHEN"	22.30	AC34921329	ISO COSAN CREAM "PFOSHEN"	22.70	調價
AC34927100	TICLOUD F.C. TABLETS 100MG	3.53	AC34927100	TICLOUD F.C. TABLETS 100MG	3.71	調價
AC34957421	FULONE 0.1% EYE DROPS (FLUOROMETHOLONE)	12.40	AC34957421	FULONE 0.1% EYE DROPS (FLUOROMETHOLONE)	12.60	調價
AC34957429	FULONE 0.1% EYE DROPS (FLUOROMETHOLONE)	51.00	AC34957429	FULONE 0.1% EYE DROPS (FLUOROMETHOLONE)	54.00	調價
AC34966321	CLOSOL 0.05% CREAM (CLOBETASOL PROPIONATE) "CHEN TA"	11.90	AC34966321	CLOSOL 0.05% CREAM (CLOBETASOL PROPIONATE) "CHEN TA"	12.60	調價

AC34966323	CLOSOL 0.05% CREAM (CLOBETASOL PROPIONATE) "CHEN TA"	12.80	AC34966323	CLOSOL 0.05% CREAM (CLOBETASOL PROPIONATE) "CHEN TA"	13.30	調價
AC34966324	CLOSOL 0.05% CREAM (CLOBETASOL PROPIONATE) "CHEN TA"	12.80	AC34966324	CLOSOL 0.05% CREAM (CLOBETASOL PROPIONATE) "CHEN TA"	13.30	調價
AC34966329	CLOSOL 0.05% CREAM (CLOBETASOL PROPIONATE) "CHEN TA"	13.70	AC34966329	CLOSOL 0.05% CREAM (CLOBETASOL PROPIONATE) "CHEN TA"	14.30	調價
AC34966335	CLOSOL 0.05% CREAM "CHEN TA"(CLOBETASOL PROPIONATE)	24.80	AC34966335	CLOSOL 0.05% CREAM "CHEN TA"(CLOBETASOL PROPIONATE)	25.50	調價
AC34966338	CLOSOL 0.05% CREAM (CLOBETASOL PROPIONATE) "CHEN TA"	41.90	AC34966338	CLOSOL 0.05% CREAM (CLOBETASOL PROPIONATE) "CHEN TA"	44.50	調價
AC34966340	CLOSOL 0.05% CREAM (CLOBETASOL PROPIONATE) "CHEN TA"	61.00	AC34966340	CLOSOL 0.05% CREAM (CLOBETASOL PROPIONATE) "CHEN TA"	71.00	調價
AC34969100	SERECIN CAPSULES 10MG "YY" (OXAZOLAM)	1.52	AC34969100	SERECIN CAPSULES 10MG "YY" (OXAZOLAM)	1.53	調價
AC35009100	OXYTYNIN TABLETS 5MG "CHINETENG" (OXYBUTYNIN)	2.12	AC35009100	OXYTYNIN TABLETS 5MG "CHINETENG" (OXYBUTYNIN)	2.25	調價
AC35011100	"BUSP TABLETS 10MG (BUSPIRONE) ""H.S.""""	2.83	AC35011100	"BUSP TABLETS 10MG (BUSPIRONE) ""H.S.""""	3.00	調價
AC35035321	VIRUN CREAM 50MG/GM (ACYCLOVIR) "H.S."	41.10	AC35035321	VIRUN CREAM 50MG/GM (ACYCLOVIR) "H.S."	41.20	調價
AC35049212	UFO POWDER FOR INJECTION (FOSFOMYCIN)	187.00	AC35049212	UFO POWDER FOR INJECTION (FOSFOMYCIN)	192.00	調價
AC35049219	UFO POWDER FOR INJECTION (FOSFOMYCIN)	305.00	AC35049219	UFO POWDER FOR INJECTION (FOSFOMYCIN)	347.00	調價
AC35055321	BECYLIC OINTMENT	10.90	AC35055321	BECYLIC OINTMENT	11.30	調價
AC35055329	BECYLIC OINTMENT	19.50	AC35055329	BECYLIC OINTMENT	20.90	調價
AC35055335	BECYLIC OINTMENT	52.00	AC35055335	BECYLIC OINTMENT	57.00	調價
AC35055338	BECYLIC OINTMENT	68.00	AC35055338	BECYLIC OINTMENT	73.00	調價

AC35069100	"Blasec Tablets 5mg ""MACRO"" (Oxybutynin)"	2.12	AC35069100	"Blasec Tablets 5mg ""MACRO"" (Oxybutynin)"	2.25	調價
AC35087100	BENZARONE TABLETS 100MG "C.H."	2.79	AC35087100	BENZARONE TABLETS 100MG "C.H."	2.82	調價
AC35140365	TEMENAZOLE CREAM	0.00	AC35140365	TEMENAZOLE CREAM	585.00	刪除
AC35146100	SALBUTAN TABLETS 4MG (SALBUTAMOL)	1.50			#NULL!	新增
AC35160100	PAURAPOL CAPSULES 250MG (METRONIDAZOLE) "J.A."	1.52	AC35160100	PAURAPOL CAPSULES 250MG (METRONIDAZOLE) "J.A."	1.53	調價
AC35163100	SULPIDIN CAPSULES 50MG "J.A." (SULPIRIDE)	1.53	AC35163100	SULPIDIN CAPSULES 50MG "J.A." (SULPIRIDE)	1.55	調價
AC35178100	KETOMIN CAPSULES 1MG "EVEREST" (KETOTIFEN)	1.54	AC35178100	KETOMIN CAPSULES 1MG "EVEREST" (KETOTIFEN)	1.56	調價
AC35182209	CETAZONE INJECTION "S.T." (CEFMETAZOLE)	78.00	AC35182209	CETAZONE INJECTION "S.T." (CEFMETAZOLE)	84.00	調價
AC35182212	CETAZONE INJECTION "S.T." (CEFMETAZOLE)	246.00	AC35182212	CETAZONE INJECTION "S.T." (CEFMETAZOLE)	263.00	調價
AC35182277	CETAZONE INJECTION (CEFMETAZOLE) "S.T."	64.00	AC35182277	CETAZONE INJECTION (CEFMETAZOLE) "S.T."	69.00	調價
AC35183329	KETOCONAZOLE CREAM 20MG/GM "SINPHAR"	13.10	AC35183329	KETOCONAZOLE CREAM 20MG/GM "SINPHAR"	13.30	調價
AC35183335	KETOCONAZOLE CREAM 20MG/GM "SINPHAR"	31.90	AC35183335	KETOCONAZOLE CREAM 20MG/GM "SINPHAR"	32.80	調價
AC35194100	SULPIRIDE TABLETS 200MG "Y.Y"	1.71	AC35194100	SULPIRIDE TABLETS 200MG "Y.Y"	1.79	調價
AC35256100	SULNINE CAPSULES 10MG "EVEREST" (OXAZOLAM)	1.52	AC35256100	SULNINE CAPSULES 10MG "EVEREST" (OXAZOLAM)	1.53	調價
AC35278100	UROCON TABLETS 5MG "STANDARD" (OXYBUTYNIN)	2.12	AC35278100	UROCON TABLETS 5MG "STANDARD" (OXYBUTYNIN)	2.25	調價
AC35287321	"AYFUCO CREAM ""ROOT""	10.50	AC35287321	"AYFUCO CREAM ""ROOT""	10.60	調價
AC35287329	"AYFUCO CREAM ""ROOT"""	18.80	AC35287329	"AYFUCO CREAM ""ROOT"""	19.30	調價
AC35287335	AYFUCO CREAM "ROOT"	30.40	AC35287335	AYFUCO CREAM "ROOT"	30.90	調價

AC35336100	URINSU TABLETS 200MG (FLAVOXATE)"YY"	3.74	AC35336100	URINSU TABLETS 200MG (FLAVOXATE)"YY"	3.89	調價
AC35363338	MYCOSON EXTERNAL SOLUTION 10MG/ML "S.Y." (BIFONAZOLE)	85.00	AC35363338	MYCOSON EXTERNAL SOLUTION 10MG/ML "S.Y." (BIFONAZOLE)	87.00	調價
AC35366165	FUNWIHU SUSPENSION 20MG/ML (CIMETIDINE) "CHEN TA"	0.00	AC35366165	FUNWIHU SUSPENSION 20MG/ML (CIMETIDINE) "CHEN TA"	91.00	刪除
AC35367100	WESIPIN F.C.TABLETS 100MG "EVEREST" (ATENOLOL)	1.51	AC35367100	WESIPIN F.C.TABLETS 100MG "EVEREST" (ATENOLOL)	1.52	調價
AC35391321	ACLOVIR CREAM 500MG/GM (ACYCLOVIR) "SINPHAR"	41.10	AC35391321	ACLOVIR CREAM 500MG/GM (ACYCLOVIR) "SINPHAR"	41.20	調價
AC35399100	"NAPROXEN TABLETS 500MG ""ASTAR"""	2.95	AC35399100	"NAPROXEN TABLETS 500MG ""ASTAR"""	2.96	調價
AC35417100	GINTEC FILM COATED TABLET	1.71	AC35417100	GINTEC FILM COATED TABLET	1.76	調價
AC35434100	BOKENSHI CAPSULES 150MG "Y.K."	1.52	AC35434100	BOKENSHI CAPSULES 150MG "Y.K."	1.53	調價
AC35439100	"ANTIFAT TABLETS 200MG (BEZAFIBRATE) ""ASTAR"""	0.00	AC35439100	"ANTIFAT TABLETS 200MG (BEZAFIBRATE) ""ASTAR"""	4.01	刪除
AC35445100	TINSAN F.C. TABLETS 9.6MG "CHINTENG" (GINKGOFLAVONGLYCOSIDE)	1.71	AC35445100	TINSAN F.C. TABLETS 9.6MG "CHINTENG" (GINKGOFLAVONGLYCOSIDE)	1.75	調價
AC35455151	SALBUTAMOL SYRUP 0.4MG/ML "C.H."	0.00	AC35455151	SALBUTAMOL SYRUP 0.4MG/ML "C.H."	25.00	刪除
AC35462100	"SEGININE TABLETS 5MG (SELEGILINE) ""MACRO"""	2.46	AC35462100	"SEGININE TABLETS 5MG (SELEGILINE) ""MACRO"""	2.68	調價
AC35467100	"NEWIN TABLETS 5MG (OXYBUTYNIN) ""ROOT"""	2.12	AC35467100	"NEWIN TABLETS 5MG (OXYBUTYNIN) ""ROOT"""	2.25	調價
AC35477100	"PADALIN TABLETS 100MG ""MACRO"" (MEBEVERINE)"	1.75	AC35477100	"PADALIN TABLETS 100MG ""MACRO"" (MEBEVERINE)"	1.85	調價
AC35514100	FUJEN F.C. TABLETS 500MG (TINIDAZOLE) "S.D."	0.00	AC35514100	FUJEN F.C. TABLETS 500MG (TINIDAZOLE) "S.D."	2.09	刪除

AC35515100	MYLIN F.C. TABLETS 9.6MG (GINKGOFLAVON GLYCOSIDE) "S.D."	1.71	AC35515100	MYLIN F.C. TABLETS 9.6MG (GINKGOFLAVON GLYCOSIDE) "S.D."	1.76	調價
AC35544321	V.F. CREAM 50MG/GM (ACYCLOVIR) "SWISS"	41.10	AC35544321	V.F. CREAM 50MG/GM (ACYCLOVIR) "SWISS"	41.20	調價
AC35597421	TROPICAMIDE OPHTHALMIC SOLUTION 4MG/ML "WU-FU"	47.50	AC35597421	TROPICAMIDE OPHTHALMIC SOLUTION 4MG/ML "WU-FU"	48.90	調價
AC35638100	BADUSON F.C.TABLETS 200MG (FLAVOXATE) "C.C.P.C"	3.74	AC35638100	BADUSON F.C.TABLETS 200MG (FLAVOXATE) "C.C.P.C"	3.89	調價
AC35656100	"SULPIRIDE TABLETS 200MG ""ASTAR"""	1.71	AC35656100	"SULPIRIDE TABLETS 200MG ""ASTAR"""	1.79	調價
AC35672100	SULAN TABLETS 100MG "Y.K."	2.49	AC35672100	SULAN TABLETS 100MG "Y.K."	2.65	調價
AC35691100	Binin-U Tablet 10 mg (Haloperidol)	2.33	AC35691100	Binin-U Tablet 10 mg (Haloperidol)	2.40	調價
AC35696329	FREE GEL 7.5MG/GM (METRONIDAZOLE) "SWISS"	27.30	AC35696329	FREE GEL 7.5MG/GM (METRONIDAZOLE) "SWISS"	30.20	調價
AC35696335	FREE GEL 7.5MG/GM "SWISS"(METRONIDAZOLE)	38.60	AC35696335	FREE GEL 7.5MG/GM "SWISS"(METRONIDAZOLE)	42.00	調價
AC35697335	ZUMELIN CREAM 20MG/GM "H.S." (KETOCONAZOLE)	31.90	AC35697335	ZUMELIN CREAM 20MG/GM "H.S." (KETOCONAZOLE)	32.80	調價
AC35702100	FRAGIVIX TABLETS 100MG (BENZARONE) "S.D."	2.79	AC35702100	FRAGIVIX TABLETS 100MG (BENZARONE) "S.D."	2.82	調價
AC35788321	NYCINDIN CREAM	13.90	AC35788321	NYCINDIN CREAM	14.00	調價
AC35788335	NYCINDIN CREAM	29.70	AC35788335	NYCINDIN CREAM	30.20	調價
AC35788336	NYCINDIN CREAM	29.70	AC35788336	NYCINDIN CREAM	30.20	調價
AC35831209	CETALIN FOR INJECTION (CEFTRIAXONE)"CHI SHENG"	82.00	AC35831209	CETALIN FOR INJECTION (CEFTRIAXONE)"CHI SHENG"	100.00	調價
AC35831277	CETALIN FOR INJECTION (CEFTRIAXONE)"CHI SHENG"	0.00	AC35831277	CETALIN FOR INJECTION (CEFTRIAXONE)"CHI SHENG"	63.00	刪除

AC35835100	MEDNIN TABLETS 4MG "H.S." (METHYLPREDNISOLONE)	1.53	AC35835100	MEDNIN TABLETS 4MG "H.S." (METHYLPREDNISOLONE)	1.55	調價
AC35844100	SEPHROS CAPSULES 500MG (CEPHRADINE) "YUNG SHIN"	2.72	AC35844100	SEPHROS CAPSULES 500MG (CEPHRADINE) "YUNG SHIN"	2.77	調價
AC35869329	EFUCON GEL 7.5MG/GM (METRONIDAZOLE)	27.30	AC35869329	EFUCON GEL 7.5MG/GM (METRONIDAZOLE)	30.20	調價
AC35869330	EFUCON GEL 7.5MG/GM (METRONIDAZOLE)	34.50	AC35869330	EFUCON GEL 7.5MG/GM (METRONIDAZOLE)	36.50	調價
AC35869335	EFUCON GEL 7.5MG/GM (METRONIDAZOLE)	38.60	AC35869335	EFUCON GEL 7.5MG/GM (METRONIDAZOLE)	42.00	調價
AC35878100	TONLAEN CAPSULE 300MG "CHEN TA" (FENBUFEN)	2.08	AC35878100	TONLAEN CAPSULE 300MG "CHEN TA" (FENBUFEN)	2.18	調價
AC35888321	SALINSE OINTMENT "GCPC"	20.60	AC35888321	"SALINSE OINTMENT ""GCPC"""	23.20	調價
AC35888329	SALINSE OINTMENT "GCPC"	34.30	AC35888329	SALINSE OINT.	35.20	調價
AC35888335	SALINSE OINTMENT "GCPC"	39.70	AC35888335	"SALINSE OINTMENT ""GCPC"""	42.50	調價
AC35929277	LISACEF FOR INJECTION (CEPHRADINE) 500MG "S.T."	0.00	AC35929277	LISACEF FOR INJECTION (CEPHRADINE) 500MG "S.T."	25.00	刪除
AC35960100	"CLOZE TABLETS 100MG (BENZARONE) ""ROOT"""	2.79	AC35960100	"CLOZE TABLETS 100MG (BENZARONE) ""ROOT"""	2.82	調價
AC35961100	SULMATYL TABLETS 100MG (SULPIRIDE)"P.L"	1.71	AC35961100	SULMATYL TABLETS 100MG (SULPIRIDE)"P.L"	1.79	調價
AC35963100	SULMATYL TABLETS 200MG (SULPIRIDE)"P.L."	1.71	AC35963100	SULMATYL TABLETS 200MG (SULPIRIDE)"P.L."	1.79	調價
AC35977321	"CYCLOVIR CREAM 50MG/GM (ACYCLOVIR) ""S.Y.""	41.10	AC35977321	"CYCLOVIR CREAM 50MG/GM (ACYCLOVIR) ""S.Y.""	41.20	調價
AC35977329	"CYCLOVIR CREAM 50MG/GM ""S.Y."" (ACYCLOVIR)"	42.90	AC35977329	"CYCLOVIR CREAM 50MG/GM ""S.Y."" (ACYCLOVIR)"	43.50	調價
AC359861G0	DEGOUT TABLETS 50MG (BENZBROMARONE) "H.S."(鋁箔/膠箔)	2.00			#NULL!	新增

AC35989100	LIBRAX S.C. TABLETS	0.00	AC35989100	LIBRAX S.C. TABLETS	1.67	刪除
AC35991209	ROLES POWDER FOR INJECTION 1GM "GENTLE" (CEPHALEXIN)	61.00	AC35991209	ROLES POWDER FOR INJECTION 1GM "GENTLE" (CEPHALEXIN)	64.00	調價
AC35997100	MECO 0.5MG CAPSULES. (MECOBALAMIN) "S.L"	1.55	AC35997100	MECO 0.5MG CAPSULES. (MECOBALAMIN) "S.L"	1.58	調價
AC36008100	MESTINON S.C. TABLETS 60MG (PYRIDOSTIGMINE BROMIDE)	4.73	AC36008100	MESTINON S.C. TABLETS 60MG (PYRIDOSTIGMINE BROMIDE)	4.78	調價
AC36014238	0.45% SODIUM CHLORIDE INJECTION "Y.F."	15.00			#NULL!	新增
AC36031321	BETAGEN CREAM	12.80	AC36031321	BETAGEN CREAM	13.40	調價
AC36034100	"SILYMARIN CAPSULES 70MG ""TAI YU"""	1.50	AC36034100	"SILYMARIN CAPSULES 70MG ""TAI YU"""	1.51	調價
AC36049109	BABYATE ORAL ELECTROLYTE MAINTENANCE SOLUTION	0.00	AC36049109	BABYATE ORAL ELECTROLYTE MAINTENANCE SOLUTION	46.30	刪除
AC36060100	DE-SPASM CAPSULES 30MG "H.S." (TIMEPIDIUM BROMIDE)	2.55	AC36060100	DE-SPASM CAPSULES 30MG "H.S." (TIMEPIDIUM BROMIDE)	2.60	調價
AC36092329	XAMACID CREAM	29.10	AC36092329	XAMACID CREAM	30.50	調價
AC36105100	NAPOSIN C.R. TABLETS 750MG (NAPROXEN)	3.63	AC36105100	NAPOSIN C.R. TABLETS 750MG (NAPROXEN)	3.73	調價
AC36129100	ATENOLOL F.C. TABLETS 50MG "JOHNSON"	1.50	AC36129100	ATENOLOL F.C. TABLETS 50MG "JOHNSON"	1.51	調價
AC36172157	SECODRINE-C SYRUP	25.80	AC36172157	SECODRINE-C SYRUP	26.20	調價
AC36174321	"BETAGEN CREAM ""GCPC"""	12.80	AC36174321	"BETAGEN CREAM ""GCPC"""	13.40	調價
AC36181321	"VACORT CREAM ""GCPC"""	13.90	AC36181321	"VACORT CREAM ""GCPC"""	14.30	調價
AC36181329	"VACORT CREAM""GCPC"""	22.30	AC36181329	"VACORT CREAM""GCPC"""	22.70	調價
AC36181335	"VACORT CREAM ""GCPC"""	39.30	AC36181335	"VACORT CREAM ""GCPC"""	40.60	調價
AC36184100	PICKTON TABLET	1.50			#NULL!	新增
AC36192100	NIXO TABLETS 10MG "H.S." (NICERGOLINE)	4.38	AC36192100	NIXO TABLETS 10MG "H.S." (NICERGOLINE)	4.70	調價

AC36215100	PARKRYL TABLETS "M.S."(SELEGILINE)	2.46	AC36215100	PARKRYL TABLETS "M.S."(SELEGILINE)	2.68	調價
AC36241100	"TIMEPIN TABLETS 30MG ""H.S."" (TIMEPIDIUM)"	2.55	AC36241100	"TIMEPIN TABLETS 30MG ""H.S."" (TIMEPIDIUM)"	2.60	調價
AC36280100	REPININ TABLETS 5MG (OXYBUTYNIN)	2.12	AC36280100	REPININ TABLETS 5MG (OXYBUTYNIN)	2.25	調價
AC36315321	CLOBETASOL CREAM 0.5MG/GM "SINPHAR"	11.90	AC36315321	CLOBETASOL CREAM 0.5MG/GM "SINPHAR"	12.60	調價
AC36315324	CLOBETASOL CREAM 0.5MG/GM "SINPHAR"	12.80	AC36315324	CLOBETASOL CREAM 0.5MG/GM "SINPHAR"	13.30	調價
AC36315329	CLOBETASOL CREAM 0.5MG/GM "SINPHAR"	13.70	AC36315329	CLOBETASOL CREAM 0.5MG/GM "SINPHAR"	14.30	調價
AC36315340	CLOBETASOL CREAM 0.5MG/GM "SINPHAR"	61.00	AC36315340	CLOBETASOL CREAM 0.5MG/GM "SINPHAR"	71.00	調價
AC36338100	HEMOBEND TABLETS 100MG "H.S." (BENZARONE)	2.79	AC36338100	HEMOBEND TABLETS 100MG "H.S." (BENZARONE)	2.82	調價
AC36345255	PROXACIN INFUSION SOLUTION 2MG/ML (CIPROFLOXACIN)	0.00	AC36345255	PROXACIN INFUSION SOLUTION 2MG/ML (CIPROFLOXACIN)	488.00	刪除
AC36357329	SAN-TON GEL 100MG/GM "CHINTENG" (ETOFENAMATE)	0.00	AC36357329	SAN-TON GEL 100MG/GM "CHINTENG" (ETOFENAMATE)	28.70	刪除
AC36365209	CETAXIME FOR INJECTION	113.00	AC36365209	CETAXIME FOR INJECTION	124.00	調價
AC36365212	CETAXIME FOR INJECTION	387.00	AC36365212	CETAXIME FOR INJECTION	431.00	調價
AC36365265	CETAXIME FOR INJECTION	83.00	AC36365265	CETAXIME FOR INJECTION	87.00	調價
AC36365277	CETAXIME FOR INJECTION	0.00	AC36365277	CETAXIME FOR INJECTION	93.00	刪除
AC36367100	AMITON TABLETS "H.S."	1.88	AC36367100	AMITON TABLETS "H.S."	1.98	調價
AC36370100	CLONICE TABLETS 5MG"T.F." (OXYBUTYNIN)	2.12	AC36370100	CLONICE TABLETS 5MG"T.F." (OXYBUTYNIN)	2.25	調價
AC36385100	MESCO CAPSULES 500UG (MECOBALAMIN) "YY"	1.55	AC36385100	MESCO CAPSULES 500UG (MECOBALAMIN) "YY"	1.58	調價
AC36396100	MENCHUAN TABLET 100MG (TICLOPIDINE)	3.53	AC36396100	MENCHUAN TABLET 100MG (TICLOPIDINE)	3.71	調價

AC36399100	"SILYGEN-F.S.C. TABLETS 35MG ""H.C."" (SILYMARIN) "	1.50	AC36399100	"SILYGEN-F.S.C. TABLETS 35MG ""H.C."" (SILYMARIN) "	1.51	調價
AC36420209	SISOGEN INJECTION 50MG/ML (SISOMICIN) "GENTLE"	0.00	AC36420209	SISOGEN INJECTION 50MG/ML (SISOMICIN) "GENTLE"	58.00	刪除
AC36420212	SISOGEN INJECTION 50MG/ML (SISOMICIN) "GENTLE"	0.00	AC36420212	SISOGEN INJECTION 50MG/ML (SISOMICIN) "GENTLE"	106.00	刪除
AC36426100	KERFENMYCIN CAPSULES 250MG (CEFACLOR)	3.35	AC36426100	KERFENMYCIN CAPSULES 250MG (CEFACLOR)	3.37	調價
AC36475100	CIRCULON F.C. TABLETS 9.6MG "PBF" (GINKGOFLAVON GLYCOSIDES)	1.71	AC36475100	CIRCULON F.C. TABLETS 9.6MG "PBF" (GINKGOFLAVON GLYCOSIDES)	1.75	調價
AC36481321	"ANTIVIRS CREAM 50MG/GM (ACYCLOVIR) ""GCPC"""	41.10	AC36481321	"ANTIVIRS CREAM 50MG/GM (ACYCLOVIR) ""GCPC"""	41.20	調價
AC36481325	ANTIVIRS CREAM 50MG/GM"GCPC"(ACYCLOVIR)	42.50	AC36481325	ANTIVIRS CREAM 50MG/GM"GCPC"(ACYCLOVIR)	42.90	調價
AC36481329	ANTIVIRS CREAM 50MG/GM (ACYCLOVIR) "GCPC"	42.90	AC36481329	ANTIVIRS CREAM 50MG/GM (ACYCLOVIR) "GCPC"	43.50	調價
AC36500321	SHU-BA-HANI CREAM "CHINTENG"	24.00	AC36500321	SHU-BA-HANI CREAM "CHINTENG"	24.30	調價
AC36500329	SHU-BA-HANI CREAM"CHINTENG"	29.10	AC36500329	SHU-BA-HANI CREAM"CHINTENG"	30.50	調價
AC36500335	SHU-BA-HANI CREAM"CHINTENG"	54.00	AC36500335	SHU-BA-HANI CREAM"CHINTENG"	55.00	調價
AC36506100	"SUNPYLON TABLETS 50MG ""MACRO"" (SULPIRIDE)"	1.53	AC36506100	"SUNPYLON TABLETS 50MG ""MACRO"" (SULPIRIDE)"	1.55	調價
AC36508100	OFLOCIN F.C. TABLETS. 100MG (OFLOXACIN) "H.S."	1.58	AC36508100	OFLOCIN F.C. TABLETS. 100MG (OFLOXACIN) "H.S."	1.62	調價
AC36510209	CEFZONE FOR IM/IV POWDER FOR INJECTION	135.00	AC36510209	CEFZONE FOR IM/IV POWDER FOR INJECTION	157.00	調價
AC36510277	CEFZONE FOR IM/IV POWDER FOR INJECTION	94.00	AC36510277	CEFZONE FOR IM/IV POWDER FOR INJECTION	101.00	調價

AC36574110	CERO GRANULES FOR SYRUP 50MG/ML "S.T." (CEFACOLR)	0.00	AC36574110	CERO GRANULES FOR SYRUP 50MG/ML "S.T." (CEFACOLR)	109.00	刪除
AC36597209	TRADOL INJECTION 50MG/ML "GENTLE"(TRAMADOL HYDROCHLORIDE)	0.00	AC36597209	TRADOL INJECTION 50MG/ML "GENTLE"(TRAMADOL HYDROCHLORIDE)	24.30	刪除
AC36597212	TRADOL INJECTION 50MG/ML (TRAMADOL HYDROCHLORIDE) "GENTLE"	0.00	AC36597212	TRADOL INJECTION 50MG/ML (TRAMADOL HYDROCHLORIDE) "GENTLE"	28.50	刪除
AC36601221	"GINTEC INJECTION 0.84MG/ML ""S.Y."" (GINKGOFLAVONGLYCOSIDE)"	25.00	AC36601221	"GINTEC INJECTION 0.84MG/ML ""S.Y."" (GINKGOFLAVONGLYCOSIDE)"	25.90	調價
AC36632421	SINTROPIC OPHTHALMIC SOLUTION 10MG/ML (TROPICAMIDE) "SINPHAR"	65.00	AC36632421	SINTROPIC OPHTHALMIC SOLUTION 10MG/ML (TROPICAMIDE) "SINPHAR"	67.00	調價
AC36644100	"ATROGEM TABLETS 200MG(TIAPROFENIC ACID) ""MACRO"""	2.91	AC36644100	"ATROGEM TABLETS 200MG(TIAPROFENIC ACID) ""MACRO"""	2.95	調價
AC36657121	K-CITRATE GRANULES "GENTLE"	6.90	AC36657121	K-CITRATE GRANULES "GENTLE"	7.20	調價
AC36669212	ULCERTIN INJECTION 10MG/ML"SWISS" (FAMOTIDINE)	23.20	AC36669212	ULCERTIN INJECTION 10MG/ML"SWISS" (FAMOTIDINE)	23.30	調價
AC36677100	DALMADORM CAPSULES 30MG (FLURAZEPAM)	3.75	AC36677100	DALMADORM CAPSULES 30MG (FLURAZEPAM)	3.98	調價
AC36679100	DALMADORM CAPSULES 15MG (FLURAZEPAM)	3.42	AC36679100	DALMADORM CAPSULES 15MG (FLURAZEPAM)	3.54	調價
AC36759151	KOUSULIN SYRUP "M.T"	0.00	AC36759151	KOUSULIN SYRUP "M.T"	25.00	刪除
AC36759157	KOUSULIN SYRUP "M.T"	0.00	AC36759157	KOUSULIN SYRUP "M.T"	26.20	刪除
AC36763209	CEFOPIN INJECTION (CEFOPERAZONE)	0.00	AC36763209	CEFOPIN INJECTION (CEFOPERAZONE)	157.00	刪除
AC36763212	CEFOPIN INJECTION (CEFOPERAZONE)	0.00	AC36763212	CEFOPIN INJECTION (CEFOPERAZONE)	262.00	刪除

AC36763277	CEFOPIN INJECTION (CEFOPERAZONE)	0.00	AC36763277	CEFOPIN INJECTION (CEFOPERAZONE)	101.00	刪除
AC36765321	"PRURINON CREAM""M.S"	13.90	AC36765321	"PRURINON CREAM""M.S"	15.00	調價
AC36765329	PRURINON CREAM "M.S"	32.20	AC36765329	PRURINON CREAM "M.S"	35.50	調價
AC36765335	PRURINON CREAM "M.S"	51.00	AC36765335	PRURINON CREAM "M.S"	55.00	調價
AC36765338	PRURINON CREAM "M.S"	74.00	AC36765338	PRURINON CREAM "M.S"	87.00	調價
AC36768209	TONMEX INJECTION 20MG/ML (PIROXICAM) "PANBIOTIC"	16.90	AC36768209	TONMEX INJECTION 20MG/ML (PIROXICAM) "PANBIOTIC"	17.60	調價
AC36768212	TONMEX INJECTION 20MG/ML (PIROXICAM) "PANBIOTIC"	16.90	AC36768212	TONMEX INJECTION 20MG/ML (PIROXICAM) "PANBIOTIC"	17.60	調價
AC36783100	S.N.A. CAPSULES 10MG "C.H." (FLUNARIZINE)	2.66	AC36783100	S.N.A. CAPSULES 10MG "C.H." (FLUNARIZINE)	2.89	調價
AC36785100	ASFEN TABLETS 1MG "STANDARD" (KETOTIFEN)	1.54	AC36785100	ASFEN TABLETS 1MG "STANDARD" (KETOTIFEN)	1.56	調價
AC36787338	"SILIVERINE CREAM 10MG/GM ""S.Y"" (SILVER SULFADIAZINE)"	32.30	AC36787338	"SILIVERINE CREAM 10MG/GM ""S.Y"" (SILVER SULFADIAZINE)"	32.70	調價
AC36787363	SILIVERINE CREAM 10MG/GM "S.Y." (SILVER SULFADIAZINE)	139.00	AC36787363	SILIVERINE CREAM 10MG/GM "S.Y." (SILVER SULFADIAZINE)	141.00	調價
AC36787372	SILIVERINE CREAM 10MG/GM "S.Y." (SILVER SULFADIAZINE)	267.00	AC36787372	SILIVERINE CREAM 10MG/GM "S.Y." (SILVER SULFADIAZINE)	275.00	調價
AC36787377	SILIVERINE CREAM 10MG/GM "S.Y." (SILVER SULFADIAZINE)	357.00	AC36787377	SILIVERINE CREAM 10MG/GM "S.Y." (SILVER SULFADIAZINE)	397.00	調價
AC36794100	PROCAL TABLETS 667MG (CALCIUM ACETATE) "PL"	1.58	AC36794100	PROCAL TABLETS 667MG (CALCIUM ACETATE) "PL"	1.62	調價
AC36824421	"OASIS" FLUOROMETHOLONE OPH. SUSPEN. 0.02%	13.60	AC36824421	"OASIS" FLUOROMETHOLONE OPH. SUSPEN. 0.02%	14.20	調價
AC36824429	"OASIS" FLUOROMETHOLONE OPHTHALMIC. SUSPENSION. 0.02%	53.00	AC36824429	"OASIS" FLUOROMETHOLONE OPHTHALMIC. SUSPENSION. 0.02%	57.00	調價

AC36840100	BENDOPA CAPSULES "WEIDAR"	3.34	AC36840100	BENDOPA CAPSULES "WEIDAR"	3.41	調價
AC36853100	ACE-CAL TABLETS 667 MG (CALCIUM ACETATE) "MACRO"	0.00	AC36853100	ACE-CAL TABLETS 667 MG (CALCIUM ACETATE) "MACRO"	1.62	刪除
AC36854100	"GINKO TABLETS 9.6MG (GINKGOFLAVONGLYCOSIDE) ""S.Y.""""	1.71	AC36854100	"GINKO TABLETS 9.6MG (GINKGOFLAVONGLYCOSIDE) ""S.Y.""""	1.76	調價
AC36858423	AMCICORT IN ORABASE 0.1% (TRIAMCINOLONE ACETONIDE) "CL"	36.70	AC36858423	AMCICORT IN ORABASE 0.1% (TRIAMCINOLONE ACETONIDE) "CL"	37.80	調價
AC36869100	FAMODINE F.C. TABLETS 40MG (FAMOTIDINE) "N.K."	3.77	AC36869100	FAMODINE F.C. TABLETS 40MG (FAMOTIDINE) "N.K."	4.12	調價
AC36915100	URIBENORM TABLETS 100MG "CHEN TA" (BENZBROMARONE)	2.05	AC36915100	URIBENORM TABLETS 100MG "CHEN TA" (BENZBROMARONE)	2.18	調價
AC36944100	BIPIDEN TABLET 2MG "SWISS"(BIPERIDEN)	1.67	AC36944100	BIPIDEN TABLET 2MG "SWISS"(BIPERIDEN)	1.74	調價
AC36963321	BENCOGEN CREAM	20.70	AC36963321	BENCOGEN CREAM	23.80	調價
AC36963329	BENCOGEN CREAM	23.50	AC36963329	BENCOGEN CREAM	26.50	調價
AC37004248	CIPROFLO INFUSION SOLUTION 2MG/ML "S.Y." (CIPROFLOXACIN)	206.00	AC37004248	CIPROFLO INFUSION SOLUTION 2MG/ML "S.Y." (CIPROFLOXACIN)	214.00	調價
AC37004255	CIPROFLO INFUSION SOLUTION 2MG/ML "S.Y." (CIPROFLOXACIN)	450.00	AC37004255	CIPROFLO INFUSION SOLUTION 2MG/ML "S.Y." (CIPROFLOXACIN)	488.00	調價
AC37029100	"NIFUROX CAPSULES 200MG (NIFUROXAZIDE) ""H.S.""""	2.30	AC37029100	"NIFUROX CAPSULES 200MG (NIFUROXAZIDE) ""H.S.""""	2.33	調價
AC37042329	FLUTHASONE CREAM "CHINTENG"	34.30	AC37042329	FLUTHASONE CREAM "CHINTENG"	35.20	調價
AC37053209	PIROXICAM INJECTION 20MG/ML "Y.Y"	16.90	AC37053209	PIROXICAM INJECTION 20MG/ML "Y.Y"	17.60	調價
AC37053212	PIROXICAM INJECTION 20MG/ML "Y.Y"	16.90	AC37053212	PIROXICAM INJECTION 20MG/ML "Y.Y"	17.60	調價
AC37064209	CEFE INJECTION "SWISS" (CEFMETAZOLE)	78.00	AC37064209	CEFE INJECTION "SWISS" (CEFMETAZOLE)	84.00	調價

AC37064212	CEFE INJECTION "SWISS" (CEFMETAZOLE)	246.00	AC37064212	CEFE INJECTION "SWISS" (CEFMETAZOLE)	263.00	調價
AC37064265	CEFE INJECTION "SWISS" (CEFMETAZOLE)	0.00	AC37064265	CEFE INJECTION "SWISS" (CEFMETAZOLE)	41.80	刪除
AC37064277	CEFE INJECTION "SWISS" (CEFMETAZOLE)	64.00	AC37064277	CEFE INJECTION "SWISS" (CEFMETAZOLE)	69.00	調價
AC37067329	CLOSONE CREAM	32.20	AC37067329	CLOSONE CREAM	35.50	調價
AC37067335	CLOSONE CREAM	0.00	AC37067335	CLOSONE CREAM	55.00	刪除
AC37069321	"BETA CREAM ""SINPHAR"""	13.00	AC37069321	"BETA CREAM ""SINPHAR"""	14.00	調價
AC37069329	BETA CREAM 0.5MG/GM "S.Y."(BETAMETHASONE)	15.90	AC37069329	BETA CREAM 0.5MG/GM "S.Y."(BETAMETHASONE)	16.50	調價
AC37074321	CETALA CREAM 1% "Y.Y." (CENTELLA ASIATICA)	0.00	AC37074321	CETALA CREAM 1% "Y.Y." (CENTELLA ASIATICA)	36.40	刪除
AC37074329	CETALA CREAM 1% "Y.Y." (CENTELLA ASIATICA)	0.00	AC37074329	CETALA CREAM 1% "Y.Y." (CENTELLA ASIATICA)	59.00	刪除
AC37074335	CETALA CREAM 1% "Y.Y." (CENTELLA ASIATICA)	0.00	AC37074335	CETALA CREAM 1% "Y.Y." (CENTELLA ASIATICA)	59.00	刪除
AC37074338	CETALA CREAM 1% "Y.Y." (CENTELLA ASIATICA)	0.00	AC37074338	CETALA CREAM 1% "Y.Y." (CENTELLA ASIATICA)	79.00	刪除
AC37078321	BALINSE OINTMENT "GCPC"	10.90	AC37078321	BALINSE OINTMENT 5GM	11.30	調價
AC37078329	BALINSE OINTMENT "GCPC"	19.50	AC37078329	"BALINSE OINTMENT ""GCPC"""	20.90	調價
AC37078335	BALINSE OINTMENT "GCPC"	52.00	AC37078335	"BALINSE OINTMENT ""GCPC"""	57.00	調價
AC37078338	BALINSE OINTMENT "GCPC"	68.00	AC37078338	BALINSE OINTMENT "GCPC"	73.00	調價
AC37093343	EASY ACNE SOLUTION 10MG/ML (CLINDAMYCIN)	87.00	AC37093343	EASY ACNE SOLUTION 10MG/ML (CLINDAMYCIN)	93.00	調價
AC37096321	DEFULIN CREAM 0.05% "EVEREST" (CLOBETASOL PROPIONATE)	11.90	AC37096321	DEFULIN CREAM 0.05% "EVEREST" (CLOBETASOL PROPIONATE)	12.60	調價
AC37096324	DEFULIN CREAM 0.05% "EVEREST" (CLOBETASOL PROPIONATE)	12.80	AC37096324	DEFULIN CREAM 0.05% "EVEREST" (CLOBETASOL PROPIONATE)	13.30	調價

AC37096329	DEFULIN CREAM 0.05% "EVEREST" (CLOBETASOL PROPIONATE)	13.70	AC37096329	DEFULIN CREAM 0.05% "EVEREST" (CLOBETASOL PROPIONATE)	14.30	調價
AC37096335	DEFULIN CREAM 0.05% "EVEREST" (CLOBETASOL PROPIONATE)	24.80	AC37096335	DEFULIN CREAM 0.05% "EVEREST" (CLOBETASOL PROPIONATE)	25.50	調價
AC37096338	DEFULIN CREAM 0.05% "EVEREST" (CLOBETASOL PROPIONATE)	41.90	AC37096338	DEFULIN CREAM 0.05% "EVEREST" (CLOBETASOL PROPIONATE)	44.50	調價
AC37125100	LISACEF CAPSULES 500MG "S.T." (CAPHRADINE)	2.72	AC37125100	LISACEF CAPSULES 500MG "S.T." (CAPHRADINE)	2.77	調價
AC37128321	EUCLOBE CREAM 0.5MG/GM	11.90	AC37128321	EUCLOBE CREAM 0.5MG/GM	12.60	調價
AC37128323	EUCLOBE CREAM 0.5MG/GM	12.80	AC37128323	EUCLOBE CREAM 0.5MG/GM	13.30	調價
AC37128324	EUCLOBE CREAM 0.5MG/GM	12.80	AC37128324	EUCLOBE CREAM 0.5MG/GM	13.30	調價
AC37128329	EUCLOBE CREAM 0.5MG/GM	13.70	AC37128329	EUCLOBE CREAM 0.5MG/GM	14.30	調價
AC37128335	EUCLOBE CREAM 0.5MG/GM	24.80	AC37128335	EUCLOBE CREAM 0.5MG/GM	25.50	調價
AC37128338	EUCLOBE CREAM 0.5MG/GM	41.90	AC37128338	EUCLOBE CREAM 0.5MG/GM	44.50	調價
AC37128340	EUCLOBE CREAM 0.5MG/GM	61.00	AC37128340	EUCLOBE CREAM 0.5MG/GM	71.00	調價
AC37134329	B.B. GEL 1% (CLINDAMYCIN)	14.10	AC37134329	B.B. GEL 1% (CLINDAMYCIN)	14.90	調價
AC37134335	B.B. GEL 1% (CLINDAMYCIN)	20.70	AC37134335	B.B. GEL 1% (CLINDAMYCIN)	22.20	調價
AC37134338	B.B. GEL 1% (CLINDAMYCIN)	65.00	AC37134338	B.B. GEL 1% (CLINDAMYCIN)	69.00	調價
AC37134343	B.B. GEL 1% (CLINDAMYCIN)	185.00	AC37134343	B.B. GEL 1% (CLINDAMYCIN)	186.00	調價
AC37139321	C.B ACYLETE CREAM 50MG/GM (ACYCLOVIR)	41.10	AC37139321	C.B ACYLETE CREAM 50MG/GM (ACYCLOVIR)	41.20	調價
AC37162321	DERMALIN CREAM	13.90	AC37162321	DERMALIN CREAM	15.00	調價
AC37162329	DERMALIN CREAM	0.00	AC37162329	DERMALIN CREAM	35.50	刪除
AC37162330	DERMALIN CREAM	0.00	AC37162330	DERMALIN CREAM	44.50	刪除
AC37162335	DERMALIN CREAM	51.00	AC37162335	DERMALIN CREAM	55.00	調價
AC37166100	SIN TONG E.F.C TABLETS 100MG "CHINTENG" (PENTOXYFYLLINE)	1.50	AC37166100	SIN TONG E.F.C TABLETS 100MG "CHINTENG" (PENTOXYFYLLINE)	1.51	調價
AC37190100	"NIROZIDE CAPSULES 200MG (NIFROXAZIDE) ""ROYAL"""	2.30	AC37190100	"NIROZIDE CAPSULES 200MG (NIFROXAZIDE) ""ROYAL"""	2.33	調價

AC37197100	SWIFLOR CAPSULES 250MG (CEFACLOR) "SWISS"	3.35	AC37197100	SWIFLOR CAPSULES 250MG (CEFACLOR) "SWISS"	3.37	調價
AC37214421	BETAGEN OPHTHALMIC SOULTION "GCPC"	20.00	AC37214421	BETAGEN OPHTHALMIC SOULTION "GCPC"	22.60	調價
AC37214429	BETAGEN OPHTHALMIC SOLUTION "GCPC"	0.00	AC37214429	BETAGEN OPHTHALMIC SOLUTION "GCPC"	49.70	刪除
AC37225100	WECOLI TABLETS 25MG (BETHANECHOL CHLORIDE) "YY"	1.63	AC37225100	WECOLI TABLETS 25MG (BETHANECHOL CHLORIDE) "YY"	1.68	調價
AC37227100	Cefaclor Capsules 250mg "Synmosa"	3.35	AC37227100	Cefaclor Capsules 250mg "Synmosa"	3.37	調價
AC37228329	LEVALONE CREAM	22.30	AC37228329	LEVALONE CREAM	22.70	調價
AC37229100	CINTSU S.R.F.C. TABLETS 240MG (VERAPAMIL) "YUNG SHIN"	5.20	AC37229100	CINTSU S.R.F.C. TABLETS 240MG (VERAPAMIL) "YUNG SHIN"	5.50	調價
AC37240329	CORTOLONE CREAM	22.30	AC37240329	CORTOLONE CREAM	22.70	調價
AC37286321	VICORAX CREAM 5% "WEIDAR"	41.10	AC37286321	VICORAX CREAM 5% "WEIDAR"	41.20	調價
AC37288329	SWIVAZIN CREAM 10MG/GM (CENTELLA ASIATICA)	57.00	AC37288329	SWIVAZIN CREAM 10MG/GM (CENTELLA ASIATICA)	59.00	調價
AC37288335	SWIVAZIN CREAM 10MG/GM (CENTELLA ASIATICA)	58.00	AC37288335	SWIVAZIN CREAM 10MG/GM (CENTELLA ASIATICA)	59.00	調價
AC37288337	SWIVAZIN CREAM 10MG/GM (CENTELLA ASIATICA)	70.00	AC37288337	SWIVAZIN CREAM 10MG/GM (CENTELLA ASIATICA)	73.00	調價
AC37288338	SWIVAZIN CREAM 10MG/GM (CENTELLA ASIATICA)	77.00	AC37288338	SWIVAZIN CREAM 10MG/GM (CENTELLA ASIATICA)	79.00	調價
AC37290209	VANCO POWDER FOR INJECTION "GENTLE"(VANCOMYCIN)	179.00	AC37290209	VANCO POWDER FOR INJECTION "GENTLE"(VANCOMYCIN)	204.00	調價
AC37290277	VANCO POWDER FOR INJECTION (VANCOMYCIN) "GENTLE"	76.00	AC37290277	VANCO POWDER FOR INJECTION (VANCOMYCIN) "GENTLE"	80.00	調價
AC37292100	"NICER TABLETS 10MG (NICERGOLINE) ""H.S.""	4.38	AC37292100	"NICER TABLETS 10MG (NICERGOLINE) ""H.S.""	4.70	調價
AC37301157	ZECOL SYRUP	21.90	AC37301157	ZECOL SYRUP	22.30	調價

AC37311321	AROMA CREAM 20MG/G	0.00	AC37311321	AROMA CREAM 20MG/G	11.90	刪除
AC37311329	AROMA CREAM 20MG/G	13.10	AC37311329	AROMA CREAM 20MG/G	13.30	調價
AC37311335	AROMA CREAM 20MG/G	0.00	AC37311335	AROMA CREAM 20MG/G	32.80	刪除
AC37311338	AROMA CREAM 20MG/G	0.00	AC37311338	AROMA CREAM 20MG/G	38.70	刪除
AC37314338	CLINDAMYCIN GEL 10MG/GM "C.C.P.C."	65.00	AC37314338	CLINDAMYCIN GEL 10MG/GM "C.C.P.C."	69.00	調價
AC37375100	GINKON FILM COATED TABLETS 9.6MG (GINKGOFLAVONGLYCOSIDE)	1.71	AC37375100	GINKON FILM COATED TABLETS 9.6MG (GINKGOFLAVONGLYCOSIDE)	1.76	調價
AC37384209	CEFOXINE FOR INJECTION (CEFOTAXIME SODIUM) "TAI YU"	113.00	AC37384209	CEFOXINE FOR INJECTION (CEFOTAXIME SODIUM) "TAI YU"	124.00	調價
AC37386343	LADIOL GEL 0.6MG/GM "SINPHAR" (ESTRADIOL)	74.00	AC37386343	LADIOL GEL 0.6MG/GM "SINPHAR" (ESTRADIOL)	76.00	調價
AC37390100	U-SAVE CAPSULES 500MG "U-LIANG"(CEPHRADINE)	2.72	AC37390100	U-SAVE CAPSULES 500MG "U-LIANG"(CEPHRADINE)	2.77	調價
AC37441100	BIPERIN TABLETS 2MG (BIPERIDEN) "UNION"	1.67	AC37441100	BIPERIN TABLETS 2MG (BIPERIDEN) "UNION"	1.74	調價
AC37442209	CEFOTIN POWDER FOR INJECTION "CEFOXITIN"	67.00	AC37442209	CEFOTIN POWDER FOR INJECTION "CEFOXITIN"	75.00	調價
AC37442212	CEFOTIN POWDER FOR INJECTION "CEFOXITIN"	143.00	AC37442212	CEFOTIN POWDER FOR INJECTION "CEFOXITIN"	158.00	調價
AC37497100	SELEGYL TABLETS 5MG "SWISS" (DEPRENYL)	2.46	AC37497100	SELEGYL TABLETS 5MG "SWISS" (DEPRENYL)	2.68	調價
AC37501329	"ISOLON CREAM ""H.S.""	0.00	AC37501329	"ISOLON CREAM ""H.S.""	22.70	刪除
AC37501335	"ISOLON CREAM ""H.S.""	39.30	AC37501335	"ISOLON CREAM ""H.S.""	40.60	調價
AC37510329	SONA CREAM	0.00	AC37510329	SONA CREAM	22.70	刪除
AC37510335	SONA CREAM	0.00	AC37510335	SONA CREAM	40.60	刪除
AC37511329	C.G.B. CREAM "H.S."	35.00	AC37511329	C.G.B. CREAM "H.S."	36.30	調價
AC37511338	C.G.B. CREAM "H.S."	84.00	AC37511338	C.G.B. CREAM "H.S."	89.00	調價
AC37520100	CAPHOS TABLETS 667MG (CALCIUM ACETATE) "M.S."	1.58	AC37520100	CAPHOS TABLETS 667MG (CALCIUM ACETATE) "M.S."	1.62	調價

AC37549100	TRENTINE F.C. TABLETS 9.6MG "N.K."	1.71	AC37549100	TRENTINE F.C. TABLETS 9.6MG "N.K."	1.76	調價
AC37551100	KINTHREE FILM TABLETS 9.6MG (GINKGOFLAVONGLYCOSIDE) "EVEREST"	1.71	AC37551100	KINTHREE FILM TABLETS 9.6MG (GINKGOFLAVONGLYCOSIDE) "EVEREST"	1.76	調價
AC37563321	SAFELON CREAM "EVEREST"	0.00	AC37563321	SAFELON CREAM "EVEREST"	15.00	刪除
AC375771G0	ERA TABLET 0.25MG (FLUDIAZEPAM) "T.T.Y."(鋁箔/膠箔)	2.00			#NULL!	新增
AC37580321	CLOSONE CREAM	13.90	AC37580321	CLOSONE CREAM	15.00	調價
AC37580329	CLOSONE CREAM	32.20	AC37580329	CLOSONE CREAM	35.50	調價
AC37580335	CLOSONE CREAM	51.00	AC37580335	CLOSONE CREAM	55.00	調價
AC37586100	GINKOBA F.C.TABLETS 9.6MG "ROYAL"(GINKGOFLAVONGLYCOSIDE)	1.71	AC37586100	GINKOBA F.C.TABLETS 9.6MG "ROYAL"(GINKGOFLAVONGLYCOSIDE)	1.76	調價
AC37591100	WENISU TABLETS 5MG (NORETHISTERONE) "H.S."	1.66	AC37591100	WENISU TABLETS 5MG (NORETHISTERONE) "H.S."	1.72	調價
AC375911G0	"WENISU TABLETS 5MG (NORETHISTERONE) "H.S."(鋁箔/膠箔)	2.00			#NULL!	新增
AC37592148	COJALIN SYRUP "CHINTENG"	0.00	AC37592148	COJALIN SYRUP "CHINTENG"	25.00	刪除
AC37595100	"NAFXEN TABLETS 500MG (NAPROXEN) ""TAI YU"""	2.95	AC37595100	"NAFXEN TABLETS 500MG (NAPROXEN) ""TAI YU"""	2.96	調價
AC37601100	WELIZEN F.C. TABLETS 20MG "N.K."	1.59	AC37601100	WELIZEN F.C. TABLETS 20MG "N.K."	1.63	調價
AC37608100	PIRACETAM CAPSULES 400MG "KOJAR" (PIRACETAM)	1.50			#NULL!	新增
AC376081G0	PIRACETAM CAPSULES 400MG "KOJAR" (PIRACETAM)(鋁箔/膠箔)	2.00			#NULL!	新增
AC37622323	DERMALEAN GEL 10MG/GM "B&F"(CLINDAMYCIN)	11.40	AC37622323	DERMALEAN GEL 10MG/GM "B&F"(CLINDAMYCIN)	12.00	調價
AC37622329	DERMALEAN GEL 10MG/GM "B&F"(CLINDAMYCIN)	14.10	AC37622329	DERMALEAN GEL 10MG/GM "B&F"(CLINDAMYCIN)	14.90	調價

AC37622330	DERMALEAN GEL 10MG/GM "B&F"(CLINDAMYCIN)	17.40	AC37622330	DERMALEAN GEL 10MG/GM "B&F"(CLINDAMYCIN)	17.70	調價
AC37622335	DERMALEAN GEL 10MG/GM	20.70	AC37622335	DERMALEAN GEL 10MG/GM	22.20	調價
AC37632157	SCONIN ORAL SUSPENSION 20MG/ML	45.10	AC37632157	SCONIN ORAL SUSPENSION 20MG/ML	48.90	調價
AC37637157	POWEGON SUSPENSION 20MG/ML "EVEREST" (CIMETIDINE)	0.00	AC37637157	POWEGON SUSPENSION 20MG/ML "EVEREST" (CIMETIDINE)	66.00	刪除
AC37651100	CEGOLIN F.C. TABLETS 9.6MG (GINKFLAVONGLYCOSIDE) "WEIDAR"	1.71	AC37651100	CEGOLIN F.C. TABLETS 9.6MG (GINKFLAVONGLYCOSIDE) "WEIDAR"	1.76	調價
AC376511G0	CEGOLIN F.C. TABLETS 9.6MG "WEIDAR" (GINKGOFLAVONGLYCOSIDE)(鋁箔/膠箔)	2.00			#NULL!	新增
AC37652100	SEAPRO CAPSULES 10MG (SEAPROSE) "CHINTENG"	2.90	AC37652100	SEAPRO CAPSULES 10MG (SEAPROSE) "CHINTENG"	2.92	調價
AC37661100	TENSIONLEX TABLETS 100MG (ORHENADRINE CITRATE) "PANBIOTIC"	2.82			#NULL!	新增
AC37669143	EUMED DROPS 9.6MG/ML(GINGOFLAVONGLYCOSIDES)	0.00	AC37669143	EUMED DROPS 9.6MG/ML(GINGOFLAVONGLYCOSIDES)	176.00	刪除
AC37669151	EUMED DROPS 9.6MG/ML(GINGOFLAVONGLYCOSIDES)	0.00	AC37669151	EUMED DROPS 9.6MG/ML(GINGOFLAVONGLYCOSIDES)	267.00	刪除
AC37669155	EUMED DROPS 9.6MG/ML(GINGOFLAVONGLYCOSIDES)	0.00	AC37669155	EUMED DROPS 9.6MG/ML(GINGOFLAVONGLYCOSIDES)	432.00	刪除
AC37669157	EUMED DROPS 9.6MG/ML(GINGOFLAVONGLYCOSIDES)	0.00	AC37669157	EUMED DROPS 9.6MG/ML(GINGOFLAVONGLYCOSIDES)	525.00	刪除
AC37680100	ANLIN CAPSULES 10MG "CHINTENG" (OXAZOLAM)	1.52	AC37680100	ANLIN CAPSULES 10MG "CHINTENG" (OXAZOLAM)	1.53	調價
AC37685100	GEMD FILM COATED TABLETS 600MG (GEMFIBROZIL)	2.46	AC37685100	GEMD FILM COATED TABLETS 600MG (GEMFIBROZIL)	2.47	調價
AC37687100	SENIN F.C. TABLET 9.6MG "PURZER"(GINKGOFLAVONE GLYCOSIDES)	1.71	AC37687100	SENIN F.C. TABLET 9.6MG "PURZER"(GINKGOFLAVONE GLYCOSIDES)	1.76	調價

AC37688245	CIPROFLO INFUSION SOLUTION 10MG/ML "S.Y."(CIPROFLOXACIN)	621.00	AC37688245	CIPROFLO INFUSION SOLUTION 10MG/ML "S.Y."(CIPROFLOXACIN)	694.00	調價
AC37691329	PIROCAM CREAM 10MG/GM(PIROXICAM)	0.00	AC37691329	PIROCAM CREAM 10MG/GM(PIROXICAM)	15.60	刪除
AC37691336	PIROCAM CREAM 10MG/GM	22.20	AC37691336	PIROCAM CREAM 10MG/GM	25.60	調價
AC37691338	PIROCAM CREAM 10MG/GM(PIROXICAM)	23.10	AC37691338	PIROCAM CREAM 10MG/GM(PIROXICAM)	26.80	調價
AC37691340	PIROCAM CREAM 10MG/GM(PIROXICAM)	28.20	AC37691340	PIROCAM CREAM 10MG/GM(PIROXICAM)	33.70	調價
AC37696100	HOPAN TABLETS 5MG "KOJAR" (HALOPERIDOL)	1.75	AC37696100	HOPAN TABLETS 5MG "KOJAR" (HALOPERIDOL)	1.85	調價
AC37704100	QUIT ANALGESIC TABLET	1.50			#NULL!	新增
AC37720100	URSOLIC TABLETS 100MG (URSODEOXYCHOLIC ACID)	1.76	AC37720100	URSOLIC TABLETS 100MG (URSODEOXYCHOLIC ACID)	1.79	調價
AC37741209	TRICEF FOR I.V. INJECTION "SWISS" (CEFTRIAXAXONE)	82.00	AC37741209	TRICEF FOR I.V. INJECTION "SWISS" (CEFTRIAXAXONE)	100.00	調價
AC37741212	TRICEF FOR I.V. INJECTION "SWISS" (CEFTRIAXAXONE)	363.00	AC37741212	TRICEF FOR I.V. INJECTION "SWISS" (CEFTRIAXAXONE)	416.00	調價
AC37741265	TRICEF FOR I.V. INJECTION "SWISS" (CEFTRIAXAXONE)	54.00	AC37741265	TRICEF FOR I.V. INJECTION "SWISS" (CEFTRIAXAXONE)	63.00	調價
AC37741277	TRICEF FOR I.V. INJECTION "SWISS" (CEFTRIAXAXONE)	54.00	AC37741277	TRICEF FOR I.V. INJECTION "SWISS" (CEFTRIAXAXONE)	63.00	調價
AC37837100	KCB F.C. TABLETS 120MG (DIBISMUTH TRIOXIDE) "SWISS"	5.30	AC37837100	KCB F.C. TABLETS 120MG (DIBISMUTH TRIOXIDE) "SWISS"	5.40	調價
AC37838338	SEFUCON CREAM 1% (SILVER SULFADIAZINE)	32.30	AC37838338	SEFUCON CREAM 1% (SILVER SULFADIAZINE)	32.70	調價
AC37838372	SEFUCON CREAM 1% (SILVER SULFADIAZINE)	0.00	AC37838372	SEFUCON CREAM 1% (SILVER SULFADIAZINE)	275.00	刪除
AC37861100	UNIMARON TABLETS 50 MG	1.50			#NULL!	新增

AC378611G0	UNIMARON TABLETS 50 MG(鋁箔/膠箔)	2.00			#NULL!	新增
AC37862100	FUYANTONG CAPSULES	3.36	AC37862100	FUYANTONG CAPSULES	3.64	調價
AC37866421	SINTROPIC OPHTHALMIC SOLUTION 5MG/ML "SINPHAR"	16.50	AC37866421	SINTROPIC OPHTHALMIC SOLUTION 5MG/ML "SINPHAR"	18.20	調價
AC37874421	EUXINC ORABASE 0.1%	35.60	AC37874421	EUXINC ORABASE 0.1%	38.80	調價
AC37876100	POKEN CAP.	1.52	AC37876100	POKEN CAP.	1.53	調價
AC37909335	TONIN GEL 100MG/GM (ETOFENAMATE)	0.00	AC37909335	TONIN GEL 100MG/GM (ETOFENAMATE)	32.60	刪除
AC37909345	TONIN GEL 100MG/GM (ETOFENAMATE)	84.00	AC37909345	TONIN GEL 100MG/GM (ETOFENAMATE)	86.00	調價
AC37923329	MINSONE CREAM 0.5MG/GM (CLOBETASONE) "YUNG CHI"	37.60			#NULL!	新增
AC37928100	ATENOL F.C. TABLETS 100MG (ATENOLOL) "WEIDAR"	1.51	AC37928100	ATENOL F.C. TABLETS 100MG (ATENOLOL) "WEIDAR"	1.52	調價
AC37934100	SYNOTEC TABLETS 200MG (TIAPROFENIC ACID)	2.91	AC37934100	SYNOTEC TABLETS 200MG (TIAPROFENIC ACID)	2.95	調價
AC379451GA	CIMETIN F.C. TABLETS 400MG (CIMETIDINE) "JOHNSON"(鋁箔/膠箔)	2.00			#NULL!	新增
AC37996100	PHOSUNK TABLET 667MG "SWISS"(CALCIUM ACETATE)	1.58	AC37996100	PHOSUNK TABLET 667MG "SWISS"(CALCIUM ACETATE)	1.62	調價
AC37997100	MODIPANOL TABLET 2MG "SWISS"(FLUNITRAZEPAM)	1.77	AC37997100	MODIPANOL TABLET 2MG "SWISS"(FLUNITRAZEPAM)	1.87	調價
AC38030100	PROCAM CAPSULES 150MG "EVEREST" (SILYMARIN)	1.52	AC38030100	PROCAM CAPSULES 150MG "EVEREST" (SILYMARIN)	1.53	調價
AC38034100	BISOL F.C.TABLET 300MG (DIBISMUTH TRIOXIDE) "PURZER"	5.30	AC38034100	BISOL F.C.TABLET 300MG (DIBISMUTH TRIOXIDE) "PURZER"	5.40	調價
AC38049338	CENTALLA OINTMENT "SINPHAR"	115.00	AC38049338	CENTALLA OINTMENT "SINPHAR"	118.00	調價

AC38055100	FUAN TABLETS 5MG "CHINTENG"(MEDROXYPROGESTERONE)	1.50	AC38055100	FUAN TABLETS 5MG "CHINTENG"(MEDROXYPROGESTERONE)	1.51	調價
AC38056100	"Blasec Tablets 2.5mg ""MACRO"" (Oxybutynin)"	1.60	AC38056100	"Blasec Tablets 2.5mg ""MACRO"" (Oxybutynin)"	1.64	調價
AC38073343	"ESTRAD GEL 0.06% (ESTRADIOL) ""H.S.""	74.00	AC38073343	"ESTRAD GEL 0.06% (ESTRADIOL) ""H.S.""	76.00	調價
AC380811G0	ANSUTAN CAPSULES "F.Y"(鋁箔/膠箔)	2.00			#NULL!	新增
AC380811G5	ANSUTAN CAPSULES "F.Y"(84粒/瓶裝)	2.00			#NULL!	新增
AC38089100	SUXEN FILM COATED TABLETS 250MG (CIPROFLOXACIN)	5.10	AC38089100	SUXEN FILM COATED TABLETS 250MG (CIPROFLOXACIN)	6.00	調價
AC38090100	SUXEN FILM COATED TABLETS 500MG (CIPROFLOXACIN)	6.10	AC38090100	SUXEN FILM COATED TABLETS 500MG (CIPROFLOXACIN)	7.30	調價
AC38091100	TENGEN TABLETS "MACRO"	4.17	AC38091100	TENGEN TABLETS "MACRO"	4.35	調價
AC38097100	HEPANAT CAPSULES 150MG (SILYMARIN)	1.52	AC38097100	HEPANAT CAPSULES 150MG (SILYMARIN)	1.53	調價
AC38098209	FOCUS IM INJECTION 20MG/ML (PIROXICAM)	16.90	AC38098209	FOCUS IM INJECTION 20MG/ML (PIROXICAM)	17.60	調價
AC38134100	SILYMA CAPSULES 150MG (SILYMARIN)	1.52	AC38134100	SILYMA CAPSULES 150MG (SILYMARIN)	1.53	調價
AC38135209	TRAMED INJECTION 50MG/ML (TRAMADOL HYDROCHLORIDE) "SWISS"	22.80	AC38135209	TRAMED INJECTION 50MG/ML (TRAMADOL HYDROCHLORIDE) "SWISS"	24.30	調價
AC38135212	TRAMED INJECTION 50MG/ML (TRAMADOL HYDROCHLORIDE) "SWISS"	25.90	AC38135212	TRAMED INJECTION 50MG/ML (TRAMADOL HYDROCHLORIDE) "SWISS"	28.50	調價
AC38145212	TRAMTOR INJECTION 50MG/ML (TRAMADOL HYDROCHLORIDE)	25.90	AC38145212	TRAMTOR INJECTION 50MG/ML (TRAMADOL HYDROCHLORIDE)	28.50	調價
AC38147100	GENOL TABLETS 120MG "GENTLE" (DIBISMUTH TRIOXIDE)	5.30	AC38147100	GENOL TABLETS 120MG "GENTLE" (DIBISMUTH TRIOXIDE)	5.40	調價

AC38159321	AZOL-CORT CREAM	13.90	AC38159321	AZOL-CORT CREAM	14.30	調價
AC38159335	AZOL-CORT CREAM	39.30	AC38159335	AZOL-CORT CREAM	40.60	調價
AC38164100	TIAP TABLET 200MG (TIAPROFENIC ACID) "SWISS"	2.91	AC38164100	TIAP TABLET 200MG (TIAPROFENIC ACID) "SWISS"	2.95	調價
AC38184321	TRIDERMSONE CREAM	16.00	AC38184321	TRIDERMSONE CREAM	16.30	調價
AC38184329	TRIDERMSONE CREAM	35.00	AC38184329	TRIDERMSONE CREAM	36.30	調價
AC38184336	TRIDERMSONE CREAM	53.00	AC38184336	TRIDERMSONE CREAM	54.00	調價
AC38184338	TRIDERMSONE CREAM	84.00	AC38184338	TRIDERMSONE CREAM	89.00	調價
AC38186100	YIPA CAPSULES 0.5MG "KOJAR"	1.55	AC38186100	YIPA CAPSULES 0.5MG "KOJAR"	1.58	調價
AC38194100	HEARTQUINONE CAPSULES 10MG (UBIDECARENONE) "S.D."	2.85	AC38194100	HEARTQUINONE CAPSULES 10MG (UBIDECARENONE) "S.D."	3.00	調價
AC38244100	HOPAN TABLETS 10MG "KOJAR" (HALOPERIDOL)	2.33	AC38244100	HOPAN TABLETS 10MG "KOJAR" (HALOPERIDOL)	2.40	調價
AC38259100	NIFUGEN CAP. 200MG	2.30	AC38259100	NIFUGEN CAP. 200MG	2.33	調價
AC38260100	JINBO FILM-COATING TABLETS 9.6MG (GINKGOFLAVONGLYCOSIDE) "YU-SHENG"	1.71	AC38260100	JINBO FILM-COATING TABLETS 9.6MG (GINKGOFLAVONGLYCOSIDE) "YU-SHENG"	1.76	調價
AC38283312	SALINE SOLUTION "S.T"	0.00	AC38283312	SALINE SOLUTION "S.T"	55.00	刪除
AC38283316	SALINE SOLUTION "S.T"	0.00	AC38283316	SALINE SOLUTION "S.T"	68.00	刪除
AC38284238	BUTAMINE INJECTION 12.5MG/ML (DOBUTAMINE)	113.00	AC38284238	BUTAMINE INJECTION 12.5MG/ML (DOBUTAMINE)	126.00	調價
AC38291100	WEIMOK F.C. TABLETS 40MG (FAMOTIDINE) "WEIDAR"	3.77	AC38291100	WEIMOK F.C. TABLETS 40MG (FAMOTIDINE) "WEIDAR"	4.12	調價
AC38296100	GEMNPID F.C. TABLETS 600MG (GEMFIBROZIL) "C.C.P.C."	2.46	AC38296100	GEMNPID F.C. TABLETS 600MG (GEMFIBROZIL) "C.C.P.C."	2.47	調價
AC38300329	SMOOTH CREAM 10MG/GM	57.00	AC38300329	SMOOTH CREAM 10MG/GM	59.00	調價
AC38327100	REFEN TABLETS 200MG "Y.J."(TIAPROFENIC ACID)	2.91	AC38327100	REFEN TABLETS 200MG "Y.J."(TIAPROFENIC ACID)	2.95	調價

AC38368100	SUPEROCIN F.C. TABLETS 500MG "WEIDAR"	6.10	AC38368100	SUPEROCIN F.C. TABLETS 500MG "WEIDAR"	7.30	調價
AC38415100	ANIN TABLETS 5MG "Y.K."	1.75	AC38415100	ANIN TABLETS 5MG "Y.K."	1.85	調價
AC38422100	CARTIL TABLETS 60MG (DILTIAZEM HYDROCHLORIDE)	2.15	AC38422100	CARTIL TABLETS 60MG (DILTIAZEM HYDROCHLORIDE)	2.26	調價
AC38426100	ANTIDIA CAPSULES 200MG (NIFUROXAZIDE) "S.D."	2.30	AC38426100	ANTIDIA CAPSULES 200MG (NIFUROXAZIDE) "S.D."	2.33	調價
AC38427321	RAMIN CREAM "EVEREST"	16.00	AC38427321	RAMIN CREAM "EVEREST"	16.30	調價
AC38427329	RAMIN CREAM "EVEREST"	35.00	AC38427329	RAMIN CREAM "EVEREST"	36.30	調價
AC38427336	RAMIN CREAM "EVEREST"	53.00	AC38427336	RAMIN CREAM "EVEREST"	54.00	調價
AC38427338	RAMIN CREAM "EVEREST"	84.00	AC38427338	RAMIN CREAM "EVEREST"	89.00	調價
AC38474100	SPANIL TABLETS 135MG (MEBEVERINE HYDROCHLORIDE) "ROYAL"	1.75	AC38474100	SPANIL TABLETS 135MG (MEBEVERINE HYDROCHLORIDE) "ROYAL"	1.85	調價
AC38479100	"GINKGO BILOBA F.C. TABLETS 9.6MG (GINKGOFLAVONGLYCOSIDE)""RO OT"""	1.71	AC38479100	"GINKGO BILOBA F.C. TABLETS 9.6MG (GINKGOFLAVONGLYCOSIDE)""RO OT"""	1.76	調價
AC38504100	CALOWLIN TABLETS 667MG (CALCIUM ACETETE) "U-LIANG"	1.58	AC38504100	CALOWLIN TABLETS 667MG (CALCIUM ACETETE) "U-LIANG"	1.62	調價
AC38510100	SUME TABLETS 2MG	1.77	AC38510100	SUME TABLETS 2MG	1.87	調價
AC38528100	CIFLODAL F.C. TABLETS 500MG (CIPROFLOXACIN) "C.C.P.C."	6.10	AC38528100	CIFLODAL F.C. TABLETS 500MG (CIPROFLOXACIN) "C.C.P.C."	7.30	調價
AC38540321	FUMELON CREAM 10MG/GM "Y.K."	36.40			#NULL!	新增
AC38540329	FUMELON CREAM 10MG/GM "Y.K."	57.00			#NULL!	新增
AC38540335	FUMELON CREAM 10MG/GM "Y.K."	58.00			#NULL!	新增
AC38540337	FUMELON CREAM 10MG/GM "Y.K."	70.00			#NULL!	新增
AC38540338	FUMELON CREAM 10MG/GM "Y.K."	77.00			#NULL!	新增
AC38555255	CINOLONE IV INFUSION 2MG/ML	450.00	AC38555255	CINOLONE IV INFUSION 2MG/ML	488.00	調價

AC38575100	MABAL CAPSULES 0.5MG "YU SHENG" (MECOBALAMIN)	1.55	AC38575100	MABAL CAPSULES 0.5MG "YU SHENG" (MECOBALAMIN)	1.58	調價
AC38599100	HSIAOCHIH TABLETS 100MG "C.A."(BENZARONE)	2.79	AC38599100	HSIAOCHIH TABLETS 100MG "C.A."(BENZARONE)	2.82	調價
AC38604329	ANKAJEN CREAM 5% "C.H."(ACYCLOVIR)	42.90	AC38604329	ANKAJEN CREAM 5% "C.H."(ACYCLOVIR)	43.50	調價
AC38612100	AN LIN TABLETS 2MG (FLUNITRAZEPAM)	1.77	AC38612100	AN LIN TABLETS 2MG (FLUNITRAZEPAM)	1.87	調價
AC38615209	CEFIN FOR I.V. INJECTION (CEFTRIAXONE) "PANBIOTIC"	82.00	AC38615209	CEFIN FOR I.V. INJECTION (CEFTRIAXONE) "PANBIOTIC"	100.00	調價
AC38615212	CEFIN FOR I.V. INJECTION (CEFTRIAXONE) "PANBIOTIC"	363.00	AC38615212	CEFIN FOR I.V. INJECTION (CEFTRIAXONE) "PANBIOTIC"	416.00	調價
AC38615265	CEFIN FOR I.V. INJECTION (CEFTRIAXONE) "PANBIOTIC"	54.00	AC38615265	CEFIN FOR I.V. INJECTION (CEFTRIAXONE) "PANBIOTIC"	63.00	調價
AC38615277	CEFIN FOR I.V. INJECTION (CEFTRIAXONE) "PANBIOTIC"	54.00	AC38615277	CEFIN FOR I.V. INJECTION (CEFTRIAXONE) "PANBIOTIC"	63.00	調價
AC38616100	MECOMIN CAPSULES 0.5MG (MECOBALAMIN) "LITA"	1.55	AC38616100	MECOMIN CAPSULES 0.5MG (MECOBALAMIN) "LITA"	1.58	調價
AC386201G0	MEDROLIN F.C. TABLETS 50MG "F.Y." (鋁箔/膠箔)	2.00			#NULL!	新增
AC38650100	AKIN TABLETS 2MG (BIPERIDEN) "H.S."	1.67	AC38650100	AKIN TABLETS 2MG (BIPERIDEN) "H.S."	1.74	調價
AC38663421	DELOLOL OPHTHALMIC SOLUTION 5MG/ML "SINPHAR" (TIMOLOL)	122.00	AC38663421	DELOLOL OPHTHALMIC SOLUTION 5MG/ML "SINPHAR" (TIMOLOL)	130.00	調價
AC38686100	GINBININ S.C TABLETS 9.6 MG (GINKGOFLAVONGLYCOSIDE) "LITA"	1.71	AC38686100	GINBININ S.C TABLETS 9.6 MG (GINKGOFLAVONGLYCOSIDE) "LITA"	1.76	調價
AC38711209	CEFAMID FOR INJECTION "GENTLE"	0.00	AC38711209	CEFAMID FOR INJECTION "GENTLE"	25.00	刪除

AC38711212	CEFAMID FOR INJECTION "GENTLE"	0.00	AC38711212	CEFAMID FOR INJECTION "GENTLE"	145.00	刪除
AC38712321	TOPIDIN CREAM	13.90	AC38712321	TOPIDIN CREAM	14.00	調價
AC38712335	TOPIDIN CREAM	29.70	AC38712335	TOPIDIN CREAM	30.20	調價
AC38737209	PIXICAM I.M. INJECTION 20MG/ML (PIROXICAM)"ORIENTAL"	16.90	AC38737209	PIXICAM I.M. INJECTION 20MG/ML (PIROXICAM)"ORIENTAL"	17.60	調價
AC38737212	PIXICAM I.M. INJECTION 20MG/ML (PIROXICAM)"ORIENTAL"	16.90	AC38737212	PIXICAM I.M. INJECTION 20MG/ML (PIROXICAM)"ORIENTAL"	17.60	調價
AC38747100	CINOLONE F.C. TABLET 250MG	5.10	AC38747100	CINOLONE F.C. TABLET 250MG	6.00	調價
AC38766100	METHYLPREDNISOLONE TABLETS 4MG "YUNG SHIN"	1.53	AC38766100	METHYLPREDNISOLONE TABLETS 4MG "YUNG SHIN"	1.55	調價
AC38777209	GIBICEF POWDER FOR INJECTION (CEFUROXIME)	51.00	AC38777209	GIBICEF POWDER FOR INJECTION (CEFUROXIME)	55.00	調價
AC38777277	GIBICEF POWDER FOR INJECTION (CEFUROXIME)	0.00	AC38777277	GIBICEF POWDER FOR INJECTION (CEFUROXIME)	25.00	刪除
AC38810100	MEBAL CAPSULES 0.5MG ""H.S"" (MECOBALAMIN)"	1.55			#NULL!	新增
AC388101G0	MEBAL CAPSULES 0.5MG ""H.S"" (MECOBALAMIN)"(鋁箔/膠箔)	2.00			#NULL!	新增
AC38833100	SIGAMET F.C. TABLETS 400MG (CIMETIDINE) "SINPHAR"	0.00	AC38833100	SIGAMET F.C. TABLETS 400MG (CIMETIDINE) "SINPHAR"	1.50	刪除
AC38840100	Silyrin-H Capsule 150mg (Silymarin) "WELCAN"	1.52	AC38840100	Silyrin-H Capsule 150mg (Silymarin) "WELCAN"	1.53	調價
AC38843209	CEFMORE INJECTION "SWISS" (CEFOXITIN SODIUM)	67.00	AC38843209	CEFMORE INJECTION "SWISS" (CEFOXITIN SODIUM)	75.00	調價
AC38847100	BENZOX TABLETS 5MG	0.00	AC38847100	BENZOX TABLETS 5MG	1.50	刪除
AC38851100	"TECON TABLETS 200MG (TIAPROFENIC ACID) ""M.T.""	2.91	AC38851100	"TECON TABLETS 200MG (TIAPROFENIC ACID) ""M.T.""	2.95	調價

AC38854209	CETADIME FOR INJETION	39.20	AC38854209	CETADIME FOR INJETION	43.30	調價
AC38854212	CETADIME FOR INJETION	199.00	AC38854212	CETADIME FOR INJETION	235.00	調價
AC38854277	CETADIME FOR INJETION	0.00	AC38854277	CETADIME FOR INJETION	27.20	刪除
AC38856100	GINKON F.C. TABLET 9.6MG (GINKGOFLAVONE GLYCOSIDE) "JOHNSON"	1.71	AC38856100	GINKON F.C. TABLET 9.6MG (GINKGOFLAVONE GLYCOSIDE) "JOHNSON"	1.75	調價
AC38870329	KETONA CREAM 20MG/GM "KOJAR"(KETOCONAZOLE)	13.10	AC38870329	KETONA CREAM 20MG/GM "KOJAR"(KETOCONAZOLE)	13.30	調價
AC38870335	KETONA CREAM 20MG/GM "KOJAR" (KETOCONAZOLE)	31.90	AC38870335	KETONA CREAM 20MG/GM "KOJAR" (KETOCONAZOLE)	32.80	調價
AC38925100	GIBBER S.C. TABLETS 9.6MG "Y.Y"(GINKGOFLAVONGLYCOSIDE)	1.71	AC38925100	GIBBER S.C. TABLETS 9.6MG "Y.Y"(GINKGOFLAVONGLYCOSIDE)	1.76	調價
AC38926100	SINSO F.C TABLETS. 40MG "CHINTENG" (VERAPAMIL)	1.53	AC38926100	SINSO F.C TABLETS. 40MG "CHINTENG" (VERAPAMIL)	1.55	調價
AC38935263	MAGNESIUM SULFATE INJECTION 100MG/ML"C.C.P.C."	120.00	AC38935263	MAGNESIUM SULFATE INJECTION 100MG/ML"C.C.P.C."	125.00	調價
AC38946100	BEBENLINE F.C. TABLETS 135MG (MEBEVERINE HYDROCHLORIDE)	1.75	AC38946100	BEBENLINE F.C. TABLETS 135MG (MEBEVERINE HYDROCHLORIDE)	1.85	調價
AC38949209	TATUMCEF POWDER FOR INJECTION (CEFTAZIDIME) "C.C.P.C."	39.20	AC38949209	TATUMCEF POWDER FOR INJECTION (CEFTAZIDIME) "C.C.P.C."	43.30	調價
AC38949212	TATUMCEF POWDER FOR INJECTION "C.C.P.C."(CEFTAZIDIME)	199.00	AC38949212	TATUMCEF POWDER FOR INJECTION "C.C.P.C."(CEFTAZIDIME)	235.00	調價
AC38949277	TATUMCEF POWDER FOR INJECTION"C.C.P.C." (CEFTAZIDIME)	26.60	AC38949277	TATUMCEF POWDER FOR INJECTION"C.C.P.C." (CEFTAZIDIME)	27.20	調價
AC38955100	METISONE TABLETS 4MG (METHYLPREDNISOLONE) "S.D."	1.53	AC38955100	METISONE TABLETS 4MG (METHYLPREDNISOLONE) "S.D."	1.55	調價

AC38972209	AXONECEF FOR IV INJECTION (CEFTRIAXONE)	82.00	AC38972209	AXONECEF FOR IV INJECTION (CEFTRIAXONE)	100.00	調價
AC38972212	AXONECEF FOR IV INJECTION (CEFTRIAXONE)	363.00	AC38972212	AXONECEF FOR IV INJECTION (CEFTRIAXONE)	416.00	調價
AC38980421	LAN-YEN EYE DROPS "YY"	20.00	AC38980421	LAN-YEN EYE DROPS "YY"	22.60	調價
AC38982329	ROYALSENSE ACNE GEL 10MG/GM "SINPHAR" (CLINDAMYCIN)	14.10	AC38982329	ROYALSENSE ACNE GEL 10MG/GM "SINPHAR" (CLINDAMYCIN)	14.90	調價
AC38982335	ROYALSENSE ACNE GEL 10MG/GM "SINPHAR" (CLINDAMYCIN)	20.70	AC38982335	ROYALSENSE ACNE GEL 10MG/GM "SINPHAR" (CLINDAMYCIN)	22.20	調價
AC38982338	ROYALSENSE ACNE GEL 10MG/GM "SINPHAR" (CLINDAMYCIN)	65.00	AC38982338	ROYALSENSE ACNE GEL 10MG/GM "SINPHAR" (CLINDAMYCIN)	69.00	調價
AC38983100	NOMPIN TABLETS 20MG (NOSCAPINE) "CHINTENG"	1.02	AC38983100	NOMPIN TABLETS 20MG (NOSCAPINE) "CHINTENG"	1.09	調價
AC389831G0	NOMPIN TABLETS 20MG (NOSCAPINE) "CHINTENG"(鋁箔/膠箔)	1.26	AC389831G0	NOMPIN TABLETS 20MG (NOSCAPINE) "CHINTENG"(鋁箔/膠箔)	1.42	調價
AC38992100	PROCA TABLETS 667MG "BOWLIN" (CALCIUM ACETATE)	1.58	AC38992100	PROCA TABLETS 667MG "BOWLIN" (CALCIUM ACETATE)	1.62	調價
AC39012100	ASUMALIFE TABLETS 1MG (KETOTIFEN)	1.54	AC39012100	ASUMALIFE TABLETS 1MG (KETOTIFEN)	1.56	調價
AC39017321	KEMEZIMIN CREAM 10MG/GM (BIFONAZOLE) "Y.K."	18.20			#NULL!	新增
AC39017323	KEMEZIMIN CREAM 10MG/GM (BIFONAZOLE) "Y.K."	27.40			#NULL!	新增
AC39017329	KEMEZIMIN CREAM 10MG/GM (BIFONAZOLE) "Y.K."	44.60			#NULL!	新增
AC39017335	KEMEZIMIN CREAM 10MG/GM (BIFONAZOLE) "Y.K."	49.40			#NULL!	新增
AC39017338	KEMEZIMIN CREAM 10MG/GM (BIFONAZOLE) "Y.K."	81.00			#NULL!	新增
AC39033477	ANME EYE DROPS 0.5%	7.50	AC39033477	ANME EYE DROPS 0.5%	8.20	調價
AC39039321	YUHEALFU CREAM "S.C."	13.90	AC39039321	YUHEALFU CREAM "S.C."	15.00	調價

AC39039329	YUH EEL FU CREAM "S.C"10GM	32.20	AC39039329	YUH EEL FU CREAM "S.C"10GM	35.50	調價
AC39039335	YUH EEL FU CREAM 15GM	51.00	AC39039335	YUH EEL FU CREAM 15GM	55.00	調價
AC39039338	YUH EEL FU CREAM 20GM	74.00	AC39039338	YUH EEL FU CREAM 20GM	87.00	調價
AC39048123	KERFENMYCIN GRAN. FOR ORAL SUSP. 250MG/GM	0.00	AC39048123	KERFENMYCIN GRAN. FOR ORAL SUSP. 250MG/GM	73.00	刪除
AC39054100	UBIHEART CAPSULES 10MG(UBIDECARENONE) "JENN MAW"	2.85	AC39054100	UBIHEART CAPSULES 10MG(UBIDECARENONE)"JENN MAW"	3.00	調價
AC39058209	LIMADOL INJECTION 50MG/ML (TRAMADOL HCL) "N.K."	22.80	AC39058209	LIMADOL INJECTION 50MG/ML (TRAMADOL HCL) "N.K."	24.30	調價
AC39058212	LIMADOL INJECTION 50MG/ML (TRAMADOL HCL) "N.K."	25.90	AC39058212	LIMADOL INJECTION 50MG/ML (TRAMADOL HCL) "N.K."	28.50	調價
AC39082209	VIOHEPATIN INJECTION 0.5MG/ML (MECOBALAMIN)	0.00	AC39082209	VIOHEPATIN INJECTION 0.5MG/ML (MECOBALAMIN)	15.00	刪除
AC39082212	VIOHEPATIN INJECTION 0.5MG/ML (MECOBALAMIN)	0.00	AC39082212	VIOHEPATIN INJECTION 0.5MG/ML (MECOBALAMIN)	15.00	刪除
AC39087100	TRENFYLLINE S.R.F.C. TABLETS 400MG (PENTOXIFYLLINE)	1.82	AC39087100	TRENFYLLINE S.R.F.C. TABLETS 400MG (PENTOXIFYLLINE)	1.88	調價
AC39094209	CEFODUR FOR INJECTION (CEFOPERAZONE) "VPP"	0.00	AC39094209	CEFODUR FOR INJECTION (CEFOPERAZONE) "VPP"	157.00	刪除
AC39094212	CEFODUR FOR INJECTION (CEFOPERAZONE) "VPP"	0.00	AC39094212	CEFODUR FOR INJECTION (CEFOPERAZONE) "VPP"	262.00	刪除
AC39094277	CEFODUR FOR INJECTION (CEFOPERAZONE) "VPP"	0.00	AC39094277	CEFODUR FOR INJECTION (CEFOPERAZONE) "VPP"	101.00	刪除
AC39120100	AELICON CAPSULES 200MG (NIFURXAZIDE) Y.C."	2.30	AC39120100	AELICON CAPSULES 200MG (NIFURXAZIDE) Y.C."	2.33	調價

AC39144100	CLAZIDE TABLETS 80MG "JOHNSON" (GLICLAZIDE)	0.00	AC39144100	CLAZIDE TABLETS 80MG "JOHNSON" (GLICLAZIDE)	1.50	刪除
AC39168100	VEINTONIC F.C. TABLETS 9.6MG (GINKGOFLAVONGLYCOSIDE) "SWISS"	1.71	AC39168100	VEINTONIC F.C. TABLETS 9.6MG (GINKGOFLAVONGLYCOSIDE) "SWISS"	1.76	調價
AC39170100	CIPROFLOXACIN F.C. TABLETS 500MG "KINGDOM"	6.10	AC39170100	CIPROFLOXACIN F.C. TABLETS 500MG "KINGDOM"	7.30	調價
AC39221100	BUISLINE TABLETS 10MG "H.S." (BUSPIRONE)	2.83	AC39221100	BUISLINE TABLETS 10MG "H.S." (BUSPIRONE)	3.00	調價
AC39229100	IEJYHHAO TABLETS 100MG "S.C." (BENZARONE)	2.79	AC39229100	IEJYHHAO TABLETS 100MG "S.C." (BENZARONE)	2.82	調價
AC39239100	BROEN-C ENTERIC F.C. TABLETS "N.K."	4.14	AC39239100	BROEN-C ENTERIC F.C. TABLETS "N.K."	4.30	調價
AC39257100	"SULPYRIDE F.C.TABLETS 200MG ""WELCAN"" (SULPIRIDE)"	1.71	AC39257100	"SULPYRIDE F.C.TABLETS 200MG ""WELCAN"" (SULPIRIDE)"	1.79	調價
AC39277100	Ibufen Tablets 400mg "LITA" (Ibuprofen)	1.23	AC39277100	Ibufen Tablets 400mg "LITA" (Ibuprofen)	1.39	調價
AC39293100	SUROLE CAPSULE 50MG (CLOMIPHENE) "STANDARD"	3.87	AC39293100	SUROLE CAPSULE 50MG (CLOMIPHENE) "STANDARD"	4.07	調價
AC39306377	AG-S COMPLEX CREAM	0.00	AC39306377	AG-S COMPLEX CREAM	480.00	刪除
AC39307100	DELIPIC TABLETS 20MG (LOVASTATIN) "STANDARD"	3.24	AC39307100	DELIPIC TABLETS 20MG (LOVASTATIN) "STANDARD"	3.47	調價
AC39309151	"KOJAR" KETOTIFEN SOLUTION 0.2 MG/ML	42.80	AC39309151	"KOJAR" KETOTIFEN SOLUTION 0.2 MG/ML	43.30	調價
AC39312100	URICIN TABLETS 100MG (BENZBROMARONE)	2.05	AC39312100	URICIN TABLETS 100MG (BENZBROMARONE)	2.18	調價
AC39315100	ACYLETE TABLETS 400MG (ACYCLOVIR)	5.60	AC39315100	ACYLETE TABLETS 400MG (ACYCLOVIR)	6.00	調價
AC39318212	ONZOD INJ. 2MG/ML 2ML	87.00	AC39318212	ONZOD INJ. 2MG/ML 2ML	102.00	調價
AC39319209	TONCAM INJECTION 20MG/ML (PIROXICAM) "CHI SHENG"	0.00	AC39319209	TONCAM INJECTION 20MG/ML (PIROXICAM) "CHI SHENG"	17.60	刪除

AC39319212	TONCAM INJECTION 20MG/ML (PIROXICAM) "CHI SHENG"	16.90	AC39319212	TONCAM INJECTION 20MG/ML (PIROXICAM) "CHI SHENG"	17.60	調價
AC39345435	MORCASIN OPHTHALMIC SOLUTION 40MG/ML (SULFAMETHOXAZOLE) "SINPHAR"	13.90	AC39345435	MORCASIN OPHTHALMIC SOLUTION 40MG/ML (SULFAMETHOXAZOLE) "SINPHAR"	14.10	調價
AC39368100	VIRLESS TABLETS 800MG (ACYCLOVIR) "YUNG SHIN"	11.80	AC39368100	VIRLESS TABLETS 800MG (ACYCLOVIR) "YUNG SHIN"	12.70	調價
AC39397100	ANFLUPIN TAB 100MG	2.49	AC39397100	ANFLUPIN TAB 100MG	2.65	調價
AC39401100	ENALATEC TABLETS 20MG (ENALAPRIL)	1.54	AC39401100	ENALATEC TABLETS 20MG (ENALAPRIL)	1.56	調價
AC39403100	LOZUTIN TABLETS 20MG (LOVASTATIN)	3.24	AC39403100	LOZUTIN TABLETS 20MG (LOVASTATIN)	3.47	調價
AC39414100	SINTEC TABLETS 20MG "S.T."(ENALAPRIL)	1.54	AC39414100	SINTEC TABLETS 20MG "S.T."(ENALAPRIL)	1.56	調價
AC39429329	TORICAM GEL 10MG/G (PIROXICAM)	14.80	AC39429329	TORICAM GEL 10MG/G (PIROXICAM)	15.60	調價
AC39429338	TORICAM GEL 10MG/G (PIROXICAM)	23.10	AC39429338	TORICAM GEL 10MG/G (PIROXICAM)	26.80	調價
AC39429343	TORICAM GEL 10MG/G (PIROXICAM)	28.40	AC39429343	TORICAM GEL 10MG/G (PIROXICAM)	34.00	調價
AC394293AK	TORICAM GEL 10MG/G (PIROXICAM)	28.20	AC394293AK	TORICAM GEL 10MG/G (PIROXICAM)	33.70	調價
AC39431100	DOPADINE F.C. TABLET 100MG (AMANTADINE) "SWISS"	3.77	AC39431100	DOPADINE F.C. TABLET 100MG (AMANTADINE) "SWISS"	4.42	調價
AC39485151	IPUTON SUSPENSION 20MG/ML "Y.K."	25.00			#NULL!	新增
AC39485157	IPUTON SUSPENSION 20MG/ML "Y.K."	45.10			#NULL!	新增
AC39518100	SUFEN TABLETS 200MG (TIAPROFENIC ACID)	2.91	AC39518100	SUFEN TABLETS 200MG (TIAPROFENIC ACID)	2.95	調價
AC39537100	SILYMIN CAPSULE 150MG "SWISS"(SILYMARIN)	1.52	AC39537100	SILYMIN CAPSULE 150MG "SWISS"(SILYMARIN)	1.53	調價

AC39547100	CENTAL F.C. TABLETS 100MG	1.50	AC39547100	CENTAL F.C. TABLETS 100MG	1.51	調價
AC39560100	BACIZIDE CAPSULES 200MG (NIFUROXAZIDE) "S.C."	2.30	AC39560100	BACIZIDE CAPSULES 200MG (NIFUROXAZIDE) "S.C."	2.33	調價
AC39575100	KERSYN F.C. TABLETS 100MG (TICLOPIDINE) "CHINTENG"	3.53	AC39575100	KERSYN F.C. TABLETS 100MG (TICLOPIDINE) "CHINTENG"	3.71	調價
AC39584100	MEBEVER F.C. TABLETS 135MG (MEBEVERINE) "SINPHAR"(MEBEVERINE HYDROCHLORIDE)	1.75	AC39584100	MEBEVER F.C. TABLETS 135MG (MEBEVERINE) "SINPHAR"(MEBEVERINE HYDROCHLORIDE)	1.85	調價
AC39596321	CHENFU CREAM 20MG/GM"CHINTENG" (KETOCONAZOLE)	0.00	AC39596321	CHENFU CREAM 20MG/GM"CHINTENG" (KETOCONAZOLE)	11.90	刪除
AC39596329	CHENFU CREAM 20MG/GM"CHINTENG" (KETOCONAZOLE)	0.00	AC39596329	CHENFU CREAM 20MG/GM"CHINTENG" (KETOCONAZOLE)	13.30	刪除
AC39596335	CHENFU CREAM 20MG/GM"CHINTENG" (KETOCONAZOLE)	0.00	AC39596335	CHENFU CREAM 20MG/GM"CHINTENG" (KETOCONAZOLE)	32.80	刪除
AC39598212	VEINTONIC INJECTION 0.84MG/ML "SWISS" (GINKGOFLAVONEGLYCOSIDE)	22.90	AC39598212	VEINTONIC INJECTION 0.84MG/ML "SWISS" (GINKGOFLAVONEGLYCOSIDE)	23.10	調價
AC39598221	VEINTONIC INJECTION 0.84MG/ML "SWISS" (GINKGOFLAVONEGLYCOSIDE)	25.00	AC39598221	VEINTONIC INJECTION 0.84MG/ML "SWISS" (GINKGOFLAVONEGLYCOSIDE)	25.90	調價
AC39601100	ASACOR TABLETS 20MG	0.00	AC39601100	ASACOR TABLETS 20MG	3.47	刪除
AC39614338	BIFONA TOPICAL SOLUTION 10MG/ML "S.C." (BIFONAZOLE)	85.00	AC39614338	BIFONA TOPICAL SOLUTION 10MG/ML "S.C." (BIFONAZOLE)	87.00	調價
AC39616321	AN HAO CREAM 50MG/GM "S.C." (ACYCLOVIR)	41.10	AC39616321	AN HAO CREAM 50MG/GM "S.C." (ACYCLOVIR)	41.20	調價
AC39616329	AN HAO CREAM 50MG/GM "S.C." (ACYCLOVIR)	42.90	AC39616329	AN HAO CREAM 50MG/GM "S.C." (ACYCLOVIR)	43.50	調價
AC396203AH	SYAWE CREAM 50MG/GM (ACYCLOVIR)"MEIDER"	41.80	AC396203AH	SYAWE CREAM 50MG/GM (ACYCLOVIR)"MEIDER"	42.10	調價

AC39623335	MEXAC OINTMENT 15G	54.00	AC39623335	MEXAC OINTMENT 15G	55.00	調價
AC39660277	SALINE INJECTION 3% "N.K."	0.00	AC39660277	SALINE INJECTION 3% "N.K."	25.00	刪除
AC39682100	METERONE TABLETS 10MG (MEDROXYPROGESTERONE ACETATE)	2.63	AC39682100	METERONE TABLETS 10MG (MEDROXYPROGESTERONE ACETATE)	2.69	調價
AC39689209	FOLSMYCIN POWDER FOR INJECTION "YUNG SHIN" (FOSFOMYCIN)	0.00	AC39689209	FOLSMYCIN POWDER FOR INJECTION "YUNG SHIN" (FOSFOMYCIN)	120.00	刪除
AC39689212	FOLSMYCIN POWDER FOR INJECTION "YUNG SHIN"(FOSFOMYCIN)	187.00	AC39689212	FOLSMYCIN POWDER FOR INJECTION "YUNG SHIN"(FOSFOMYCIN)	192.00	調價
AC39689219	FOLSMYCIN POWDER FOR INJECTION (FOSFOMYCIN) "YUNG SHIN"	305.00	AC39689219	FOLSMYCIN POWDER FOR INJECTION (FOSFOMYCIN) "YUNG SHIN"	347.00	調價
AC39689277	FOLSMYCIN POWDER FOR INJECTION "YUNG SHIN" (FOSFOMYCIN)	0.00	AC39689277	FOLSMYCIN POWDER FOR INJECTION "YUNG SHIN" (FOSFOMYCIN)	67.00	刪除
AC39694220	TAZOCIN LYO-INJECTION	226.00	AC39694220	TAZOCIN LYO-INJECTION	260.00	調價
AC396942CX	TAZOCIN LYO-INJECTION	136.00	AC396942CX	TAZOCIN LYO-INJECTION	152.00	調價
AC39703100	LABTAL F.C. TABLETS 200MG (LABETALOL) "SINPHAR"	2.82	AC39703100	LABTAL F.C. TABLETS 200MG (LABETALOL) "SINPHAR"	2.89	調價
AC39725100	MECOBALAMINE CAPSULES 0.5MG "S.C."	1.55	AC39725100	MECOBALAMINE CAPSULES 0.5MG "S.C."	1.58	調價
AC39728100	MOTALINE TAB. 10MG	0.00	AC39728100	MOTALINE TAB. 10MG	1.50	刪除
AC39734100	DICRON TABLETS 80MG "S.Y."(GLICLAZIDE)	0.00	AC39734100	DICRON TABLETS 80MG "S.Y."(GLICLAZIDE)	1.50	刪除
AC397341G0	DICRON TABLETS 80MG "S.Y."(GLICLAZIDE)(鋁箔/膠箔)	0.00	AC397341G0	DICRON TABLETS 80MG "S.Y."(GLICLAZIDE)(鋁箔/膠箔)	2.00	刪除
AC39772100	VOKER FILM COATES TABLETS 40MG (FAMOTIDINE)	3.77	AC39772100	VOKER FILM COATES TABLETS 40MG (FAMOTIDINE)	4.12	調價
AC39778100	SEPIRONE TABLETS 10MG	2.83	AC39778100	SEPIRONE TABLETS 10MG	3.00	調價

AC39782209	TRICEF FOR IM. INJECTION (CEFTRIAXONE) "SWISS"	82.00	AC39782209	TRICEF FOR IM. INJECTION (CEFTRIAXONE) "SWISS"	100.00	調價
AC39782265	TRICEF FOR IM. INJECTION (CEFTRIAXONE) "SWISS"	54.00	AC39782265	TRICEF FOR IM. INJECTION (CEFTRIAXONE) "SWISS"	63.00	調價
AC39782277	TRICEF FOR IM. INJECTION (CEFTRIAXONE) "SWISS"	54.00	AC39782277	TRICEF FOR IM. INJECTION (CEFTRIAXONE) "SWISS"	63.00	調價
AC39790100	BENRONE TABLETS100MG "WEIDAR" (BENZBROMARONE)	2.05	AC39790100	BENRONE TABLETS100MG "WEIDAR" (BENZBROMARONE)	2.18	調價
AC39793100	OFLODAL F.C. TABLETS 100MG (OFLOXACIN)	1.58	AC39793100	OFLODAL F.C. TABLETS 100MG (OFLOXACIN)	1.62	調價
AC39794100	QUIMADINE F.C. TABLETS 20MG (FAMOTIDINE)	1.59	AC39794100	QUIMADINE F.C. TABLETS 20MG (FAMOTIDINE)	1.63	調價
AC39797100	OFCIN FILM COATED TABLETS 200MG (OFLOXACIN)	1.88	AC39797100	OFCIN FILM COATED TABLETS 200MG (OFLOXACIN)	2.02	調價
AC397971G0	OFCIN FILM COATED TABLETS 200MG (OFLOXACIN)(鋁箔/膠箔)	2.00			#NULL!	新增
AC39798100	OFCIN FILM COATED TABLETS 100MG (OFLOXACIN)	1.58	AC39798100	OFCIN FILM COATED TABLETS 100MG (OFLOXACIN)	1.62	調價
AC397981G0	OFCIN FILM COATED TABLETS 100MG (OFLOXACIN)(鋁箔/膠箔)	2.00			#NULL!	新增
AC39812329	ENTON GEL 10MG/GM (PIROXICAM) "CHINTENG"	14.80	AC39812329	ENTON GEL 10MG/GM (PIROXICAM) "CHINTENG"	15.60	調價
AC39812335	ENTON GEL 10MG/GM (PIROXICAM) "CHINTENG"	0.00	AC39812335	ENTON GEL 10MG/GM (PIROXICAM) "CHINTENG"	25.60	刪除
AC39812338	ENTON GEL 10MG/GM (PIROXICAM) "CHINTENG"	23.10	AC39812338	ENTON GEL 10MG/GM (PIROXICAM) "CHINTENG"	26.80	調價

AC39812340	ENTON GEL 10MG/GM (PIROXICAM) "CHINTENG"	28.20	AC39812340	ENTON GEL 10MG/GM (PIROXICAM) "CHINTENG"	33.70	調價
AC39812343	ENTON GEL 10MG/GM (PIROXICAM) "CHINTENG"	28.40	AC39812343	ENTON GEL 10MG/GM (PIROXICAM) "CHINTENG"	34.00	調價
AC398123AK	ENTON GEL 10MG/GM (PIROXICAM) "CHINTENG"	28.20	AC398123AK	ENTON GEL 10MG/GM (PIROXICAM) "CHINTENG"	33.70	調價
AC39816100	ANLIPIN F.C. TABLETS 50MG (ATENOLOL) "KOJAR"	1.50	AC39816100	ANLIPIN F.C. TABLETS 50MG (ATENOLOL) "KOJAR"	1.51	調價
AC39819100	OXACIN F.C. TABLETS 200MG "CHINTENG" (OFLOXACIN)	1.88	AC39819100	OXACIN F.C. TABLETS 200MG "CHINTENG" (OFLOXACIN)	2.02	調價
AC39822100	ESTRADE TABLETS 2MG(ESTRADIOL)	3.78	AC39822100	ESTRADE TABLETS 2MG(ESTRADIOL)	3.98	調價
AC39830238	GENTAMICIN INJECTION 40MG/ML "N.K."	40.80	AC39830238	GENTAMICIN INJECTION 40MG/ML "N.K."	43.40	調價
AC39843100	SWINORIN F.C. TABLETS 100MG "SWISS" (ATENOLOL)	1.51	AC39843100	SWINORIN F.C. TABLETS 100MG "SWISS" (ATENOLOL)	1.52	調價
AC39863100	GINCARE FILM COATED TABLETS 9.6MG (GINKGOFLAVONGLYCOSIDES)	1.71	AC39863100	GINCARE FILM COATED TABLETS 9.6MG (GINKGOFLAVONGLYCOSIDES)	1.76	調價
AC39876100	SILTIN TABLETS 5MG	2.46	AC39876100	SILTIN TABLETS 5MG	2.68	調價
AC39879100	VARAPAMIL TABLETS 40MG "F.Y."	0.00	AC39879100	VARAPAMIL TABLETS 40MG "F.Y."	1.55	刪除
AC39880129	SPEEDON POWDER "N.K."(LACTITOL)	11.00	AC39880129	SPEEDON POWDER "N.K."(LACTITOL)	8.40	調價
AC39880138	SPEEDON POWDER "N.K."(LACTITOL)	18.90	AC39880138	SPEEDON POWDER (LACTITOL) "N.K."	14.10	調價
AC39896100	"SINSULIN TABLETS 10MG ""ASTAR"""	1.52	AC39896100	"SINSULIN TABLETS 10MG ""ASTAR"""	1.53	調價
AC39940209	CEFT-S FOR I.V INJECTION (CEFTRIAXONE)"STANDARD"	82.00	AC39940209	CEFT-S FOR I.V INJECTION (CEFTRIAXONE)"STANDARD"	100.00	調價

AC39940277	CEFT-S FOR I.V INJECTION (CEFTRIAXONE)"STANDARD"	54.00	AC39940277	CEFT-S FOR I.V INJECTION (CEFTRIAXONE)"STANDARD"	63.00	調價
AC39944219	SUPREN INJECTION 2MG/ML"S.T." (ONDANSETRON)	94.00	AC39944219	SUPREN INJECTION 2MG/ML"S.T." (ONDANSETRON)	112.00	調價
AC39945100	N.F.S. F.C. TABLETS 200MG "C.H." (NORFLOXACIN)	1.96	AC39945100	N.F.S. F.C. TABLETS 200MG "C.H." (NORFLOXACIN)	2.06	調價
AC39974100	SINTEC TABLETS 5MG "S.T." (ENALAPRIL)	1.54	AC39974100	SINTEC TABLETS 5MG "S.T." (ENALAPRIL)	1.56	調價
AC40011100	ACEMET CAPSULES 60MG (ACEMETACIN)	1.54	AC40011100	ACEMET CAPSULES 60MG (ACEMETACIN)	1.56	調價
AC40042100	NEUQUINON S.C. TABLETS 10MG	2.85	AC40042100	NEUQUINON S.C. TABLETS 10MG	3.00	調價
AC40045277	SORLATE INJECTION "CHI SHENG"	36.40	AC40045277	SORLATE INJECTION "CHI SHENG"	37.90	調價
AC40073151	CO-BO SYRUP "D.J."	0.00	AC40073151	CO-BO SYRUP "D.J."	25.00	刪除
AC40090100	ACYLETE TABLETS 200MG (ACYCLOVIR)	4.26	AC40090100	ACYLETE TABLETS 200MG (ACYCLOVIR)	4.67	調價
AC40091100	AZOL-FLUCON CAPSULES 150MG(FLUCONAZOLE)	52.00	AC40091100	AZOL-FLUCON CAPSULES 150MG(FLUCONAZOLE)	54.00	調價
AC40096162	ALL-RIGHT CALCIUM SUSPENSION "STANDARD"	152.00	AC40096162	ALL-RIGHT CALCIUM SUSPENSION "STANDARD"	155.00	調價
AC40099214	EUCOL LYOPHILIZED INJECTION 2.5G "STANDARD"	0.00	AC40099214	EUCOL LYOPHILIZED INJECTION 2.5G "STANDARD"	362.00	刪除
AC40119100	BENTOMIN TABLETS 850MG "S.C." (METFORMIN)	1.68	AC40119100	BENTOMIN TABLETS 850MG "S.C." (METFORMIN)	1.75	調價
AC40121100	NAPOSIN ENTERIC F.C. TABLETS 500MG (NAPROXEN)	2.95	AC40121100	NAPOSIN ENTERIC F.C. TABLETS 500MG (NAPROXEN)	2.96	調價
AC40124100	METERONE TABLETS 5MG (MEDROXYPROGESTERON E ACETATE)	1.50	AC40124100	METERONE TABLETS 5MG (MEDROXYPROGESTER ONE ACETATE)	1.51	調價
AC40148100	FLUZEPAM TABLETS 2MG (FLUNITRAZEPAM)	1.77	AC40148100	FLUZEPAM TABLETS 2MG (FLUNITRAZEPAM)	1.87	調價
AC40149321	E.T. CREAM	10.50	AC40149321	E.T. CREAM	10.60	調價

AC40149329	E.T. CREAM	18.80	AC40149329	E.T. CREAM	19.30	調價
AC40149335	E.T. CREAM	30.40	AC40149335	E.T. CREAM	30.90	調價
AC40150338	AN FU CREAM "C.H."	0.00	AC40150338	AN FU CREAM "C.H."	56.00	刪除
AC40151321	YI-FU CREAM "S.C."	0.00	AC40151321	YI-FU CREAM "S.C."	14.30	刪除
AC40151329	YI-FU CREAM "S.C."	0.00	AC40151329	YI-FU CREAM "S.C."	22.70	刪除
AC40151335	YI-FU CREAM "S.C."	39.30	AC40151335	YI-FU CREAM "S.C."	40.60	調價
AC40152100	HOMAGYL TABLETS 50MG "W.S."	1.53	AC40152100	HOMAGYL TABLETS 50MG "W.S."	1.55	調價
AC40163100	HOMELAIN ENTERIC F.C. TABLETS 50MG "W.S."	1.50			#NULL!	新增
AC401631G0	HOMELAIN ENTERIC S.C. TABLETS 50MG "W.S."(鋁箔/膠箔)	2.00			#NULL!	新增
AC40174100	BENZRO CAPSULES "C.H."	2.05	AC40174100	BENZRO CAPSULES "C.H."	2.18	調價
AC40196100	Jiawiller F.C. Tablets 20mg(Famotidine) "C.L."	1.59	AC40196100	Jiawiller F.C. Tablets 20mg(Famotidine) "C.L."	1.63	調價
AC40198100	MESYREL TABLET 150MG "M.S."(TRAZODONE HYDROCHLORIDE)	8.70	AC40198100	MESYREL TABLET 150MG "M.S."(TRAZODONE HYDROCHLORIDE)	9.30	調價
AC40206100	VOKER FILM COATED TABLET 20MG(FAMOTIDINE)	1.59	AC40206100	VOKER FILM COATED TABLET 20MG(FAMOTIDINE)	1.63	調價
AC40245321	KOJARCORT CREAM "KOJAR"	10.50	AC40245321	KOJARCORT CREAM "KOJAR"	10.60	調價
AC40245329	KOJARCORT CREAM "KOJAR"	18.80	AC40245329	KOJARCORT CREAM "KOJAR"	19.30	調價
AC40245335	KOJARCORT CREAM "KOJAR"	30.40	AC40245335	KOJARCORT CREAM "KOJAR"	30.90	調價
AC40249100	MEVOLING TABLETS 200MG (SULPIRIDE) "KOJAR"	1.71	AC40249100	MEVOLING TABLETS 200MG (SULPIRIDE) "KOJAR"	1.79	調價
AC402491G0	MEVOLING TABLETS 200MG (SULPIRIDE) "KOJAR"(鋁箔/膠箔)	2.00			#NULL!	新增
AC40300100	POULICAN-U SOFT CAPSULE 150MG "SINPHAR"(SILYMARIN)	1.52	AC40300100	POULICAN-U SOFT CAPSULE 150MG "SINPHAR"(SILYMARIN)	1.53	調價
AC40334100	MACALOL SOFT CAPSULES 0.5UG "F.M."(CALCITRIOL)	4.37	AC40334100	MACALOL SOFT CAPSULES 0.5UG "F.M."(CALCITRIOL)	4.53	調價

AC40352100	DANAMIN CAPSULES 100MG "CHIHTENG"(DANAZOL)	9.80	AC40352100	DANAMIN CAPSULES 100MG "CHIHTENG"(DANAZOL)	10.00	調價
AC40355100	BRONYL TABLETS 4MG (TRIMETOQUINOL) "S.S.P"	1.60	AC40355100	BRONYL TABLETS 4MG (TRIMETOQUINOL) "S.S.P"	1.64	調價
AC40399100	FORFLOW SUSTAINEDRELEASED TABLETS 400MG (PENTOXIFYLLINE) "M.S."	1.82	AC40399100	FORFLOW SUSTAINEDRELEASED TABLETS 400MG (PENTOXIFYLLINE) "M.S."	1.88	調價
AC40421100	BLADATON TABLET 200MG "SENTAI" (FLAVOXATE)	3.74	AC40421100	BLADATON TABLET 200MG "SENTAI" (FLAVOXATE)	3.89	調價
AC40424100	PAR YIH TABLETS 5MG "C.H." (OXYBUTYNIN CHLORIDE)	2.12	AC40424100	PAR YIH TABLETS 5MG "C.H." (OXYBUTYNIN CHLORIDE)	2.25	調價
AC40426100	S.K.J.CAPSULES 250MG "C.H."(ERYTHOMYCIN)	1.77	AC40426100	S.K.J.CAPSULES 250MG "C.H."(ERYTHOMYCIN)	1.81	調價
AC40429100	SUPEROCIN F.C. TABLETS 250MG "WEIDAR"	5.10	AC40429100	SUPEROCIN F.C. TABLETS 250MG "WEIDAR"	6.00	調價
AC40458338	AESCIN GEL 15MG/G "C.H."(ESCIN)	86.00	AC40458338	AESCIN GEL 15MG/G "C.H."(ESCIN)	89.00	調價
AC40523100	CIRZODONE TABLET 100MG "SINPHAR"(TRAZODONE HYDROCHLORIDE)	2.97	AC40523100	CIRZODONE TABLET 100MG "SINPHAR"(TRAZODONE HYDROCHLORIDE)	3.15	調價
AC40542100	BACCIDAL F.C 200MG	1.96	AC40542100	BACCIDAL F.C 200MG	2.06	調價
AC40545100	SUSINE F.C.TABLETS 200MG "SWISS"(SULPIRIDE)	1.71	AC40545100	SUSINE F.C.TABLETS 200MG "SWISS"(SULPIRIDE)	1.79	調價
AC40568100	GINGONIN F.C. TABLETS 40MG "Y.C." (GINKGOFLAVONGLYCOSIDES)	1.71	AC40568100	GINGONIN F.C. TABLETS 40MG "Y.C." (GINKGOFLAVONGLYCOSIDES)	1.76	調價
AC40569335	CONAZOL CREAM 20MG /GM "STANDARD"(KETOCONAZOLE)	31.90	AC40569335	CONAZOL CREAM 20MG /GM "STANDARD"(KETOCONAZOLE)	32.80	調價

AC40573100	NYSTATIN CAPSULES 500000UNITS "CHIN TENG"	2.64	AC40573100	NYSTATIN CAPSULES 500000UNITS "CHIN TENG"	2.67	調價
AC40580100	EDENIL TABLETS	1.88	AC40580100	EDENIL TABLETS	1.98	調價
AC40639100	ERCIN CAPSULES 10MG (UBIDECARENONE) "YUNG CHI"	2.85	AC40639100	ERCIN CAPSULES 10MG (UBIDECARENONE) "YUNG CHI"	3.00	調價
AC40649100	MEBERINE TABLETS 135MG (MEBEVERINE HCL) "Y.C."	1.75	AC40649100	MEBERINE TABLETS 135MG (MEBEVERINE HCL) "Y.C."	1.85	調價
AC40653100	EXTACOL TAB. 200MG	1.94	AC40653100	EXTACOL TAB. 200MG	2.05	調價
AC40659110	CEFACLOR FOR ORAL SUSPENSION 25MG/ML "SCB"	106.00	AC40659110	CEFACLOR FOR ORAL SUSPENSION 25MG/ML "SCB"	110.00	調價
AC40666248	FLUCON FOR IV INJECTION	258.00	AC40666248	FLUCON FOR IV INJECTION	279.00	調價
AC40666255	FLUCON FOR IV INJECTION	274.00	AC40666255	FLUCON FOR IV INJECTION	301.00	調價
AC40699100	GINKGOCENTRATE F.C. TABLET 9.6MG "SINPHAR" (Ginkgoflavonglycosides)	1.71	AC40699100	GINKGOCENTRATE F.C. TABLET 9.6MG "SINPHAR" (Ginkgoflavonglycosides)	1.76	調價
AC40724421	KOSA ORABASE 0.1% (DEXAMETHASONE) "STANDARD"	35.60	AC40724421	KOSA ORABASE 0.1% (DEXAMETHASONE) "STANDARD"	38.80	調價
AC40725100	URIMETON TABLETS 200MG (FLAVOXATE) "CHEN TA"	3.74	AC40725100	URIMETON TABLETS 200MG (FLAVOXATE) "CHEN TA"	3.89	調價
AC40767343	TONEX CREAM 10MG/GM (PIROXICAM) "MEIDER"	28.40	AC40767343	TONEX CREAM 10MG/GM (PIROXICAM) "MEIDER"	34.00	調價
AC40776100	ROLAX TABLETS 10MG "EVEREST" (BACLOFEN)	0.00	AC40776100	ROLAX TABLETS 10MG "EVEREST" (BACLOFEN)	1.50	刪除
AC40778321	LEDERNIN OINTMENT "EVEREST"	10.50	AC40778321	LEDERNIN OINTMENT "EVEREST"	10.60	調價
AC40778329	LEDERNIN OINTMENT "EVEREST"	18.80	AC40778329	LEDERNIN OINTMENT "EVEREST"	19.30	調價
AC40778335	LEDERNIN OINTMENT "EVEREST"	30.40	AC40778335	LEDERNIN OINTMENT "EVEREST"	30.90	調價
AC40780335	EPIFU CREAM "SENTAI"	30.40	AC40780335	EPIFU CREAM "SENTAI"	30.90	調價

AC40790100	MEDORONE TABLETS 5MG (NORETHINDRONE ACETATE) "S.C."	1.66	AC40790100	MEDORONE TABLETS 5MG (NORETHINDRONE ACETATE) "S.C."	1.72	調價
AC40796321	TRIMALON CREAM	10.50	AC40796321	TRIMALON CREAM	10.60	調價
AC40796329	TRIMALON CREAM	0.00	AC40796329	TRIMALON CREAM	19.30	刪除
AC40796335	TRIMALON CREAM	30.40	AC40796335	TRIMALON CREAM	30.90	調價
AC40808321	KEPOLINE OINTMENT 5% "EVEREST" (ACYCLOVIR)	0.00	AC40808321	KEPOLINE OINTMENT 5% "EVEREST" (ACYCLOVIR)	41.20	刪除
AC40813209	GLYCAL-AMIN INJECTION	0.00	AC40813209	GLYCAL-AMIN INJECTION	264.00	刪除
AC408132A1	GLYCAL-AMIN INJECTION	0.00	AC408132A1	GLYCAL-AMIN INJECTION	370.00	刪除
AC40815329	MEFUDAZOLE GEL 0.75% "S.L"	27.30	AC40815329	MEFUDAZOLE GEL 0.75% "S.L"	30.20	調價
AC40864100	U-Ca soft capsule 0.25mcg (CALCITRIOL) "SINPHAR"	2.16	AC40864100	U-Ca soft capsule 0.25mcg (CALCITRIOL) "SINPHAR"	2.23	調價
AC40868329	KETOSONE CREAM 20MG/GM (KETOCONAZOLE) "PBF"	13.10	AC40868329	KETOSONE CREAM 20MG/GM (KETOCONAZOLE) "PBF"	13.30	調價
AC40868335	KETOSONE CREAM 20MG/GM (KETOCONAZOLE) "PBF"	31.90	AC40868335	KETOSONE CREAM 20MG/GM (KETOCONAZOLE) "PBF"	32.80	調價
AC40881100	LINCO CAPSULES 500MG"S.Y"(LINCOMYCIN HYDROCHLORIDE)	4.29	AC40881100	LINCO CAPSULES 500MG"S.Y"(LINCOMYCIN HYDROCHLORIDE)	4.39	調價
AC40892100	NALOXEN F.C. TABLETS 550MG "PBF"(NAPROXEN SODIUM)	2.95	AC40892100	NALOXEN F.C. TABLETS 550MG "PBF"(NAPROXEN SODIUM)	2.96	調價
AC40894100	LIVORIN CAPSULES 150MG "WEIDAR" (SILYMARIN)	1.52	AC40894100	LIVORIN CAPSULES 150MG "WEIDAR" (SILYMARIN)	1.53	調價
AC40974500	CLOMAZOLE VAGINAL TABLETS 500MG "VPP" (CLOTRIMAZOLE)	12.50	AC40974500	CLOMAZOLE VAGINAL TABLETS 500MG "VPP" (CLOTRIMAZOLE)	13.40	調價
AC40986100	WEIMOK F.C.TAB. 20MG "WEIDAR" (FAMOTIDINE)	1.59	AC40986100	WEIMOK F.C.TAB. 20MG "WEIDAR" (FAMOTIDINE)	1.63	調價
AC41013209	CETA FOR INJECTION "CHI SHENG"(CEFTAZIDIME)	39.20	AC41013209	CETA FOR INJECTION "CHI SHENG"(CEFTAZIDIME)	43.30	調價

AC41013277	CETA FOR INJECTION "CHI SHENG"(CEFTAZIDIME)	0.00	AC41013277	CETA FOR INJECTION "CHI SHENG"(CEFTAZIDIME)	27.20	刪除
AC41019100	BIPER TABLETS 2MG "S.C."(BIPERIDEN)	1.67	AC41019100	BIPER TABLETS 2MG "S.C."(BIPERIDEN)	1.74	調價
AC41020100	MESURIN TABLETS 2MG"S.C"(METHYLPREDNISOLONE)	1.53	AC41020100	MESURIN TABLETS 2MG"S.C"(METHYLPREDNISOLONE)	1.55	調價
AC41021100	FLOGIN TABLETS 2MG "W.S."	1.67	AC41021100	FLOGIN TABLETS 2MG "W.S."	1.74	調價
AC41022100	CHUNLIN CAPSULES "ROOT"(NIFUROXAZIDE)	2.30	AC41022100	CHUNLIN CAPSULES "ROOT"(NIFUROXAZIDE)	2.33	調價
AC41024100	FREE TAB.2MG	1.67	AC41024100	FREE TAB.2MG	1.74	調價
AC41025100	TOLIZOLE CAP. 250MG	1.52	AC41025100	TOLIZOLE CAP. 250MG	1.53	調價
AC41038100	PENPHYLLINE FILM-COATED SUSTAINED-RELEASE TABLETS 400MG (PENTOXIFYLLINE)	1.82	AC41038100	PENPHYLLINE FILM-COATED SUSTAINED-RELEASE TABLETS 400MG (PENTOXIFYLLINE)	1.88	調價
AC410563AH	ISOCORTANT CREAM	22.30	AC410563AH	ISOCORTANT CREAM	22.70	調價
AC41057321	"CLOBA CREAM 0.5MG/GM ""S.Y."" (CLOBETASONE)"	24.40	AC41057321	"CLOBA CREAM 0.5MG/GM ""S.Y."" (CLOBETASONE)"	26.40	調價
AC41057329	CLOBA CREAM 0.5MG/GM "S.Y." (CLOBETASONE)	37.60	AC41057329	CLOBA CREAM 0.5MG/GM "S.Y." (CLOBETASONE)	39.20	調價
AC41057330	CLOBA CREAM 0.5MG/GM"S.Y"	44.00	AC41057330	CLOBA CREAM 0.5MG/GM"S.Y"	47.80	調價
AC41058100	NIFEPINE SUSTAINED RELEASE 20MG F.C.T "ROYAL"	3.12	AC41058100	NIFEPINE SUSTAINED RELEASE 20MG F.C.T "ROYAL"	3.41	調價
AC41070100	KANPO CAPSULES 50MG "KOJAR" (SULPIRIDE)	1.53	AC41070100	KANPO CAPSULES 50MG "KOJAR" (SULPIRIDE)	1.55	調價
AC41167100	SUKEYEN CAPSULES 50MG "KOJAR" (KETOPROFEN)	1.59	AC41167100	SUKEYEN CAPSULES 50MG "KOJAR" (KETOPROFEN)	1.63	調價
AC41174277	TALAMIN-HEPA INJECTION	0.00	AC41174277	TALAMIN-HEPA INJECTION	191.00	刪除
AC41224100	SUCAN CAPSULES 150MG "YU SHENG" (SILYMARIN)	1.52	AC41224100	SUCAN CAPSULES 150MG "YU SHENG" (SILYMARIN)	1.53	調價
AC41225100	BIWEISHI F.C. TAB. 120MG	5.30	AC41225100	BIWEISHI F.C. TAB. 120MG	5.40	調價

AC41229329	"CLEODACIN GEL 10MG/GM ""S.Y.""(CLINDAMYCIN PHOSPHATE)"	14.10	AC41229329	"CLEODACIN GEL 10MG/GM ""S.Y.""(CLINDAMYCIN PHOSPHATE)"	14.90	調價
AC41229335	CLEODACIN GEL 15GM	20.70	AC41229335	CLEODACIN GEL 15GM	22.20	調價
AC41229338	CLEODACIN GEL 10MG/GM"S.Y."(CLINDANMYEIN PHOSPHATE)	65.00	AC41229338	CLEODACIN GEL 10MG/GM"S.Y."(CLINDANMYEIN PHOSPHATE)	69.00	調價
AC41229343	CLEODACIN GEL30GM	185.00	AC41229343	CLEODACIN GEL30GM	186.00	調價
AC41234157	IBUFEN SUSPENSION 20MG/ML "C.H."(IBUPROFEN)	45.10	AC41234157	IBUFEN SUSPENSION 20MG/ML "C.H."(IBUPROFEN)	48.90	調價
AC41238100	HICATROL SOFT CAPSULES 0.5UG "CHINTENG"(CALCITRIOL)	4.37	AC41238100	HICATROL SOFT CAPSULES 0.5UG "CHINTENG"(CALCITRIOL)	4.53	調價
AC41239100	HICALOL SOFT CAPSULES 0.25UG "CHINTENG"(CALCITRIOL)	2.16	AC41239100	HICALOL SOFT CAPSULES 0.25UG "CHINTENG"(CALCITRIOL)	2.23	調價
AC41247100	CARPINE TABLETS 200MG "S.T."(CARBAMAZEPINE)	2.18	AC41247100	CARPINE TABLETS 200MG "S.T."(CARBAMAZEPINE)	2.28	調價
AC41251100	MENCHUAN F.C.TABLETS 100MG(TICLOPIDINE)	3.53	AC41251100	MENCHUAN F.C.TABLETS 100MG(TICLOPIDINE)	3.71	調價
AC41289100	WETOYI TABLETS "KOJAR"	1.50			#NULL!	新增
AC41314157	BISUN ANTI-COUGH SYRUP	25.80	AC41314157	BISUN ANTI-COUGH SYRUP	26.20	調價
AC41330100	ASTREX CAPSULES 200MG (CETRAXATE)	0.00	AC41330100	ASTREX CAPSULES 200MG (CETRAXATE)	7.50	刪除
AC41335100	AZOL-FLUCON CAPSULES 50MG(FLUCNAZOLE)	23.50	AC41335100	AZOL-FLUCON CAPSULES 50MG(FLUCNAZOLE)	26.10	調價
AC41342238	VASOSIN INJECTION 20UNITS/ML "PURZER" (ARGININE VASOPRESSIN)	222.00	AC41342238	VASOSIN INJECTION 20UNITS/ML "PURZER" (ARGININE VASOPRESSIN)	224.00	調價

AC41350100	TRAZO F.C. TABLETS 100MG "C.H." (TRAZODONE HYDROCHLORIDE)	2.97	AC41350100	TRAZO F.C. TABLETS 100MG "C.H." (TRAZODONE HYDROCHLORIDE)	3.15	調價
AC41352100	ULSTOP F.C. TABLETS 20MG "C.H." (FAMOTIDINE)	1.59	AC41352100	ULSTOP F.C. TABLETS 20MG "C.H." (FAMOTIDINE)	1.63	調價
AC41358100	MEDLIN TAB. 4MG	1.53	AC41358100	MEDLIN TAB. 4MG	1.55	調價
AC41359100	CERGOLINE F.C. TABLETS 5MG "KOJAR" (NICERGOLINE)	2.56	AC41359100	CERGOLINE F.C. TABLETS 5MG "KOJAR" (NICERGOLINE)	2.72	調價
AC41360100	PINTYLIN TABLETS 5MG "KOJAR"(OXYBUTYNIN CHLORIDE)	2.12	AC41360100	PINTYLIN TABLETS 5MG "KOJAR"(OXYBUTYNI N CHLORIDE)	2.25	調價
AC41373100	AMANDIN CAP. 100MG"T.F."(AMANTAD INE)	3.77	AC41373100	AMANDIN CAP. 100MG"T.F."(AMANT ADINE)	4.42	調價
AC41391100	KINAZOLE CAPSULES 150MG "KINGDOM" (FLUCONAZOLE)	52.00	AC41391100	KINAZOLE CAPSULES 150MG "KINGDOM" (FLUCONAZOLE)	54.00	調價
AC41430100	ENALATEC TAB. 5MG	1.54	AC41430100	ENALATEC TAB. 5MG	1.56	調價
AC41435100	FEPRON CAPSULES 200MG(FENOPROFEN)"Y .Y."	3.36	AC41435100	FEPRON CAPSULES 200MG(FENOPROFEN) "Y.Y."	3.64	調價
AC41437321	YA FU CREAM "STANDARD"	13.90	AC41437321	YA FU CREAM "STANDARD"	14.00	調價
AC41437335	YA FU CREAM "STANDARD"	0.00	AC41437335	YA FU CREAM "STANDARD"	30.20	刪除
AC41443209	U-VANCO INJECTION 500MG 1GM(VANCOMYCIN) "U-LIANG"	179.00	AC41443209	U-VANCO INJECTION 500MG 1GM(VANCOMYCIN) "U-LIANG"	204.00	調價
AC41443277	U-VANCO INJECTION 500MG 1GM(VANCOMYCIN) "U-LIANG"	76.00	AC41443277	U-VANCO INJECTION 500MG 1GM(VANCOMYCIN) "U-LIANG"	80.00	調價
AC41445100	BUSRON TABLETS 10MG (BUSPIRONE HYDROCHLORIDE)	2.83	AC41445100	BUSRON TABLETS 10MG (BUSPIRONE HYDROCHLORIDE)	3.00	調價
AC41465100	KINAX TABLETS 1MG (ALPRAZOLAM)	2.07	AC41465100	KINAX TABLETS 1MG (ALPRAZOLAM)	2.28	調價
AC41476100	KOJASPOL FILM COATED TABLETS 9.6MG "KOJAR"	1.71	AC41476100	KOJASPOL FILM COATED TABLETS 9.6MG "KOJAR"	1.76	調價

AC41481151	DOMPEDON SUSPENSION 1MG/ML "STANDARD" (DOMPERIDONE)	25.60	AC41481151	DOMPEDON SUSPENSION 1MG/ML "STANDARD" (DOMPERIDONE)	25.90	調價
AC41482329	TOLFENE CREAM "CHINTENG"	0.00	AC41482329	TOLFENE CREAM "CHINTENG"	30.90	刪除
AC41488100	FYLIN RETARD F.C. TABLETS 400MG "C.H."(PENTOXIFYLLINE)	1.82	AC41488100	FYLIN RETARD F.C. TABLETS 400MG "C.H."(PENTOXIFYLLINE)	1.88	調價
AC41492265	VIRLESS INJECTION "YUNG SHIN"(ACYCLOVIR)	287.00	AC41492265	VIRLESS INJECTION "YUNG SHIN"(ACYCLOVIR)	334.00	調價
AC41496100	NILPID F.C. TABLETS 600MG "SWISS"(GEMFIBROZIL)	2.46	AC41496100	NILPID F.C. TABLETS 600MG "SWISS"(GEMFIBROZIL)	2.47	調價
AC41497100	ATINOL F.C. TABLETS 100MG	1.51	AC41497100	ATINOL F.C. TABLETS 100MG	1.52	調價
AC41499100	CIRZODONE TABLET 50MG "SINPHAR"(TRAZODONE HYDROCHLORIDE)	1.60	AC41499100	CIRZODONE TABLET 50MG "SINPHAR"(TRAZODONE HYDROCHLORIDE)	1.64	調價
AC41514329	PIROCAN GEL 10G	14.80	AC41514329	PIROCAN GEL 10G	15.60	調價
AC41514335	PIROCAN GEL 15GM	22.20	AC41514335	PIROCAN GEL 15GM	25.60	調價
AC41514338	PIROCAN GEL 20G	23.10	AC41514338	PIROCAN GEL 20G	26.80	調價
AC41514343	PIROCAN GEL 10MG/GM 30G	28.40	AC41514343	PIROCAN GEL 10MG/GM 30G	34.00	調價
AC415191G0	FLUPINE TABLETS 0.25MG (FLUDIAZEPAM) "JOHNSON"(鋁箔/膠箔)	2.00			#NULL!	新增
AC41530100	WEICON-BI TAB. 300MG	5.30	AC41530100	WEICON-BI TAB. 300MG	5.40	調價
AC41532100	MEOMTN CAPSULES 500UG "H.S."	1.55	AC41532100	MEOMTN CAPSULES 500UG "H.S."	1.58	調價
AC41536100	SODAN TABLETS 100MG "C.H."(URSODESOXYCHOLIC ACID)	1.76	AC41536100	SODAN TABLETS 100MG "C.H."(URSODESOXYCHOLIC ACID)	1.79	調價
AC41537321	GENTA CREAM 0.1%(GENTAMICIN SULFATE)"CHINTENG"	13.20	AC41537321	GENTA CREAM 0.1%(GENTAMICIN SULFATE)"CHINTENG"	14.10	調價
AC41537329	GENTA CREAM 0.1% "CHINTENG"(GENTAMICIN SULFATE)	18.00	AC41537329	GENTA CREAM 0.1% "CHINTENG"(GENTAMICIN SULFATE)	18.10	調價

AC41537335	GENTA CREAM 0.1%(GENTAMICIN SULFATE)"CHINTENG"	37.20	AC41537335	GENTA CREAM 0.1%(GENTAMICIN SULFATE)"CHINTENG"	38.80	調價
AC41540100	LUNAR F.C. TABLETS “MACRO”	7.00	AC41540100	LUNAR F.C. TABLETS “MACRO”	7.10	調價
AC41542100	OXACIN F.C.TABLETS 100MG "CHINTENG" (OFLOXACIN)	1.58	AC41542100	OXACIN F.C.TABLETS 100MG "CHINTENG" (OFLOXACIN)	1.62	調價
AC41543265	TALAMIN-NEPHRO INJECTION	192.00	AC41543265	TALAMIN-NEPHRO INJECTION	196.00	調價
AC41554100	NORAXIN F.C. TABLETS 200MG "STANDARD" (NORFLOXACIN)	1.96	AC41554100	NORAXIN F.C. TABLETS 200MG "STANDARD" (NORFLOXACIN)	2.06	調價
AC41557100	TRAMTOR CAPSULES 50MG "PATRON"(TRAMADOL HYDROCHLORIDE)	2.43	AC41557100	TRAMTOR CAPSULES 50MG "PATRON"(TRAMADOL HYDROCHLORIDE)	2.65	調價
AC41558345	ETO GEL 100MG/GM (ETOFENAMATE)	84.00	AC41558345	ETO GEL 100MG/GM (ETOFENAMATE)	86.00	調價
AC41560100	TRAZO F.C. TABLETS 50MG "C.H."(TRAZODONE HYDROCHORIDE)	1.60	AC41560100	TRAZO F.C. TABLETS 50MG "C.H."(TRAZODONE HYDROCHORIDE)	1.64	調價
AC41561277	LYTOL INFUSION	0.00	AC41561277	LYTOL INFUSION	37.90	刪除
AC41563100	GLIGEN TABLETS 80MG (GLICLAZIDE)	0.00	AC41563100	GLIGEN TABLETS 80MG (GLICLAZIDE)	1.50	刪除
AC41568265	TALAMIN-HBC INJECTION	0.00	AC41568265	TALAMIN-HBC INJECTION	270.00	刪除
AC41568277	TALAMIN-HBC INJECTION	0.00	AC41568277	TALAMIN-HBC INJECTION	442.00	刪除
AC41570321	FLUSALIC OINTMENT "SINPHAR"	20.60	AC41570321	FLUSALIC OINTMENT "SINPHAR"	23.20	調價
AC41570335	FLUSALIC OINTMENT "SINPHAR"	39.70	AC41570335	FLUSALIC OINTMENT "SINPHAR"	42.50	調價
AC41577100	DESTONE TAB. 540MG "N.K" (POTASSIUM CITRATE)	4.17	AC41577100	DESTONE TAB. 540MG "N.K" (POTASSIUM CITRATE)	4.20	調價
AC41597100	CONTAN TABLETS 5MG "CHINTENG" (GLIPIZIDE)	0.00	AC41597100	CONTAN TABLETS 5MG "CHINTENG" (GLIPIZIDE)	1.50	刪除
AC41631100	KETO FILM COATED TABLETS 10MG (KETOROLAC)	4.13	AC41631100	KETO FILM COATED TABLETS 10MG (KETOROLAC)	4.40	調價

AC41633363	BETASONE SOLUTION 0.1% "CHINTENG" (BETAMETHASONE VALEARATE)	0.00	AC41633363	BETASONE SOLUTION 0.1% "CHINTENG" (BETAMETHASONE VALEARATE)	326.00	刪除
AC41638100	ANLIN TABLETS 2MG "EVEREST" (DIAZEPAM)	0.00	AC41638100	ANLIN TABLETS 2MG "EVEREST" (DIAZEPAM)	1.50	刪除
AC41640100	BEMARON TABLETS 100MG "S.C."(BENZBROMARONE)	2.05	AC41640100	BEMARON TABLETS 100MG "S.C."(BENZBROMARONE)	2.18	調價
AC41659100	ANZA TABLETS "CHINTENG"	1.88	AC41659100	ANZA TABLETS "CHINTENG"	1.98	調價
AC416591G0	ANZA TABLETS "CHINTENG"(鋁箔/膠箔)	2.00			#NULL!	新增
AC41670329	KEDOFU CREAM 20MG (KETOCONAZOLE)"CHEN TA"	13.10	AC41670329	KEDOFU CREAM 20MG (KETOCONAZOLE)"CHEN TA"	13.30	調價
AC41670335	KEDOFU CREAM 20MG (KETOCONAZOLE)"CHEN TA"	31.90	AC41670335	KEDOFU CREAM 20MG (KETOCONAZOLE)"CHEN TA"	32.80	調價
AC41673100	SULFIN TABLETS 100MG (SULFINPYRAZONE) "TTY"	3.54	AC41673100	SULFIN TABLETS 100MG (SULFINPYRAZONE) "TTY"	3.57	調價
AC41732417	SEU-SU ORAL BASE 0.1% (TRIAMCINOLONE ACETONIDE)	0.00	AC41732417	SEU-SU ORAL BASE 0.1% (TRIAMCINOLONE ACETONIDE)	22.00	刪除
AC41732423	SEU-SU ORAL BASE 0.1% (TRIAMCINOLONE ACETONIDE)	36.70	AC41732423	SEU-SU ORAL BASE 0.1% (TRIAMCINOLONE ACETONIDE)	37.80	調價
AC41734100	LISHIN TAB. 200MG	1.71	AC41734100	LISHIN TAB. 200MG	1.79	調價
AC41749100	ZATIZEN TABLETS 1MG "S.C."(KETOTIFEN)	1.54	AC41749100	ZATIZEN TABLETS 1MG "S.C."(KETOTIFEN)	1.56	調價
AC41751248	CIXA IV INFUSION SOLUTION 2MG/ML "STANDARD" (CIPROFLOXACIN)	0.00	AC41751248	CIXA IV INFUSION SOLUTION 2MG/ML "STANDARD" (CIPROFLOXACIN)	214.00	刪除
AC41751255	CIXA IV INFUSION SOLUTION 2MG/ML "STANDARD" (CIPROFLOXACIN)	450.00	AC41751255	CIXA IV INFUSION SOLUTION 2MG/ML "STANDARD" (CIPROFLOXACIN)	488.00	調價

AC41754209	CETAZINE INJ. "STANDARD" (CEFTAZIDIME)	39.20	AC41754209	CETAZINE INJ. "STANDARD" (CEFTAZIDIME)	43.30	調價
AC41797329	WOLEN CREAM	0.00	AC41797329	WOLEN CREAM	55.00	刪除
AC41797335	WOLEN CREAM	0.00	AC41797335	WOLEN CREAM	96.00	刪除
AC41802255	FLUCON I.V. INFUSION 2MG/ML (FLUCONAZOLE) "S.T."	274.00	AC41802255	FLUCON I.V. INFUSION 2MG/ML (FLUCONAZOLE) "S.T."	301.00	調價
AC41807100	NOGOUT TABLETS 100MG (BENZBROMARONE) "SINPHAR"	2.05	AC41807100	NOGOUT TABLETS 100MG (BENZBROMARONE) "SINPHAR"	2.18	調價
AC41831100	PATRICIN F.C. TABLETS 200MG "Y.C." (FLAVOXATE)	3.74	AC41831100	PATRICIN F.C. TABLETS 200MG "Y.C." (FLAVOXATE)	3.89	調價
AC41836255	METRONIDAZOLE INJECTION 5MG/ML "ASTAR" (METRONIDAZOLE)	41.00	AC41836255	METRONIDAZOLE INJECTION 5MG/ML "ASTAR" (METRONIDAZOLE)	45.40	調價
AC41837100	LIPOLIN CAPSULES 100MG (FENOFIBRATE) "P.L"	2.51	AC41837100	LIPOLIN CAPSULES 100MG (FENOFIBRATE) "P.L"	2.63	調價
AC41838100	"CHUM F.C. TABLETS 135MG (MEBEVERINE HYDROCHLORIDE) ""ROOT"""	1.75	AC41838100	"CHUM F.C. TABLETS 135MG (MEBEVERINE HYDROCHLORIDE) ""ROOT"""	1.85	調價
AC41877100	PUSHINLIN F.C. TAB. 75MG	0.00	AC41877100	PUSHINLIN F.C. TAB. 75MG	1.61	刪除
AC41882100	FAMO F.C. TABLET 40MG "S.T." (FAMOTIDINE)	3.77	AC41882100	FAMO F.C. TABLET 40MG "S.T." (FAMOTIDINE)	4.12	調價
AC41885335	IFLUCON OINT"C.H."	39.30	AC41885335	IFLUCON OINT"C.H."	40.60	調價
AC41918100	MENISONE TABLETS 4MG (METHYLPREDNISOLONE) "P.L."	1.53	AC41918100	MENISONE TABLETS 4MG (METHYLPREDNISOLONE) "P.L."	1.55	調價
AC41919100	USOL TABLETS 100MG "S.D." (URSODESOXYCHOLIC ACID)	1.76	AC41919100	USOL TABLETS 100MG "S.D." (URSODESOXYCHOLIC ACID)	1.79	調價
AC41926100	WEMET TABLETS 300MG "Y.C." (DIBISMUTH TRIOXIDE)	5.30	AC41926100	WEMET TABLETS 300MG "Y.C." (DIBISMUTH TRIOXIDE)	5.40	調價
AC41927100	SELEZIN TAB. 5MG	2.46	AC41927100	SELEZIN TAB. 5MG	2.68	調價

AC41934329	L.G.T. CREAM 10MG/GM "S.C."(CENTELLA ASIATICA)	57.00	AC41934329	L.G.T. CREAM 10MG/GM "S.C."(CENTELLA ASIATICA)	59.00	調價
AC41934337	L.G.T CREAM 10MG/GM"S.C."(CENTELLA ASIATICA)	70.00	AC41934337	L.G.T CREAM 10MG/GM"S.C."(CENTELLA ASIATICA)	73.00	調價
AC41934338	L.G.T CREAM 10MG/GM"S.C."(CENTELLA ASIATICA)	77.00	AC41934338	L.G.T CREAM 10MG/GM"S.C."(CENTELLA ASIATICA)	79.00	調價
AC41944100	OXIPAN TABLETS 5MG "EVEREST"(OXYBUTYNIN CHLORIDE)	2.12	AC41944100	OXIPAN TABLETS 5MG "EVEREST"(OXYBUTYNIN CHLORIDE)	2.25	調價
AC41948100	PROSU TABLETS 2MG "CHINTENG"(ESTRADIOL)	3.78	AC41948100	PROSU TABLETS 2MG "CHINTENG"(ESTRADIOL)	3.98	調價
AC41952100	BAO-GAN CAPSULES 150MG "CHENTA"(SILYMARIN)	1.52	AC41952100	BAO-GAN CAPSULES 150MG "CHENTA"(SILYMARIN)	1.53	調價
AC41989212	ADENOZER INJECTION 3MG/ML "PURZER"(ADENOSINE)	127.00	AC41989212	ADENOZER INJECTION 3MG/ML "PURZER"(ADENOSINE)	130.00	調價
AC41990321	USON CREAM 2.5MG/GM	26.90	AC41990321	USON CREAM 2.5MG/GM	28.90	調價
AC41990329	USON CREAM 2.5MG/GM	50.00	AC41990329	USON CREAM 2.5MG/GM	53.00	調價
AC41990338	USON CREAM 2.5MG/GM	77.00	AC41990338	USON CREAM 2.5MG/GM	81.00	調價
AC41990343	USON CREAM 2.5MG/GM	0.00	AC41990343	USON CREAM 2.5MG/GM	140.00	刪除
AC41994100	"BROMARONE TABLETS 100MG ""WELCAN"" (BENZBROMARONE) "	2.05	AC41994100	"BROMARONE TABLETS 100MG ""WELCAN"" (BENZBROMARONE) "	2.18	調價
AC41997100	FLUENE CAPSULES 50MG (FLUCONAZOLE) "PURZER"	23.50	AC41997100	FLUENE CAPSULES 50MG (FLUCONAZOLE) "PURZER"	26.10	調價
AC42026100	COVINA F.C. TABLETS.	3.49	AC42026100	COVINA F.C. TABLETS.	3.54	調價
AC42029321	IDIF CREAM	13.90	AC42029321	IDIF CREAM	14.30	調價
AC42029329	IDIF CREAM	22.30	AC42029329	IDIF CREAM	22.70	調價
AC42029335	IDIF CREAM	0.00	AC42029335	IDIF CREAM	40.60	刪除
AC42090209	CEFZON FOR INJECTION "STANDARD"	0.00	AC42090209	CEFZON FOR INJECTION "STANDARD"	84.00	刪除
AC42090277	CEFZON FOR INJECTION "STANDARD"	0.00	AC42090277	CEFZON FOR INJECTION "STANDARD"	69.00	刪除

AC42091209	SINTUM FOR INJ.	39.20	AC42091209	SINTUM FOR INJ.	43.30	調價
AC42091212	SINTUM FOR INJ.	199.00	AC42091212	SINTUM FOR INJ.	235.00	調價
AC42091277	SINTUM FOR INJ.	0.00	AC42091277	SINTUM FOR INJ.	27.20	刪除
AC42103100	SUTAIN TABLET 200MG "EVEREST" (TIAPROFENIC ACID)	2.91	AC42103100	SUTAIN TABLET 200MG "EVEREST" (TIAPROFENIC ACID)	2.95	調價
AC42139100	YUPAR TABLETS 10MG "C.L."	4.15	AC42139100	YUPAR TABLETS 10MG "C.L."	4.39	調價
AC42141238	GENDOBU INJECTION 12.5MG/ML (DOBUTAMINE)	113.00	AC42141238	GENDOBU INJECTION 12.5MG/ML (DOBUTAMINE)	126.00	調價
AC42147100	EURICON TAB. 100MG (BENZBROMARONE)	2.05	AC42147100	EURICON TAB. 100MG (BENZBROMARONE)	2.18	調價
AC42203100	ZIMARON TABLETS 100MG (BENZBROMARONE)"S.D."	2.05	AC42203100	ZIMARON TABLETS 100MG (BENZBROMARONE)"S.D."	2.18	調價
AC42204100	PIPOXIN TABLETS 10MG"S.C."(PIPOXOLAN)	2.94	AC42204100	PIPOXIN TABLETS 10MG"S.C."(PIPOXOLAN)	3.09	調價
AC42210100	GENURSO TABLETS 100MG (URSODESOXYCHOLIC ACID)	1.76	AC42210100	GENURSO TABLETS 100MG (URSODESOXYCHOLIC ACID)	1.79	調價
AC42212321	KANDO CREAM 200MG/G ” C.H.” (AZELAIC ACID)	0.00	AC42212321	KANDO CREAM 200MG/G ” C.H.” (AZELAIC ACID)	26.20	刪除
AC42214326	ICHDERM CREAM 50MG/GM "M.S."(DOXEPIN)	44.80	AC42214326	ICHDERM CREAM 50MG/GM "M.S."(DOXEPIN)	46.10	調價
AC42214335	ICHDERM CREAM 50MG/GM "M.S."(DOXEPIN)	48.40	AC42214335	ICHDERM CREAM 50MG/GM "M.S."(DOXEPIN)	51.00	調價
AC42221100	SUSAN TABLETS	0.00	AC42221100	SUSAN TABLETS	1.50	刪除
AC42222100	SYNDOMAN CAPSULES 30MG (FLURAZEPAM HYDROCHLORIDE)"S.T."	3.75	AC42222100	SYNDOMAN CAPSULES 30MG (FLURAZEPAM HYDROCHLORIDE)"S.T."	3.98	調價
AC42223265	PROLYTE INJECTION	0.00	AC42223265	PROLYTE INJECTION	26.30	刪除
AC42223277	PROLYTE INJECTION	0.00	AC42223277	PROLYTE INJECTION	29.70	刪除
AC42227100	SYNDOMAN CAPSULES 15MG (FLURAZEPAM HYDROCHLORIDE)"S.T."	3.42	AC42227100	SYNDOMAN CAPSULES 15MG (FLURAZEPAM HYDROCHLORIDE)"S.T."	3.54	調價
AC42244100	GEMBRIL F.C.TAB. 600MG	2.46	AC42244100	GEMBRIL F.C.TAB. 600MG	2.47	調價

AC42261248	VENOLIPID INJECTION 20% "CHI SHENG"	0.00	AC42261248	VENOLIPID INJECTION 20% "CHI SHENG"	172.00	刪除
AC42261255	VENOLIPID INJECTION 20% "CHI SHENG"	0.00	AC42261255	VENOLIPID INJECTION 20% "CHI SHENG"	234.00	刪除
AC42261265	VENOLIPID INJECTION 20% "CHI SHENG"	0.00	AC42261265	VENOLIPID INJECTION 20% "CHI SHENG"	276.00	刪除
AC42262265	VENOLIPID INJECTION 10% "CHI SHENG"	0.00	AC42262265	VENOLIPID INJECTION 10% "CHI SHENG"	235.00	刪除
AC42263100	BENDOPAR CAP. 250MG	6.30	AC42263100	BENDOPAR CAP. 250MG	6.70	調價
AC42269321	BETASAY OINTMENT "SINPHAR"	10.90	AC42269321	BETASAY OINTMENT "SINPHAR"	11.30	調價
AC42269329	BETASAY OINTMENT "SINPHAR"	19.50	AC42269329	BETASAY OINTMENT "SINPHAR"	20.90	調價
AC42269335	BETASAY OINTMENT "SINPHAR"	52.00	AC42269335	BETASAY OINTMENT "SINPHAR"	57.00	調價
AC42269338	BETASAY OINTMENT "SINPHAR"	68.00	AC42269338	BETASAY OINTMENT "SINPHAR"	73.00	調價
AC42271421	DEXA ORABASE 0.1% "SINPHAR" (DEXAMETHASONE)	35.60	AC42271421	DEXA ORABASE 0.1% "SINPHAR" (DEXAMETHASONE)	38.80	調價
AC42272100	ROWAPRAXIN F.C. TABLETS 10MG (PIPOXOLAN)	2.94	AC42272100	ROWAPRAXIN F.C. TABLETS 10MG (PIPOXOLAN)	3.09	調價
AC42274100	BENDOPAR CAP. 125MG	3.34	AC42274100	BENDOPAR CAP. 125MG	3.41	調價
AC42339321	BIFONAZOLE CREAM 1% "SINPHAR"	18.20	AC42339321	BIFONAZOLE CREAM 1% "SINPHAR"	20.50	調價
AC42339323	BIFONAZOLE CREAM 1% "SINPHAR"	27.40	AC42339323	BIFONAZOLE CREAM 1% "SINPHAR"	31.80	調價
AC42339329	BIFONAZOLE CREAM 1% "SINPHAR"	44.60	AC42339329	BIFONAZOLE CREAM 1% "SINPHAR"	49.20	調價
AC42340100	FUWEHO CAPSULES 200MG "CHINTENG" (CETRAXATE)	0.00	AC42340100	FUWEHO CAPSULES 200MG "CHINTENG" (CETRAXATE)	7.50	刪除
AC42347100	MOCLOD F.C. TABLETS 150MG	2.22	AC42347100	MOCLOD F.C. TABLETS 150MG	2.24	調價
AC42349100	LAXURIN F.C. TABLETS 200MG (FLAVOXATE) "S.T."	3.74	AC42349100	LAXURIN F.C. TABLETS 200MG (FLAVOXATE) "S.T."	3.89	調價
AC42362329	"PIROCAM GEL 10MG/GM ""M.S."" (PIROXICAM)"	14.80	AC42362329	"PIROCAM GEL 10MG/GM ""M.S."" (PIROXICAM)"	15.60	調價
AC42365209	CEFIN FOR I.M. INJECTION (CEFTRIAXONE) "PANBIOTIC"	82.00	AC42365209	CEFIN FOR I.M. INJECTION (CEFTRIAXONE) "PANBIOTIC"	100.00	調價

AC42365265	CEFIN FOR I.M. INJECTION (CEFTRIAXONE) "PANBIOTIC"	0.00	AC42365265	CEFIN FOR I.M. INJECTION (CEFTRIAXONE) "PANBIOTIC"	63.00	刪除
AC42365277	CEFIN FOR I.M. INJECTION (CEFTRIAXONE) "PANBIOTIC"	0.00	AC42365277	CEFIN FOR I.M. INJECTION (CEFTRIAXONE) "PANBIOTIC"	63.00	刪除
AC42368219	ONDAN INJECTION 2MG/ML "STANDARD" (ONDANSETRON)	94.00	AC42368219	ONDAN INJECTION 2MG/ML "STANDARD" (ONDANSETRON)	112.00	調價
AC42374209	U-RON FOR I.V. INJECTION	82.00	AC42374209	U-RON FOR I.V. INJECTION	100.00	調價
AC42374212	U-RON FOR I.V. INJECTION	0.00	AC42374212	U-RON FOR I.V. INJECTION	416.00	刪除
AC42374277	U-RON FOR I.V. INJECTION	0.00	AC42374277	U-RON FOR I.V. INJECTION	63.00	刪除
AC42375100	N.F.S. CAPSULES 400MG "C.H."(NORFLOXACIN)	0.00	AC42375100	N.F.S. CAPSULES 400MG "C.H."(NORFLOXACIN)	38.40	刪除
AC42378100	GENZOSIN TABLET 2MG (DOXAZOSIN MESYLATE)	1.78	AC42378100	GENZOSIN TABLET 2MG (DOXAZOSIN MESYLATE)	1.89	調價
AC42379100	I PUU F.C. TABLETS 400MG (IBUPROFEN) "CHEN TA"	1.31	AC42379100	I PUU F.C. TABLETS 400MG (IBUPROFEN) "CHEN TA"	1.50	調價
AC423791G0	I PUU F.C. TABLETS 400MG (IBUPROFEN) "CHEN TA" (鋁箔/膠箔)	1.68	AC423791G0	I PUU F.C. TABLETS 400MG (IBUPROFEN) "CHEN TA" (鋁箔/膠箔)	2.00	調價
AC42380100	MILIX TABLETS 1.25MG (INDAPAMIDE)"M.S."	1.54	AC42380100	MILIX TABLETS 1.25MG (INDAPAMIDE)"M.S."	1.56	調價
AC42412209	KETO INJECTION 30MG/ML (KETOROLAC)	17.00	AC42412209	KETO INJECTION 30MG/ML (KETOROLAC)	17.80	調價
AC42412212	KETO INJECTION 30MG/ML (KETOROLAC)	24.00	AC42412212	KETO INJECTION 30MG/ML (KETOROLAC)	27.20	調價
AC42415100	CHITUNFEN TABLETS 100MG "C.A." (BENZBROMARONE)	2.05	AC42415100	CHITUNFEN TABLETS 100MG "C.A." (BENZBROMARONE)	2.18	調價
AC42416100	FUWEIDIN F.C.TABLETS 40MG ” S.D.” (FAMOTIDINE)	3.77	AC42416100	FUWEIDIN F.C.TABLETS 40MG ” S.D.” (FAMOTIDINE)	4.12	調價

AC42448100	CLOPINE TABLETS 100MG "SWISS" (CLOZAPINE)	4.55	AC42448100	CLOPINE TABLETS 100MG "SWISS" (CLOZAPINE)	5.20	調價
AC42459100	NORAXIN F.C. TABLET 100MG"STANDARD" (NORFLOXACIN)	1.96	AC42459100	NORAXIN F.C. TABLET 100MG"STANDARD" (NORFLOXACIN)	2.06	調價
AC42501321	BOLOVER CREAM 0.1%	25.90	AC42501321	BOLOVER CREAM 0.1%	28.20	調價
AC42501335	BOLOVER CREAM 0.1%	0.00	AC42501335	BOLOVER CREAM 0.1%	53.00	刪除
AC42501338	BOLOVER CREAM 0.1%	65.00	AC42501338	BOLOVER CREAM 0.1%	71.00	調價
AC42507100	TIPROFEN TABLETS 200MG	2.91	AC42507100	TIPROFEN TABLETS 200MG	2.95	調價
AC42511100	NOSPASM TABLETS 10MG (PIPOXOLAN)	2.94	AC42511100	NOSPASM TABLETS 10MG (PIPOXOLAN)	3.09	調價
AC42533100	PAINLAX CAPSULES 50MG "PBF" (TRAMADOL)	2.43	AC42533100	PAINLAX CAPSULES 50MG "PBF" (TRAMADOL)	2.65	調價
AC42535100	SANCIN F.C. TABLET 50MG "S.C."(DIPYRIDAMOLE)	1.54	AC42535100	SANCIN F.C. TABLET 50MG "S.C."(DIPYRIDAMOLE)	1.56	調價
AC42536100	SEVINA F.C. TABLETS	3.49	AC42536100	SEVINA F.C. TABLETS	3.54	調價
AC42539100	"LESLIPID TABLETS 20MG (LOVASTATIN) ""H.C"""	3.24	AC42539100	"LESLIPID TABLETS 20MG (LOVASTATIN) ""H.C"""	3.47	調價
AC42554230	ANESVAN INJECTION 10MG/ML "CHI SHENG"(PROPOFOL)	37.40	AC42554230	ANESVAN INJECTION 10MG/ML "CHI SHENG"(PROPOFOL)	41.80	調價
AC42554238	ANESVAN INJECTION 10MG/ML "CHI SHENG"(PROPOFOL)	37.40	AC42554238	ANESVAN INJECTION 10MG/ML "CHI SHENG"(PROPOFOL)	41.80	調價
AC42554248	ANESVAN INJECTION 10MG/ML "CHI SHENG"(PROPOFOL)	128.00	AC42554248	ANESVAN INJECTION 10MG/ML "CHI SHENG"(PROPOFOL)	142.00	調價
AC42556100	ARICEPT F.C. TABLETS 5MG	55.00	AC42556100	ARICEPT F.C. TABLETS 5MG	60.00	調價
AC42558100	LOVAST TABLETS 20MG "H.S." (LOVASTATIN)	3.24	AC42558100	LOVAST TABLETS 20MG "H.S." (LOVASTATIN)	3.47	調價
AC42584100	SYNBOT TABLETS 20MG	1.54	AC42584100	SYNBOT TABLETS 20MG	1.56	調價
AC42601277	ANOL INJECTION 200MG/ML (MANNITOL) "ASTAR"	108.00	AC42601277	ANOL INJECTION 200MG/ML (MANNITOL) "ASTAR"	110.00	調價

AC42602100	PAIN WILL PASS TABLETS 200MG	2.91	AC42602100	PAIN WILL PASS TABLETS 200MG	2.95	調價
AC42619100	FENOLIP MICRONISED CAPSULES 200MG (FENOFIBRATE)"C.H."	3.92	AC42619100	FENOLIP MICRONISED CAPSULES 200MG (FENOFIBRATE)"C.H."	4.32	調價
AC42621100	CLOPINE TABLETS 25MG "SWISS" (CLOZAPINE)	3.11	AC42621100	CLOPINE TABLETS 25MG "SWISS" (CLOZAPINE)	3.40	調價
AC42627100	LOVASTA TABLETS 20MG	3.24	AC42627100	LOVASTA TABLETS 20MG	3.47	調價
AC42646100	ESZO TABLETS 2MG(ESTAZOLAM)"S.T."	1.53	AC42646100	ESZO TABLETS 2MG(ESTAZOLAM)"S.T."	1.55	調價
AC42657100	PINFAN TABLETS 0.25MG "M.S." (FLUDIAZEPAM)	0.00	AC42657100	PINFAN TABLETS 0.25MG "M.S." (FLUDIAZEPAM)	2.04	刪除
AC42659100	ILOKA F.C TABLETS 2.5MG "YUNG SHIN" (INDAPAMIDE)	1.92	AC42659100	ILOKA F.C TABLETS 2.5MG "YUNG SHIN" (INDAPAMIDE)	2.00	調價
AC426591G0	ILOKA F.C. TABLETS 2.5MG (INDAPAMIDE)"YUNG SHIN"(鋁箔/膠箔)	2.00			#NULL!	新增
AC42697280	ANBICYN POWDER FOR INJECTION	32.30	AC42697280	ANBICYN POWDER FOR INJECTION	33.90	調價
AC42697297	ANBICYN POWDER FOR INJECTION	74.00	AC42697297	ANBICYN POWDER FOR INJECTION	85.00	調價
AC42708321	"FOOHOL CREAM 10MG/GM ""ROOT"" (BIFONAZOLE)"	18.20	AC42708321	"FOOHOL CREAM 10MG/GM ""ROOT"" (BIFONAZOLE)"	20.50	調價
AC42708329	"FOOHOL CREAM 10MG/GM ""ROOT"" (BIFONAZOLE)"	44.60	AC42708329	"FOOHOL CREAM 10MG/GM ""ROOT"" (BIFONAZOLE)"	49.20	調價
AC42708335	"FOOHOL CREAM 10MG/GM ""ROOT"" (BIFONAZOLE)"	49.40	AC42708335	"FOOHOL CREAM 10MG/GM ""ROOT"" (BIFONAZOLE)"	54.00	調價
AC42722100	CALGALIN TABLETS 667MG "WINSTON"(CALCIUM ACETATE)	1.58	AC42722100	CALGALIN TABLETS 667MG "WINSTON"(CALCIUM ACETATE)	1.62	調價
AC42725321	NATIFIN CREAM 1% "CHINTENG" (NAFTIFIN)	20.40	AC42725321	NATIFIN CREAM 1% "CHINTENG" (NAFTIFIN)	21.30	調價
AC42725329	NATIFIN CREAM 1% "CHINTENG" (NAFTIFIN)	32.70	AC42725329	NATIFIN CREAM 1% "CHINTENG" (NAFTIFIN)	34.80	調價
AC42725338	NATIFIN CREAM 1% "CHINTENG" (NAFTIFIN)	69.00	AC42725338	NATIFIN CREAM 1% "CHINTENG" (NAFTIFIN)	73.00	調價

AC42746265	VENOLIPID INJECTION MCT/LCT 10% "CHI SHENG"	165.00	AC42746265	VENOLIPID INJECTION MCT/LCT 10% "CHI SHENG"	174.00	調價
AC42749100	ILOKA F.C. TABLETS 1.25MG "YUNG SHIN" (INDAPAMIDE)	1.54	AC42749100	ILOKA F.C. TABLETS 1.25MG "YUNG SHIN" (INDAPAMIDE)	1.56	調價
AC42752100	OFLODAL F.C. TABLETS 200MG (OFLOXACIN)	1.88	AC42752100	OFLODAL F.C. TABLETS 200MG (OFLOXACIN)	2.02	調價
AC42756210	ANSULLINA POWDER FOR INJECTION	55.00	AC42756210	ANSULLINA POWDER FOR INJECTION	62.00	調價
AC42756216	ANSULLINA POWDER FOR INJECTION	137.00	AC42756216	ANSULLINA POWDER FOR INJECTION	148.00	調價
AC42756289	ANSULLINA POWDER FOR INJECTION	55.00	AC42756289	ANSULLINA POWDER FOR INJECTION	62.00	調價
AC42764335	PIPO CREAM 10MG/GM "EVEREST" (PIROXICAM)	22.20	AC42764335	PIPO CREAM 10MG/GM "EVEREST" (PIROXICAM)	25.60	調價
AC42764343	PIPO CREAM 10MG/GM "EVEREST" (PIROXICAM)	28.40	AC42764343	PIPO CREAM 10MG/GM "EVEREST" (PIROXICAM)	34.00	調價
AC42770100	MUACTION SUSTAINED RELEASE TABLETS 100MG "Lotus" (TRAMADOL HYDROCHLORIDE)	3.74	AC42770100	MUACTION SUSTAINED RELEASE TABLETS 100MG "Lotus" (TRAMADOL HYDROCHLORIDE)	3.99	調價
AC42775100	FENOFIBRATE CAPSULES 100MG "S.C."	2.51	AC42775100	FENOFIBRATE CAPSULES 100MG "S.C."	2.63	調價
AC42798329	BENOVATE SOLUTION 1MG/ML	31.80	AC42798329	BENOVATE SOLUTION 1MG/ML	34.10	調價
AC42798338	BENOVATE SOLUTION 1MG/ML	33.50	AC42798338	BENOVATE SOLUTION 1MG/ML	36.20	調價
AC42798340	BENOVATE SOLUTION 1MG/ML	33.50	AC42798340	BENOVATE SOLUTION 1MG/ML	36.20	調價
AC42800255	VENOLIPID INJECTION MCT/LCT 20% "CHI SHENG"	163.00	AC42800255	VENOLIPID INJECTION MCT/LCT 20% "CHI SHENG"	172.00	調價
AC42800265	VENOLIPID INJECTION MCT/LCT 20% "CHI SHENG"	168.00	AC42800265	VENOLIPID INJECTION MCT/LCT 20% "CHI SHENG"	178.00	調價
AC42823421	BIOMICIN OPHTHALMIC SOLUTION 0.3% "WINSTON"	32.80	AC42823421	BIOMICIN OPHTHALMIC SOLUTION 0.3% "WINSTON"	33.60	調價

AC42824100	NOPRISIL TABLETS 10MG (LISINOPRIL)	2.29	AC42824100	NOPRISIL TABLETS 10MG (LISINOPRIL)	2.53	調價
AC42826100	SYNPID CAPSULES 100MG "S.Y." (FENOFIBRATE)	2.51	AC42826100	SYNPID CAPSULES 100MG "S.Y." (FENOFIBRATE)	2.63	調價
AC42828209	PICILLINA POWDER FOR INJECTION (PIPERACILLIN SODIUM)	0.00	AC42828209	PICILLINA POWDER FOR INJECTION (PIPERACILLIN SODIUM)	35.50	刪除
AC42828212	PICILLINA POWDER FOR INJECTION (PIPERACILLIN SODIUM)	33.90	AC42828212	PICILLINA POWDER FOR INJECTION (PIPERACILLIN SODIUM)	35.50	調價
AC42828219	PICILLINA POWDER FOR INJECTION (PIPERACILLIN SODIUM)	74.00	AC42828219	PICILLINA POWDER FOR INJECTION (PIPERACILLIN SODIUM)	76.00	調價
AC42830100	TICLOD F.C. TABLETS 250MG "WINSTON" (TICLOPIDINE)	3.79	AC42830100	TICLOD F.C. TABLETS 250MG "WINSTON" (TICLOPIDINE)	3.94	調價
AC42840100	AMLO TABLETS 5MG "S.Y."(AMLODIPINE)	3.84	AC42840100	AMLO TABLETS 5MG "S.Y."(AMLODIPINE)	4.30	調價
AC42844338	ALCOS-ANAL OINTMENT	46.80	AC42844338	ALCOS-ANAL OINTMENT	47.00	調價
AC42857100	AMNDILINE TABLETS 5MG (AMLODIPINE)	3.84	AC42857100	AMNDILINE TABLETS 5MG (AMLODIPINE)	4.30	調價
AC42859100	PANMOMEL CAPSULE 30MG (FLURAZEPAM) "PANBIOTIC"	3.75	AC42859100	PANMOMEL CAPSULE 30MG (FLURAZEPAM) "PANBIOTIC"	3.98	調價
AC42863100	FAMO F.C. TAB. 20MG "S.T." (FAMOTIDINE)	1.59	AC42863100	FAMO F.C. TAB. 20MG "S.T." (FAMOTIDINE)	1.63	調價
AC42869100	FLUNEPAN TABLETS 1MG "PANBIOTIC" (FLUNITRAZEPAM)	1.50			#NULL!	新增
AC428691G0	"FLUNEPAN TABLETS 1MG (FLUNITRAZEPAM) "PANBIOTIC"(鋁箔/膠箔)	2.00			#NULL!	新增
AC42874100	GENZOSIN TABLET 4MG (DOXAZOSIN MESYLATE)	4.80	AC42874100	GENZOSIN TABLET 4MG (DOXAZOSIN MESYLATE)	5.60	調價
AC42877326	ACV CREAM 5% (ACYCLOVIR) "CHEN TA"	42.90	AC42877326	ACV CREAM 5% (ACYCLOVIR) "CHEN TA"	43.50	調價
AC42877343	ACV CREAM 5% (ACYCLOVIR) "CHEN TA"	0.00	AC42877343	ACV CREAM 5% (ACYCLOVIR) "CHEN TA"	431.00	刪除

AC42879214	GENSO INJECTION 10MG/ML (ATRACURIUM)	51.00	AC42879214	GENSO INJECTION 10MG/ML (ATRACURIUM)	53.00	調價
AC42883100	TARNIN TABLETS 50MG "S.C."(CHLORPROTHIXENE HYDROCHLORIDE)	4.03	AC42883100	TARNIN TABLETS 50MG "S.C."(CHLORPROTHIXENE HYDROCHLORIDE)	4.24	調價
AC42884100	FLUCON CAPSULES 150MG "S.T." (FLUCONAZOLE)	52.00	AC42884100	FLUCON CAPSULES 150MG "S.T." (FLUCONAZOLE)	54.00	調價
AC42886100	MEZAPIN TABLETS 100MG(CLOZAPINE)	4.55	AC42886100	MEZAPIN TABLETS 100MG(CLOZAPINE)	5.20	調價
AC42899100	GENIQUIN FILM COATED TABLETS 200MG (HYDROXYCHLOROQUINE SULFATE)	2.07	AC42899100	GENIQUIN FILM COATED TABLETS 200MG (HYDROXYCHLOROQUINE SULFATE)	2.18	調價
AC42903100	NINKO F.C. TABLETS 40MG "STANDARD" (GINKGOFLAVONE GLYCOSIDE)	1.71	AC42903100	NINKO F.C. TABLETS 40MG "STANDARD" (GINKGOFLAVONE GLYCOSIDE)	1.76	調價
AC42906100	TRAZONE TABLETS 100MG "S.T." (TRAZODONE HYDROCHLORIDE)	2.97	AC42906100	TRAZONE TABLETS 100MG "S.T." (TRAZODONE HYDROCHLORIDE)	3.15	調價
AC42917100	LOLATE TABLETS 5MG"MACRO" (AMLODIPINE)	3.84	AC42917100	LOLATE TABLETS 5MG"MACRO" (AMLODIPINE)	4.30	調價
AC42932151	ATHMIN SYRUP (KETOTIFEN) "CENTER"	42.80	AC42932151	ATHMIN SYRUP (KETOTIFEN) "CENTER"	43.30	調價
AC42936100	TEZOPIN TABLETS 2MG "WEIDAR" (TERAZOSIN)	1.92	AC42936100	TEZOPIN TABLETS 2MG "WEIDAR" (TERAZOSIN)	2.07	調價
AC42944100	CONWU TABLETS 25MG "W.S."	4.20	AC42944100	CONWU TABLETS 25MG "W.S."	4.28	調價
AC42946100	SULMATYL FILM COATED TABLETS 50MG (SULPIRIDE) "P.L."	1.53	AC42946100	SULMATYL FILM COATED TABLETS 50MG (SULPIRIDE) "P.L."	1.55	調價
AC42957100	EUTAC F.C. TABLETS 150MG "S.T." (MECLOBEMIDE)	2.22	AC42957100	EUTAC F.C. TABLETS 150MG "S.T." (MECLOBEMIDE)	2.24	調價
AC42966100	MUGADINE CAPSULES 100MG (MEXILETINE HYDROCHLORIDE)	2.98	AC42966100	MUGADINE CAPSULES 100MG (MEXILETINE HYDROCHLORIDE)	3.06	調價
AC42967100	SINCER TABLETS 400MG (ACEBUTOLOL)	5.00	AC42967100	SINCER TABLETS 400MG (ACEBUTOLOL)	5.20	調價

AC42990100	BEZAFIBRATE TABLETS 200MG(BEZAFIBRATE)" Y.Y."	3.62	AC42990100	BEZAFIBRATE TABLETS 200MG(BEZAFIBRATE)"Y.Y."	4.01	調價
AC42997100	KINFLOCIN F.C. TABLETS 200MG "KINGDOM" (OFLOXACIN)	1.88	AC42997100	KINFLOCIN F.C. TABLETS 200MG "KINGDOM" (OFLOXACIN)	2.02	調價
AC43000248	GENAZOLE IV INJECTION 2MG/ML (FLUCONAZOLE)	258.00	AC43000248	GENAZOLE IV INJECTION 2MG/ML (FLUCONAZOLE)	279.00	調價
AC43000255	GENAZOLE IV INJECTION 2MG/ML (FLUCONAZOLE)	274.00	AC43000255	GENAZOLE IV INJECTION 2MG/ML (FLUCONAZOLE)	301.00	調價
AC43000263	GENAZOLE IV INJECTION 2MG/ML (FLUCONAZOLE)	0.00	AC43000263	GENAZOLE IV INJECTION 2MG/ML (FLUCONAZOLE)	1009.00	刪除
AC43003321	"CHU-FU CREAM ""WINSTON"""	16.00	AC43003321	"CHU-FU CREAM ""WINSTON"""	16.30	調價
AC43003329	"CHU-FU CREAM ""WINSTON"""	35.00	AC43003329	"CHU-FU CREAM ""WINSTON"""	36.30	調價
AC43003336	"CHU-FU CREAM ""WINSTON"""	53.00	AC43003336	"CHU-FU CREAM ""WINSTON"""	54.00	調價
AC43003338	"CHU-FU CREAM ""WINSTON"""	84.00	AC43003338	"CHU-FU CREAM ""WINSTON"""	89.00	調價
AC430181G0	ZUMIN FILM COATED TABLETS 50MG (MEBHYDROLIN) "YUNG SHIN"(鋁箔/膠箔)	2.00			#NULL!	新增
AC43026100	TIA TON TABLETS 200MG "Y.Y." (TIAPROFENIC ACID)	2.91	AC43026100	TIA TON TABLETS 200MG "Y.Y." (TIAPROFENIC ACID)	2.95	調價
AC43040100	PEYSAN F.C. TABLETS 75MG "S.C." (DIPYRIDAMOLE)	1.58	AC43040100	PEYSAN F.C. TABLETS 75MG "S.C." (DIPYRIDAMOLE)	1.61	調價
AC43045100	LOPAR TABLETS 5MG "STANDARD" (SELEGILINE HCL)	0.00	AC43045100	LOPAR TABLETS 5MG "STANDARD" (SELEGILINE HCL)	2.68	刪除
AC43079100	DALPAM CAPSULE 30MG (FLURAZEPAM)	3.75	AC43079100	DALPAM CAPSULE 30MG (FLURAZEPAM)	3.98	調價
AC43080100	LASCAINE TABLETS	1.53	AC43080100	LASCAINE TABLETS	1.55	調價
AC43112321	FLUNIDE CREAM 0.5MG/GM	34.10	AC43112321	FLUNIDE CREAM 0.5MG/GM	35.80	調價
AC43112329	FLUNIDE CREAM 0.5MG/GM	44.10	AC43112329	FLUNIDE CREAM 0.5MG/GM	45.90	調價
AC43112338	FLUNIDE CREAM 0.5MG/GM	109.00	AC43112338	FLUNIDE CREAM 0.5MG/GM	122.00	調價
AC43112355	FLUNIDE CREAM 0.5MG/GM	0.00	AC43112355	FLUNIDE CREAM 0.5MG/GM	477.00	刪除

AC43116343	"PIROCAM GEL 10MG/GM ""M.T."" (PIROXICAM)"	0.00	AC43116343	"PIROCAM GEL 10MG/GM ""M.T."" (PIROXICAM)"	34.00	刪除
AC43118100	TOPIMO TABLETS 2MG "S.C."(PIMOZIDE)	6.40	AC43118100	TOPIMO TABLETS 2MG "S.C."(PIMOZIDE)	6.60	調價
AC43138321	"BIFOZOL CREAM 10MG/GM ""GCPC"""	18.20	AC43138321	"BIFOZOL CREAM 10MG/GM ""GCPC"""	20.50	調價
AC43138329	"BIFOZOL CREAM 10MG/GM ""GCPC"""	44.60	AC43138329	"BIFOZOL CREAM 10MG/GM ""GCPC"""	49.20	調價
AC43138335	"BIFOZOL CREAM 10MG/GM ""GCPC"""	49.40	AC43138335	"BIFOZOL CREAM 10MG/GM ""GCPC"""	54.00	調價
AC43141100	BEENRONE TABLETS 100MG (BENZBROMARONE)	2.05	AC43141100	BEENRONE TABLETS 100MG (BENZBROMARONE)	2.18	調價
AC43152157	IBUPROFEN ORAL SUSPENSION 20MG/ML "CENTER"	45.10	AC43152157	IBUPROFEN ORAL SUSPENSION 20MG/ML "CENTER"	48.90	調價
AC43158100	ANTIGLUCO TABLETS 850MG "Y.K."	1.68	AC43158100	ANTIGLUCO TABLETS 850MG "Y.K."	1.75	調價
AC43160157	SOLTAN LIQUID 3MG/ML "CENTER"	50.00	AC43160157	SOLTAN LIQUID 3MG/ML "CENTER"	55.00	調價
AC43184421	VISCONE EYE DROPS 0.1% "SINPHAR"	12.40	AC43184421	VISCONE EYE DROPS 0.1% "SINPHAR"	12.60	調價
AC43184429	VISCONE EYE DROPS 0.1% "SINPHAR"	51.00	AC43184429	VISCONE EYE DROPS 0.1% "SINPHAR"	54.00	調價
AC43187100	"GINKON TABLETS 9.6MG (GINKGOFLAVON GLYCOSIDE) ""M.T.""	1.71	AC43187100	"GINKON TABLETS 9.6MG (GINKGOFLAVON GLYCOSIDE) ""M.T.""	1.75	調價
AC43188100	TERADRIN TABLETS 2MG "S.Y." (TERAZOSIN)	1.92	AC43188100	TERADRIN TABLETS 2MG "S.Y." (TERAZOSIN)	2.07	調價
AC43189151	STROLIN LIQUID 0.5MG/ML "CENTER"	25.20	AC43189151	STROLIN LIQUID 0.5MG/ML "CENTER"	25.30	調價
AC43215329	CLOBE CREAM "S.L."	0.00	AC43215329	CLOBE CREAM "S.L."	35.50	刪除
AC43255423	CINOLONE ORABASE "W.P."	36.70	AC43255423	CINOLONE ORABASE "W.P."	37.80	調價
AC43285329	LIBIDO GEL "MEIDER"	14.10	AC43285329	LIBIDO GEL "MEIDER"	14.90	調價
AC43285335	LIBIDO GEL "MEIDER"	20.70	AC43285335	LIBIDO GEL "MEIDER"	22.20	調價
AC43285338	LIBIDO GEL "MEIDER"	65.00	AC43285338	LIBIDO GEL "MEIDER"	69.00	調價

AC43285343	LIBIDO GEL "MEIDER"	185.00	AC43285343	LIBIDO GEL "MEIDER"	186.00	調價
AC43286100	DALPAM CAPSULE 15MG (FLURAZEPAM)	3.42	AC43286100	DALPAM CAPSULE 15MG (FLURAZEPAM)	3.54	調價
AC43293100	UZOL CAPSULES 50MG "C.H." (FLUCONAZOLE)	23.50	AC43293100	UZOL CAPSULES 50MG "C.H." (FLUCONAZOLE)	26.10	調價
AC43294100	WINIFUL F.C. TABLETS 40MG "EVEREST"	3.77	AC43294100	WINIFUL F.C. TABLETS 40MG "EVEREST"	4.12	調價
AC43302100	ZEFFIX TABLETS 100MG	44.80	AC43302100	ZEFFIX TABLETS 100MG	53.00	調價
AC43305100	NO-TON F.C. TABLETS 500MG "STANDARD"	3.23	AC43305100	NO-TON F.C. TABLETS 500MG "STANDARD"	3.29	調價
AC43311329	TIFIN 1% CREAM "H.S."	32.70	AC43311329	TIFIN 1% CREAM "H.S."	34.80	調價
AC43311335	TIFIN 1% CREAM "H.S."	35.10	AC43311335	TIFIN 1% CREAM "H.S."	38.00	調價
AC43311338	TIFIN 1% CREAM "H.S."	69.00	AC43311338	TIFIN 1% CREAM "H.S."	73.00	調價
AC43313321	ET CREAM	10.50	AC43313321	ET CREAM	10.60	調價
AC43313329	ET CREAM	18.80	AC43313329	ET CREAM	19.30	調價
AC43313335	ET CREAM	0.00	AC43313335	ET CREAM	30.90	刪除
AC43313338	ET CREAM	0.00	AC43313338	ET CREAM	32.60	刪除
AC43316100	SOVERINE CAPSULES 60MG "S.C."	1.74	AC43316100	SOVERINE CAPSULES 60MG "S.C."	1.82	調價
AC43317100	CONMY TABLETS 2MG "S.T."	1.92	AC43317100	CONMY TABLETS 2MG "S.T."	2.07	調價
AC433171G0	CONMY TABLETS 2MG "S.T."(鋁箔/膠箔)	2.00			#NULL!	新增
AC43326100	SPASMOL CAPSULES 60MG	1.74	AC43326100	SPASMOL CAPSULES 60MG	1.82	調價
AC43327321	NINERLNIN CREAM "CHEN TA"	13.90	AC43327321	NINERLNIN CREAM "CHEN TA"	15.00	調價
AC43327329	NINERLNIN CREAM "CHEN TA"	32.20	AC43327329	NINERLNIN CREAM "CHEN TA"	35.50	調價
AC43327330	NINERLNIN CREAM "CHEN TA"	43.40	AC43327330	NINERLNIN CREAM "CHEN TA"	44.50	調價
AC43327335	NINERLNIN CREAM "CHEN TA"	51.00	AC43327335	NINERLNIN CREAM "CHEN TA"	55.00	調價
AC43327338	NINERLNIN CREAM "CHEN TA"	74.00	AC43327338	NINERLNIN CREAM "CHEN TA"	87.00	調價
AC43330100	GENOPRIL 10MG TABLETS	2.29	AC43330100	GENOPRIL 10MG TABLETS	2.53	調價
AC43335100	POLUPI TABLETS 50MG "PANBIOTIC"	1.90	AC43335100	POLUPI TABLETS 50MG "PANBIOTIC"	1.50	調價
AC43339100	FUMAY CAPSULES 50MG "STANDARD"	23.50	AC43339100	FUMAY CAPSULES 50MG "STANDARD"	26.10	調價
AC43366100	ULIDEN TABLETS 100MG "SWISS"	1.76	AC43366100	ULIDEN TABLETS 100MG "SWISS"	1.79	調價

AC43397100	MERINE F.C. TABLETS 135MG "Y.Y."	1.75	AC43397100	MERINE F.C. TABLETS 135MG "Y.Y."	1.85	調價
AC43436157	IBULIN SUSPENSION 20MG/ML (IBUPROFEN) "S.T."	45.10	AC43436157	IBULIN SUSPENSION 20MG/ML (IBUPROFEN) "S.T."	48.90	調價
AC43443100	NOXALONE TABLETS 500MG	2.83	AC43443100	NOXALONE TABLETS 500MG	3.09	調價
AC43448312	"Normal Saline Solution ""Tai Yu"""	0.00	AC43448312	"Normal Saline Solution ""Tai Yu"""	55.00	刪除
AC43458100	SUTONDIN 20MG F.C. TABLETS "H.S."	3.59	AC43458100	SUTONDIN 20MG F.C. TABLETS "H.S."	3.76	調價
AC43459500	LICOMILE VAGINAL TABLETS 100MG "H.S." (ISOCONAZOLE)	0.00	AC43459500	LICOMILE VAGINAL TABLETS 100MG "H.S." (ISOCONAZOLE)	5.00	刪除
AC43460100	GENCLONE F.C.T. 7.5MG	1.98	AC43460100	GENCLONE F.C.T. 7.5MG	2.12	調價
AC43467100	DOXAZON TABLETS 2MG "S.C."	1.78	AC43467100	DOXAZON TABLETS 2MG "S.C."	1.89	調價
AC43496421	"SERENE OPHTHALMIC SOLUTION ""WINSTON"""	12.20	AC43496421	"SERENE OPHTHALMIC SOLUTION ""WINSTON"""	12.30	調價
AC43499100	ESOMIN TABLETS 2MG "P.L."	1.53	AC43499100	ESOMIN TABLETS 2MG "P.L."	1.55	調價
AC43501100	WINIFUL F.C.TABLETS 20MG (FAMOTIDINE) "EVEREST"	1.59	AC43501100	WINIFUL F.C.TABLETS 20MG (FAMOTIDINE) "EVEREST"	1.63	調價
AC43527100	AVERINE CAPSULES 60MG "ROYAL"	1.74	AC43527100	AVERINE CAPSULES 60MG "ROYAL"	1.82	調價
AC43545100	ACEO CAPSULES 60MG "	1.54	AC43545100	ACEO CAPSULES 60MG "	1.56	調價
AC43572414	SALDOLIN INHALATION SOLUTION 2MG/ML "S.T."(SALBUTAMOL)	4.95	AC43572414	SALDOLIN INHALATION SOLUTION 2MG/ML "S.T."(SALBUTAMOL)	5.00	調價
AC43573100	SANCOS TABLETS	3.24	AC43573100	SANCOS TABLETS	3.47	調價
AC43574438	BELAX AQUA NASAL SPRAY 100MCG/DOSE (1MG/GM)	186.00	AC43574438	BELAX AQUA NASAL SPRAY 100MCG/DOSE (1MG/GM)	195.00	調價
AC43575100	LISIM TABLETS 250MG	7.80	AC43575100	LISIM TABLETS 250MG	8.80	調價

AC43589421	FLUORONE OPHTHALMIC SOLUTION 1.0MG/ML "PATRON" (FLUOROMETHOLONE)	12.40	AC43589421	FLUORONE OPHTHALMIC SOLUTION 1.0MG/ML "PATRON" (FLUOROMETHOLONE)	12.60	調價
AC43589429	FLUORONE OPHTHALMIC SOLUTION 1.0MG/ML "PATRON" (FLUOROMETHOLONE)	51.00	AC43589429	FLUORONE OPHTHALMIC SOLUTION 1.0MG/ML "PATRON" (FLUOROMETHOLONE)	54.00	調價
AC43591321	ID CREAM	13.90	AC43591321	ID CREAM	14.30	調價
AC43591329	ID CREAM	0.00	AC43591329	ID CREAM	22.70	刪除
AC43591335	ID CREAM	0.00	AC43591335	ID CREAM	40.60	刪除
AC43591338	ID CREAM	0.00	AC43591338	ID CREAM	60.00	刪除
AC43597100	CAMADOL CAPSULES 50MG (TRAMADOL HCL)	2.43	AC43597100	CAMADOL CAPSULES 50MG (TRAMADOL HCL)	2.65	調價
AC43598100	ATENO F.C. TABLETS 50MG	1.50	AC43598100	ATENO F.C. TABLETS 50MG	1.51	調價
AC43601421	PICON EYE DROPS 0.5%"Y.Y."	16.50	AC43601421	PICON EYE DROPS 0.5%"Y.Y."	18.20	調價
AC43602417	"CHEER ORABASE 1MG/GM ""WINSTON"""	21.50	AC43602417	"CHEER ORABASE 1MG/GM ""WINSTON"""	22.00	調價
AC43602423	"CHEER ORABASE 1MG/GM ""WINSTON"""	36.70	AC43602423	"CHEER ORABASE 1MG/GM ""WINSTON"""	37.80	調價
AC43621321	B.C.G CREAM	16.00	AC43621321	B.C.G CREAM	16.30	調價
AC43621329	B.C.G CREAM	35.00	AC43621329	B.C.G CREAM	36.30	調價
AC43621336	B.C.G. CREAM	53.00	AC43621336	B.C.G. CREAM	54.00	調價
AC43621338	B.C.G CREAM	84.00	AC43621338	B.C.G CREAM	89.00	調價
AC43625100	WESON TABLETS 2MG "EVEREST"	1.92	AC43625100	WESON TABLETS 2MG "EVEREST"	2.07	調價
AC43627100	MESULONE TABLETS "Y.Y."	1.53	AC43627100	MESULONE TABLETS "Y.Y."	1.55	調價
AC43629100	MEZAPIN TABLETS 25MG	3.11	AC43629100	MEZAPIN TABLETS 25MG	3.40	調價
AC43630100	YUSIN F.C TABLETS 75MG	0.00	AC43630100	YUSIN F.C TABLETS 75MG	1.61	刪除
AC43632100	MELETIN CAPSULES 100MG "S.T." (MEXILETINE)	2.98	AC43632100	MELETIN CAPSULES 100MG "S.T." (MEXILETINE)	3.06	調價
AC43633100	TOLESIN F.C. TABLETS 150MG "S.T."	1.61	AC43633100	TOLESIN F.C. TABLETS 150MG "S.T."	1.65	調價
AC43634100	TRAZONE TABLETS 50MG "S.T." (TRAZODONE HCL)	1.60	AC43634100	TRAZONE TABLETS 50MG "S.T." (TRAZODONE HCL)	1.64	調價

AC43635100	BAXICIN F.C. TABLETS 200MG "S.T." (NORFLOXACIN)	1.96	AC43635100	BAXICIN F.C. TABLETS 200MG "S.T." (NORFLOXACIN)	2.06	調價
AC43641100	"SUROTEN TABLETS 200MG ""ROYAL"" (TIAPROFENIC ACID)"	2.91	AC43641100	"SUROTEN TABLETS 200MG ""ROYAL"" (TIAPROFENIC ACID)"	2.95	調價
AC43642429	SHOWMIN EYE DROPS 0.01%	12.80	AC43642429	SHOWMIN EYE DROPS 0.01%	13.20	調價
AC43656100	KINZOSIN TABLETS 2MG (TERAZOSIN)	1.92	AC43656100	KINZOSIN TABLETS 2MG (TERAZOSIN)	2.07	調價
AC43662100	TENSEN FILM COATING TABLETS 5MG "CHINTENG"	12.60	AC43662100	TENSEN FILM COATING TABLETS 5MG "CHINTENG"	14.00	調價
AC43667421	TIMIN EYE DROPS 0.5%	122.00	AC43667421	TIMIN EYE DROPS 0.5%	130.00	調價
AC43679421	GENELIN OPHTHALMIC SOLUTION "PATRON"	29.60	AC43679421	GENELIN OPHTHALMIC SOLUTION "PATRON"	30.20	調價
AC43681421	"SMILE ORABASE 1MG/G ""WINSTON"""	35.60	AC43681421	"SMILE ORABASE 1MG/G ""WINSTON"""	38.80	調價
AC43688100	LOTTON CAPSULES "C.M."	3.25	AC43688100	LOTTON CAPSULES "C.M."	3.46	調價
AC43692321	JIA MEI CREAM "S.C"	20.40	AC43692321	JIA MEI CREAM "S.C"	21.30	調價
AC43692329	JIA MEI CREAM "S.C"	32.70	AC43692329	JIA MEI CREAM "S.C"	34.80	調價
AC43692335	JIA MEI CREAM "S.C"	35.10	AC43692335	JIA MEI CREAM "S.C"	38.00	調價
AC43692338	JIA MEI CREAM "S.C."	69.00	AC43692338	JIA MEI CREAM "S.C."	73.00	調價
AC43693321	CLOB CREAM	11.90	AC43693321	CLOB CREAM	12.60	調價
AC43693324	CLOB CREAM	12.80	AC43693324	CLOB CREAM	13.30	調價
AC43693329	CLOB CREAM	0.00	AC43693329	CLOB CREAM	14.30	刪除
AC43693335	CLOB CREAM	0.00	AC43693335	CLOB CREAM	25.50	刪除
AC43693338	CLOB CREAM	0.00	AC43693338	CLOB CREAM	44.50	刪除
AC43699421	CORSUM ORALBASE 0.1% (DEXAMETHASONE)	35.60	AC43699421	CORSUM ORALBASE 0.1% (DEXAMETHASONE)	38.80	調價
AC43700100	MEPTIN-MINI TABLETS	1.50	AC43700100	MEPTIN-MINI TABLETS	1.51	調價
AC43703100	UMENI F.C.T. "EVEREST"	3.49	AC43703100	UMENI F.C.T. "EVEREST"	3.54	調價
AC43704100	ATINOL F.C. TABLETS 50MG	1.50	AC43704100	ATINOL F.C. TABLETS 50MG	1.51	調價
AC43705100	FLUX MICROENCAPSULATED CAP.10MG "STANDARD"	1.67	AC43705100	FLUX MICROENCAPSULATED CAP.10MG "STANDARD"	1.74	調價

AC43726245	MEPRON POWDER FOR INJECTION 0.04GM"GENTLE"	39.30	AC43726245	MEPRON POWDER FOR INJECTION 0.04GM"GENTLE"	41.70	調價
AC43726265	MEPRON POWDER FOR INJ. 0.25G "GENTLE"	172.00	AC43726265	MEPRON POWDER FOR INJ. 0.25G "GENTLE"	176.00	調價
AC43726277	MEPRON INJ. 0.5G "GENTLE"	188.00	AC43726277	MEPRON INJ. 0.5G "GENTLE"	198.00	調價
AC43727100	MEDNIN TABLETS 2MG (METHYLPREDNISOLONE) "H.S"	1.53	AC43727100	MEDNIN TABLETS 2MG (METHYLPREDNISOLONE) "H.S"	1.55	調價
AC43728100	"UTRILIX CAPSULE 2.5MG ""ROOT"""	1.92	AC43728100	"UTRILIX CAPSULE 2.5MG ""ROOT"""	2.00	調價
AC43729100	LEGAN TABLETS	1.76	AC43729100	LEGAN TABLETS	1.79	調價
AC43730151	ASWELL SOLUTION 1MG/ML	25.20	AC43730151	ASWELL SOLUTION 1MG/ML	25.30	調價
AC43731321	ANTISCAR CREAM	24.00	AC43731321	ANTISCAR CREAM	24.30	調價
AC43731329	ANTISCAR CREAM	29.10	AC43731329	ANTISCAR CREAM	30.50	調價
AC43731335	ANTISCAR CREAM	54.00	AC43731335	ANTISCAR CREAM	55.00	調價
AC43736100	SUTONDIN F.C. TABLETS 10MG "H.S" (TENOXICAM)	2.07	AC43736100	SUTONDIN F.C. TABLETS 10MG "H.S" (TENOXICAM)	2.13	調價
AC43744100	KINLOFT F.C.TABLETS 50MG (SERTRALINE) "KINGDOM"	6.10	AC43744100	KINLOFT F.C.TABLETS 50MG (SERTRALINE) "KINGDOM"	7.00	調價
AC43747421	FLOXIN OPHTHALMIC SOLUTION 3.0MG/ML "PATRON"	29.00	AC43747421	FLOXIN OPHTHALMIC SOLUTION 3.0MG/ML "PATRON"	33.60	調價
AC43758100	UCOJN TABLETS	4.03	AC43758100	UCOJN TABLETS	4.24	調價
AC43759100	KIMODIN F.C. TABLETS 20MG (AMOTIDINE)	1.59	AC43759100	KIMODIN F.C. TABLETS 20MG (AMOTIDINE)	1.63	調價
AC43761100	METHYLONE TABLETS 4MG (METHYLPREDNISOLONE)	1.53	AC43761100	METHYLONE TABLETS 4MG (METHYLPREDNISOLONE)	1.55	調價
AC43764421	GEMIN EYE DROPS "Y.Y"	14.50	AC43764421	GEMIN EYE DROPS "Y.Y"	15.50	調價
AC43765100	KINXABEN TAB. 2MG (DOXAZOSIN)	1.78	AC43765100	KINXABEN TAB. 2MG (DOXAZOSIN)	1.89	調價
AC43770100	"EXCELIN TABLETS 4MG (METHYLPREDNISOLONE) ""WINSTON.""""	1.53	AC43770100	"EXCELIN TABLETS 4MG (METHYLPREDNISOLONE) ""WINSTON.""""	1.55	調價
AC43806100	MODIPANOL TABLETS 1MG "SWISS"	1.50	AC43806100	MODIPANOL TABLETS 1MG "SWISS"	1.51	調價

AC43823100	NATON-S.R TAB. 750MG "EVEREST"	3.63	AC43823100	NATON-S.R TAB. 750MG "EVEREST"	3.73	調價
AC43824100	TRAMED CAPSULES 50MG "SWISS"	2.43	AC43824100	TRAMED CAPSULES 50MG "SWISS"	2.65	調價
AC43832321	BEFONE CREAM	18.20	AC43832321	BEFONE CREAM	20.50	調價
AC43832329	BEFONE CREAM	44.60	AC43832329	BEFONE CREAM	49.20	調價
AC43832335	BEFONE CREAM	0.00	AC43832335	BEFONE CREAM	54.00	刪除
AC43833157	AMSOVAN SOLUTION 3MG/ML	0.00	AC43833157	AMSOVAN SOLUTION 3MG/ML	55.00	刪除
AC43835480	MESA INHALATION SOLUTION 200MG/ML "N.K."	36.50	AC43835480	MESA INHALATION SOLUTION 200MG/ML "N.K."	37.00	調價
AC43842100	OKWE ENTERIC-MICROENCAPSULATED CAPSULE 40 MG "N.K."	6.10	AC43842100	OKWE ENTERIC-MICROENCAPSULATED CAPSULE 40 MG "N.K."	6.50	調價
AC43843421	FLUORONE OPHTHALMIC SUSPENSION 0.2MG/ML "PATRON"	13.60	AC43843421	FLUORONE OPHTHALMIC SUSPENSION 0.2MG/ML "PATRON"	14.20	調價
AC43843429	FLUORONE OPHTHALMIC SUSPENSION 0.2MG/ML "PATRON"	53.00	AC43843429	FLUORONE OPHTHALMIC SUSPENSION 0.2MG/ML "PATRON"	57.00	調價
AC43848100	"BRONXIN CAPSULES ""WINSTON"""	1.60	AC43848100	"BRONXIN CAPSULES ""WINSTON"""	1.64	調價
AC43854329	KESHUZHI GEL	14.10	AC43854329	KESHUZHI GEL	14.90	調價
AC43854335	KESHUZHI GEL	20.70	AC43854335	KESHUZHI GEL	22.20	調價
AC43854338	KESHUZHI GEL	65.00	AC43854338	KESHUZHI GEL	69.00	調價
AC43854343	KESHUZHI GEL	185.00	AC43854343	KESHUZHI GEL	186.00	調價
AC43860100	ELAM TABLETS 2MG "EVEREST"	1.53	AC43860100	ELAM TABLETS 2MG "EVEREST"	1.55	調價
AC43867100	ALVERINE CAPSULES 60MG "EVEREST"	1.74	AC43867100	ALVERINE CAPSULES 60MG "EVEREST"	1.82	調價
AC43892100	"CBC"BIORIX F.C TABLETS 150MG	2.22	AC43892100	"CBC"BIORIX F.C TABLETS 150MG	2.24	調價
AC43898100	FLU-D CAPSULES 150MG	52.00	AC43898100	FLU-D CAPSULES 150MG	54.00	調價
AC43900100	BAXICIN F.C. TABLETS 100MG "S.T"(NORFLOXACIN)	1.96	AC43900100	BAXICIN F.C. TABLETS 100MG "S.T"(NORFLOXACIN)	2.06	調價
AC43913321	BEFURINE GEL 0.05% "S.L"	0.00	AC43913321	BEFURINE GEL 0.05% "S.L"	12.60	刪除
AC43913329	BEFURINE GEL 0.05% "S.L"	13.70	AC43913329	BEFURINE GEL 0.05% "S.L"	14.30	調價
AC43913338	BEFURINE GEL 0.05% "S.L"	41.90	AC43913338	BEFURINE GEL 0.05% "S.L"	44.50	調價
AC43914321	TICARE CERAM	13.90	AC43914321	TICARE CERAM	14.30	調價

AC43914329	TICARE CERAM	22.30	AC43914329	TICARE CERAM	22.70	調價
AC43914335	TICARE CERAM	39.30	AC43914335	TICARE CERAM	40.60	調價
AC43920329	CLOBEGEN CREAM	35.00	AC43920329	CLOBEGEN CREAM	36.30	調價
AC43920338	CLOBEGEN CREAM	84.00	AC43920338	CLOBEGEN CREAM	89.00	調價
AC43924338	SHUJEN GEL 10MG/G "T.F."	23.10	AC43924338	SHUJEN GEL 10MG/G "T.F."	26.80	調價
AC43928100	TOPCEF CAPSULES 500MG "GENTLE"	2.72	AC43928100	TOPCEF CAPSULES 500MG "GENTLE"	2.77	調價
AC43931100	FELOPINE E.R. F.C. TABLET 10MG	3.58	AC43931100	FELOPINE E.R. F.C. TABLET 10MG	3.87	調價
AC43935100	FAMOSTER F.C. TABLETS 20MG "T.F"	1.59	AC43935100	FAMOSTER F.C. TABLETS 20MG "T.F"	1.63	調價
AC43939100	MEP TABLET	1.53	AC43939100	MEP TABLET	1.55	調價
AC43944100	DOYA FILM COATING TABLETS 250MG "S.T."(PIPEMIDIC ACID)	3.54	AC43944100	DOYA FILM COATING TABLETS 250MG "S.T."(PIPEMIDIC ACID)	3.75	調價
AC43945129	SCRAT SUSPENSION "STANDARD"	20.40	AC43945129	SCRAT SUSPENSION "STANDARD"	21.50	調價
AC43949100	VENSI CAPSULES	0.00	AC43949100	VENSI CAPSULES	3.98	刪除
AC43950100	TANATRIL TAB. 5MG	6.20	AC43950100	TANATRIL TAB. 5MG	6.50	調價
AC43951100	TANATRIL TAB. 10MG	6.50	AC43951100	TANATRIL TAB. 10MG	6.90	調價
AC43954100	YUGEN FILM COATING TABLETS	0.00	AC43954100	YUGEN FILM COATING TABLETS	3.54	刪除
AC43956100	GEN BO CAPSULES 150MG "C.H"	0.00	AC43956100	GEN BO CAPSULES 150MG "C.H"	1.53	刪除
AC43961100	TERAZOSIN TABLETS 2MG "U-CHU"	1.92	AC43961100	TERAZOSIN TABLETS 2MG "U-CHU"	2.07	調價
AC43970100	NITREN TABLETS	2.48	AC43970100	NITREN TABLETS	2.53	調價
AC43972100	LABISU TABLETS 100MG "S.D"	3.53	AC43972100	LABISU TABLETS 100MG "S.D"	3.71	調價
AC43978209	"SOROCAM INJECTION 20MG/ML ""TAI YU"""	16.90	AC43978209	"SOROCAM INJECTION 20MG/ML ""TAI YU"""	17.60	調價
AC43978212	"SOROCAM INJECTION 20MG/ML ""TAI YU"""	16.90	AC43978212	"SOROCAM INJECTION 20MG/ML ""TAI YU"""	17.60	調價
AC43981321	NEOCOMB CREAM	13.90	AC43981321	NEOCOMB CREAM	14.00	調價
AC43983321	"GRIST CREAM ""WINSTON"""	13.90	AC43983321	"GRIST CREAM ""WINSTON"""	14.00	調價
AC43983323	GRIST CREAM "WINSTON"	14.40	AC43983323	GRIST CREAM "WINSTON"	14.70	調價
AC43983329	"GRIST CREAM ""WINSTON"""	18.40	AC43983329	"GRIST CREAM ""WINSTON"""	18.70	調價
AC43983335	GRIST CREAM "WINSTON"	29.70	AC43983335	GRIST CREAM "WINSTON"	30.20	調價

AC43983336	"GRIST CREAM ""WINSTON"""	29.70	AC43983336	"GRIST CREAM ""WINSTON"""	30.20	調價
AC43983338	"GRIST CREAM ""WINSTON"""	57.00	AC43983338	"GRIST CREAM ""WINSTON"""	59.00	調價
AC43985100	ETODON CAPSULES 200MG "S.L"	3.25	AC43985100	ETODON CAPSULES 200MG "S.L"	3.46	調價
AC44011100	GENDERGIN-SR TAB. 1MG	2.17	AC44011100	GENDERGIN-SR TAB. 1MG	2.20	調價
AC44012321	MENTAX CREAM 1% "SINPHAR"	28.80	AC44012321	MENTAX CREAM 1% "SINPHAR"	29.70	調價
AC44012329	MENTAX CREAM 1% "SINPHAR"	45.00	AC44012329	MENTAX CREAM 1% "SINPHAR"	47.80	調價
AC44012335	MENTAX CREAM 1% "SINPHAR"	56.00	AC44012335	MENTAX CREAM 1% "SINPHAR"	59.00	調價
AC44014100	USERM TABLETS, 100MG	1.52	AC44014100	USERM TABLETS, 100MG	1.53	調價
AC44022100	NIMED TABLETS 100MG "S.C."	0.00	AC44022100	NIMED TABLETS 100MG "S.C."	2.23	刪除
AC44023143	CETIRIZINE ORAL SOLUTION 1MG/ML "CENTER"	28.00	AC44023143	CETIRIZINE ORAL SOLUTION 1MG/ML "CENTER"	29.10	調價
AC44023151	CETIRIZINE ORAL SOLUTION 1MG/ML "CENTER"	28.10	AC44023151	CETIRIZINE ORAL SOLUTION 1MG/ML "CENTER"	29.20	調價
AC44023157	CETIRIZINE ORAL SOLUTION 1MG/ML "CENTER"	87.00	AC44023157	CETIRIZINE ORAL SOLUTION 1MG/ML "CENTER"	92.00	調價
AC44029100	KINZOLAM TABLETS 2MG	1.53	AC44029100	KINZOLAM TABLETS 2MG	1.55	調價
AC44041100	MEITIFEN SUSTAINED RELEASE F.C. TABLETS 75MG "EEVEREST"	1.92	AC44041100	MEITIFEN SUSTAINED RELEASE F.C. TABLETS 75MG "EEVEREST"	2.08	調價
AC44042100	FLUXEN CAPSULES 10MG "W.S."	1.67	AC44042100	FLUXEN CAPSULES 10MG "W.S."	1.74	調價
AC44043371	YULYFORD CREAM	267.00	AC44043371	YULYFORD CREAM	275.00	調價
AC44043377	YULYFORD CREAM	357.00	AC44043377	YULYFORD CREAM	397.00	調價
AC44060480	SIRUTA INHALATION SOLUTION 200MG/ML "S.T."(MESNA)	36.50	AC44060480	SIRUTA INHALATION SOLUTION 200MG/ML "S.T."(MESNA)	37.00	調價
AC44063100	TERASIN TABLETS 2MG "PURZER"	1.92	AC44063100	TERASIN TABLETS 2MG "PURZER"	2.07	調價
AC44064321	FUSOTEX CREAM 20MG/GM "PATRON"	32.20	AC44064321	FUSOTEX CREAM 20MG/GM "PATRON"	36.50	調價
AC44064326	FUSOTEX CREAM 20MG/GM "PATRON"	42.70	AC44064326	FUSOTEX CREAM 20MG/GM "PATRON"	44.50	調價
AC44064329	FUSOTEX CREAM 20MG/GM "PATRON"	45.20	AC44064329	FUSOTEX CREAM 20MG/GM "PATRON"	46.40	調價
AC44064335	FUSOTEX CREAM 20MG/GM "PATRON"	126.00	AC44064335	FUSOTEX CREAM 20MG/GM "PATRON"	134.00	調價

AC44064348	FUSOTEX CREAM 20MG/GM "PATRON"	0.00	AC44064348	FUSOTEX CREAM 20MG/GM "PATRON"	337.00	刪除
AC44065338	GOODGEN GEL 10MG/GM "PATRON" (PIROXICAM)	23.10	AC44065338	GOODGEN GEL 10MG/GM "PATRON" (PIROXICAM)	26.80	調價
AC44070280	SOONMELT FOR INTRAVENOUS INJECTION	32.30	AC44070280	SOONMELT FOR INTRAVENOUS INJECTION	33.90	調價
AC44070297	SOONMELT FOR INTRAVENOUS INJECTION	74.00	AC44070297	SOONMELT FOR INTRAVENOUS INJECTION	85.00	調價
AC44084329	CLINGENE-T GEL 10MG/GM "PATRON"	14.10	AC44084329	CLINGENE-T GEL 10MG/GM "PATRON"	14.90	調價
AC44084335	CLINGENE-T GEL 10MG/GM "PATRON"	20.70	AC44084335	CLINGENE-T GEL 10MG/GM "PATRON"	22.20	調價
AC44084338	CLINGENE-T GEL 10MG/GM "PATRON"	65.00	AC44084338	CLINGENE-T GEL 10MG/GM "PATRON"	69.00	調價
AC44084343	CLINGENE-T GEL 10MG/GM "PATRON"	185.00			#NULL!	新增
AC44090221	DOPAVATE INJECTION 40MG/ML	19.90	AC44090221	DOPAVATE INJECTION 40MG/ML	20.70	調價
AC44113100	ESDIAN F.C. TABLETS	7.00	AC44113100	ESDIAN F.C. TABLETS	7.10	調價
AC44117329	CLOBEGEN CREAM "WEIDAR"	35.00	AC44117329	CLOBEGEN CREAM "WEIDAR"	36.30	調價
AC44127100	ALLOPURINOL TABLETS 300MG "U-CHU"	2.20	AC44127100	ALLOPURINOL TABLETS 300MG "U-CHU"	2.29	調價
AC44140100	YURINOM TABLETS 100MG "T.F"(BENZBROMARONE)	2.05	AC44140100	YURINOM TABLETS 100MG "T.F"(BENZBROMARONE)	2.18	調價
AC44141321	GENTAMYCIN CREAM 0.1%	13.20	AC44141321	GENTAMYCIN CREAM 0.1%	14.10	調價
AC44141329	GENTAMYCIN CREAM 0.1%	18.00	AC44141329	GENTAMYCIN CREAM 0.1%	18.10	調價
AC44141335	GENTAMYCIN CREAM 0.1%	37.20	AC44141335	GENTAMYCIN CREAM 0.1%	38.80	調價
AC44161100	LISINOPRIL TABLETS 10MG "U-CHU"	2.29	AC44161100	LISINOPRIL TABLETS 10MG "U-CHU"	2.53	調價
AC44162100	SPASVERINE CAP. 60MG "PATRON"	1.74	AC44162100	SPASVERINE CAP. 60MG "PATRON"	1.82	調價
AC44163100	SWINORIN F.C. TABLETS 50MG "SWISS"	1.50	AC44163100	SWINORIN F.C. TABLETS 50MG "SWISS"	1.51	調價
AC44165100	SINGSONG CAPSULES 25MG	1.99	AC44165100	SINGSONG CAPSULES 25MG	2.04	調價

AC44167421	"FOXONE OPHTHALMIC SUSPENSION 1MG/ML ""WINSTON"""	12.40	AC44167421	"FOXONE OPHTHALMIC SUSPENSION 1MG/ML ""WINSTON"""	12.60	調價
AC44167429	"FOXONE OPHTHALMIC SUSPENSION 1MG/ML ""WINSTON"""	51.00	AC44167429	"FOXONE OPHTHALMIC SUSPENSION 1MG/ML ""WINSTON"""	54.00	調價
AC44174100	MUSOLAX F.C. TABLETS 150MG	1.61	AC44174100	MUSOLAX F.C. TABLETS 150MG	1.65	調價
AC44175100	FOPO TABLETS	0.00	AC44175100	FOPO TABLETS	7.80	刪除
AC44186100	"CISBILE CAPSULES 300MG ""WINSTON"""	0.00	AC44186100	"CISBILE CAPSULES 300MG ""WINSTON"""	4.36	刪除
AC44194100	KEPROLINE TABLETS 25MG "PATRON"	4.20	AC44194100	KEPROLINE TABLETS 25MG "PATRON"	4.28	調價
AC44197100	"SAVORY CAPSULES 60MG ""WINSTON"""	0.00	AC44197100	"SAVORY CAPSULES 60MG ""WINSTON"""	1.82	刪除
AC44201100	DORISIN F.C. TABLET "S.C"	1.71	AC44201100	DORISIN F.C. TABLET "S.C"	1.76	調價
AC44203100	HAVINA F.C TABLETS	2.85	AC44203100	HAVINA F.C TABLETS	2.94	調價
AC44208421	TOCIN OPHTHALMIC SOLUTION 0.3% "PATRON"	32.80	AC44208421	TOCIN OPHTHALMIC SOLUTION 0.3% "PATRON"	33.60	調價
AC44209100	SPASTIN TABLETS "EVEREST"	1.83	AC44209100	SPASTIN TABLETS "EVEREST"	1.94	調價
AC44213100	SYNTERON TABLETS 50MG	27.70	AC44213100	SYNTERON TABLETS 50MG	30.00	調價
AC44223100	LIKEJHN CAPSULES 250MG "C.H"	2.25	AC44223100	LIKEJHN CAPSULES 250MG "C.H"	2.28	調價
AC44233100	GLUCOFIT F.C. TABLETS 850MG "SWISS" (METFORMIN)	1.68	AC44233100	GLUCOFIT F.C. TABLETS 850MG "SWISS" (METFORMIN)	1.75	調價
AC44241329	DR.PI.A.F CREAM "MEIDER"	35.00	AC44241329	DR.PI.A.F CREAM "MEIDER"	36.30	調價
AC44241336	DR.PI.A.F CREAM "MEIDER"	53.00	AC44241336	DR.PI.A.F CREAM "MEIDER"	54.00	調價
AC44241338	DR.PI.A.F. CREAM "MEIDER"	84.00	AC44241338	DR.PI.A.F. CREAM "MEIDER"	89.00	調價
AC44245421	LANYUNG EYE DROPS 0.1% "Y.Y"	44.50	AC44245421	LANYUNG EYE DROPS 0.1% "Y.Y"	45.00	調價
AC44248100	FOLINA TABLETS 15MG	9.10	AC44248100	FOLINA TABLETS 15MG	10.40	調價
AC44252329	B.C.CREAM	93.00	AC44252329	B.C.CREAM	94.00	調價

AC44253100	USER TAB. "T.F" (TIAPROFENIC ACID)	2.91	AC44253100	USER TAB. "T.F" (TIAPROFENIC ACID)	2.95	調價
AC44254100	BETHANECHOL TABLETS 25MG "JOHNSON"	1.63	AC44254100	BETHANECHOL TABLETS 25MG "JOHNSON"	1.68	調價
AC44261100	RICH CAPSULES 30MG "N.K"	10.00	AC44261100	RICH CAPSULES 30MG "N.K"	11.50	調價
AC44272100	FORMOROL TAB. "S.C"	2.03	AC44272100	FORMOROL TAB. "S.C"	2.07	調價
AC44295100	EDIOL F.C TABLATS 1MG	3.54	AC44295100	EDIOL F.C TABLATS 1MG	3.98	調價
AC44297100	KINFLOCIN F.C. TABLETS 100MG "KINGDON" (OFLOXACIN)	0.00	AC44297100	KINFLOCIN F.C. TABLETS 100MG "KINGDON" (OFLOXACIN)	1.62	刪除
AC44298421	DEXAMETHASONE EYE DROPS 0.1% "SINPHAR"	0.00	AC44298421	DEXAMETHASONE EYE DROPS 0.1% "SINPHAR"	13.20	刪除
AC44317100	BUWECON TAB. 0.125MG "YUNG SHIN"	1.75	AC44317100	BUWECON TAB. 0.125MG "YUNG SHIN"	1.84	調價
AC44331100	FINTA F.C TABLETS 5MG "N.K"	12.60	AC44331100	FINTA F.C TABLETS 5MG "N.K"	14.00	調價
AC44338100	COLONIL F.C. TABLETS 135MG "SWISS"	1.75	AC44338100	COLONIL F.C. TABLETS 135MG "SWISS"	1.85	調價
AC44365100	DAMPURINE TABLETS 25MG	1.63	AC44365100	DAMPURINE TABLETS 25MG	1.68	調價
AC44366100	ULICIN F.C. TABLETS 250MG "H.S."	3.24	AC44366100	ULICIN F.C. TABLETS 250MG "H.S."	3.36	調價
AC44371100	AMOPINE TABLETS 5MG "S.T"	3.84	AC44371100	AMOPINE TABLETS 5MG "S.T"	4.30	調價
AC44396151	MINLIFE SYRUP 1MG/ML	26.80	AC44396151	MINLIFE SYRUP 1MG/ML	27.50	調價
AC44402100	Kinscar F.C. Tablets 5mg	12.60	AC44402100	Kinscar F.C. Tablets 5mg	14.00	調價
AC44420100	LANDING TABLETS 20MG "YUNG SHIN"	1.54	AC44420100	LANDING TABLETS 20MG "YUNG SHIN"	1.56	調價
AC44421100	YAMTAC S.C. TABLETS 20MG	0.00	AC44421100	YAMTAC S.C. TABLETS 20MG	1.63	刪除
AC44436221	MIDAZO AMPOULE 5MG/5ML	17.70	AC44436221	MIDAZO AMPOULE 5MG/5ML	18.70	調價
AC44437209	MIDAZO AMPOULE 5MG/ML	17.70	AC44437209	MIDAZO AMPOULE 5MG/ML	18.70	調價
AC44437216	MIDAZO AMPOULE 5MG/ML	23.50	AC44437216	MIDAZO AMPOULE 5MG/ML	26.30	調價
AC44438100	BETHANCOL TABLETS 25MG	1.63	AC44438100	BETHANCOL TABLETS 25MG	1.68	調價
AC444491G0	AVERINE TABLETS 40MG(鋁箔/膠箔)	2.00			#NULL!	新增

AC44461100	LOW-LIP MICRONISED CAPSULES	2.51	AC44461100	LOW-LIP MICRONISED CAPSULES	2.63	調價
AC444691G0	ULYMIN TABLETS 30MG(鋁箔/膠箔)	2.00			#NULL!	新增
AC44470100	FLURONIN CAP. 10MG "YUNG SHIN"	1.67	AC44470100	FLURONIN CAP. 10MG "YUNG SHIN"	1.74	調價
AC44477100	SAFEPRIL TABLETS 10MG "STANDARD"	2.29	AC44477100	SAFEPRIL TABLETS 10MG "STANDARD"	2.53	調價
AC44479100	CLARICIN F.C. TABLETS 250MG "P.L"	3.24	AC44479100	CLARICIN F.C. TABLETS 250MG "P.L"	3.36	調價
AC44480100	LANDING TABLETS 10MG "YUNG SHIN"	1.54	AC44480100	LANDING TABLETS 10MG "YUNG SHIN"	1.56	調價
AC44483429	CHLORAMPHENICOL 0.25% EYE DROPS "SINPHAR"	12.70	AC44483429	CLORAMPHENICOL 0.25% EYE DROPS "SINPHAR"	13.00	調價
AC44485100	LAIDEC F.C TABLETS 50MG	137.00	AC44485100	LAIDEC F.C TABLETS 50MG	139.00	調價
AC44503421	TROPICAN OPHTHALMIC SOLUTION 1.0% "PATRON"	0.00	AC44503421	TROPICAN OPHTHALMIC SOLUTION 1.0% "PATRON"	67.00	刪除
AC44505321	DECENT CREAM 1%	20.40	AC44505321	DECENT CREAM 1%	21.30	調價
AC44505329	DECENT CREAM 1%	32.70	AC44505329	DECENT CREAM 1%	34.80	調價
AC44505335	DECENT CREAM 1%	35.10	AC44505335	DECENT CREAM 1%	38.00	調價
AC44505338	DECENT CREAM 1%	69.00	AC44505338	DECENT CREAM 1%	73.00	調價
AC44507100	FENOX TAB. 500MG	2.83	AC44507100	FENOX TAB. 500MG	3.09	調價
AC44542100	NABUTON FILM COATED TABLETS 500MG "YUNG SHIN"	3.23	AC44542100	NABUTON FILM COATED TABLETS 500MG "YUNG SHIN"	3.29	調價
AC44547100	TELOWSIN TABLETS 2MG "YUNG SHIN"	1.92	AC44547100	TELOWSIN TABLETS 2MG "YUNG SHIN"	2.07	調價
AC445471G0	TELOWSIN TABLETS 2MG "YUNG SHIN"(鋁箔/膠箔)	2.00			#NULL!	新增
AC44567100	SAXOBIN TAB. 2MG	1.78	AC44567100	SAXOBIN TAB. 2MG	1.89	調價
AC44571151	ASTOFEN SOLUTION "W.P."	42.80	AC44571151	ASTOFEN SOLUTION "W.P."	43.30	調價
AC44572100	FOXATE F.C TABLETS 200MG	3.74	AC44572100	FOXATE F.C TABLETS 200MG	3.89	調價
AC44573321	ACURE GEL 0.1%	17.30	AC44573321	ACURE GEL 0.1%	17.90	調價
AC44573335	ACURE GEL 0.1%	68.00	AC44573335	ACURE GEL 0.1%	72.00	調價
AC44575100	FEPINE E.R. TABLETS 5MG "WECAM"	2.04	AC44575100	FEPINE E.R. TABLETS 5MG "WECAM"	2.24	調價
AC44577100	TORLEX TABLETS 50MG "YUNG SHIN"	1.60	AC44577100	TORLEX TABLETS 50MG "YUNG SHIN"	1.64	調價
AC44597100	COXINE SR TABLETS 40MG	2.87	AC44597100	COXINE SR TABLETS 40MG	2.92	調價
AC44601221	FORMOXOL INJECTION	662.00	AC44601221	FORMOXOL INJECTION	785.00	調價

AC44601229	FORMOXOL INJECTION	995.00	AC44601229	FORMOXOL INJECTION	1142.00	調價
AC44601240	FORMOXOL INJECTION	3724.00	AC44601240	FORMOXOL INJECTION	4521.00	調價
AC446012FG	FORMOXOL INJECTION	1711.00	AC446012FG	FORMOXOL INJECTION	2111.00	調價
AC44602100	BIDOPAR TABLETS 25/250MG	9.10	AC44602100	BIDOPAR TABLETS 25/250MG	10.00	調價
AC44605100	ZOLNOX F.C. TABLETS 10MG	1.76	AC44605100	ZOLNOX F.C. TABLETS 10MG	1.86	調價
AC44622100	SETINE F.C TAB.20MG "STANDARD"	5.30	AC44622100	SETINE F.C TAB.20MG "STANDARD"	6.20	調價
AC44630100	PINAVEN F.C. TABLETS 50MG	5.30	AC44630100	PINAVEN F.C. TABLETS 50MG	6.20	調價
AC44649338	AZEL CREAM	152.00			#NULL!	新增
AC44675540	MEFUGEL VAGINAL GEL 0.75% "S.L"	106.00	AC44675540	MEFUGEL VAGINAL GEL 0.75% "S.L"	111.00	調價
AC44675596	MEFUGEL VAGINAL GEL 0.75% "S.L"	124.00	AC44675596	MEFUGEL VAGINAL GEL 0.75% "S.L"	128.00	調價
AC44680100	FLU-D CAPSULES 50MG	23.50	AC44680100	FLU-D CAPSULES 50MG	26.10	調價
AC44682100	CAMISAN TABLETS 250MG "S.T." (TERBINAFINE)	7.80	AC44682100	CAMISAN TABLETS 250MG "S.T." (TERBINAFINE)	8.80	調價
AC44684100	ZOLMAN F.C. TAB. 10MG "S.C"	1.76	AC44684100	ZOLMAN F.C. TAB. 10MG "S.C"	1.86	調價
AC44687100	AMILO TABLETS 10MG	3.84	AC44687100	AMILO TABLETS 10MG	4.30	調價
AC44731100	LONGCARDIO(CARVEDILOL) TABLETS 25MG	3.19	AC44731100	LONGCARDIO(CARVEDILOL) TABLETS 25MG	3.64	調價
AC44733100	COLIROCIN F.C. TABLETS 250MG	3.24	AC44733100	COLIROCIN F.C. TABLETS 250MG	3.36	調價
AC44777100	DEKU FC TAB. 500MG	3.23	AC44777100	DEKU FC TAB. 500MG	3.29	調價
AC44781100	DETOSIV SUSTAINED RELEASE TABLETS 60MG "LOTUS"	1.98	AC44781100	DETOSIV SUSTAINED RELEASE TABLETS 60MG "LOTUS"	2.07	調價
AC44809248	SEFORCE INJECTION 2MG/ML "N.K"	206.00	AC44809248	SEFORCE INJECTION 2MG/ML "N.K"	214.00	調價
AC44809255	SEFORCE INJECTION 2MG/ML "N.K"	450.00	AC44809255	SEFORCE INJECTION 2MG/ML "N.K"	488.00	調價
AC44809263	SEFORCE INJECTION 2MG/ML "N.K"	621.00	AC44809263	SEFORCE INJECTION 2MG/ML "N.K"	694.00	調價
AC44826100	ZOPIDEM F.C. TABLETS 10MG "STANDARD"	1.76	AC44826100	ZOPIDEM F.C. TABLETS 10MG "STANDARD"	1.86	調價

AC44828100	NAKAMIDE F.C. TABLETS 1.25MG "N.K"	1.54	AC44828100	NAKAMIDE F.C. TABLETS 1.25MG "N.K"	1.56	調價
AC44850100	ALOZIDE TABLETS	1.88	AC44850100	ALOZIDE TABLETS	1.98	調價
AC448501G0	ALOZIDE TABLETS(鋁箔/膠箔)	2.00			#NULL!	新增
AC44853100	DOPHILIN TABLETS 2MG "S.T"	1.78	AC44853100	DOPHILIN TABLETS 2MG "S.T"	1.89	調價
AC44877100	FERRIAN CHEWABLE TABLETS	3.01	AC44877100	FERRIAN CHEWABLE TABLETS	3.17	調價
AC44882100	NIAN TABLETS 10MG "Y.Y."	2.48	AC44882100	NIAN TABLETS 10MG "Y.Y."	2.53	調價
AC44916100	LABUTON F.C. TABLETS 500MG "WEIDAR"	3.23	AC44916100	LABUTON F.C. TABLETS 500MG "WEIDAR"	3.29	調價
AC44917100	KOMENI F.C TABLETS "EVEREST"	2.85	AC44917100	KOMENI F.C TABLETS "EVEREST"	2.94	調價
AC44919321	BELOLIN CREAM 0.5MG/GM (CLOBETASOL)	11.90	AC44919321	BELOLIN CREAM 0.5MG/GM (CLOBETASOL)	12.60	調價
AC44919324	BELOLIN CREAM 0.5MG/GM	12.80	AC44919324	BELOLIN CREAM 0.5MG/GM	13.30	調價
AC44919329	BELOLIN CREAM 0.5MG/GM(CLOBETASOL)	13.70	AC44919329	BELOLIN CREAM 0.5MG/GM(CLOBETASOL)	14.30	調價
AC44919335	BELOLIN CREAM 0.5MG/GM(CLOBETASOL)	24.80	AC44919335	BELOLIN CREAM 0.5MG/GM(CLOBETASOL)	25.50	調價
AC44919338	BELOLIN CREAM 0.5MG/GM(CLOBETASOL)	41.90	AC44919338	BELOLIN CREAM 0.5MG/GM(CLOBETASOL)	44.50	調價
AC44919340	BELOLIN CREAM 0.5MG/GM (CLOBETASOL)	61.00	AC44919340	BELOLIN CREAM 0.5MG/GM (CLOBETASOL)	71.00	調價
AC44920100	STAWEI TABLETS	1.52	AC44920100	STAWEI TABLETS	1.53	調價
AC44921100	PUTAN CHEWABLE TABLETS "Y.Y."	3.01	AC44921100	PUTAN CHEWABLE TABLETS "Y.Y."	3.17	調價
AC44925100	AMPIN TAB. 10MG	3.84	AC44925100	AMPIN TAB. 10MG	4.30	調價
AC44951100	FORMAX RETARD SLOW RELEASE FILM-COATING TAB.75MG "SHITEH"	1.92	AC44951100	FORMAX RETARD SLOW RELEASE FILM-COATING TAB.75MG "SHITEH"	2.08	調價
AC44969321	CIPROSONE CREAM 0.5MG/GM	13.00	AC44969321	CIPROSONE CREAM 0.5MG/GM	14.00	調價
AC44969329	CIPROSONE CREAM 0.5MG/GM	15.90	AC44969329	CIPROSONE CREAM 0.5MG/GM	16.50	調價
AC44970143	LEDAMIN SYRUP 1MG/ML "CENTER" (LORATADINE)	25.00	AC44970143	LEDAMIN SYRUP 1MG/ML "CENTER" (LORATADINE)	25.10	調價

AC44970151	LEDAMIN SYRUP 1MG/ML "CENTER"(LORATADINE)	26.80	AC44970151	LEDAMIN SYRUP 1MG/ML "CENTER"(LORATADINE)	27.50	調價
AC44971321	ACLOR CREAM 5% "Y.Y."	41.10	AC44971321	ACLOR CREAM 5% "Y.Y."	41.20	調價
AC44971329	ACLOR CREAM 5% "Y.Y"	42.90	AC44971329	ACLOR CREAM 5% "Y.Y"	43.50	調價
AC44973321	FUGEN CREAM 2% "Y.Y"	32.20	AC44973321	FUGEN CREAM 2% "Y.Y"	36.50	調價
AC44973326	FUGEN CREAM 2% "Y.Y"	42.70	AC44973326	FUGEN CREAM 2% "Y.Y"	44.50	調價
AC44973329	FUGEN CREAM 2% "Y.Y"	45.20	AC44973329	FUGEN CREAM 2% "Y.Y"	46.40	調價
AC44973335	FUGEN CREAM 2% "Y.Y"	126.00	AC44973335	FUGEN CREAM 2% "Y.Y"	134.00	調價
AC44974229	ANGIDIL INJECTION 0.1%	151.00	AC44974229	ANGIDIL INJECTION 0.1%	160.00	調價
AC44998100	ZOLOTIN FILM COATED TABLETS 20MG	3.58	AC44998100	ZOLOTIN FILM COATED TABLETS 20MG	4.05	調價
AC45001100	SPASTEC F.C. TABLETS 50MG "SWISS"	5.30	AC45001100	SPASTEC F.C. TABLETS 50MG "SWISS"	6.20	調價
AC45013100	DOXTER TABLETS 2MG	1.78	AC45013100	DOXTER TABLETS 2MG	1.89	調價
AC45017321	COMYBOR CREAM 10MG/GM(BIFONAZOLE)	18.20	AC45017321	COMYBOR CREAM 10MG/GM(BIFONAZOLE)	20.50	調價
AC45017329	COMYBOR CREAM 10MG/GM(BIFONAZOLE)	44.60	AC45017329	COMYBOR CREAM 10MG/GM(BIFONAZOLE)	49.20	調價
AC45017335	COMYBOR CREAM 10MG/GM(BIFONAZOLE)	49.40	AC45017335	COMYBOR CREAM 10MG/GM(BIFONAZOLE)	54.00	調價
AC45018100	STIMIN F.C.TABLETS 10MG	1.76	AC45018100	STIMIN F.C.TABLETS 10MG	1.86	調價
AC45020100	MUSGUD TABLETS 10MG "LOTUS"	2.95	AC45020100	MUSGUD TABLETS 10MG "LOTUS"	3.12	調價
AC45037421	NORFU EYE DROPS 0.3%	29.00	AC45037421	NORFU EYE DROPS 0.3%	33.60	調價
AC45039100	XADOSIN TAB. 2MG	1.78	AC45039100	XADOSIN TAB. 2MG	1.89	調價
AC45062421	KARTEOL OPHTHALMIC SOLUTION 1% (CARTEOLOL HCL)	120.00	AC45062421	KARTEOL OPHTHALMIC SOLUTION 1% (CARTEOLOL HCL)	134.00	調價
AC45067321	FULOSIN CREAM 2%	32.20	AC45067321	FULOSIN CREAM 2%	36.50	調價
AC45067326	FULOSIN CREAM 2%	42.70	AC45067326	FULOSIN CREAM 2%	44.50	調價
AC45067329	FULOSIN CREAM 2%	45.20	AC45067329	FULOSIN CREAM 2%	46.40	調價
AC45067335	FULOSIN CREAM 2%	126.00	AC45067335	FULOSIN CREAM 2%	134.00	調價
AC45069316	EVERSONE CREAM 0.1%	22.40	AC45069316	EVERSONE CREAM 0.1%	23.20	調價

AC45069321	EVERSONE CREAM 0.1%	27.60	AC45069321	EVERSONE CREAM 0.1%	30.20	調價
AC45069326	EVERSONE CREAM 0.1%	0.00	AC45069326	EVERSONE CREAM 0.1%	31.60	刪除
AC45085100	AMLODINE TABLETS	3.84	AC45085100	AMLODINE TABLETS	4.30	調價
AC45090100	SELADIN ENTERIC COATED TABLETS 500MG	2.95	AC45090100	SELADIN ENTERIC COATED TABLETS 500MG	2.96	調價
AC45101421	KARTEOL OPHTHALMIC SOLUTION 2% "KINGDOM"(CARTEOLOL HCL)	177.00	AC45101421	KARTEOL OPHTHALMIC SOLUTION 2% "KINGDOM"(CARTEOL OL HCL)	180.00	調價
AC45102100	E WEI AN CAPSULES 15MG "N.K."	8.30	AC45102100	E WEI AN CAPSULES 15MG "N.K."	9.60	調價
AC45105321	BELOLIN OINTMENT 0.5MG/GM (CLOBETASOL)	11.90	AC45105321	BELOLIN OINTMENT 0.5MG/GM (CLOBETASOL)	12.60	調價
AC45105324	BELOLIN OINTMENT 0.5MG/GM	12.80	AC45105324	BELOLIN OINTMENT 0.5MG/GM	13.30	調價
AC45105329	BELOLIN OINTMENT 0.5MG/GM (CLOBETASOL)	13.70	AC45105329	BELOLIN OINTMENT 0.5MG/GM (CLOBETASOL)	14.30	調價
AC45105335	BELOLIN OINTMENT 0.5MG/GM (CLOBETASOL)	24.80	AC45105335	BELOLIN OINTMENT 0.5MG/GM (CLOBETASOL)	25.50	調價
AC45105338	BELOLIN OINTMENT 0.5MG/GM (CLOBETASOL)	41.90	AC45105338	BELOLIN OINTMENT 0.5MG/GM (CLOBETASOL)	44.50	調價
AC45105340	BELOLIN OINTMENT 0.5MG/GM (CLOBETASOL)	61.00	AC45105340	BELOLIN OINTMENT 0.5MG/GM (CLOBETASOL)	71.00	調價
AC45144100	SAXOBIN TABLET 1MG	1.78	AC45144100	SAXOBIN TABLET 1MG	1.89	調價
AC45145421	"FOXONE OPHTHALMIC SUSPENSION 0.2MG/ML ""WINSTON"""	13.60	AC45145421	"FOXONE OPHTHALMIC SUSPENSION 0.2MG/ML ""WINSTON"""	14.20	調價
AC45145423	"FOXONE OPHTHALMIC SUSPENSION 0.2MG/ML ""WINSTON"""	19.20	AC45145423	"FOXONE OPHTHALMIC SUSPENSION 0.2MG/ML ""WINSTON"""	20.50	調價
AC45145429	"FOXONE OPHTHALMIC SUSPENSION 0.2MG/ML ""WINSTON"""	53.00	AC45145429	"FOXONE OPHTHALMIC SUSPENSION 0.2MG/ML ""WINSTON"""	57.00	調價
AC45146435	SUZOLE EYE DROPS "Y.Y"	13.90	AC45146435	SUZOLE EYE DROPS "Y.Y"	14.10	調價

AC45147100	ZOPIM F.C. TABLETS 10MG "S.T."(ZOLPIDEM)	1.76	AC45147100	ZOPIM F.C. TABLETS 10MG "S.T."(ZOLPIDEM)	1.86	調價
AC45155100	ZOLDOX F.C. TAB. 10MG "WEIDAR"	1.76	AC45155100	ZOLDOX F.C. TAB. 10MG "WEIDAR"	1.86	調價
AC451551G0	ZOLDOX F.C. TABLETS 10MG " WEIDAR"(鋁箔/膠箔)	2.00			#NULL!	新增
AC45172100	Vastril Tablets 10mg	2.29	AC45172100	Vastril Tablets 10mg	2.53	調價
AC45177100	NIFECARDIA S.R.F.C TAB. 30MG	5.10	AC45177100	NIFECARDIA S.R.F.C TAB. 30MG	5.70	調價
AC45178100	LUNGTEC TAB. 10MG	2.01	AC45178100	LUNGTEC TAB. 10MG	2.20	調價
AC45179100	WEMENI F.C TAB. "WECAM"	2.85	AC45179100	WEMENI F.C TAB. "WECAM"	2.94	調價
AC45181100	SYNNA TABLETS	4.17	AC45181100	SYNNA TABLETS	4.35	調價
AC45183412	ZINE ORABASE 0.1%	31.80	AC45183412	ZINE ORABASE 0.1%	33.60	調價
AC45183421	ZINE ORABASE 0.1%	35.60	AC45183421	ZINE ORABASE 0.1%	38.80	調價
AC45186323	KOLINCIN GEL 10MG/G	11.40	AC45186323	KOLINCIN GEL 10MG/G	12.00	調價
AC45186329	KOLINCIN GEL 10MG/G	14.10	AC45186329	KOLINCIN GEL 10MG/G	14.90	調價
AC45186335	KOLINCIN GEL 10MG/G	20.70	AC45186335	KOLINCIN GEL 10MG/G	22.20	調價
AC45186338	KOLINCIN GEL 10MG/G	65.00	AC45186338	KOLINCIN GEL 10MG/G	69.00	調價
AC45186343	KOLINCIN GEL 10MG/G	185.00	AC45186343	KOLINCIN GEL 10MG/G	186.00	調價
AC45187100	YAWAHO TABLETS	3.84	AC45187100	YAWAHO TABLETS	4.30	調價
AC45201100	CIPROFLO F.C. TABLET 500MG	6.10	AC45201100	CIPROFLO F.C. TABLET 500MG	7.30	調價
AC45203100	LOSA F.C. TABLETS 50MG	4.11	AC45203100	LOSA F.C. TABLETS 50MG	4.82	調價
AC45205321	BECLOSOL GEL	11.90	AC45205321	BECLOSOL GEL	12.60	調價
AC45205324	BECLOSOL GEL	12.80	AC45205324	BECLOSOL GEL	13.30	調價
AC45228321	MIZTIN CREAM "MEIDER"	13.90	AC45228321	MIZTIN CREAM "MEIDER"	14.00	調價
AC45228338	MIZTIN CREAM "MEIDER"	57.00	AC45228338	MIZTIN CREAM "MEIDER"	59.00	調價
AC45245321	CIPROSONE OINTMENT 0.5MG/GM	13.00	AC45245321	CIPROSONE OINTMENT 0.5MG/GM	14.00	調價
AC45245329	CIPROSONE OINTMENT 0.5MG/GM	15.90	AC45245329	CIPROSONE OINTMENT 0.5MG/GM	16.50	調價
AC45247100	DOBECON SUGAR COATED TAB. 100MG "YUNG SHIN"	1.75	AC45247100	DOBECON SUGAR COATED TAB. 100MG "YUNG SHIN"	1.85	調價

AC45249321	BADINE OINTMENT	13.00	AC45249321	BADINE OINTMENT	14.00	調價
AC45249329	BADINE OINTMENT	15.90	AC45249329	BADINE OINTMENT	16.50	調價
AC45251157	SCOTON ORAL SUSPENSION	45.10	AC45251157	SCOTON ORAL SUSPENSION	48.90	調價
AC45254100	SYNBOT TAB. 5MG	1.54	AC45254100	SYNBOT TAB. 5MG	1.56	調價
AC45267100	"U-CHU" ACEO CAPSULES RETARD 90MG	2.37	AC45267100	"U-CHU" ACEO CAPSULES RETARD 90MG	2.44	調價
AC45274100	TONTEC F.C. TABLETS 500MG "SWISS"	3.23	AC45274100	TONTEC F.C. TABLETS 500MG "SWISS"	3.29	調價
AC45289321	BETASALIC OINTMENT	10.90	AC45289321	BETASALIC OINTMENT	11.30	調價
AC45289329	BETASALIC OINTMENT	19.50	AC45289329	BETASALIC OINTMENT	20.90	調價
AC45289335	BETASALIC OINTMENT	52.00	AC45289335	BETASALIC OINTMENT	57.00	調價
AC45289338	BETASALIC OINTMENT	68.00	AC45289338	BETASALIC OINTMENT	73.00	調價
AC45290100	MECON TABLETS 7.5MG	1.72	AC45290100	MECON TABLETS 7.5MG	1.80	調價
AC45293417	KAMIN EYE DROPS 0.3% "Y.Y"	32.80	AC45293417	KAMIN EYE DROPS 0.3% "Y.Y"	33.60	調價
AC45293421	KAMIN EYE DROPS 0.3% "Y.Y"	32.80	AC45293421	KAMIN EYE DROPS 0.3% "Y.Y"	33.60	調價
AC45307429	SHOWEN EYE DROPS 0.25% "Y.Y"	12.70	AC45307429	SHOWEN EYE DROPS 0.25% "Y.Y"	13.00	調價
AC45310263	AMIPAREN INJECTION 10% W/V	152.00	AC45310263	AMIPAREN INJECTION 10% W/V	154.00	調價
AC45310271	AMIPAREN INJECTION 10% W/V	206.00	AC45310271	AMIPAREN INJECTION 10% W/V	216.00	調價
AC45331221	GENETAXYL CREM LESS INJECTION	662.00	AC45331221	GENETAXYL CREM LESS INJECTION	785.00	調價
AC45331229	GENETAXYL CREM LESS INJECTION 6MG/ML (PACLITAXEL)	995.00	AC45331229	GENETAXYL CREM LESS INJECTION 6MG/ML (PACLITAXEL)	1142.00	調價
AC45331235	GENETAXYL CREM LESS INJECTION 6MG/ML (PACLITAXEL)	0.00	AC45331235	GENETAXYL CREM LESS INJECTION 6MG/ML (PACLITAXEL)	1305.00	刪除
AC45331240	GENETAXYL CREM LESS INJECTION 6MG/ML (PACLITAXEL)	0.00	AC45331240	GENETAXYL CREM LESS INJECTION 6MG/ML (PACLITAXEL)	4521.00	刪除
AC45331248	GENETAXYL CREM LESS INJECTION 6MG/ML (PACLITAXEL)	0.00	AC45331248	GENETAXYL CREM LESS INJECTION 6MG/ML (PACLITAXEL)	20393.00	刪除

AC453312E2	GENETAXYL CREM LESS INJECTION 6MG/ML (PACLITAXEL)	1711.00	AC453312E2	GENETAXYL CREM LESS INJECTION 6MG/ML (PACLITAXEL)	2111.00	調價
AC45337321	BASOL OINTMENT	11.90	AC45337321	BASOL OINTMENT	12.60	調價
AC45337324	BASOL OINTMENT	12.80	AC45337324	BASOL OINTMENT	13.30	調價
AC45337329	BASOL OINTMENT	13.70	AC45337329	BASOL OINTMENT	14.30	調價
AC45337335	BASOL OINTMENT	24.80	AC45337335	BASOL OINTMENT	25.50	調價
AC45337338	BASOL OINTMENT	41.90	AC45337338	BASOL OINTMENT	44.50	調價
AC45338157	CONSRINE SYRUP	25.80	AC45338157	CONSRINE SYRUP	26.20	調價
AC45340321	BASOL CREAM	11.90	AC45340321	BASOL CREAM	12.60	調價
AC45340324	BASOL CREAM	12.80	AC45340324	BASOL CREAM	13.30	調價
AC45340329	BASOL CREAM	13.70	AC45340329	BASOL CREAM	14.30	調價
AC45340335	BASOL CREAM	24.80	AC45340335	BASOL CREAM	25.50	調價
AC45340338	BASOL CREAM	41.90	AC45340338	BASOL CREAM	44.50	調價
AC45340340	BASOL CREAM	61.00	AC45340340	BASOL CREAM	71.00	調價
AC45341321	BADINE CREAM	13.00	AC45341321	BADINE CREAM	14.00	調價
AC45341329	BADINE CREAM	15.90	AC45341329	BADINE CREAM	16.50	調價
AC45343100	CARIMYCIN FILM COATED TABLETS 250MG	3.24	AC45343100	CARIMYCIN FILM COATED TABLETS 250MG	3.36	調價
AC45345100	CLONOPAM TABLETS 2MG "KINGDOM"	1.86	AC45345100	CLONOPAM TABLETS 2MG "KINGDOM"	1.99	調價
AC453451G0	CLONOPAM TABLETS 2MG (CLONAZEPAM)(鋁箔/膠箔)	2.00			#NULL!	新增
AC45349329	BESALIC OINTMENT	19.50	AC45349329	BESALIC OINTMENT	20.90	調價
AC45349335	BESALIC OINTMENT	52.00	AC45349335	BESALIC OINTMENT	57.00	調價
AC45349338	BESALIC OINTMENT	68.00	AC45349338	BESALIC OINTMENT	73.00	調價
AC453573AK	KENETON GEL	28.20	AC453573AK	KENETON GEL	33.70	調價
AC45361329	D.F CREAM 1MG/GM	44.50	AC45361329	D.F CREAM 1MG/GM	46.00	調價
AC45361343	D.F CREAM 1MG/GM	79.00	AC45361343	D.F CREAM 1MG/GM	80.00	調價
AC45362221	FE-BACK INJECTION 2% "N.K."	65.00	AC45362221	FE-BACK INJECTION 2% "N.K."	68.00	調價
AC45374100	DOWN-LIP MICRONISED CAPSULES 200MG	3.92	AC45374100	DOWN-LIP MICRONISED CAPSULES 200MG	4.32	調價
AC45375100	MELOCAM TABLETS "P.L"	1.72	AC45375100	MELOCAM TABLETS "P.L"	1.80	調價
AC45380100	KITAPRAM F.C. TABLETS 20MG "KINGDOM" (CITALOPRAM)	7.10	AC45380100	KITAPRAM F.C. TABLETS 20MG "KINGDOM" (CITALOPRAM)	8.40	調價
AC45381100	LOTE E.C TABLETS 100MG	21.10	AC45381100	LOTE E.C TABLETS 100MG	22.30	調價
AC45385100	MOPIK TABLETS 7.5MG "N.K"	1.72	AC45385100	MOPIK TABLETS 7.5MG "N.K"	1.80	調價
AC45386540	SUTROL GEL-VAGINAL	106.00	AC45386540	SUTROL GEL-VAGINAL	111.00	調價
AC45388321	BECLOSOL OINTMENT	11.90	AC45388321	BECLOSOL OINTMENT	12.60	調價

AC45388324	BECLOSOL OINTMENT	12.80	AC45388324	BECLOSOL OINTMENT	13.30	調價
AC45407100	MELOXIN TABLETS 7.5MG	1.72	AC45407100	MELOXIN TABLETS 7.5MG	1.80	調價
AC45408326	PATODERM CREAM 50MG "PATRON"	44.80	AC45408326	PATODERM CREAM 50MG "PATRON"	46.10	調價
AC45408335	PATODERM CREAM 50MG "PATRON"	0.00	AC45408335	PATODERM CREAM 50MG "PATRON"	51.00	刪除
AC454121G0	NOOPOL F.C. TABLETS 1200MG "N.K."(鋁箔/膠箔)	2.00			#NULL!	新增
AC45414100	ZAPINE TABLETS 100MG "S.T"	4.55	AC45414100	ZAPINE TABLETS 100MG "S.T"	5.20	調價
AC45437100	ANWU ENTERIC COATED TABLETS 50MG (FLUVOXAMINE MALEATE)	6.20	AC45437100	ANWU ENTERIC COATED TABLETS 50MG (FLUVOXAMINE MALEATE)	6.70	調價
AC45441100	MELICAM TABLETS 7.5MG (MELOXICAM)	1.72	AC45441100	MELICAM TABLETS 7.5MG (MELOXICAM)	1.80	調價
AC45443245	BELON INJECTION "ORIENTAL"	39.30	AC45443245	BELON INJECTION "ORIENTAL"	41.70	調價
AC45443258	BELON INJECTION "ORIENTAL"	108.00	AC45443258	BELON INJECTION "ORIENTAL"	117.00	調價
AC45448100	AMILO TABLETS 5MG	3.84	AC45448100	AMILO TABLETS 5MG	4.30	調價
AC45489100	MIXAPIN TABLETS 25MCG "H.S"	1.50	AC45489100	MIXAPIN TABLETS 25MCG "H.S"	1.51	調價
AC45494221	YUTOPAR INJECTION 10MG/ML	44.40	AC45494221	YUTOPAR INJECTION 10MG/ML	47.60	調價
AC45510100	POLO SR TABLET 10MG "N.K"	3.58	AC45510100	POLO SR TABLET 10MG "N.K"	3.87	調價
AC45538251	UROKINASE INJECTION 60,000I.U. "YAO CHIH HSIANG"	898.00	AC45538251	UROKINASE INJECTION 60,000I.U. "YAO CHIH HSIANG"	919.00	調價
AC45541100	STIDINE TABLETS 2MG "KINGDOM" (TIZANIDINE)	1.62	AC45541100	STIDINE TABLETS 2MG "KINGDOM" (TIZANIDINE)	1.67	調價
AC45543100	"JENAC CAPSULES ""ROOT.""""	3.25	AC45543100	"JENAC CAPSULES ""ROOT.""""	3.46	調價
AC45552100	MEDRONE TABLETS 5MG	1.50	AC45552100	MEDRONE TABLETS 5MG	1.51	調價
AC45553321	NIFFULENE GEL 0.1%	17.30	AC45553321	NIFFULENE GEL 0.1%	17.90	調價
AC45553335	NIFFULENE GEL 0.1%	68.00	AC45553335	NIFFULENE GEL 0.1%	72.00	調價
AC45556321	GENCIN CREAM	13.20	AC45556321	GENCIN CREAM	14.10	調價
AC45556329	GENCIN CREAM	18.00	AC45556329	GENCIN CREAM	18.10	調價
AC45556335	GENCIN CREAM	37.20	AC45556335	GENCIN CREAM	38.80	調價

AC45571329	FORMEI CREAM "Y.C"	35.00	AC45571329	FORMEI CREAM "Y.C"	36.30	調價
AC45571336	FORMEI CREAM "Y.C."	53.00	AC45571336	FORMEI CREAM "Y.C."	54.00	調價
AC45571338	FORMEI CREAM "Y.C"	84.00	AC45571338	FORMEI CREAM "Y.C"	89.00	調價
AC45581100	PAROXE F.C TABLETS 20MG	5.30	AC45581100	PAROXE F.C TABLETS 20MG	6.20	調價
AC45582100	RIPEDON F.C. TABLETS 2MG "STANDARD"	7.70	AC45582100	RIPEDON F.C. TABLETS 2MG "STANDARD"	9.50	調價
AC45595316	HONMET OINTMENT 0.1%	22.40	AC45595316	HONMET OINTMENT 0.1%	23.20	調價
AC45595321	HONMET OINTMENT 0.1%	27.60	AC45595321	HONMET OINTMENT 0.1%	30.20	調價
AC45595326	HONMET OINTMENT 0.1%	28.60	AC45595326	HONMET OINTMENT 0.1%	31.60	調價
AC45595335	HONMET OINTMENT 0.1%	65.00	AC45595335	HONMET OINTMENT 0.1%	74.00	調價
AC45602100	YUTOPAR TABLETS 10MG	4.15	AC45602100	YUTOPAR TABLETS 10MG	4.39	調價
AC45620100	BAMBEROL TAB. 10MG "S.C"	2.01	AC45620100	BAMBEROL TAB. 10MG "S.C"	2.20	調價
AC45645248	FLUENE IV INJECTION 2MG/ML "PURZER"	258.00	AC45645248	FLUENE IV INJECTION 2MG/ML "PURZER"	279.00	調價
AC45646100	DEGLU TABLETS 50MG "LOTUS"	2.27	AC45646100	DEGLU TABLETS 50MG "LOTUS"	2.46	調價
AC45653100	BIOKIN F.C. TABLET 9.6MG "MEIDER"	1.71	AC45653100	BIOKIN F.C. TABLET 9.6MG "MEIDER"	1.76	調價
AC45664100	FUXITOL S.C. TABLETS 3MG "TAXO"	10.70	AC45664100	FUXITOL S.C. TABLETS 3MG "TAXO"	11.30	調價
AC45667314	ELISONE CREAM	21.40	AC45667314	ELISONE CREAM	21.80	調價
AC45667316	ELISONE CREAM	22.40	AC45667316	ELISONE CREAM	23.20	調價
AC45667321	ELISONE CREAM	27.60	AC45667321	ELISONE CREAM	30.20	調價
AC45667326	ELISONE CREAM	28.60	AC45667326	ELISONE CREAM	31.60	調價
AC45667329	ELISONE CREAM	43.80	AC45667329	ELISONE CREAM	44.10	調價
AC45667335	ELISONE CREAM	65.00	AC45667335	ELISONE CREAM	74.00	調價
AC45671100	CEFLOUR FILM COATED TABLETS 250MG	5.90	AC45671100	CEFLOUR FILM COATED TABLETS 250MG	6.00	調價
AC45672321	"MOSONE CREAM ""H.S"""	27.60	AC45672321	"MOSONE CREAM ""H.S"""	30.20	調價
AC45672329	"MOSONE CREAM ""H.S"""	0.00	AC45672329	"MOSONE CREAM ""H.S"""	44.10	刪除
AC45672335	"MOSONE CREAM ""H.S"""	65.00	AC45672335	"MOSONE CREAM ""H.S"""	74.00	調價
AC45673321	PROBISALIC OINTMENT	0.00	AC45673321	PROBISALIC OINTMENT	11.30	刪除
AC45673329	PROBISALIC OINTMENT	19.50	AC45673329	PROBISALIC OINTMENT	20.90	調價

AC45673335	PROBISALIC OINTMENT	0.00	AC45673335	PROBISALIC OINTMENT	57.00	刪除
AC45673338	PROBISALIC OINTMENT	68.00	AC45673338	PROBISALIC OINTMENT	73.00	調價
AC45673340	PROBISALIC OINTMENT	0.00	AC45673340	PROBISALIC OINTMENT	81.00	刪除
AC45673343	PROBISALIC OINTMENT	0.00	AC45673343	PROBISALIC OINTMENT	81.00	刪除
AC45685412	NEO SMILE ORABASE	31.80	AC45685412	NEO SMILE ORABASE	33.60	調價
AC45685421	NEO SMILE ORABASE	35.60	AC45685421	NEO SMILE ORABASE	38.80	調價
AC45699100	CEFIXMYCIN CAPSULE 100MG "YUNG SHIN"	4.51	AC45699100	CEFIXMYCIN CAPSULE 100MG "YUNG SHIN"	4.81	調價
AC45700100	UROTROL F.C TABLETS 15MG	4.63	AC45700100	UROTROL F.C TABLETS 15MG	4.82	調價
AC45703100	CHITIAN TABLETS 80MG "C.H."	0.00	AC45703100	CHITIAN TABLETS 80MG "C.H."	1.50	刪除
AC45704220	TAPIMYCIN INJECTION "YUNG SHIN"	226.00	AC45704220	TAPIMYCIN INJECTION "YUNG SHIN"	260.00	調價
AC457042CX	TAPIMYCIN INJECTION "YUNG SHIN"	136.00	AC457042CX	TAPIMYCIN INJECTION "YUNG SHIN"	152.00	調價
AC45706143	LORADIN SYRUP "H.S"	19.60	AC45706143	LORADIN SYRUP "H.S"	20.50	調價
AC45706151	"LORADIN SYRUP ""H.S"""	0.00	AC45706151	"LORADIN SYRUP ""H.S"""	26.20	刪除
AC45706155	"LORADIN SYRUP ""H.S"""	0.00	AC45706155	"LORADIN SYRUP ""H.S"""	72.00	刪除
AC45722100	"ELAC CAPSULES 200MG ""ROYAL"""	3.25	AC45722100	"ELAC CAPSULES 200MG ""ROYAL"""	3.46	調價
AC45731421	KINGCORT OPH. SOL. 0.125% (PREDNISOLONE SODIUM PHOSPHATE)	0.00	AC45731421	KINGCORT OPH. SOL. 0.125% (PREDNISOLONE SODIUM PHOSPHATE)	63.00	刪除
AC45732100	MELIXOL SC TABLET	2.15	AC45732100	MELIXOL SC TABLET	2.31	調價
AC45737100	MEOSICAM TABLETS 7.5MG	1.72	AC45737100	MEOSICAM TABLETS 7.5MG	1.80	調價
AC45751321	PROMISONE CREAM "START"	0.00	AC45751321	PROMISONE CREAM "START"	14.00	刪除
AC45751329	PROMISONE CREAM "START"	15.90	AC45751329	PROMISONE CREAM "START"	16.50	調價
AC45752100	SLEEPMAN TABLETS	1.76	AC45752100	SLEEPMAN TABLETS	1.86	調價
AC45755100	SPASLAX TABLETS 2MG	1.62	AC45755100	SPASLAX TABLETS 2MG	1.67	調價
AC45756100	SUPCAL TABLETS 667MG "N.K."	1.58	AC45756100	SUPCAL TABLETS 667MG "N.K."	1.62	調價
AC45777100	Tazac Capsules 150mg	5.40	AC45777100	Tazac Capsules 150mg	5.60	調價

AC45778343	CALTRIOL OINTMENT	461.00	AC45778343	CALTRIOL OINTMENT	472.00	調價
AC45779100	MODIPANOL F.C TABLETS 1MG "SWISS"	1.50	AC45779100	MODIPANOL F.C TABLETS 1MG "SWISS"	1.51	調價
AC45780100	"DOLOC CAPSULES 200MG ""MACRO"""	3.25	AC45780100	"DOLOC CAPSULES 200MG ""MACRO"""	3.46	調價
AC45781100	AZAMUN FILM COATED TABLETS 50MG	9.60	AC45781100	AZAMUN FILM COATED TABLETS 50MG	15.20	調價
AC45782321	CLOBESONE CREAM "START"	11.90	AC45782321	CLOBESONE CREAM "START"	12.60	調價
AC45782324	CLOBESONE CREAM "START"	12.80	AC45782324	CLOBESONE CREAM "START"	13.30	調價
AC45782329	CLOBESONE CREAM "START"	13.70	AC45782329	CLOBESONE CREAM "START"	14.30	調價
AC45782338	CLOBESONE CREAM "START"	0.00	AC45782338	CLOBESONE CREAM "START"	44.50	刪除
AC45782340	CLOBESONE CREAM "START"	61.00	AC45782340	CLOBESONE CREAM "START"	71.00	調價
AC45800100	CHENCOUGH CAPSULES "S.C."	1.39	AC45800100	CHENCOUGH CAPSULES "S.C."	1.41	調價
AC45801421	CIROXIN OPHTHALMIC SOLUTION 0.3% "PATRON"	0.00	AC45801421	CIROXIN OPHTHALMIC SOLUTION 0.3% "PATRON"	109.00	刪除
AC45807100	CITAO TABLETS 20MG (CITALOPRAM)	7.10	AC45807100	CITAO TABLETS 20MG (CITALOPRAM)	8.40	調價
AC45809421	FLUCASON OPHTHALMIC SUSPENSION 0.1% "KINGDOM" (FLUOROMETHOLONE)	12.40	AC45809421	FLUCASON OPHTHALMIC SUSPENSION 0.1% "KINGDOM" (FLUOROMETHOLONE)	12.60	調價
AC45809429	FLUCASON OPHTHALMIC SUSPENSION 0.1% "KINGDOM" (FLUOROMETHOLONE)	51.00	AC45809429	FLUCASON OPHTHALMIC SUSPENSION 0.1% "KINGDOM" (FLUOROMETHOLONE)	54.00	調價
AC45822100	XETINE-P F.C TABLETS 20MG	5.30	AC45822100	XETINE-P F.C TABLETS 20MG	6.20	調價
AC45825321	DANCE CREAM	27.60	AC45825321	DANCE CREAM	30.20	調價
AC45825329	DANCE CREAM	43.80	AC45825329	DANCE CREAM	44.10	調價
AC45825335	DANCE CREAM	65.00	AC45825335	DANCE CREAM	74.00	調價
AC45826100	TAQUIDINE CAPSULES 30MG	10.00	AC45826100	TAQUIDINE CAPSULES 30MG	11.50	調價
AC45827100	SUCAM CAPSULES 50MG "EVEREST"	5.30	AC45827100	SUCAM CAPSULES 50MG "EVEREST"	6.20	調價
AC45829100	LAVOL TABLETS 3MG	0.00	AC45829100	LAVOL TABLETS 3MG	3.23	刪除

AC45847100	SLUXDIN FILM COATED TABLETS 50MG	4.11	AC45847100	SLUXDIN FILM COATED TABLETS 50MG	4.82	調價
AC45851321	IN-QUADEICREN CREAM	13.90	AC45851321	IN-QUADEICREN CREAM	14.00	調價
AC45851323	IN-QUADEICREN CREAM	14.40	AC45851323	IN-QUADEICREN CREAM	14.70	調價
AC45851329	IN-QUADEICREN CREAM	18.40	AC45851329	IN-QUADEICREN CREAM	18.70	調價
AC45851335	IN-QUADEICREN CREAM	29.70	AC45851335	IN-QUADEICREN CREAM	30.20	調價
AC45851336	IN-QUADEICREN CREAM	29.70	AC45851336	IN-QUADEICREN CREAM	30.20	調價
AC45851338	IN-QUADEICREN CREAM	57.00	AC45851338	IN-QUADEICREN CREAM	59.00	調價
AC45855100	FERICH CAPSULES	2.88	AC45855100	FERICH CAPSULES	3.01	調價
AC45859421	CIPCIN EYE DROPS 0.3% "YY"	0.00	AC45859421	CIPCIN EYE DROPS 0.3% "YY"	110.00	刪除
AC45863100	FEDCEN SUSTAINED RELEASE TABLETS 120MG "LOTUS"	2.13	AC45863100	FEDCEN SUSTAINED RELEASE TABLETS 120MG "LOTUS"	2.14	調價
AC45892100	LAVOL TABLETS 5MG	4.99	AC45892100	LAVOL TABLETS 5MG	5.10	調價
AC45915326	ANTIDOXE CREAM "S.C."	44.80	AC45915326	ANTIDOXE CREAM "S.C."	46.10	調價
AC45915335	ANTIDOXE CREAM "S.C."	48.40	AC45915335	ANTIDOXE CREAM "S.C."	51.00	調價
AC45917321	CLOBA OINTMENT	24.40	AC45917321	CLOBA OINTMENT	26.40	調價
AC45917329	CLOBA OINTMENT	37.60	AC45917329	CLOBA OINTMENT	39.20	調價
AC45917330	CLOBA OINMENT	44.00	AC45917330	CLOBA OINMENT	47.80	調價
AC45919321	CONFUMIN CREAM "H.S."	45.20	AC45919321	CONFUMIN CREAM "H.S."	47.30	調價
AC45919335	CONFUMIN CREAM "H.S."	130.00	AC45919335	CONFUMIN CREAM "H.S."	135.00	調價
AC45921100	FERROSAN TABLETS "S.C."	3.01	AC45921100	FERROSAN TABLETS "S.C."	3.17	調價
AC45923100	METICORT TABLETS 4MG "KINGDOM" (METHYLPREDNISOLONE)	1.53	AC45923100	METICORT TABLETS 4MG "KINGDOM" (METHYLPREDNISOLONE)	1.55	調價
AC45925321	FUTEN CREAM 2%	32.20	AC45925321	FUTEN CREAM 2%	36.50	調價
AC45925329	FUTEN CREAM 2%	45.20	AC45925329	FUTEN CREAM 2%	46.40	調價
AC45926100	NAKASSER SR CAPSULES 120MG "N.K." (DILTIAZEM HCL)	5.70	AC45926100	NAKASSER SR CAPSULES 120MG "N.K." (DILTIAZEM HCL)	5.80	調價
AC45950100	FUNGITECH TABLETS 250MG "SINPHAR"	7.80	AC45950100	FUNGITECH TABLETS 250MG "SINPHAR"	8.80	調價
AC45952100	TOPESON F.C. TABLETS 150MG "STANDARD"	1.61	AC45952100	TOPESON F.C. TABLETS 150MG "STANDARD"	1.65	調價

AC45956100	ENPUROL TAB. "Y.C"	2.20	AC45956100	ENPUROL TAB. "Y.C"	2.29	調價
AC45957335	ANCENT CREAM "Y.C"	35.10	AC45957335	ANCENT CREAM "Y.C"	38.00	調價
AC45957338	ANCENT CREAM "Y.C"	69.00	AC45957338	ANCENT CREAM "Y.C"	73.00	調價
AC45960435	SINOMIN OPHTHALMIC SOLUTION	13.90	AC45960435	SINOMIN OPHTHALMIC SOLUTION	14.10	調價
AC45962100	ENPEX CAPSULES	1.52	AC45962100	ENPEX CAPSULES	1.53	調價
AC45965100	KETO ENTERIC-MICROENCAPSUIATED CAP. 10MG	4.13	AC45965100	KETO ENTERIC-MICROENCAPSUIATED CAP. 10MG	4.40	調價
AC45971100	ARHEUMA TABLETS 20MG "LOTUS"	35.20	AC45971100	ARHEUMA TABLETS 20MG "LOTUS"	38.70	調價
AC45972100	DENOSIN FILM-COATED TABLETS 5MG "LOTUS"	2.19	AC45972100	DENOSIN FILM-COATED TABLETS 5MG "LOTUS"	2.48	調價
AC45974100	DAFUTEN CAPSULES 150MG "S.L"	2.88	AC45974100	DAFUTEN CAPSULES 150MG "S.L"	3.01	調價
AC45975100	ROYATEC TABLET "ROYAL."	1.54	AC45975100	ROYATEC TABLET "ROYAL."	1.56	調價
AC45994100	SUBIC TABLETS 7.5MG	1.72	AC45994100	SUBIC TABLETS 7.5MG	1.80	調價
AC46012321	BEAUTYFACE GEL "H.S"	0.00	AC46012321	BEAUTYFACE GEL "H.S"	17.90	刪除
AC46012335	BEAUTYFACE GEL "H.S"	68.00	AC46012335	BEAUTYFACE GEL "H.S"	72.00	調價
AC46012343	BEAUTYFACE GEL "H.S"	0.00	AC46012343	BEAUTYFACE GEL "H.S"	154.00	刪除
AC46012345	BEAUTYFACE GEL "H.S"	0.00	AC46012345	BEAUTYFACE GEL "H.S"	211.00	刪除
AC46012363	BEAUTYFACE GEL "H.S"	0.00	AC46012363	BEAUTYFACE GEL "H.S"	682.00	刪除
AC46013100	ZOLON FILM COATED TABLETS 7.5MG(ZOPICLONE)	1.98	AC46013100	ZOLON FILM COATED TABLETS 7.5MG(ZOPICLONE)	2.12	調價
AC46018100	FUPROSTATE TABLETS	30.20	AC46018100	FUPROSTATE TABLETS	30.80	調價
AC46030100	KEROLAC FILM COATED TABLETS 10MG	4.13	AC46030100	KEROLAC FILM COATED TABLETS 10MG	4.40	調價
AC46046100	LACIPIL TABLETS 4MG	4.87	AC46046100	LACIPIL TABLETS 4MG	5.30	調價
AC46050100	MELOCAM TABLETS 7.5MG	1.72	AC46050100	MELOCAM TABLETS 7.5MG	1.80	調價
AC46068100	SUNIME TABLETS 5MG "EVERESR"	0.00	AC46068100	SUNIME TABLETS 5MG "EVERESR"	5.10	刪除
AC46070100	MEZIDE MR TABLETS 30MG "LOTUS"	1.65	AC46070100	MEZIDE MR TABLETS 30MG "LOTUS"	1.71	調價

AC46072100	ACEMET RETARD CAPSULES 90MG (ACEMETACIN)	2.37	AC46072100	ACEMET RETARD CAPSULES 90MG (ACEMETACIN)	2.44	調價
AC46077100	ADARONE TABLETS 200MG	4.86	AC46077100	ADARONE TABLETS 200MG	5.20	調價
AC46100143	CLATINE SYRUP 1MG/ML "STANDARD"	25.00	AC46100143	CLATINE SYRUP 1MG/ML "STANDARD"	25.10	調價
AC46100151	CLATINE SYRUP 1MG/ML "STANDARD"	26.80	AC46100151	CLATINE SYRUP 1MG/ML "STANDARD"	27.50	調價
AC46101321	CONLIFU OINTMENT 2%	32.20	AC46101321	CONLIFU OINTMENT 2%	36.50	調價
AC46102100	RISDON F.C. TABLETS 2MG "WEIDAR"	7.70	AC46102100	RISDON F.C. TABLETS 2MG "WEIDAR"	9.50	調價
AC46103421	FLUCASON OPHTHALMIC SUSPENSION0.02% "KINGDOM" FLUOROMETOLONE	13.60	AC46103421	FLUCASON OPHTHALMIC SUSPENSION0.02% "KINGDOM" FLUOROMETOLONE	14.20	調價
AC46103429	FLUCASON OPHTHALMIC SUSPENSION0.02% "KINGDOM" FLUOROMETOLONE	53.00	AC46103429	FLUCASON OPHTHALMIC SUSPENSION0.02% "KINGDOM" FLUOROMETOLONE	57.00	調價
AC46116355	COLASA ENEMA 40MG/ML	282.00	AC46116355	COLASA ENEMA 40MG/ML	287.00	調價
AC46117143	LOTADIN SYRUP 1MG/ML (LORATADINE)	0.00	AC46117143	LOTADIN SYRUP 1MG/ML (LORATADINE)	25.10	刪除
AC46117151	LOTADIN SYRUP 1MG/ML (LORATADINE)	26.80	AC46117151	LOTADIN SYRUP 1MG/ML (LORATADINE)	27.50	調價
AC46136412	WETHYCO ORABASE "Y.C."	31.80	AC46136412	WETHYCO ORABASE "Y.C."	33.60	調價
AC46136421	WETHYCO ORABASE "Y.C"	35.60	AC46136421	WETHYCO ORABASE "Y.C"	38.80	調價
AC46153329	EUROTECH ACNE GEL (10 GM)	14.10	AC46153329	EUROTECH ACNE GEL (10 GM)	14.90	調價
AC46153338	EUROTECH ACNE GEL (20 GM)	65.00	AC46153338	EUROTECH ACNE GEL (20 GM)	69.00	調價
AC46164100	TOSPIN TABLETS 5MG (TROSPIUM)	2.15	AC46164100	TOSPIN TABLETS 5MG (TROSPIUM)	2.30	調價
AC46166100	TEDALIN CHEWABLE TABLETS "Y.C"	3.01	AC46166100	TEDALIN CHEWABLE TABLETS "Y.C"	3.17	調價
AC46170209	UZOLAM INTRAVENOUS INJECTION 5MG/ML "UNION"	17.70	AC46170209	UZOLAM INTRAVENOUS INJECTION 5MG/ML "UNION"	18.70	調價

AC46170216	UZOLAM INTRAVENOUS INJECTION 5MG/ML "UNION"	0.00	AC46170216	UZOLAM INTRAVENOUS INJECTION 5MG/ML "UNION"	26.30	刪除
AC46170229	UZOLAM INTRAVENOUS INJECTION 5MG/ML "UNION"	0.00	AC46170229	UZOLAM INTRAVENOUS INJECTION 5MG/ML "UNION"	203.00	刪除
AC46173143	PROCAROL LIQUID 5UG/ML	25.90	AC46173143	PROCAROL LIQUID 5UG/ML	26.30	調價
AC46189423	"SUYENIN ORAL BASE ""H.S"""	36.70	AC46189423	"SUYENIN ORAL BASE ""H.S"""	37.80	調價
AC46199100	FORSINE F.C TABLETS 10MG	4.17	AC46199100	FORSINE F.C TABLETS 10MG	4.23	調價
AC46204100	BAMBUVENT TABLETS 10MG	2.01	AC46204100	BAMBUVENT TABLETS 10MG	2.20	調價
AC46223421	KELAC OPHTHALMIC SOLUTION 0.5% "PATRON"	86.00	AC46223421	KELAC OPHTHALMIC SOLUTION 0.5% "PATRON"	91.00	調價
AC46224143	RESPOR ORAL SOLUTION 1MG/ML	548.00	AC46224143	RESPOR ORAL SOLUTION 1MG/ML	601.00	調價
AC46225100	IROTEX CHEWABLE TABLETS "ROYAL"	3.01	AC46225100	IROTEX CHEWABLE TABLETS "ROYAL"	3.17	調價
AC46226265	UROKINASE INJECTION 250,000I.U. "YAO CHIH HSIANG"	3378.00	AC46226265	UROKINASE INJECTION 250,000I.U. "YAO CHIH HSIANG"	3415.00	調價
AC46246100	LANPO CAPSULES 30MG "EVEREST"	10.00	AC46246100	LANPO CAPSULES 30MG "EVEREST"	11.50	調價
AC46254100	SPAGASTIN TABLETS	2.34	AC46254100	SPAGASTIN TABLETS	2.48	調價
AC46255100	ZOLPI F.C TABLETS 10MG	1.76	AC46255100	ZOLPI F.C TABLETS 10MG	1.86	調價
AC46259412	DRXALINE ORAL PASTE 1MGGM	31.80	AC46259412	DRXALINE ORAL PASTE 1MGGM	33.60	調價
AC46259421	DRXALINE ORAL PASTE 1MGGM	35.60	AC46259421	DRXALINE ORAL PASTE 1MGGM	38.80	調價
AC46261143	MEPROTIN LIQUID 5UG/ML	0.00	AC46261143	MEPROTIN LIQUID 5UG/ML	26.30	刪除
AC46261151	MEPROTIN LIQUID 5UG/ML	0.00	AC46261151	MEPROTIN LIQUID 5UG/ML	36.60	刪除
AC46261157	MEPROTIN LIQUID 5UG/ML	0.00	AC46261157	MEPROTIN LIQUID 5UG/ML	111.00	刪除
AC46282143	DEALLERGY ORAL SOLUTION 0.1% W/V	0.00	AC46282143	DEALLERGY ORAL SOLUTION 0.1% W/V	29.10	刪除
AC46282151	DEALLERGY ORAL SOLUTION 0.1% W/V	28.10	AC46282151	DEALLERGY ORAL SOLUTION 0.1% W/V	29.20	調價
AC46285209	MIDATIN INJECTION 5MG/ML	17.70	AC46285209	MIDATIN INJECTION 5MG/ML	18.70	調價

AC46285212	MIDATIN INJECTION 5MG/ML "N.K."	0.00	AC46285212	MIDATIN INJECTION 5MG/ML "N.K."	23.10	刪除
AC46285216	MIDATIN INJECTION 5MG/ML	23.50	AC46285216	MIDATIN INJECTION 5MG/ML	26.30	調價
AC46285229	MIDATIN INJECTION 5MG/ML "N.K."	0.00	AC46285229	MIDATIN INJECTION 5MG/ML "N.K."	203.00	刪除
AC46285237	MIDATIN INJECTION 5MG/ML "N.K."	0.00	AC46285237	MIDATIN INJECTION 5MG/ML "N.K."	263.00	刪除
AC46286100	LOTE E.C. TABLETS 50MG "N.K."	6.20	AC46286100	LOTE E.C. TABLETS 50MG "N.K."	6.70	調價
AC46289321	MAYDO GEL "ROOT"	17.30	AC46289321	MAYDO GEL "ROOT"	17.90	調價
AC46289335	MAYDO GEL "ROOT"	68.00	AC46289335	MAYDO GEL "ROOT"	72.00	調價
AC46290321	FEELING GEL 0.1%	17.30	AC46290321	FEELING GEL 0.1%	17.90	調價
AC46290335	FEELING GEL 0.1%	68.00	AC46290335	FEELING GEL 0.1%	72.00	調價
AC46290343	FEELING GEL 0.1%	0.00	AC46290343	FEELING GEL 0.1%	154.00	刪除
AC46290345	FEELING GEL 0.1%	0.00	AC46290345	FEELING GEL 0.1%	211.00	刪除
AC46290363	FEELING GEL 0.1%	0.00	AC46290363	FEELING GEL 0.1%	682.00	刪除
AC46297209	CLP POWDER FOR INJECTION 1GM "Y.Y"	61.00	AC46297209	CLP POWDER FOR INJECTION 1GM "Y.Y"	64.00	調價
AC46298238	DOBUHA INJECTION 12.5MG/ML	113.00	AC46298238	DOBUHA INJECTION 12.5MG/ML	126.00	調價
AC46302321	KWAIE GEL 0.1%	17.30	AC46302321	KWAIE GEL 0.1%	17.90	調價
AC46302335	KWAIE GEL 0.1%	68.00	AC46302335	KWAIE GEL 0.1%	72.00	調價
AC46302345	KWAIE GEL 0.1%	0.00	AC46302345	KWAIE GEL 0.1%	211.00	刪除
AC46303100	INTESLET TABLETS 0.125MG	1.75	AC46303100	INTESLET TABLETS 0.125MG	1.84	調價
AC46312100	PBF MOBICAM TABLETS 15MG	4.07	AC46312100	PBF MOBICAM TABLETS 15MG	4.84	調價
AC46314321	TIFFORLY GEL	17.30	AC46314321	TIFFORLY GEL	17.90	調價
AC46314335	TIFFORLY GEL	68.00	AC46314335	TIFFORLY GEL	72.00	調價
AC46314345	TIFFORLY GEL	0.00	AC46314345	TIFFORLY GEL	211.00	刪除
AC46320329	CLINDA GEL 1% "Y.Y"	14.10	AC46320329	CLINDA GEL 1% "Y.Y"	14.90	調價
AC46321321	FUTISONE CREAM 0.05%	25.80	AC46321321	FUTISONE CREAM 0.05%	27.40	調價
AC46321335	FUTISONE CREAM (0.05%)	74.00	AC46321335	FUTISONE CREAM (0.05%)	76.00	調價
AC46348209	KEROLAC INJECTION 30MG/ML	17.00	AC46348209	KEROLAC INJECTION 30MG/ML	17.80	調價
AC46348212	KEROLAC INJECTION 30MG/ML	24.00	AC46348212	KEROLAC INJECTION 30MG/ML	27.20	調價
AC46349316	MOMO CREAM	22.40	AC46349316	MOMO CREAM	23.20	調價
AC46349321	MOMO CREAM	27.60	AC46349321	MOMO CREAM	30.20	調價
AC46349326	MOMO CREAM	0.00	AC46349326	MOMO CREAM	31.60	刪除
AC46349329	MOMO CREAM	43.80	AC46349329	MOMO CREAM	44.10	調價

AC46349335	MOMO CREAM	65.00	AC46349335	MOMO CREAM	74.00	調價
AC46350100	BODOPINE CAPSULES 'Y.C"	3.25	AC46350100	BODOPINE CAPSULES 'Y.C"	3.46	調價
AC46351100	Dimotil Repe Tablets "Meider"	2.01	AC46351100	Dimotil Repe Tablets "Meider"	2.10	調價
AC46385100	ETOLAC XL TABLET 500MG "STANDARD"	8.90	AC46385100	ETOLAC XL TABLET 500MG "STANDARD"	8.60	調價
AC46386100	LOXOL SR TABLETS 75MG	1.77	AC46386100	LOXOL SR TABLETS 75MG	1.90	調價
AC46402100	SIMVATIN FILM COATING TABLETS 20MG	3.58	AC46402100	SIMVATIN FILM COATING TABLETS 20MG	4.05	調價
AC46403100	SINCAPIN TABLETS 20MG "SINPHAR"	0.94	AC46403100	SINCAPIN TABLETS 20MG "SINPHAR"	0.99	調價
AC464031G0	SINCAPIN TABLETS 20MG "SINPHAR"	1.26	AC464031G0	SINCAPIN TABLETS 20MG "SINPHAR"	1.42	調價
AC46404100	SYNTREND TABLETS 25MG	3.19	AC46404100	SYNTREND TABLETS 25MG	3.64	調價
AC46419314	ELOFUTE CREAM 0.1%	21.40	AC46419314	ELOFUTE CREAM 0.1%	21.80	調價
AC46419321	ELOFUTE CREAM 0.1%	27.60	AC46419321	ELOFUTE CREAM 0.1%	30.20	調價
AC46419326	ELOFUTE CREAM 0.1%	28.60	AC46419326	ELOFUTE CREAM 0.1%	31.60	調價
AC46419329	ELOFUTE CREAM 0.1%	43.80	AC46419329	ELOFUTE CREAM 0.1%	44.10	調價
AC46419335	ELOFUTE CREAM 0.1%	65.00	AC46419335	ELOFUTE CREAM 0.1%	74.00	調價
AC46424100	FINASTATE F.C. TABLETS 5MG "H.S."	12.60	AC46424100	FINASTATE F.C. TABLETS 5MG "H.S."	14.00	調價
AC46431143	ALLTEC ORAL SOLUTION (0.1%)	28.00	AC46431143	ALLTEC ORAL SOLUTION (0.1%)	29.10	調價
AC46431151	ALLTEC ORAL SOLUTION (0.1%)	28.10	AC46431151	ALLTEC ORAL SOLUTION (0.1%)	29.20	調價
AC46431157	ALLTEC ORAL SOLUTION (0.1%)	87.00	AC46431157	ALLTEC ORAL SOLUTION (0.1%)	92.00	調價
AC46439100	Nakasser SR Capsules 90mg "N.K."(diltiazem Hcl)	5.70	AC46439100	Nakasser SR Capsules 90mg "N.K."(diltiazem Hcl)	5.80	調價
AC46442151	SHECO SOLUTION "CENTER"	0.00	AC46442151	SHECO SOLUTION "CENTER"	25.00	刪除
AC46442157	SHECO SOLUTION "CENTER"	0.00	AC46442157	SHECO SOLUTION "CENTER"	26.20	刪除
AC46444151	NAPTON SUSPENSION	0.00	AC46444151	NAPTON SUSPENSION	47.40	刪除
AC46444157	NAPTON SUSPENSION	0.00	AC46444157	NAPTON SUSPENSION	84.00	刪除
AC46447100	TIZALIN TABLETS 2MG "GENTLE"	1.62	AC46447100	TIZALIN TABLETS 2MG "GENTLE"	1.67	調價
AC46448317	TRIMYZOLE CREAM	10.50	AC46448317	TRIMYZOLE CREAM	10.60	調價
AC46448321	TRIMYZOLE CREAM	10.50	AC46448321	TRIMYZOLE CREAM	10.60	調價

AC46448329	TRIMYZOLE CREAM	18.80	AC46448329	TRIMYZOLE CREAM	19.30	調價
AC46448335	TRIMYZOLE CREAM	30.40	AC46448335	TRIMYZOLE CREAM	30.90	調價
AC46448355	TRIMYZOLE CREAM	0.00	AC46448355	TRIMYZOLE CREAM	135.00	刪除
AC46457263	Gipamine Injection 3mg/ml "N.K."	196.00	AC46457263	Gipamine Injection 3mg/ml "N.K."	206.00	調價
AC46460100	SALAFLOW FILM COATED TABLETS 5mg	14.90	AC46460100	SALAFLOW FILM COATED TABLETS 5mg	14.40	調價
AC46461100	MESOLONE TABLETS "Y.C."	1.53	AC46461100	MESOLONE TABLETS "Y.C."	1.55	調價
AC46486100	CARMAPINE C.R. FILM COATED TABLETS 200MG "P.L." (CARBAMAZEPINE)	2.23	AC46486100	CARMAPINE C.R. FILM COATED TABLETS 200MG "P.L." (CARBAMAZEPINE)	2.53	調價
AC46488100	KARBOSE F.C. TABLETS "Y.C."	2.27	AC46488100	KARBOSE F.C. TABLETS "Y.C."	2.46	調價
AC46489100	TIZAN TABLETS 2MG "S.C."	1.62	AC46489100	TIZAN TABLETS 2MG "S.C."	1.67	調價
AC46490238	DIPROFEN INJECTION	37.40	AC46490238	DIPROFEN INJECTION	41.80	調價
AC46491100	ZORIMIN F.C. TABLETS 10MG	1.76	AC46491100	ZORIMIN F.C. TABLETS 10MG	1.86	調價
AC46525100	NUXITAM F.C TABLET 1200MG	1.91	AC46525100	NUXITAM F.C TABLET 1200MG	1.98	調價
AC465251G0	NUXITAM F.C. TABLET 1200MG(鋁箔/膠箔)	2.00			#NULL!	新增
AC46538100	MILIX SR TABLETS 1.5MG "LOTUS"	1.75	AC46538100	MILIX SR TABLETS 1.5MG "LOTUS"	1.84	調價
AC46540316	FUMESONE CREAM 1MG/GM	0.00	AC46540316	FUMESONE CREAM 1MG/GM	23.20	刪除
AC46540321	FUMESONE CREAM 1MG/GM	27.60	AC46540321	FUMESONE CREAM 1MG/GM	30.20	調價
AC46540326	FUMESONE CREAM 1MG/GM	0.00	AC46540326	FUMESONE CREAM 1MG/GM	31.60	刪除
AC46540329	FUMESONE CREAM 1MG/GM	43.80	AC46540329	FUMESONE CREAM 1MG/GM	44.10	調價
AC46540335	FUMESONE CREAM 1MG/GM	65.00	AC46540335	FUMESONE CREAM 1MG/GM	74.00	調價
AC46542321	MINYEAR OINTMENT 0.1%	27.60	AC46542321	MINYEAR OINTMENT 0.1%	30.20	調價
AC46542326	MINYEAR OINTMENT 0.1%	28.60	AC46542326	MINYEAR OINTMENT 0.1%	31.60	調價
AC46542329	MINYEAR OINTMENT 0.1%	43.80	AC46542329	MINYEAR OINTMENT 0.1%	44.10	調價
AC46542335	MINYEAR OINTMENT 0.1%	65.00	AC46542335	MINYEAR OINTMENT 0.1%	74.00	調價
AC46544210	SUBACILLIN INJECTION "YUNG SHIN"	55.00	AC46544210	SUBACILLIN INJECTION "YUNG SHIN"	62.00	調價
AC46549100	GENBOU F.C. TABLET 50MG	6.20	AC46549100	GENBOU F.C. TABLET 50MG	6.70	調價

AC46563100	ZIPSOON F.C. TABLETS 10MG	1.76	AC46563100	ZIPSOON F.C. TABLETS 10MG	1.86	調價
AC46584321	ADAMEI GEL "S.C."	0.00	AC46584321	ADAMEI GEL "S.C."	17.90	刪除
AC46584363	ADAMEI GEL "S.C."	0.00	AC46584363	ADAMEI GEL "S.C."	682.00	刪除
AC46604100	MELOCAM TABLETS 15MG "P.L."	4.07	AC46604100	MELOCAM TABLETS 15MG "P.L."	4.84	調價
AC46605421	SUPERDEX ORABASE 0.1%	35.60	AC46605421	SUPERDEX ORABASE 0.1%	38.80	調價
AC46606100	SITALO F.C. TABLETS 20MG (CITALOPRAM)	7.10	AC46606100	SITALO F.C. TABLETS 20MG (CITALOPRAM)	8.40	調價
AC46612100	WITGEN TABLETS 10MG "LOTUS"	7.40	AC46612100	WITGEN TABLETS 10MG "LOTUS"	8.60	調價
AC46614151	KIDSOLONE ORAL SOLUTION "CENTER"	49.00	AC46614151	KIDSOLONE ORAL SOLUTION "CENTER"	49.10	調價
AC46633321	LOMEANE CREAM "S.C."	27.60	AC46633321	LOMEANE CREAM "S.C."	30.20	調價
AC46633335	LOMEANE CREAM "S.C."	65.00	AC46633335	LOMEANE CREAM "S.C."	74.00	調價
AC46634100	ROZOXIN F.C. TABLETS 100MG	3.21	AC46634100	ROZOXIN F.C. TABLETS 100MG	3.82	調價
AC46638100	KLARITH F.C. TABLETS 500MG	13.20	AC46638100	KLARITH F.C. TABLETS 500MG	14.80	調價
AC46640100	GRUMED TABLETS 2MG "STANDARD"	1.95	AC46640100	GRUMED TABLETS 2MG "STANDARD"	2.12	調價
AC46647100	GLIPID TABLETS 2MG	1.95	AC46647100	GLIPID TABLETS 2MG	2.12	調價
AC46659100	FUXIDOL S.C. TABLETS	10.70	AC46659100	FUXIDOL S.C. TABLETS	11.30	調價
AC46681100	SYNTAM F.C. TABLETS 1200MG	1.91	AC46681100	SYNTAM F.C. TABLETS 1200MG	1.98	調價
AC466811G0	SYNTAM F.C. TABLETS 1200MG(鋁箔/膠箔)	2.00			#NULL!	新增
AC46682100	MUSLEX TABLETS	3.21	AC46682100	MUSLEX TABLETS	3.50	調價
AC46687220	PISUTAM POWDER FOR INJECTION	226.00	AC46687220	PISUTAM POWDER FOR INJECTION	260.00	調價
AC466872CX	PISUTAM POWDER FOR INJECTION	136.00	AC466872CX	PISUTAM POWDER FOR INJECTION	152.00	調價
AC46689321	BUTEMAX CREAM	28.80	AC46689321	BUTEMAX CREAM	29.70	調價
AC46689329	BUTEMAX CREAM	45.00	AC46689329	BUTEMAX CREAM	47.80	調價
AC46689335	BUTEMAX CREAM	56.00	AC46689335	BUTEMAX CREAM	59.00	調價
AC46697100	"SHINMING TABLETS 4MG ""TAI YU"""	1.53	AC46697100	"SHINMING TABLETS 4MG ""TAI YU"""	1.55	調價
AC46699100	SYNTREND TABLETS 6.25MG	2.39	AC46699100	SYNTREND TABLETS 6.25MG	2.65	調價
AC46706100	MOODYTEC S.C. TABLETS	10.70	AC46706100	MOODYTEC S.C. TABLETS	11.30	調價
AC46707321	OXIZOLE CREAM "S.C."	0.00	AC46707321	OXIZOLE CREAM "S.C."	54.00	刪除

AC46729100	ERISPAN-S TABLETS 0.25MG	1.95	AC46729100	ERISPAN-S TABLETS 0.25MG	2.04	調價
AC46733100	GLUCOMET F.C. TABLETS 5/500MG	2.01	AC46733100	GLUCOMET F.C. TABLETS 5/500MG	2.07	調價
AC46746100	SELARS TABLETS 30MG "Y.Y."	3.13	AC46746100	SELARS TABLETS 30MG "Y.Y."	3.18	調價
AC46758100	LA FERRUM CHEWABLE TABLETS 100MG	3.01	AC46758100	LA FERRUM CHEWABLE TABLETS 100MG	3.17	調價
AC46759100	MOCALM S.C. TABLET	2.15	AC46759100	MOCALM S.C. TABLET	2.31	調價
AC46867100	CATACOR TABLETS "Y.C."	2.82	AC46867100	CATACOR TABLETS "Y.C."	2.83	調價
AC46899421	SALUTE OPHTHALMIC SOLUTION "KINGDOM"	12.10	AC46899421	SALUTE OPHTHALMIC SOLUTION "KINGDOM"	12.20	調價
AC46899429	SALUTE OPHTHALMIC SOLUTION "KINGDOM"	23.80	AC46899429	SALUTE OPHTHALMIC SOLUTION "KINGDOM"	24.90	調價
AC46902412	IPRASTHMA NEBULISER SOLUTION 0.25MG/ML	0.00	AC46902412	IPRASTHMA NEBULISER SOLUTION 0.25MG/ML	8.10	刪除
AC46903100	YITUNGYEN F.C. TABLETS 400MG	1.31	AC46903100	YITUNGYEN F.C. TABLETS 400MG	1.50	調價
AC469031G0	YITUNGYEN F.C. TABLETS 400MG	1.68	AC469031G0	YITUNGYEN F.C. TABLETS 400MG	2.00	調價
AC46930421	CATOL EYE DROPS 1%	120.00	AC46930421	CATOL EYE DROPS 1%	134.00	調價
AC46931421	CATOL EYE DROPS 2%	177.00	AC46931421	CATOL EYE DROPS 2%	180.00	調價
AC46937100	URMARON TABLETS "Y.C."	2.05	AC46937100	URMARON TABLETS "Y.C."	2.18	調價
AC46938100	MENISON TABLETS 2MG "P.L"	1.53	AC46938100	MENISON TABLETS 2MG "P.L"	1.55	調價
AC46939321	FUSIK CREAM "Y.C."	32.20	AC46939321	FUSIK CREAM "Y.C."	36.50	調價
AC46939326	FUSIK CREAM "Y.C."	0.00	AC46939326	FUSIK CREAM "Y.C."	44.50	刪除
AC46939329	FUSIK CREAM "Y.C."	45.20	AC46939329	FUSIK CREAM "Y.C."	46.40	調價
AC46939335	FUSIK CREAM "Y.C."	126.00	AC46939335	FUSIK CREAM "Y.C."	134.00	調價
AC46939338	FUSIK CREAM "Y.C."	0.00	AC46939338	FUSIK CREAM "Y.C."	160.00	刪除
AC46939348	FUSIK CREAM "Y.C."	0.00	AC46939348	FUSIK CREAM "Y.C."	337.00	刪除
AC46940100	INCO F.C. TABLET "S.Y."	4.13	AC46940100	INCO F.C. TABLET "S.Y."	4.40	調價

AC46985100	POCATO CAPSULES 25UG (PROCATEROL)	1.50	AC46985100	POCATO CAPSULES 25UG (PROCATEROL)	1.51	調價
AC46989100	ARICEPT F.C. TABLETS 10MG	57.00	AC46989100	ARICEPT F.C. TABLETS 10MG	61.00	調價
AC46990429	EYEHELP EYE DROPS 0.01%	12.80	AC46990429	EYEHELP EYE DROPS 0.01%	13.20	調價
AC46991161	MEGEST ORAL SUSPENSION 40MG/ML	891.00	AC46991161	MEGEST ORAL SUSPENSION 40MG/ML	960.00	調價
AC46995100	RAMITACE CAPSULE 2.5MG "ROYAL"	2.98	AC46995100	RAMITACE CAPSULE 2.5MG "ROYAL"	3.14	調價
AC46998321	GENUVATE OINTMENT "GCPC"	11.90	AC46998321	GENUVATE OINTMENT "GCPC"	12.60	調價
AC46998323	"GENUVATE OINTMENT ""GCPC"""	12.80	AC46998323	"GENUVATE OINTMENT ""GCPC"""	13.30	調價
AC46998324	"GENUVATE OINTMENT ""GCPC"""	12.80	AC46998324	"GENUVATE OINTMENT ""GCPC"""	13.30	調價
AC46998329	GENUVATE OINTMENT "GCPC"	13.70	AC46998329	GENUVATE OINTMENT "GCPC"	14.30	調價
AC46998335	GENUVATE OINTMENT "GCPC"	24.80	AC46998335	GENUVATE OINTMENT "GCPC"	25.50	調價
AC46998338	"GENUVATE OINTMENT ""GCPC"""	0.00	AC46998338	"GENUVATE OINTMENT ""GCPC"""	44.50	刪除
AC46998340	"GENUVATE OINTMENT ""GCPC"""	61.00	AC46998340	"GENUVATE OINTMENT ""GCPC"""	71.00	調價
AC46999414	UNITAN EYE DROPS 0.05MG/ML "UNION"	439.00	AC46999414	UNITAN EYE DROPS 0.05MG/ML "UNION"	452.00	調價
AC47002100	FONOSIL TABLETS 10MG "STANDARD" (FOSINOPRIL SODIUM)	4.17	AC47002100	FONOSIL TABLETS 10MG "STANDARD" (FOSINOPRIL SODIUM)	4.23	調價
AC47028321	EUTISEN CREAM	25.80	AC47028321	EUTISEN CREAM	27.40	調價
AC47028335	EUTISEN CREAM	74.00	AC47028335	EUTISEN CREAM	76.00	調價
AC47029500	POSULINE SUPPOSITORIES "P.L."	7.20	AC47029500	POSULINE SUPPOSITORIES "P.L."	7.40	調價
AC47044100	AKINFREE TABLETS 2MG	1.67	AC47044100	AKINFREE TABLETS 2MG	1.74	調價
AC47050100	YOUR IRON CAPSULES "S.L."	4.44	AC47050100	YOUR IRON CAPSULES "S.L."	4.52	調價
AC47074326	DOSPIN CREAM "H.S."	0.00	AC47074326	DOSPIN CREAM "H.S."	46.10	刪除
AC47074335	DOSPIN CREAM "H.S."	48.40	AC47074335	DOSPIN CREAM "H.S."	51.00	調價
AC47075323	CLINDACIN GEL	11.40	AC47075323	CLINDACIN GEL	12.00	調價
AC47075329	CLINDACIN GEL	14.10	AC47075329	CLINDACIN GEL	14.90	調價
AC47075330	CLINDACIN GEL	17.40	AC47075330	CLINDACIN GEL	17.70	調價

AC47075335	CLINDACIN GEL	20.70	AC47075335	CLINDACIN GEL	22.20	調價
AC47075338	CLINDACIN GEL	65.00	AC47075338	CLINDACIN GEL	69.00	調價
AC47075343	CLINDACIN GEL	185.00	AC47075343	CLINDACIN GEL	186.00	調價
AC47076329	ZYNOC SOLUTION 1%	60.00	AC47076329	ZYNOC SOLUTION 1%	62.00	調價
AC47078100	BON JOUR TABLETS 7.5MG(MELOXICAM)	1.72	AC47078100	BON JOUR TABLETS 7.5MG(MELOXICAM)	1.80	調價
AC47090100	VENFORSPINE TABLETS 37.5MG	5.20	AC47090100	VENFORSPINE TABLETS 37.5MG	5.70	調價
AC47091100	TERFUNG TABLETS 250MG	7.80	AC47091100	TERFUNG TABLETS 250MG	8.80	調價
AC47092100	NILASEN TABLETS 16MG	1.50	AC47092100	NILASEN TABLETS 16MG	1.51	調價
AC47093100	ALOPINE TABLETS 5MG "WEIDAR"	3.84	AC47093100	ALOPINE TABLETS 5MG "WEIDAR"	4.30	調價
AC47114100	FAXINE TABLETS 37.5MG	5.20	AC47114100	FAXINE TABLETS 37.5MG	5.70	調價
AC47116421	EARFLO OTIC SOLUTION	51.00	AC47116421	EARFLO OTIC SOLUTION	54.00	調價
AC47117421	GENDERMIN OPH. SOLUTION 0.3% "KINGDOM" (GENTAMICIN SULFATE)	14.50	AC47117421	GENDERMIN OPH. SOLUTION 0.3% "KINGDOM" (GENTAMICIN SULFATE)	15.50	調價
AC47124416	GENDERMIN OPHTHALMIC OINTMENT 3MG/GM "KINGDOM" (GENTAMICIN SULFATE)	18.20	AC47124416	GENDERMIN OPHTHALMIC OINTMENT 3MG/GM "KINGDOM" (GENTAMICIN SULFATE)	18.60	調價
AC47124417	GENDERMIN OPHTHALMIC OINTMENT 3MG/GM "KINGDOM" (GENTAMICIN SULFATE)	18.20	AC47124417	GENDERMIN OPHTHALMIC OINTMENT 3MG/GM "KINGDOM" (GENTAMICIN SULFATE)	18.60	調價
AC47124421	GENDERMIN OPHTHALMIC OINTMENT 3MG/GM (GENTAMICIN SULFATE)	22.80	AC47124421	GENDERMIN OPHTHALMIC OINTMENT 3MG/GM (GENTAMICIN SULFATE)	23.80	調價
AC47129100	NATENIDE F.C. TABLETS 60MG "STANDARD"	0.00	AC47129100	NATENIDE F.C. TABLETS 60MG "STANDARD"	2.45	刪除
AC47144321	KAFUTINEA CREAM	20.40	AC47144321	KAFUTINEA CREAM	21.30	調價
AC47144329	KAFUTINEA CREAM	32.70	AC47144329	KAFUTINEA CREAM	34.80	調價
AC47144335	KAFUTINEA CREAM	35.10	AC47144335	KAFUTINEA CREAM	38.00	調價
AC47144338	KAFUTINEA CREAM	69.00	AC47144338	KAFUTINEA CREAM	73.00	調價
AC47148100	MONO-GETIC F.C.T. 750MG "JOHNSON"	0.00	AC47148100	MONO-GETIC F.C.T. 750MG "JOHNSON"	4.91	刪除

AC47157321	DELPAC GEL 1MG/GM "MEIDER" (ADAPALENE)	17.30	AC47157321	DELPAC GEL 1MG/GM "MEIDER" (ADAPALENE)	17.90	調價
AC47157335	DELPAC GEL 1MG/GM "MEIDER" (ADAPALENE)	68.00	AC47157335	DELPAC GEL 1MG/GM "MEIDER" (ADAPALENE)	72.00	調價
AC47157345	DELPAC GEL 1MG/GM "MEIDER" (ADAPALENE)	0.00	AC47157345	DELPAC GEL 1MG/GM "MEIDER" (ADAPALENE)	211.00	刪除
AC47176100	BUSACON TABLETS 0.125MG	1.75	AC47176100	BUSACON TABLETS 0.125MG	1.84	調價
AC471761G0	BUSACON TABLETS 0.125MG(鋁箔/膠箔)	2.00			#NULL!	新增
AC47179143	PROCATIN LIQUID	25.90	AC47179143	PROCATIN LIQUID	26.30	調價
AC47179151	PROCATIN LIQUID	0.00	AC47179151	PROCATIN LIQUID	36.60	刪除
AC47182255	PEDICARE INJECTION 10% (W/V)	196.00	AC47182255	PEDICARE INJECTION 10% (W/V)	202.00	調價
AC47182265	PEDICARE INJECTION 10% (W/V)	0.00	AC47182265	PEDICARE INJECTION 10% (W/V)	488.00	刪除
AC47190100	PAINOFF F.C. TABLETS 10MG	4.13	AC47190100	PAINOFF F.C. TABLETS 10MG	4.40	調價
AC47227100	KETOZINE TABLETS 24MG	2.36	AC47227100	KETOZINE TABLETS 24MG	2.52	調價
AC47232100	NILASEN TABLETS 24MG	2.36	AC47232100	NILASEN TABLETS 24MG	2.52	調價
AC47239100	CARVEDIL TABLETS 25MG	3.19	AC47239100	CARVEDIL TABLETS 25MG	3.64	調價
AC47258100	DONGLU TABLETS 2MG "ANXO"	1.95	AC47258100	DONGLU TABLETS 2MG "ANXO"	2.12	調價
AC47265100	REMEMBER F.C. TABLETS 8MG	26.50	AC47265100	REMEMBER F.C. TABLETS 8MG	27.10	調價
AC47268100	MEROCAM TABLETS 7.5MG "H.S." (MELOXICAM)	1.72	AC47268100	MEROCAM TABLETS 7.5MG "H.S." (MELOXICAM)	1.80	調價
AC47270100	IROME CAPSULES 150MG	2.88	AC47270100	IROME CAPSULES 150MG	3.01	調價
AC47276255	PEDICARE INJECTION 6% W/V "N.K."	0.00	AC47276255	PEDICARE INJECTION 6% W/V "N.K."	208.00	刪除
AC47280500	GYNOX VAGINAL TABLETS 500MG	12.50	AC47280500	GYNOX VAGINAL TABLETS 500MG	13.40	調價
AC47289321	FUCIMYCIN CREAM	32.20	AC47289321	FUCIMYCIN CREAM	36.50	調價
AC47289326	FUCIMYCIN CREAM	42.70	AC47289326	FUCIMYCIN CREAM	44.50	調價
AC47289329	FUCIMYCIN CREAM	45.20	AC47289329	FUCIMYCIN CREAM	46.40	調價
AC47289335	FUCIMYCIN CREAM	126.00	AC47289335	FUCIMYCIN CREAM	134.00	調價
AC47289348	FUCIMYCIN CREAM	0.00	AC47289348	FUCIMYCIN CREAM	337.00	刪除
AC47290100	SPITERIN F.C. TABLETS 2MG "KINGDOM" (RISPERIDONE)	7.70	AC47290100	SPITERIN F.C. TABLETS 2MG "KINGDOM" (RISPERIDONE)	9.50	調價

AC47291421	BETTER EYE DROPS 0.5% (TROPICAMIDE)	16.50	AC47291421	BETTER EYE DROPS 0.5% (TROPICAMIDE)	18.20	調價
AC47295100	CARVO TABLETS 25MG	3.19	AC47295100	CARVO TABLETS 25MG	3.64	調價
AC47306100	ESLAM TABLETS 1MG "JOHNSON"	1.50	AC47306100	ESLAM TABLETS 1MG "JOHNSON"	1.51	調價
AC47307100	GLUCOCAR TABLETS "S.C."	2.27	AC47307100	GLUCOCAR TABLETS "S.C."	2.46	調價
AC47309100	DESBLUE S.C. TABLETS	2.15	AC47309100	DESBLUE S.C. TABLETS	2.31	調價
AC47312321	"GENAF CREAM ""GCPC"""	20.40	AC47312321	"GENAF CREAM ""GCPC"""	21.30	調價
AC47312329	"GENAF CREAM ""GCPC"""	32.70	AC47312329	"GENAF CREAM ""GCPC"""	34.80	調價
AC47312335	"GENAF CREAM ""GCPC"""	35.10	AC47312335	"GENAF CREAM ""GCPC"""	38.00	調價
AC47312338	"GENAF CREAM ""GCPC"""	69.00	AC47312338	"GENAF CREAM ""GCPC"""	73.00	調價
AC47314421	BRIMO OPHTHALMIC SOLUTION 0.2% "PATRON"	229.00	AC47314421	BRIMO OPHTHALMIC SOLUTION 0.2% "PATRON"	237.00	調價
AC47341100	MELSTATIN TABLETS 20MG	5.90	AC47341100	MELSTATIN TABLETS 20MG	6.60	調價
AC47371100	TODO CAPSULES 200MG "JOHNSON"	3.25	AC47371100	TODO CAPSULES 200MG "JOHNSON"	3.46	調價
AC47398421	"SUBICAN OPHTHALMIC SOLUTION ""WINSTON"""	16.50	AC47398421	"SUBICAN OPHTHALMIC SOLUTION ""WINSTON"""	18.20	調價
AC47399100	MELUX TABLETS 500MG "JOHNSON"	2.83	AC47399100	MELUX TABLETS 500MG "JOHNSON"	3.09	調價
AC47400100	LAMTA TABLETS 50MG (LAMOTRIGINE)	10.10	AC47400100	LAMTA TABLETS 50MG (LAMOTRIGINE)	11.40	調價
AC47403121	NISAN GRANULES 5GM "JOHNSON"	0.00	AC47403121	NISAN GRANULES 5GM "JOHNSON"	6.90	刪除
AC47406321	DERMOFUTE CREAM	11.90	AC47406321	DERMOFUTE CREAM	12.60	調價
AC47406323	DERMOFUTE CREAM	0.00	AC47406323	DERMOFUTE CREAM	13.30	刪除
AC47406324	DERMOFUTE CREAM	12.80	AC47406324	DERMOFUTE CREAM	13.30	調價
AC47406329	DERMOFUTE CREAM	13.70	AC47406329	DERMOFUTE CREAM	14.30	調價
AC47406335	DERMOFUTE CREAM	0.00	AC47406335	DERMOFUTE CREAM	25.50	刪除
AC47406338	DERMOFUTE CREAM	41.90	AC47406338	DERMOFUTE CREAM	44.50	調價
AC47406340	DERMOFUTE CREAM	61.00	AC47406340	DERMOFUTE CREAM	71.00	調價
AC47406355	DERMOFUTE CREAM	0.00	AC47406355	DERMOFUTE CREAM	195.00	刪除
AC47418100	SURIDE F.C. TABLETS 200MG "EB" (SULPIRIDE)	1.71	AC47418100	SURIDE F.C. TABLETS 200MG "EB" (SULPIRIDE)	1.79	調價
AC47432329	EUROTECH UREA CREAM 40%	33.80	AC47432329	EUROTECH UREA CREAM 40%	36.10	調價
AC47432343	EUROTECH UREA CREAM 40%	93.00	AC47432343	EUROTECH UREA CREAM 40%	97.00	調價

AC47434100	CARLATREND TABLETS 25MG "KINGDOM" (CARVEDILOL)	3.19	AC47434100	CARLATREND TABLETS 25MG "KINGDOM" (CARVEDILOL)	3.64	調價
AC47441100	ROVO TABLETS 1MG	2.09	AC47441100	ROVO TABLETS 1MG	2.31	調價
AC47442212	FAMOSTER INJECTION 10MG/ML "TF"	23.20	AC47442212	FAMOSTER INJECTION 10MG/ML "TF"	23.30	調價
AC47444100	UROSO TABLETS 100MG "JOHNSON"	1.76	AC47444100	UROSO TABLETS 100MG "JOHNSON"	1.79	調價
AC47446100	VASOCARD CAPSULES "Y.C."	0.00	AC47446100	VASOCARD CAPSULES "Y.C."	2.15	刪除
AC47456100	HOTE CHEWABLE TABLETS 100MG	3.01	AC47456100	HOTE CHEWABLE TABLETS 100MG	3.17	調價
AC47457100	TRAMADOL RETARD TABLETS 100MG "U-CHU"	3.74	AC47457100	TRAMADOL RETARD TABLETS 100MG "U-CHU"	3.99	調價
AC47460100	CARDILO TABLETS 25MG "S.T."	3.19	AC47460100	CARDILO TABLETS 25MG "S.T."	3.64	調價
AC47461100	MELICAM TABLETS 15MG (MELOXICAM)	4.07	AC47461100	MELICAM TABLETS 15MG (MELOXICAM)	4.84	調價
AC47476100	HAMGO F.C. TABLETS 1200MG "Y.C."	1.91	AC47476100	HAMGO F.C. TABLETS 1200MG "Y.C."	1.98	調價
AC474761G0	HAMGO F.C. TABLETS 1200MG "Y.C."(鋁箔/膠箔)	2.00			#NULL!	新增
AC47479100	ESLAM TABLETS 2MG "JOHNSON"	1.53	AC47479100	ESLAM TABLETS 2MG "JOHNSON"	1.55	調價
AC47480100	ACPURIN TABLETS 300MG "MEIDER"	0.00	AC47480100	ACPURIN TABLETS 300MG "MEIDER"	2.29	刪除
AC47482100	SANTEROL TABLETS 25 μG	1.50	AC47482100	SANTEROL TABLETS 25 μG	1.51	調價
AC47485100	AMARINE TABLETS 2MG "KINGDOM"	1.95	AC47485100	AMARINE TABLETS 2MG "KINGDOM"	2.12	調價
AC47510100	CARDIOL TABLETS 25MG "YUNG SHIN"	3.19	AC47510100	CARDIOL TABLETS 25MG "YUNG SHIN"	3.64	調價
AC47511100	MESHIN TABLETS 500MG	2.83	AC47511100	MESHIN TABLETS 500MG	3.09	調價
AC47512100	DIZYNIL TABLET 16MG	1.50	AC47512100	DIZYNIL TABLET 16MG	1.51	調價
AC47519100	MEPRO TABLETS 100MG	10.10	AC47519100	MEPRO TABLETS 100MG	10.20	調價
AC47521414	LANOPROST OPHTHALMIC SOLUTION 0.005% (LATANOPROST)	439.00	AC47521414	LANOPROST OPHTHALMIC SOLUTION 0.005% (LATANOPROST)	452.00	調價
AC47534100	PANTAZOL GASTRO-RESISTANT TABLETS "Y.C."	10.10	AC47534100	PANTAZOL GASTRO-RESISTANT TABLETS "Y.C."	11.70	調價
AC47536100	FEDISYN E.R. F.C. TABLETS 5 MG	2.04	AC47536100	FEDISYN E.R. F.C. TABLETS 5 MG	2.24	調價

AC47537245	METISOL INJECTION	0.00	AC47537245	METISOL INJECTION	41.70	刪除
AC47537258	METISOL INJECTION	108.00	AC47537258	METISOL INJECTION	117.00	調價
AC47550500	EBODYL SUPPOSITORIES	7.20	AC47550500	EBODYL SUPPOSITORIES	7.40	調價
AC47551209	Laston Injection 30 mg/ml (Ketorolac Tromethamine)	17.00	AC47551209	Laston Injection 30 mg/ml (Ketorolac Tromethamine)	17.80	調價
AC47551212	Laston Injection 30 mg/ml (Ketorolac Tromethamine)	24.00	AC47551212	Laston Injection 30 mg/ml (Ketorolac Tromethamine)	27.20	調價
AC47560209	Inco Injection	17.00	AC47560209	Inco Injection	17.80	調價
AC47560212	INCO INJECTION	24.00	AC47560212	INCO INJECTION	27.20	調價
AC47568100	Latrigine Tablets 50 mg "Kingdom"	10.10	AC47568100	Latrigine Tablets 50 mg "Kingdom"	11.40	調價
AC47569100	PISANTA TABLETS "ROYAL"	1.91	AC47569100	PISANTA TABLETS "ROYAL"	1.98	調價
AC47590100	ISOLIN F.C. TABLETS 500MG "JOHNSON"	5.60	AC47590100	ISOLIN F.C. TABLETS 500MG "JOHNSON"	5.90	調價
AC47594100	ILIMIN FILM COATED TABLETS 850MG "S.D"	1.68	AC47594100	ILIMIN FILM COATED TABLETS 850MG "S.D"	1.75	調價
AC47596321	Dermofute Ointment	11.90	AC47596321	Dermofute Ointment	12.60	調價
AC47596323	Dermofute Ointment	0.00	AC47596323	Dermofute Ointment	13.30	刪除
AC47596324	Dermofute Ointment	12.80	AC47596324	Dermofute Ointment	13.30	調價
AC47596329	Dermofute Ointment	13.70	AC47596329	Dermofute Ointment	14.30	調價
AC47596335	Dermofute Ointment	0.00	AC47596335	Dermofute Ointment	25.50	刪除
AC47596338	Dermofute Ointment	41.90	AC47596338	Dermofute Ointment	44.50	調價
AC47596340	Dermofute Ointment	61.00	AC47596340	Dermofute Ointment	71.00	調價
AC47596355	Dermofute Ointment	0.00	AC47596355	Dermofute Ointment	195.00	刪除
AC47599100	ZOTAN S.R. CAPSULES 0.2MG	5.60	AC47599100	ZOTAN S.R. CAPSULES 0.2MG	6.40	調價
AC47606100	KAMART TABLETS "Y.C."	1.54	AC47606100	KAMART TABLETS "Y.C."	1.56	調價
AC47611500	SUBODYL SUPPOSITORIES	7.20	AC47611500	SUBODYL SUPPOSITORIES	7.40	調價
AC47615143	BESUMIN SYRUP "Y.C"	25.00	AC47615143	BESUMIN SYRUP "Y.C"	25.10	調價
AC47615151	BESUMIN SYRUP "Y.C"	26.80	AC47615151	BESUMIN SYRUP "Y.C"	27.50	調價

AC47615155	BESUMIN SYRUP "Y.C"	0.00	AC47615155	BESUMIN SYRUP "Y.C"	72.00	刪除
AC47621221	COVORIN INJECTION 10MG/ML	69.00	AC47621221	COVORIN INJECTION 10MG/ML	78.00	調價
AC47621229	COVORIN INJECTION 10MG/ML	86.00	AC47621229	COVORIN INJECTION 10MG/ML	97.00	調價
AC47622421	Laimin Eye Drops 2% "Y.Y."	14.50	AC47622421	Laimin Eye Drops 2% "Y.Y."	14.70	調價
AC47622429	Laimin Eye Drops 2% "Y.Y."	28.30	AC47622429	Laimin Eye Drops 2% "Y.Y."	29.40	調價
AC47625316	Momesone Ointment 0.1%	22.40	AC47625316	Momesone Ointment 0.1%	23.20	調價
AC47625321	Momesone Ointment 0.1%	27.60	AC47625321	Momesone Ointment 0.1%	30.20	調價
AC47625326	Momesone Ointment 0.1%	28.60	AC47625326	Momesone Ointment 0.1%	31.60	調價
AC47625329	Momesone Ointment 0.1%	43.80	AC47625329	Momesone Ointment 0.1%	44.10	調價
AC47625335	Momesone Ointment 0.1%	65.00	AC47625335	Momesone Ointment 0.1%	74.00	調價
AC47626248	Amocure Injection 0.2mg/ml	598.00	AC47626248	Amocure Injection 0.2mg/ml	633.00	調價
AC47631100	Glunat Tablets 60mg	0.00	AC47631100	Glunat Tablets 60mg	2.45	刪除
AC47632100	Amcopine Tablets 10mg "H.S." (Amlodipine)	3.84	AC47632100	Amcopine Tablets 10mg "H.S." (Amlodipine)	4.30	調價
AC47633414	Centesol Inhalation Solution 2mg/ml "Center"	4.95	AC47633414	Centesol Inhalation Solution 2mg/ml "Center"	5.00	調價
AC47638100	Zapline Film Coated Tablets 50mg	6.10	AC47638100	Zapline Film Coated Tablets 50mg	7.00	調價
AC47639100	MONPHELON TABLETS "Y.C"	2.83	AC47639100	MONPHELON TABLETS "Y.C"	3.09	調價
AC47641421	Topimide Ophthalmic Solution 0.5% "Kingdom" (Tropicamide)	16.50	AC47641421	Topimide Ophthalmic Solution 0.5% "Kingdom" (Tropicamide)	18.20	調價
AC47644100	VALOSINE S.R. CAPSULES 75MG	10.00	AC47644100	VALOSINE S.R. CAPSULES 75MG	11.60	調價
AC47646100	DINSIA SOFT CAPSULES 300MG	5.80	AC47646100	DINSIA SOFT CAPSULES 300MG	6.10	調價
AC47655100	TONLEX F.C. TABLETS 750MG	0.00	AC47655100	TONLEX F.C. TABLETS 750MG	12.40	刪除
AC47658277	Lyo-Vancin for I.V. Injection 500mg	76.00	AC47658277	Lyo-Vancin for I.V. Injection 500mg	80.00	調價

AC47676248	Ciflogen Injection 2mg/ml	0.00	AC47676248	Ciflogen Injection 2mg/ml	214.00	刪除
AC47676255	Ciflogen Injection 2mg/ml	450.00	AC47676255	Ciflogen Injection 2mg/ml	488.00	調價
AC47676263	Ciflogen Injection 2mg/ml	621.00	AC47676263	Ciflogen Injection 2mg/ml	694.00	調價
AC47678212	PAINOFF INJECTION 15MG/ML	17.00	AC47678212	PAINOFF INJECTION 15MG/ML	17.80	調價
AC47679100	Knowful Film Coated Tablets 1200mg	1.91	AC47679100	Knowful Film Coated Tablets 1200mg	1.98	調價
AC476791G0	KNOWFUL FILM COATED TABLETS 1200MG(鋁箔/膠箔)	2.00			#NULL!	新增
AC47687100	Henformin F.C. Tablet 850mg	1.68	AC47687100	Henformin F.C. Tablet 850mg	1.75	調價
AC47690100	RISDONE TABLETS 2MG "S.T." (RISPERIDONE)	7.70	AC47690100	RISDONE TABLETS 2MG "S.T." (RISPERIDONE)	9.50	調價
AC47692316	Momesone Cream 0.1% W/W	22.40	AC47692316	Momesone Cream 0.1% W/W	23.20	調價
AC47692321	Momesone Cream 0.1% W/W	27.60	AC47692321	Momesone Cream 0.1% W/W	30.20	調價
AC47692326	Momesone Cream 0.1% W/W	28.60	AC47692326	Momesone Cream 0.1% W/W	31.60	調價
AC47692329	Momesone Cream 0.1% W/W	43.80	AC47692329	Momesone Cream 0.1% W/W	44.10	調價
AC47692335	Momesone Cream 0.1% W/W	65.00	AC47692335	Momesone Cream 0.1% W/W	74.00	調價
AC47698100	Klarith F.C. Tablets 250mg	3.24	AC47698100	Klarith F.C. Tablets 250mg	3.36	調價
AC47700321	Antimax cream 1% "H.S."	28.80	AC47700321	Antimax cream 1% "H.S."	29.70	調價
AC47700329	Antimax cream 1% "H.S."	45.00	AC47700329	Antimax cream 1% "H.S."	47.80	調價
AC47700335	Antimax cream 1% "H.S."	56.00	AC47700335	Antimax cream 1% "H.S."	59.00	調價
AC47700355	Antimax cream 1% "H.S."	0.00	AC47700355	Antimax cream 1% "H.S."	623.00	刪除
AC47718209	Painoff Injection 30 mg/ml	17.00	AC47718209	Painoff Injection 30 mg/ml	17.80	調價
AC47718212	Painoff Injection 30 mg/ml	24.00	AC47718212	Painoff Injection 30 mg/ml	27.20	調價
AC47721197	NUPITAM GRANULES FOR ORAL SOLUTION 1200MG	5.40	AC47721197	NUPITAM GRANULES FOR ORAL SOLUTION 1200MG	5.70	調價
AC47722321	Olena Gel	17.30	AC47722321	Olena Gel	17.90	調價
AC47722335	Olena Gel	68.00	AC47722335	Olena Gel	72.00	調價
AC47722343	Olena Gel	0.00	AC47722343	Olena Gel	154.00	刪除
AC47722345	Olena Gel	0.00	AC47722345	Olena Gel	211.00	刪除

AC47722363	Olena Gel	0.00	AC47722363	Olena Gel	682.00	刪除
AC47771100	Lafuzo XL prolonged release tablets 10 mg	5.80	AC47771100	Lafuzo XL prolonged release tablets 10 mg	6.30	調價
AC47772100	BONY Tablets "Y.C."	2.28	AC47772100	BONY Tablets "Y.C."	2.47	調價
AC47773343	MUROZO LOTION 0.1% W/W	0.00	AC47773343	MUROZO LOTION 0.1% W/W	187.00	刪除
AC47775100	ZOLOTIN F.C. TABLETS 40MG	7.50	AC47775100	ZOLOTIN F.C. TABLETS 40MG	8.80	調價
AC47782100	Mucolow SR Tablets 75mg "LOTUS"	0.00	AC47782100	Mucolow SR Tablets 75mg "LOTUS"	1.78	刪除
AC47784209	ANALAC FOR IV INJECTION 30MG/ML	17.00	AC47784209	ANALAC FOR IV INJECTION 30MG/ML	17.80	調價
AC47784212	ANALAC FOR IV INJECTION 30MG/ML	24.00	AC47784212	ANALAC FOR IV INJECTION 30MG/ML	27.20	調價
AC47787100	FLEXER F.C. TABLETS 10MG	2.95	AC47787100	FLEXER F.C. TABLETS 10MG	3.12	調價
AC47788100	MEPRO TABLETS 500MG	40.30	AC47788100	MEPRO TABLETS 500MG	42.80	調價
AC47789100	DANOW TABLETS "Y.C."	1.92	AC47789100	DANOW TABLETS "Y.C."	2.00	調價
AC47790100	AMADM TABLETS 2.0MG	1.95	AC47790100	AMADM TABLETS 2.0MG	2.12	調價
AC47793100	SPITERIN F.C. TABLETS 1MG "KINGDOM" (RISPERIDONE)	6.80	AC47793100	SPITERIN F.C. TABLETS 1MG "KINGDOM" (RISPERIDONE)	8.30	調價
AC47812263	TECOPIN FOR IV INJECTION "N.K."	516.00	AC47812263	TECOPIN FOR IV INJECTION "N.K."	563.00	調價
AC47812271	Tecopin for IV Injection "N.K."	1164.00	AC47812271	Tecopin for IV Injection "N.K."	1243.00	調價
AC47828209	MYRON POWDER FOR INJECTION	0.00	AC47828209	MYRON POWDER FOR INJECTION	588.00	刪除
AC47828277	MYRON POWDER FOR INJECTION	284.00	AC47828277	MYRON POWDER FOR INJECTION	305.00	調價
AC47830100	RIPER F.C. TABLETS 2 MG	7.70	AC47830100	RIPER F.C. TABLETS 2 MG	9.50	調價
AC47833529	Formenin Vaginal Gel 0.75%	0.00	AC47833529	Formenin Vaginal Gel 0.75%	55.00	刪除
AC47833540	Formenin Vaginal Gel 0.75%	0.00	AC47833540	Formenin Vaginal Gel 0.75%	111.00	刪除
AC47833596	Formenin Vaginal Gel 0.75%	0.00	AC47833596	Formenin Vaginal Gel 0.75%	128.00	刪除
AC47841321	SOFUNI OINTMENT 2%	32.20	AC47841321	SOFUNI OINTMENT 2%	36.50	調價
AC47841326	SOFUNI OINTMENT 2%	42.70	AC47841326	SOFUNI OINTMENT 2%	44.50	調價

AC47841329	SOFUNI OINTMENT 2%	45.20	AC47841329	SOFUNI OINTMENT 2%	46.40	調價
AC47841335	SOFUNI OINTMENT 2%	126.00	AC47841335	SOFUNI OINTMENT 2%	134.00	調價
AC47870157	"IBU SUSPENSION ""ROOT"""	45.10	AC47870157	"IBU SUSPENSION ""ROOT"""	48.90	調價
AC47871100	Hanazide MR Tablets	1.65	AC47871100	Hanazide MR Tablets	1.71	調價
AC47874100	SINCLOTE CAPSULES 400MG "SINPHAR"	29.60	AC47874100	SINCLOTE CAPSULES 400MG "SINPHAR"	32.70	調價
AC47875500	FUBODYL Vaginal Suppositories	10.90	AC47875500	FUBODYL Vaginal Suppositories	11.10	調價
AC47877100	Lax Capsules	3.21	AC47877100	Lax Capsules	3.50	調價
AC47878100	"Tonfuse Tablets 50mg ""H.S.""	2.27	AC47878100	"Tonfuse Tablets 50mg ""H.S.""	2.46	調價
AC47879455	AZELA NASAL SPRAY 0.1% W/V	97.00	AC47879455	AZELA NASAL SPRAY 0.1% W/V	102.00	調價
AC47879457	AZELA NASAL SPRAY 0.1% W/V	102.00	AC47879457	AZELA NASAL SPRAY 0.1% W/V	109.00	調價
AC47884100	TOLTON CAPSULES	3.21	AC47884100	TOLTON CAPSULES	3.50	調價
AC47890100	NASAGA F.C TABLETS "Y.C"	1.80	AC47890100	NASAGA F.C TABLETS "Y.C"	1.91	調價
AC47893500	ATYL Vaginal suppositories	10.90	AC47893500	ATYL Vaginal suppositories	11.10	調價
AC47894100	CARVIO TABLET 25MG	3.19	AC47894100	CARVIO TABLET 25MG	3.64	調價
AC47895263	TEICOD FOR INJECTION 200MG	516.00			#NULL!	新增
AC47901100	SILYMARIN CAPSULES 150MG "TBC"	1.52	AC47901100	SILYMARIN CAPSULES 150MG "TBC"	1.53	調價
AC47905100	GATY FILM-COATED TABLET 600MG	10.50	AC47905100	GATY FILM-COATED TABLET 600MG	11.30	調價
AC47906314	FURO CREAM "PATRON"	0.00	AC47906314	FURO CREAM "PATRON"	21.80	刪除
AC47906316	FURO CREAM "PATRON"	0.00	AC47906316	FURO CREAM "PATRON"	23.20	刪除
AC47906321	Furo Cream "Patron"	0.00	AC47906321	Furo Cream "Patron"	30.20	刪除
AC47906326	Furo Cream "Patron"	0.00	AC47906326	Furo Cream "Patron"	31.60	刪除
AC47906329	Furo Cream "Patron"	0.00	AC47906329	Furo Cream "Patron"	44.10	刪除
AC47906335	Furo Cream "Patron"	0.00	AC47906335	Furo Cream "Patron"	74.00	刪除
AC47907100	Sinty F.C. Tablets 20mg	3.58	AC47907100	Sinty F.C. Tablets 20mg	4.05	調價
AC47910100	Pipemi Capsules 400mg "Patron"	3.54	AC47910100	Pipemi Capsules 400mg "Patron"	3.75	調價
AC47911100	Zosaa F.C. Tablets 50mg	4.11	AC47911100	Zosaa F.C. Tablets 50mg	4.82	調價

AC47912314	"Pydercon Cream 0.1% ""Winston"""	21.40	AC47912314	"Pydercon Cream 0.1% ""Winston"""	21.80	調價
AC47912316	"Pydercon Cream 0.1% ""Winston"""	0.00	AC47912316	"Pydercon Cream 0.1% ""Winston"""	23.20	刪除
AC47912321	"Pydercon Cream 0.1% ""Winston"""	27.60	AC47912321	"Pydercon Cream 0.1% ""Winston"""	30.20	調價
AC47912326	"Pydercon Cream 0.1% ""Winston"""	28.60	AC47912326	"Pydercon Cream 0.1% ""Winston"""	31.60	調價
AC47912329	"Pydercon Cream 0.1% ""Winston"""	43.80	AC47912329	"Pydercon Cream 0.1% ""Winston"""	44.10	調價
AC47912335	"Pydercon Cream 0.1% ""Winston"""	65.00	AC47912335	"Pydercon Cream 0.1% ""Winston"""	74.00	調價
AC47915321	NAFINE CREAM	20.40	AC47915321	NAFINE CREAM	21.30	調價
AC47915329	NAFINE CREAM	32.70	AC47915329	NAFINE CREAM	34.80	調價
AC47915335	NAFINE CREAM	35.10	AC47915335	NAFINE CREAM	38.00	調價
AC47915338	NAFINE CREAM	69.00	AC47915338	NAFINE CREAM	73.00	調價
AC47920321	LANBASON CREAM 0.1%	13.50	AC47920321	LANBASON CREAM 0.1%	14.80	調價
AC47920329	LANBASON CREAM 0.1%	16.80	AC47920329	LANBASON CREAM 0.1%	17.60	調價
AC47922100	Alloprim Tablets 300mg "S.L."	2.20	AC47922100	Alloprim Tablets 300mg "S.L."	2.29	調價
AC47924100	ZOSTATIN F.C TABLETS 20MG "S.C"	3.58	AC47924100	ZOSTATIN F.C TABLETS 20MG "S.C"	4.05	調價
AC47925100	DIVODIUM (DIVALPROEX SODIUM) ENTERIC-COATED TABLETS 250MG	0.00	AC47925100	DIVODIUM (DIVALPROEX SODIUM) ENTERIC-COATED TABLETS 250MG	4.10	刪除
AC47928100	Sivasin Film Coated Tablets 20mg	3.58	AC47928100	Sivasin Film Coated Tablets 20mg	4.05	調價
AC47937321	TACROLI OINTMENT 0.1% "H.S."	208.00	AC47937321	TACROLI OINTMENT 0.1% "H.S."	216.00	調價
AC47937329	Tacroli Ointment 0.1% "H.S."	370.00	AC47937329	Tacroli Ointment 0.1% "H.S."	374.00	調價
AC47954335	Troza Topical Gel 0.1%	0.00	AC47954335	Troza Topical Gel 0.1%	205.00	刪除
AC47954343	Troza Topical Gel 0.1%	0.00	AC47954343	Troza Topical Gel 0.1%	358.00	刪除
AC47961100	Alpragin Tablets 2mg	3.27	AC47961100	Alpragin Tablets 2mg	3.66	調價
AC47964321	Sumelo cream	0.00	AC47964321	Sumelo cream	29.70	刪除
AC47964329	Sumelo cream	0.00	AC47964329	Sumelo cream	47.80	刪除
AC47964335	Sumelo cream	0.00	AC47964335	Sumelo cream	59.00	刪除
AC47964355	Sumelo cream	0.00	AC47964355	Sumelo cream	623.00	刪除

AC47977321	"Fluson cream ""ROOT"""	25.80	AC47977321	"Fluson cream ""ROOT"""	27.40	調價
AC47977335	"Fluson cream ""ROOT"""	74.00	AC47977335	"Fluson cream ""ROOT"""	76.00	調價
AC47980421	CARTOLOL EYE DROPS 1%	120.00	AC47980421	CARTOLOL EYE DROPS 1%	134.00	調價
AC47982100	Gaty film-coated tablets 800mg	19.20	AC47982100	Gaty film-coated tablets 800mg	19.40	調價
AC47983209	Antifect injection "Standard"	242.00	AC47983209	Antifect injection "Standard"	283.00	調價
AC47983277	Antifect injection "Standard"	151.00	AC47983277	Antifect injection "Standard"	172.00	調價
AC47989100	SPITERIN F.C. Tablets 3mg "Kingdom" (Risperidone)	20.30	AC47989100	SPITERIN F.C. Tablets 3mg "Kingdom" (Risperidone)	24.20	調價
AC47990421	Rosumin Eye Drops	14.50	AC47990421	Rosumin Eye Drops	14.70	調價
AC47990429	Rosumin Eye Drops	28.30	AC47990429	Rosumin Eye Drops	29.40	調價
AC47993100	Ciflogen F.C. Tablets 250mg	5.10	AC47993100	Ciflogen F.C. Tablets 250mg	6.00	調價
AC47995321	SERGEN CREAM	28.80	AC47995321	SERGEN CREAM	29.70	調價
AC47995329	SERGEN CREAM	45.00	AC47995329	SERGEN CREAM	47.80	調價
AC47995335	SERGEN CREAM	0.00	AC47995335	SERGEN CREAM	59.00	刪除
AC47995355	SERGEN CREAM	0.00	AC47995355	SERGEN CREAM	623.00	刪除
AC47996100	DAPAMIDE S.R. F.C TABLETS 1.5MG	1.75	AC47996100	DAPAMIDE S.R. F.C TABLETS 1.5MG	1.84	調價
AC48004210	Achefree Injection 15mg/1.5ml	22.50	AC48004210	Achefree Injection 15mg/1.5ml	23.10	調價
AC48005429	Sightclear Eye Drops "Sinphar"	15.60	AC48005429	Sightclear Eye Drops "Sinphar"	16.90	調價
AC48007100	PIOGLIT TABLETS 30MG "STANDARD" (PIOGLITAZONE)	9.60	AC48007100	PIOGLIT TABLETS 30MG "STANDARD" (PIOGLITAZONE)	11.50	調價
AC48022113	NUXITAM GRANULES FOR ORAL SOLUTION 2400MG	5.70	AC48022113	NUXITAM GRANULES FOR ORAL SOLUTION 2400MG	6.20	調價
AC48023335	Flusalic Ointment	39.70	AC48023335	Flusalic Ointment	42.50	調價
AC48024100	Mucopd Effervescent Tablets 600mg	5.40	AC48024100	Mucopd Effervescent Tablets 600mg	5.60	調價
AC48028100	MELOXICAM TABLETS 15MG "S.D."	4.07	AC48028100	MELOXICAM TABLETS 15MG "S.D."	4.84	調價
AC48032321	Ankorme Cream "S.C."	28.80	AC48032321	Ankorme Cream "S.C."	29.70	調價

AC48032329	Ankorme Cream "S.C."	45.00	AC48032329	Ankorme Cream "S.C."	47.80	調價
AC48032335	Ankorme Cream "S.C."	56.00	AC48032335	Ankorme Cream "S.C."	59.00	調價
AC48034316	"Mena Ointment 0.1% ""Winston"""	0.00	AC48034316	"Mena Ointment 0.1% ""Winston"""	23.20	刪除
AC48034321	"Mena Ointment 0.1% ""Winston"""	0.00	AC48034321	"Mena Ointment 0.1% ""Winston"""	30.20	刪除
AC48034326	"Mena Ointment 0.1% ""Winston"""	0.00	AC48034326	"Mena Ointment 0.1% ""Winston"""	31.60	刪除
AC48034329	"Mena Ointment 0.1% ""Winston"""	0.00	AC48034329	"Mena Ointment 0.1% ""Winston"""	44.10	刪除
AC48034335	"Mena Ointment 0.1% ""Winston"""	0.00	AC48034335	"Mena Ointment 0.1% ""Winston"""	74.00	刪除
AC48039321	Nafdin Cream	20.40	AC48039321	Nafdin Cream	21.30	調價
AC48039329	Nafdin Cream	32.70	AC48039329	Nafdin Cream	34.80	調價
AC48039335	Nafdin Cream	35.10	AC48039335	Nafdin Cream	38.00	調價
AC48039338	Nafdin Cream	69.00	AC48039338	Nafdin Cream	73.00	調價
AC48041100	PERISDONE F.C TABLETS 2MG "RAYAL"	7.70	AC48041100	PERISDONE F.C TABLETS 2MG "RAYAL"	9.50	調價
AC48054100	Calmdown Tablets 37.5mg	5.20	AC48054100	Calmdown Tablets 37.5mg	5.70	調價
AC48055100	TOPINMATE TABLETS 100MG "LOTUS"	23.20	AC48055100	TOPINMATE TABLETS 100MG "LOTUS"	26.10	調價
AC48056100	Lanpo Capsules 15mg "EVEREST"	8.30	AC48056100	Lanpo Capsules 15mg "EVEREST"	9.60	調價
AC48057100	Anxotos Tablets 30mg	9.60	AC48057100	Anxotos Tablets 30mg	11.50	調價
AC48059100	Hepa-V Capsule	0.00	AC48059100	Hepa-V Capsule	1.53	刪除
AC48060329	Superin cream "Y.C."	45.00	AC48060329	Superin cream "Y.C."	47.80	調價
AC48060335	Superin cream "Y.C."	56.00	AC48060335	Superin cream "Y.C."	59.00	調價
AC48061429	Sussmine Ophthalmic Solution	12.80	AC48061429	Sussmine Ophthalmic Solution	13.20	調價
AC48062100	PLATON FILM-COATED TABLETS 75MG	32.10	AC48062100	PLATON FILM-COATED TABLETS 75MG	34.40	調價
AC48064100	LESYN F.C. TABLETS 4MG	4.87	AC48064100	LESYN F.C. TABLETS 4MG	5.20	調價
AC48066343	KOSIAN TOPICAL CREAM 0.1%	343.00	AC48066343	KOSIAN TOPICAL CREAM 0.1%	358.00	調價
AC48068100	Nonin Tablets 2mg	1.95	AC48068100	Nonin Tablets 2mg	2.12	調價

AC480681G0	NONIN TABLETS 2MG(鋁箔/膠箔)	2.00			#NULL!	新增
AC48069343	Scepos scalp solution	0.00	AC48069343	Scepos scalp solution	487.00	刪除
AC48071100	Erin Tablets 0.25 mg	1.95	AC48071100	Erin Tablets 0.25 mg	2.04	調價
AC48072100	FINSKA-LP 24 HOUR SR F.C. TABLETS	6.70	AC48072100	FINSKA-LP 24 HOUR SR F.C. TABLETS	6.80	調價
AC48083265	LASTIN FOR INJECTION	0.00	AC48083265	LASTIN FOR INJECTION	197.00	刪除
AC48083277	LASTIN FOR INJECTION	275.00	AC48083277	LASTIN FOR INJECTION	316.00	調價
AC48086100	JOMARIN CAPSULES 150MG "JOHNSON"	1.52	AC48086100	JOMARIN CAPSULES 150MG "JOHNSON"	1.53	調價
AC48088321	FUSIDIC ACID CREAM "PBF"	32.20	AC48088321	FUSIDIC ACID CREAM "PBF"	36.50	調價
AC48088326	FUSIDIC ACID CREAM "PBF"	42.70	AC48088326	FUSIDIC ACID CREAM "PBF"	44.50	調價
AC48088329	FUSIDIC ACID CREAM "PBF"	45.20	AC48088329	FUSIDIC ACID CREAM "PBF"	46.40	調價
AC48088335	FUSIDIC ACID CREAM "PBF"	126.00	AC48088335	FUSIDIC ACID CREAM "PBF"	134.00	調價
AC48092100	Caremod F.C. Tablets 20mg	5.30	AC48092100	Caremod F.C. Tablets 20mg	6.20	調價
AC48095100	Glucout Tablets 50 mg "Weidar"	2.27	AC48095100	Glucout Tablets 50 mg "Weidar"	2.46	調價
AC48098100	Glitos Tablets 30mg	9.60	AC48098100	Glitos Tablets 30mg	11.50	調價
AC48099100	TOPINMATE TABLETS 25 MG "LOTUS"	5.50	AC48099100	TOPINMATE TABLETS 25 MG "LOTUS"	6.10	調價
AC48119100	Enapril Tab. 20mg "standard" (Enalapril maleate)	1.54	AC48119100	Enapril Tab. 20mg "standard" (Enalapril maleate)	1.56	調價
AC48121100	GLIPIRIDE TABLETS 2MG "YUNG SHIN"	1.95	AC48121100	GLIPIRIDE TABLETS 2MG "YUNG SHIN"	2.12	調價
AC481211G0	GLIPIRIDE TABLETS 2MG "YUNG SHIN"(鋁箔/膠箔)	2.00			#NULL!	新增
AC48122100	NARIX SR F.C. TABLETS 1.5 MG	1.75	AC48122100	NARIX SR F.C. TABLETS 1.5 MG	1.84	調價
AC48127100	Diltelan Capsules 90mg	0.00	AC48127100	Diltelan Capsules 90mg	5.80	刪除
AC48128100	Diltelan Capsules 120mg	5.70	AC48128100	Diltelan Capsules 120mg	5.80	調價
AC481461G2	MINIETON TABLETS(28粒/瓶)	0.00	AC481461G2	MINIETON TABLETS(28粒/瓶)	2.00	刪除
AC48149321	Gentesone Cream	20.70	AC48149321	Gentesone Cream	23.80	調價
AC48149329	Gentesone Cream	23.50	AC48149329	Gentesone Cream	26.50	調價
AC48149335	Gentesone Cream	0.00	AC48149335	Gentesone Cream	39.60	刪除

AC48150100	NUSPAS TABLETS 0.125MG	1.75	AC48150100	NUSPAS TABLETS 0.125MG	1.84	調價
AC48159100	NIYAN TABLETS 100MG	2.10	AC48159100	NIYAN TABLETS 100MG	2.23	調價
AC48166321	"Genusone Cream ""GCPC"""	24.40	AC48166321	"Genusone Cream ""GCPC"""	26.40	調價
AC48166330	Genusone Cream "GCPC"	44.00	AC48166330	Genusone Cream "GCPC"	47.80	調價
AC48167209	BAIN INJECTION 10MG/ML	37.90	AC48167209	BAIN INJECTION 10MG/ML	39.50	調價
AC48168100	CARDIOL TABLETS 6.25MG "YUNG SHIN"	2.39	AC48168100	CARDIOL TABLETS 6.25MG "YUNG SHIN"	2.65	調價
AC48169100	LICOLONE TABLETS 4MG "ASTAR"	1.53	AC48169100	LICOLONE TABLETS 4MG "ASTAR"	1.55	調價
AC48171100	SILIMA CAPSULES 150MG "PINE LAWER"	1.52	AC48171100	SILIMA CAPSULES 150MG "PINE LAWER"	1.53	調價
AC48176100	Tizaflex Tablets 2mg	1.62	AC48176100	Tizaflex Tablets 2mg	1.67	調價
AC48177329	yafu cream "Y.C."	33.80	AC48177329	yafu cream "Y.C."	36.10	調價
AC48177343	yafu cream "Y.C."	93.00	AC48177343	yafu cream "Y.C."	97.00	調價
AC48178321	Betapro Cream "Patron"	0.00	AC48178321	Betapro Cream "Patron"	14.00	刪除
AC48181100	VENINA TABLETS	6.40	AC48181100	VENINA TABLETS	6.50	調價
AC48182100	MEGEJOHN TABLETS 160MG	36.90	AC48182100	MEGEJOHN TABLETS 160MG	37.10	調價
AC48189265	Culin Powder for I.V. Injection	187.00	AC48189265	Culin Powder for I.V. Injection	197.00	調價
AC48189277	Culin Powder for I.V. Injection	275.00	AC48189277	Culin Powder for I.V. Injection	316.00	調價
AC48193321	Demaclean Gel 1% (Clindamycin)	0.00	AC48193321	Demaclean Gel 1% (Clindamycin)	10.00	刪除
AC48193323	Demaclean Gel 1% (Clindamycin)	11.40	AC48193323	Demaclean Gel 1% (Clindamycin)	12.00	調價
AC48193329	Demaclean Gel 1% (Clindamycin)	14.10	AC48193329	Demaclean Gel 1% (Clindamycin)	14.90	調價
AC48193335	Demaclean Gel 1% (Clindamycin)	20.70	AC48193335	Demaclean Gel 1% (Clindamycin)	22.20	調價
AC48193338	DEMACLEAN GEL 1% (CLINDAMYCIN)	65.00	AC48193338	DEMACLEAN GEL 1% (CLINDAMYCIN)	69.00	調價
AC48193343	Demaclean Gel 1% (Clindamycin)	0.00	AC48193343	Demaclean Gel 1% (Clindamycin)	186.00	刪除
AC48195421	Timolol Eye Drops 0.25% "MEDICINE" (Timolol)	51.00	AC48195421	Timolol Eye Drops 0.25% "MEDICINE" (Timolol)	54.00	調價
AC48216100	RISDONE TABLETS 1 MG (RISPERIDONE)	6.80	AC48216100	RISDONE TABLETS 1 MG (RISPERIDONE)	8.30	調價

AC48220421	Siproxan Otic Drops	59.00	AC48220421	Siproxan Otic Drops	60.00	調價
AC48222145	Obucort Swinghaler	351.00	AC48222145	Obucort Swinghaler	361.00	調價
AC48228100	Acaben Tab 50mg "Royal"	2.27	AC48228100	Acaben Tab 50mg "Royal"	2.46	調價
AC48243100	HEANA F.C. TABLETS	2.85	AC48243100	HEANA F.C. TABLETS	2.94	調價
AC48245209	GIFRO POWDER FOR INJECTION	0.00	AC48245209	GIFRO POWDER FOR INJECTION	55.00	刪除
AC48245210	GIFRO POWDER FOR INJECTION	0.00	AC48245210	GIFRO POWDER FOR INJECTION	56.00	刪除
AC48245265	GIFRO POWDER FOR INJECTION	0.00	AC48245265	GIFRO POWDER FOR INJECTION	25.00	刪除
AC48245277	GIFRO POWDER FOR INJECTION	0.00	AC48245277	GIFRO POWDER FOR INJECTION	25.00	刪除
AC48248277	Methylprednisolone Injection 500mg "Yung Shin"	188.00	AC48248277	Methylprednisolone Injection 500mg "Yung Shin"	198.00	調價
AC48266100	NOBBY F.C. TABLETS 1200MG	1.91	AC48266100	NOBBY F.C. TABLETS 1200MG	1.98	調價
AC48267245	Methylprednisolone Injection 40mg "Yung Shin"	39.30	AC48267245	Methylprednisolone Injection 40mg "Yung Shin"	41.70	調價
AC48272100	MeHo Tablets "Y.C."	1.53	AC48272100	MeHo Tablets "Y.C."	1.55	調價
AC48275100	Factive Tablets 320mg	82.00	AC48275100	Factive Tablets 320mg	94.00	調價
AC48276343	BECANEX Ointment	536.00	AC48276343	BECANEX Ointment	549.00	調價
AC48285321	NISKIN Cream "Chin Teng"	0.00	AC48285321	NISKIN Cream "Chin Teng"	26.20	刪除
AC48285329	NISKIN Cream "Chin Teng"	0.00	AC48285329	NISKIN Cream "Chin Teng"	45.30	刪除
AC48285338	NISKIN Cream "Chin Teng"	0.00	AC48285338	NISKIN Cream "Chin Teng"	152.00	刪除
AC48285343	NISKIN Cream "Chin Teng"	0.00	AC48285343	NISKIN Cream "Chin Teng"	207.00	刪除
AC48286321	Anefree Gel 0.1%	17.30	AC48286321	Anefree Gel 0.1%	17.90	調價
AC48286335	Anefree Gel 0.1%	68.00	AC48286335	Anefree Gel 0.1%	72.00	調價
AC48286345	ANEFREE GEL 0.1%	0.00	AC48286345	ANEFREE GEL 0.1%	211.00	刪除
AC48293100	COLONCURE E.C.T. 400MG "JOHNSON"	0.00	AC48293100	COLONCURE E.C.T. 400MG "JOHNSON"	11.60	刪除
AC48307100	Glycon Sustained-Release Tablets 30mg	1.65	AC48307100	Glycon Sustained-Release Tablets 30mg	1.71	調價
AC48308100	"Ancuton Tablets 30mg ""Tai Yu"""	2.73	AC48308100	"Ancuton Tablets 30mg ""Tai Yu"""	2.91	調價
AC48309100	Carvio Tablets 6.25mg	2.39	AC48309100	Carvio Tablets 6.25mg	2.65	調價
AC48313100	Lodipine Tablets 5mg	3.84	AC48313100	Lodipine Tablets 5mg	4.30	調價

AC48319329	"Genfuxen Solution ""Winston"""	0.00	AC48319329	"Genfuxen Solution ""Winston"""	62.00	刪除
AC48320100	KOLAX TABLETS "Y.C"	3.21	AC48320100	KOLAX TABLETS "Y.C"	3.50	調價
AC48324321	BUTEFINE CREAM 10MG/G	0.00	AC48324321	BUTEFINE CREAM 10MG/G	29.70	刪除
AC48324329	BUTEFINE CREAM 10MG/G	45.00	AC48324329	BUTEFINE CREAM 10MG/G	47.80	調價
AC48324335	BUTEFINE CREAM 10MG/G	56.00	AC48324335	BUTEFINE CREAM 10MG/G	59.00	調價
AC48324355	BUTEFINE CREAM 10MG/G	0.00	AC48324355	BUTEFINE CREAM 10MG/G	623.00	刪除
AC48325100	UNICLONE F.C TABLETS 7.5MG "UNION"	1.98	AC48325100	UNICLONE F.C TABLETS 7.5MG "UNION"	2.12	調價
AC48326321	Gamicin Cream	13.20	AC48326321	Gamicin Cream	14.10	調價
AC48326335	Gamicin Cream	37.20	AC48326335	Gamicin Cream	38.80	調價
AC48327143	Risdine Oral Solution 1mg/ml	548.00	AC48327143	Risdine Oral Solution 1mg/ml	601.00	調價
AC48336100	TONAC CAPSULES "LITA"	3.25	AC48336100	TONAC CAPSULES "LITA"	3.46	調價
AC48337143	PERISDONE ORAL SOLUTION 1MG/ML	548.00	AC48337143	PERISDONE ORAL SOLUTION 1MG/ML	601.00	調價
AC48342209	SUKERIN FOR I.V INJECTION 30MG/ML "UNION"	17.00	AC48342209	SUKERIN FOR I.V INJECTION 30MG/ML "UNION"	17.80	調價
AC48342212	SUKERIN FOR I.V INJECTION 30MG/ML "UNION"	24.00	AC48342212	SUKERIN FOR I.V INJECTION 30MG/ML "UNION"	27.20	調價
AC48344100	COLIAN CAPSULES 25MG "JOHNSON"	1.78	AC48344100	COLIAN CAPSULES 25MG "JOHNSON"	1.81	調價
AC48347209	TISAN FOR I.V. POWDER INJECTION	242.00	AC48347209	TISAN FOR I.V. POWDER INJECTION	283.00	調價
AC48347212	TISAN FOR I.V. POWDER INJECTION	0.00	AC48347212	TISAN FOR I.V. POWDER INJECTION	496.00	刪除
AC48347277	TISAN FOR I.V. POWDER INJECTION	0.00	AC48347277	TISAN FOR I.V. POWDER INJECTION	172.00	刪除
AC48349165	Magca Oral Solution	0.00	AC48349165	Magca Oral Solution	40.90	刪除
AC48354421	Thamic Otic Solution 0.3%	51.00	AC48354421	Thamic Otic Solution 0.3%	54.00	調價
AC48357100	Gapatin Capsules 300mg	7.90	AC48357100	Gapatin Capsules 300mg	8.40	調價
AC48358321	Desosone Cream 0.25%	26.90	AC48358321	Desosone Cream 0.25%	28.90	調價
AC48358329	Desosone Cream 0.25%	50.00	AC48358329	Desosone Cream 0.25%	53.00	調價
AC48358338	Desosone Cream 0.25%	77.00	AC48358338	Desosone Cream 0.25%	81.00	調價
AC48359314	MENTASONE CREAM	21.40	AC48359314	MENTASONE CREAM	21.80	調價
AC48359316	MENTASONE CREAM	22.40	AC48359316	MENTASONE CREAM	23.20	調價
AC48359321	MENTASONE CREAM	27.60	AC48359321	MENTASONE CREAM	30.20	調價

AC48359326	MENTASONE CREAM	28.60	AC48359326	MENTASONE CREAM	31.60	調價
AC48359335	MENTASONE CREAM	65.00	AC48359335	MENTASONE CREAM	74.00	調價
AC48362429	DIPRINE EYE DROPS 0.1% "Y.Y"	0.00	AC48362429	DIPRINE EYE DROPS 0.1% "Y.Y"	170.00	刪除
AC48363100	Musgud Tablets 5mg "LOTUS"	2.19	AC48363100	Musgud Tablets 5mg "LOTUS"	2.30	調價
AC48376321	Benafine Cream	28.80	AC48376321	Benafine Cream	29.70	調價
AC48376329	Benafine Cream	45.00	AC48376329	Benafine Cream	47.80	調價
AC48376335	Benafine Cream	56.00	AC48376335	Benafine Cream	59.00	調價
AC48376355	Benafine Cream	0.00	AC48376355	Benafine Cream	623.00	刪除
AC48377100	PLESTAR TABLETS 100MG	11.30	AC48377100	PLESTAR TABLETS 100MG	12.30	調價
AC48385112	TITANYL SOLUTION FOR NEBULIZING 2.5MG/ML "CENTER"	0.00	AC48385112	TITANYL SOLUTION FOR NEBULIZING 2.5MG/ML "CENTER"	10.00	刪除
AC48389421	ALMINTO EYE DROPS "KINGDOM"	15.70	AC48389421	ALMINTO EYE DROPS "KINGDOM"	16.60	調價
AC48389429	Alminto Eye Drops "Kingdom"	37.90	AC48389429	Alminto Eye Drops "Kingdom"	41.30	調價
AC48391314	Metsone Cream 0.1% "Sinphar"	21.40	AC48391314	Metsone Cream 0.1% "Sinphar"	21.80	調價
AC48391316	Metsone Cream 0.1% "Sinphar"	22.40	AC48391316	Metsone Cream 0.1% "Sinphar"	23.20	調價
AC48391321	Metsone Cream 0.1% "Sinphar"	27.60	AC48391321	Metsone Cream 0.1% "Sinphar"	30.20	調價
AC48391326	Metsone Cream 0.1% "Sinphar"	28.60	AC48391326	Metsone Cream 0.1% "Sinphar"	31.60	調價
AC48391329	Metsone Cream 0.1% "Sinphar"	43.80	AC48391329	Metsone Cream 0.1% "Sinphar"	44.10	調價
AC48391335	Metsone Cream 0.1% "Sinphar"	65.00	AC48391335	Metsone Cream 0.1% "Sinphar"	74.00	調價
AC48392100	Blue-Up F.C. Tablets 2mg	7.70	AC48392100	Blue-Up F.C. Tablets 2mg	9.50	調價
AC48396321	KHOIOU CREAM 1.5MG "CHINTENG"	531.00	AC48396321	KHOIOU CREAM 1.5MG "CHINTENG"	556.00	調價
AC48397100	Kerloli Capsules 250mg "Panbiotic"	3.35	AC48397100	Kerloli Capsules 250mg "Panbiotic"	3.37	調價
AC48426221	Folina Injection 10mg/ml	69.00	AC48426221	Folina Injection 10mg/ml	78.00	調價
AC48426229	FOLINA INJECTION 10MG/ML	86.00	AC48426229	FOLINA INJECTION 10MG/ML	97.00	調價
AC48431421	Topimide Ophthalmic Solution 1% (Topicamide)	65.00	AC48431421	Topimide Ophthalmic Solution 1% (Topicamide)	67.00	調價
AC48432129	LOTICAL POWDER	11.00	AC48432129	Lotical Powder	8.40	調價
AC48432138	LOTICAL POWDER	18.90	AC48432138	LOTICAL POWDER	14.10	調價
AC48435321	"Udaxen Cream 1% ""Winston"""	28.80	AC48435321	"Udaxen Cream 1% ""Winston"""	29.70	調價
AC48435329	"Udaxen Cream 1% ""Winston"""	45.00	AC48435329	"Udaxen Cream 1% ""Winston"""	47.80	調價

AC48435335	"Udaxen Cream 1% ""Winston"""	56.00	AC48435335	"Udaxen Cream 1% ""Winston"""	59.00	調價
AC48436100	TALEX SUGAR COATED TABLETS "Y.C."	2.01	AC48436100	TALEX SUGAR COATED TABLETS "Y.C."	2.10	調價
AC48437329	U Soft Cream 40.0%	33.80	AC48437329	U Soft Cream 40.0%	36.10	調價
AC48437343	U Soft Cream 40.0%	93.00	AC48437343	U Soft Cream 40.0%	97.00	調價
AC48440421	Oxybupro Eye Drops 0.05% "MEDICINE" (Oxybuprocaine HCl)	18.00	AC48440421	Oxybupro Eye Drops 0.05% "MEDICINE" (Oxybuprocaine HCl)	18.10	調價
AC48441500	JOPHUN VAGINAL TABLETS 100MG "JOHNSON"	5.00	AC48441500	JOPHUN VAGINAL TABLETS 100MG "JOHNSON"	5.10	調價
AC48442238	DIPROFEN INJECTION 20MG/ML	99.00	AC48442238	DIPROFEN INJECTION 20MG/ML	103.00	調價
AC48445229	MYDILL Injection 0.1%	151.00	AC48445229	MYDILL Injection 0.1%	160.00	調價
AC48447100	URIDIN F.C. TABLETS 2MG	7.60	AC48447100	URIDIN F.C. TABLETS 2MG	8.40	調價
AC48459245	OMEPRON 40MG IV INFUSION ""ROYAL""	57.00	AC48459245	OMEPRON 40MG IV INFUSION ""ROYAL""	61.00	調價
AC48461314	MOLISON CREAM	21.40	AC48461314	MOLISON CREAM	21.80	調價
AC48461316	MOLISON CREAM	22.40	AC48461316	MOLISON CREAM	23.20	調價
AC48461321	MOLISON CREAM	27.60	AC48461321	MOLISON CREAM	30.20	調價
AC48461326	MOLISON CREAM	28.60	AC48461326	MOLISON CREAM	31.60	調價
AC48461329	MOLISON CREAM	43.80	AC48461329	MOLISON CREAM	44.10	調價
AC48461335	MOLISON CREAM	65.00	AC48461335	MOLISON CREAM	74.00	調價
AC48465100	NORDIPINE TABLETS 5MG "ANXO"	3.84	AC48465100	NORDIPINE TABLETS 5MG "ANXO"	4.30	調價
AC48467100	UTAPINE F.C. TABLET 200MG "UNION"	16.30	AC48467100	UTAPINE F.C. TABLET 200MG "UNION"	19.40	調價
AC48469100	MECHOL TABLETS 10MG "YUNG SHIN"	5.70	AC48469100	MECHOL TABLETS 10MG "YUNG SHIN"	6.30	調價
AC48471421	ANZOMIN EYE DROPS	15.70	AC48471421	ANZOMIN EYE DROPS	16.60	調價
AC48471429	ANZOMIN EYE DROPS	37.90	AC48471429	ANZOMIN EYE DROPS	41.30	調價
AC48472100	Fallep Tablets 2mg	1.77	AC48472100	Fallep Tablets 2mg	1.87	調價
AC48473417	GINPOL GEL	31.30	AC48473417	GINPOL GEL	33.90	調價
AC48473429	GINPOL GEL	102.00	AC48473429	GINPOL GEL	106.00	調價
AC48499100	Fibrolaxin Tablets 10mg "Patron"	0.00	AC48499100	Fibrolaxin Tablets 10mg "Patron"	3.12	刪除

AC48505321	FLUTICOSONE CREAM "S.C."	25.80	AC48505321	FLUTICOSONE CREAM "S.C."	27.40	調價
AC48505335	FLUTICOSONE CREAM "S.C."	74.00	AC48505335	FLUTICOSONE CREAM "S.C."	76.00	調價
AC48510100	Dicron MR Tablets 30mg	1.65	AC48510100	Dicron MR Tablets 30mg	1.71	調價
AC48511335	TEZARAC GEL 0.1%	0.00	AC48511335	TEZARAC GEL 0.1%	205.00	刪除
AC48511343	Tezarac Gel 0.1%	0.00	AC48511343	Tezarac Gel 0.1%	358.00	刪除
AC48513100	Melstatin tablet 40mg	14.10	AC48513100	Melstatin tablet 40mg	15.80	調價
AC48516100	ROSIZONE FILM COATED TABLETS 4MG	0.00	AC48516100	ROSIZONE FILM COATED TABLETS 4MG	23.80	刪除
AC48517100	NooSafe 1200 mg Film Coated Tablets	0.00	AC48517100	NooSafe 1200 mg Film Coated Tablets	1.98	刪除
AC48541100	Lustraline Film Coated Tablets 50mg	0.00	AC48541100	Lustraline Film Coated Tablets 50mg	7.00	刪除
AC48545100	ASGACON TABLETS 50MCG "YUNG SHIN"	3.06	AC48545100	ASGACON TABLETS 50MCG "YUNG SHIN"	3.17	調價
AC48553209	Kidoton I.V. Injection 30mg/ml "Standard" (Ketorolac)	17.00	AC48553209	Kidoton I.V. Injection 30mg/ml "Standard" (Ketorolac)	17.80	調價
AC48554421	DORZOMIDE OPHTHALMIC SOLUTION 2%	235.00	AC48554421	DORZOMIDE OPHTHALMIC SOLUTION 2%	249.00	調價
AC48556100	Alpragin S.R. Tablets 1mg	2.17	AC48556100	Alpragin S.R. Tablets 1mg	2.20	調價
AC48557100	FINARIDE FILM COATED TABLETS 5MG "YUNG SHIN"	12.60	AC48557100	FINARIDE FILM COATED TABLETS 5MG "YUNG SHIN"	14.00	調價
AC48558100	Arheuma Tablets 10mg "LOTUS"	26.60	AC48558100	Arheuma Tablets 10mg "LOTUS"	29.70	調價
AC48559100	"AMLOPINE TABLETS 5MG ""TAI YU"""	3.84	AC48559100	"AMLOPINE TABLETS 5MG ""TAI YU"""	4.30	調價
AC48560100	Amaride Tablets	1.95	AC48560100	Amaride Tablets	2.12	調價
AC48561229	OLATIN I.V. INJECTION 5MG/ML	1336.00	AC48561229	OLATIN I.V. INJECTION 5MG/ML	1635.00	調價
AC48564100	Deurinol Tablets 300mg	2.20	AC48564100	Deurinol Tablets 300mg	2.29	調價
AC48565209	TOKELAN I.V. INJECTION 30MG/ML	17.00	AC48565209	TOKELAN I.V. INJECTION 30MG/ML	17.80	調價
AC48565212	TOKELAN I.V. INJECTION 30MG/ML	24.00	AC48565212	TOKELAN I.V. INJECTION 30MG/ML	27.20	調價
AC48567277	CEFIM POWDER FOR INJECTION 500MG	151.00	AC48567277	CEFIM POWDER FOR INJECTION 500MG	172.00	調價

AC48572100	YOU Tie Chewable Tablets "Chinteng"	3.01	AC48572100	YOU Tie Chewable Tablets "Chinteng"	3.17	調價
AC48575100	THRONE SUSTAINED-RELEASE SUGAR-COATED TABLETS 400MG	1.82	AC48575100	THRONE SUSTAINED-RELEASE SUGAR-COATED TABLETS 400MG	1.88	調價
AC48581421	Norcin Eye Drops 0.3% "Sinphar"	29.00	AC48581421	Norcin Eye Drops 0.3% "Sinphar"	33.60	調價
AC48582335	"Can Ointment ""ROOT"""	0.00	AC48582335	"Can Ointment ""ROOT"""	94.00	刪除
AC48584100	VEINCURRENT F.C. TABLETS 40MG "T.F."	1.71	AC48584100	VEINCURRENT F.C. TABLETS 40MG "T.F."	1.75	調價
AC48587212	IRICAN SOLUTION FOR I.V. INFUSION "SINPHAR"	1589.00	AC48587212	IRICAN SOLUTION FOR I.V. INFUSION "SINPHAR"	1831.00	調價
AC48587221	Irican Solution for I.V. Infusion "Sinphar"	2975.00	AC48587221	Irican Solution for I.V. Infusion "Sinphar"	3607.00	調價
AC48589209	OTRIL I.V. INJECTION	0.00	AC48589209	OTRIL I.V. INJECTION	218.00	刪除
AC48589216	OTRIL I.V. INJECTION	347.00	AC48589216	OTRIL I.V. INJECTION	414.00	調價
AC48590263	Teiconin powder for I.V. Injection	516.00	AC48590263	Teiconin powder for I.V. Injection	563.00	調價
AC48590271	TEICONIN POWDER FOR I.V. INJECTION	1164.00	AC48590271	TEICONIN POWDER FOR I.V. INJECTION	1243.00	調價
AC48599100	MANOTIN F.C. TABLETS 10MG	7.40	AC48599100	MANOTIN F.C. TABLETS 10MG	8.40	調價
AC48600100	CALNELPRESS TABLETS 5MG	3.84	AC48600100	CALNELPRESS TABLETS 5MG	4.30	調價
AC48602100	DIAZONE TABLETS 15MG "C.H"	6.90	AC48602100	DIAZONE TABLETS 15MG "C.H"	8.30	調價
AC48605100	BE-EASY F.C. TABLETS 200MG "SL"	2.07	AC48605100	BE-EASY F.C. TABLETS 200MG "SL"	2.18	調價
AC48608100	SIMVA F.C TABLETS 20MG "UNION"	3.58	AC48608100	SIMVA F.C TABLETS 20MG "UNION"	4.05	調價
AC48612100	MIRTINE F.C. TABLETS 30MG	8.90	AC48612100	MIRTINE F.C. TABLETS 30MG	10.60	調價
AC48624412	DEMA ORABASE 0.1% "PATRON"	31.80	AC48624412	DEMA ORABASE 0.1% "PATRON"	33.60	調價
AC48624421	DEMA ORABASE 0.1% "PATRON"	35.60	AC48624421	DEMA ORABASE 0.1% "PATRON"	38.80	調價

AC48629100	RISDON F.C. TABLETS 1MG "WEIDAR"	6.80	AC48629100	RISDON F.C. TABLETS 1MG "WEIDAR"	8.30	調價
AC48633100	U-ZEPINE F.C. TABLETS 30MG	8.90	AC48633100	U-ZEPINE F.C. TABLETS 30MG	10.60	調價
AC48635455	AZETIN NASAL SPRAY 140MCG/DOSE	96.00	AC48635455	AZETIN NASAL SPRAY 140MCG/DOSE	102.00	調價
AC48635457	AZETIN NASAL SPRAY 1MG/ML(0.14MG/DOSE)	99.00	AC48635457	AZETIN NASAL SPRAY 1MG/ML(0.14MG/DOSE)	107.00	調價
AC48636457	BUNO NASAL AQUA 64 MG/DOSE "JOHNSON"(64MCG/DOSE/120DOSE)	126.00	AC48636457	BUNO NASAL AQUA 64MG/DOSE "JOHNSON"(64MCG/DOSE/120DOSE)	136.00	調價
AC48637100	ELEGANT S.R. CAPSULES 0.2mg "JOHNSON"	5.60	AC48637100	ELEGANT S.R. CAPSULES 0.2mg "JOHNSON"	6.40	調價
AC48643157	IBUPROFEN-FP SUSPENSION 20MG/ML	45.10	AC48643157	IBUPROFEN-FP SUSPENSION 20MG/ML	48.90	調價
AC48646100	FORASMA TABLETS 40 MCG	2.03	AC48646100	FORASMA TABLETS 40 MCG	2.07	調價
AC48649100	Cloflow F.C. tablets 75mg "Standard" (Clopidogrel)	32.10	AC48649100	Cloflow F.C. tablets 75mg "Standard" (Clopidogrel)	34.40	調價
AC48660100	Tansin Tablets 1mg 〝EVEREST″	2.09	AC48660100	Tansin Tablets 1mg 〝EVEREST″	2.31	調價
AC48676100	"SUPLAX TABLETS ""H.S.""""	1.53	AC48676100	"SUPLAX TABLETS ""H.S.""""	1.55	調價
AC48678145	HECALIS SOLUTION	177.00	AC48678145	HECALIS SOLUTION	190.00	調價
AC48680321	ADAGENE-T GEL	17.30	AC48680321	ADAGENE-T GEL	17.90	調價
AC48680335	ADAGENE-T GEL	68.00	AC48680335	ADAGENE-T GEL	72.00	調價
AC48680343	ADAGENE-T GEL	0.00	AC48680343	ADAGENE-T GEL	154.00	刪除
AC48680345	ADAGENE-T GEL	0.00	AC48680345	ADAGENE-T GEL	211.00	刪除
AC48684100	MECHOL TABLETS 40MG 〝YUNG SHIN″	14.10	AC48684100	MECHOL TABLETS 40MG 〝YUNG SHIN″	15.80	調價
AC48686143	CENZOFT CONCENTRATE SOLUTION 20 MG/ML “CENTER”(30 ML)	230.00	AC48686143	CENZOFT CONCENTRATE SOLUTION 20 MG/ML “CENTER”(30 ML)	233.00	調價
AC48686151	CENZOFT CONCENTRATE SOLUTION 20 MG/ML “CENTER”(60 ML)	486.00	AC48686151	CENZOFT CONCENTRATE SOLUTION 20 MG/ML “CENTER”(60 ML)	499.00	調價
AC48687100	EUGINE F.C. TABLETS 20 MG 〝H.S.″	5.30	AC48687100	EUGINE F.C. TABLETS 20 MG 〝H.S.″	6.20	調價

AC48689100	CURGAN CAPSULES 150MG (SILYMARIN)	1.35	AC48689100	CURGAN CAPSULES 150MG (SILYMARIN)	1.39	調價
AC48690100	"SURMAX TABLETS ""H.S.""""	2.83	AC48690100	"SURMAX TABLETS ""H.S.""""	3.09	調價
AC48691100	MERONIN ORALLY DISINTEGRATING TABLETS 15 MG	5.10	AC48691100	MERONIN ORALLY DISINTEGRATING TABLETS 15 MG	6.10	調價
AC48692321	BETASA OINTMENT	10.90	AC48692321	BETASA OINTMENT	11.30	調價
AC48692329	BETASA OINTMENT	0.00	AC48692329	BETASA OINTMENT	20.90	刪除
AC48692335	BETASA OINTMENT	52.00	AC48692335	BETASA OINTMENT	57.00	調價
AC48692338	BETASA OINTMENT	68.00	AC48692338	BETASA OINTMENT	73.00	調價
AC48694100	LEFLODAL F.C. TABLETS 100MG	3.21	AC48694100	LEFLODAL F.C. TABLETS 100MG	3.82	調價
AC48697100	ZEPANC TABLETS	1.86	AC48697100	ZEPANC TABLETS	1.99	調價
AC48701412	ITRAPIN NEBULIZER SOLUTION 0.25 MG/ML “CENTER”	0.00	AC48701412	ITRAPIN NEBULIZER SOLUTION 0.25 MG/ML “CENTER”	8.10	刪除
AC48701438	Itrapin Nebulizer Solution 0.25 mg/ml “Center”	0.00	AC48701438	Itrapin Nebulizer Solution 0.25 mg/ml “Center”	43.70	刪除
AC48705100	INDAPIN SR FILM-COATED TABLETS 1.5 MG	1.75	AC48705100	INDAPIN SR FILM-COATED TABLETS 1.5 MG	1.84	調價
AC48722251	UROKINASE-GREEN CROSS INJ. 60,000 IU	898.00	AC48722251	UROKINASE-GREEN CROSS INJ. 60,000 IU	919.00	調價
AC48727113	SYNTAM GRANULES FOR ORAL SOLUTION 2400 MG	5.70	AC48727113	SYNTAM GRANULES FOR ORAL SOLUTION 2400 MG	6.10	調價
AC48731100	CAFONIA TABLETS “Y.C.”	9.10	AC48731100	CAFONIA TABLETS “Y.C.”	10.40	調價
AC48734100	Slosugar F.C. Tablets 1000 mg	1.75	AC48734100	Slosugar F.C. Tablets 1000 mg	1.79	調價
AC487491G0	COLCHICINE TABLETS 0.5MG “F.Y.”(鋁箔/膠箔)	2.00			#NULL!	新增
AC48753100	PIOTA TABLETS 30 MG	9.60	AC48753100	PIOTA TABLETS 30 MG	11.50	調價
AC48754100	DIKINEX REPE S.C. TABLETS	0.00	AC48754100	DIKINEX REPE S.C. TABLETS	2.10	刪除
AC487561G0	SUGANLIN SOFT CAPSULES “F.M”(鋁箔/膠箔)	2.00			#NULL!	新增
AC48764321	ACNE-CURE GEL "MACRO"	17.30	AC48764321	ACNE-CURE GEL "MACRO"	17.90	調價
AC48764335	ACNE-CURE GEL "MACRO"	68.00	AC48764335	ACNE-CURE GEL "MACRO"	72.00	調價
AC48764345	ACNE-CURE GEL "MACRO"	0.00	AC48764345	ACNE-CURE GEL "MACRO"	211.00	刪除

AC48764363	ACNE-CURE GEL "MACRO"	0.00	AC48764363	ACNE-CURE GEL "MACRO"	682.00	刪除
AC48765100	Bloodlet Tablets 15mg “Yung Shin”	9.10	AC48765100	Bloodlet Tablets 15mg “Yung Shin”	10.40	調價
AC48770143	LOSTA SYRUP 1 MG/ML	25.00	AC48770143	LOSTA SYRUP 1 MG/ML	25.10	調價
AC48770151	LOSTA SYRUP 1 MG/ML	26.80	AC48770151	LOSTA SYRUP 1 MG/ML	27.50	調價
AC48771321	Clobecin Cream “Patron”	16.00	AC48771321	Clobecin Cream “Patron”	16.30	調價
AC48771329	CLOBECIN CREAM “PATRON”	0.00	AC48771329	CLOBECIN CREAM “PATRON”	36.30	刪除
AC48771338	CLOBECIN CREAM “PATRON”	84.00	AC48771338	CLOBECIN CREAM “PATRON”	89.00	調價
AC48772100	Anxomine Tablet 2mg	2.72	AC48772100	Anxomine Tablet 2mg	2.83	調價
AC48784113	NOCETAM GRANULES FOR ORAL SOLUTION 2400 MG 〝LITA〞	5.50	AC48784113	NOCETAM GRANULES FOR ORAL SOLUTION 2400 MG 〝LITA〞	5.90	調價
AC48788143	DEBIMIN SYRUP 1.0MG/ML “Y.K.”	25.00			#NULL!	新增
AC48788151	DEBIMIN SYRUP 1.0MG/ML “Y.K.”	26.80			#NULL!	新增
AC48788155	DEBIMIN SYRUP 1.0MG/ML “Y.K.”	72.00			#NULL!	新增
AC48788157	DEBIMIN SYRUP 1.0MG/ML “Y.K.”	72.00			#NULL!	新增
AC48790329	ACNEAN CREAM 200MG/G	0.00	AC48790329	ACNEAN CREAM 200MG/G	45.30	刪除
AC48790338	ACNEAN CREAM 200MG/G	0.00	AC48790338	ACNEAN CREAM 200MG/G	152.00	刪除
AC48790343	ACNEAN CREAM 200MG/G	0.00	AC48790343	ACNEAN CREAM 200MG/G	207.00	刪除
AC48793421	TROPICAN OPHTHALMIC SOLUTION 0.5% "PATRON"	0.00	AC48793421	TROPICAN OPHTHALMIC SOLUTION 0.5% "PATRON"	18.20	刪除
AC48800100	MESACLON ENTERIC FILM COATED TABLETS 400 MG	0.00	AC48800100	MESACLON ENTERIC FILM COATED TABLETS 400 MG	11.60	刪除
AC48803229	ZEDIPINE INJECTION 1MG/ML	141.00	AC48803229	ZEDIPINE INJECTION 1MG/ML	160.00	調價
AC48803240	ZEDIPINE INJECTION 1MG/ML	0.00	AC48803240	ZEDIPINE INJECTION 1MG/ML	488.00	刪除
AC48804438	"BECLOMASE AQUEOUS NASAL SPRAY "" H.S.""	186.00	AC48804438	"BECLOMASE AQUEOUS NASAL SPRAY "" H.S.""	195.00	調價
AC48808100	ECYCLE F.C. TABLETS 16MG “Y.Y.”	1.50	AC48808100	ECYCLE F.C. TABLETS 16MG “Y.Y.”	1.51	調價

AC48809209	KYTRON I.V. INJECTION 1MG/ML	185.00	AC48809209	KYTRON I.V. INJECTION 1MG/ML	218.00	調價
AC48809216	KYTRON I.V. INJECTION 1MG/ML	347.00	AC48809216	KYTRON I.V. INJECTION 1MG/ML	414.00	調價
AC48810100	CALFOLIN TABLETS 15MG “JOHNSON”	0.00	AC48810100	CALFOLIN TABLETS 15MG “JOHNSON”	10.40	刪除
AC48811100	Anyou F.C. Tablets “ROOT”	2.15	AC48811100	Anyou F.C. Tablets “ROOT”	2.31	調價
AC48813100	Simvatenin F.C. Tablets 20mg (Simvastatin)	3.58	AC48813100	Simvatenin F.C. Tablets 20mg (Simvastatin)	4.05	調價
AC48814100	OXAZE TABLETS	3.13	AC48814100	OXAZE TABLETS	3.18	調價
AC48830100	"WELLMAX TABLETS ""H.S.""""	0.00	AC48830100	"WELLMAX TABLETS ""H.S.""""	1.50	刪除
AC48831209	CHI SHENG NO. 2 INJECTION	0.00	AC48831209	CHI SHENG NO. 2 INJECTION	42.90	刪除
AC48831277	CHI SHENG NO. 2 INJECTION	0.00	AC48831277	CHI SHENG NO. 2 INJECTION	29.70	刪除
AC48832321	FUSIDER CREAM	32.20	AC48832321	FUSIDER CREAM	36.50	調價
AC48832326	FUSIDER CREAM	42.70	AC48832326	FUSIDER CREAM	44.50	調價
AC48832329	FUSIDER CREAM	45.20	AC48832329	FUSIDER CREAM	46.40	調價
AC48832335	FUSIDER CREAM	0.00	AC48832335	FUSIDER CREAM	134.00	刪除
AC48832338	FUSIDER CREAM	0.00	AC48832338	FUSIDER CREAM	160.00	刪除
AC48833100	AMCOPINE TABLETS 5MG "H.S"(AMLODIPINE)	3.84	AC48833100	AMCOPINE TABLETS 5MG "H.S"(AMLODIPINE)	4.30	調價
AC48834209	CEFIM POWDER FOR INJECTION 1 GM	242.00	AC48834209	CEFIM POWDER FOR INJECTION 1 GM	283.00	調價
AC48835329	Shuli qing Gel “Sentai”	14.10	AC48835329	Shuli qing Gel “Sentai”	14.90	調價
AC48835335	Shuli qing Gel “Sentai”	20.70	AC48835335	Shuli qing Gel “Sentai”	22.20	調價
AC48835338	Shuli qing Gel “Sentai”	65.00	AC48835338	Shuli qing Gel “Sentai”	69.00	調價
AC48837100	MIXAPIN TABLETS 50MCG "H.S"	3.06	AC48837100	MIXAPIN TABLETS 50MCG "H.S"	3.17	調價
AC48838229	OPATIN I.V. INJECTION 5MG/ML	1336.00	AC48838229	OPATIN I.V. INJECTION 5MG/ML	1635.00	調價
AC48840221	Irinotecan Solution for I.V. Infusion “LOTUS”	2975.00	AC48840221	Irinotecan Solution for I.V. Infusion “LOTUS”	3607.00	調價
AC48842412	COENKASU ORALBASE 1MG	31.80	AC48842412	COENKASU ORALBASE 1MG	33.60	調價
AC48842421	COENKASU ORALBASE 1MG	35.60	AC48842421	COENKASU ORALBASE 1MG	38.80	調價
AC48844100	SICAN CAPSULES 150 MG “ASTAR”	1.52	AC48844100	SICAN CAPSULES 150 MG “ASTAR”	1.53	調價
AC48846100	GLUFAR TABLETS 2.0MG "H.S"	1.95	AC48846100	GLUFAR TABLETS 2.0MG "H.S"	2.12	調價
AC48855100	DIBOSE F.C. TABLETS “Y.C.”	4.69	AC48855100	DIBOSE F.C. TABLETS “Y.C.”	5.00	調價

AC48859100	AMLOPINE TABLETS 5 MG 〝S.D.〞	3.84	AC48859100	AMLOPINE TABLETS 5 MG 〝S.D.〞	4.30	調價
AC48860143	MINERGY ORAL SOLUTION 1MG/ML"Y.K."	28.00			#NULL!	新增
AC48860151	MINERGY ORAL SOLUTION 1 MG/ML “Y.K.”	28.10	AC48860151	MINERGY ORAL SOLUTION 1 MG/ML “Y.K.”	29.20	調價
AC48863100	BENTOMIN TABLETS 1000MG “S.C.”	1.75	AC48863100	BENTOMIN TABLETS 1000MG “S.C.”	1.79	調價
AC48867100	RIBELITE TABLETS 200MG	18.40	AC48867100	RIBELITE TABLETS 200MG	20.40	調價
AC48868100	SLOSUGAR TABLETS 500 MG	0.00	AC48868100	SLOSUGAR TABLETS 500 MG	1.50	刪除
AC48871100	MECOLIN TABLETS 30 MG ” ASTAR”	0.00	AC48871100	MECOLIN TABLETS 30 MG ” ASTAR”	1.50	刪除
AC48873209	CHI SHENG NO. 3 INJECTION	0.00	AC48873209	CHI SHENG NO. 3 INJECTION	42.90	刪除
AC48873277	CHI SHENG NO. 3 INJECTION	0.00	AC48873277	CHI SHENG NO. 3 INJECTION	29.70	刪除
AC48875100	CALMDOWN SUSTAINED-RELEASE CAPSULES 75MG	10.00	AC48875100	CALMDOWN SUSTAINED-RELEASE CAPSULES 75MG	11.60	調價
AC48882229	NICARPINE I.V INJECTION 1MG/ML "P.L"	141.00	AC48882229	NICARPINE I.V INJECTION 1MG/ML "P.L"	160.00	調價
AC48884321	AMOCOAT NAIL LACQUER " H.S "	691.00	AC48884321	AMOCOAT NAIL LACQUER " H.S "	695.00	調價
AC48891321	ADARIN GEL 0.1%	17.30	AC48891321	ADARIN GEL 0.1%	17.90	調價
AC48891335	ADARIN GEL 0.1%	68.00	AC48891335	ADARIN GEL 0.1%	72.00	調價
AC48891345	ADARIN GEL 0.1%	0.00	AC48891345	ADARIN GEL 0.1%	211.00	刪除
AC48891363	ADARIN GEL 0.1%	0.00	AC48891363	ADARIN GEL 0.1%	682.00	刪除
AC48892100	CEXIME CAPSULES 100 MG (CEFIXIME)	4.51	AC48892100	CEXIME CAPSULES 100 MG (CEFIXIME)	4.81	調價
AC48896209	CHI SHENG NO.4 INJECTION	0.00	AC48896209	CHI SHENG NO.4 INJECTION	42.90	刪除
AC48896277	CHI SHENG NO. 4INJECTION	0.00	AC48896277	CHI SHENG NO. 4INJECTION	29.70	刪除
AC48897326	DOXEFEN CREAM 50MG/GM	0.00	AC48897326	DOXEFEN CREAM 50MG/GM	46.10	刪除
AC48897335	DOXEFEN CREAM 50MG/GM	48.40	AC48897335	DOXEFEN CREAM 50MG/GM	51.00	調價
AC48898100	LITACARBOSE TABLETS 50MG "LITA"	2.27	AC48898100	LITACARBOSE TABLETS 50MG "LITA"	2.46	調價
AC48900421	CROMO EYE DROPS 2% (CROMOLYN SODIUM) “MEDICINE”	14.50	AC48900421	CROMO EYE DROPS 2% (CROMOLYN SODIUM) “MEDICINE ”	14.70	調價

AC48900429	CROMO EYE DROPS 2% (CROMOLYN SODIUM) “MEDICINE”	28.30	AC48900429	CROMO EYE DROPS 2% (CROMOLYN SODIUM) “MEDICINE”	29.40	調價
AC48905100	BIOCOR FILM COATED TABLETS 5MG	2.15	AC48905100	BIOCOR FILM COATED TABLETS 5MG	2.36	調價
AC48908100	ANTILON F.C. TABLETS "Y.C."	4.73	AC48908100	ANTILON F.C. TABLETS "Y.C."	4.78	調價
AC48910100	URIMIN TABLETS 1000MG "Y.C."	1.75	AC48910100	URIMIN TABLETS 1000MG "Y.C."	1.79	調價
AC48925421	CO-DORZOMIDE OPHTHALMIC SOLUTION	317.00	AC48925421	CO-DORZOMIDE OPHTHALMIC SOLUTION	328.00	調價
AC48926100	SIMVA F.C TABLETS 20MG	3.58	AC48926100	SIMVA F.C TABLETS 20MG	4.05	調價
AC48927417	TOTIFEN OPHTHALMIC SOLUTION 0.025% ” PATRON”	32.90	AC48927417	TOTIFEN OPHTHALMIC SOLUTION 0.025% ” PATRON”	36.40	調價
AC48927421	TOTIFEN OPHTHALMIC SOLUTION 0.025% ” PATRON”	43.90	AC48927421	TOTIFEN OPHTHALMIC SOLUTION 0.025% ” PATRON”	48.90	調價
AC48941212	Herocan Conc. Solution for I.V. Infusion 20 mg/ml	0.00	AC48941212	Herocan Conc. Solution for I.V. Infusion 20 mg/ml	1831.00	刪除
AC48941221	Herocan Conc. Solution for I.V. Infusion 20 mg/ml	2975.00	AC48941221	Herocan Conc. Solution for I.V. Infusion 20 mg/ml	3607.00	調價
AC48960209	CHI SHENG NO.1 INJECTION	0.00	AC48960209	CHI SHENG NO.1 INJECTION	42.90	刪除
AC48960277	CHI SHENG NO.1 INJECTION	0.00	AC48960277	CHI SHENG NO.1 INJECTION	29.70	刪除
AC48961251	ROFEW I.V.INFUSION SOLUTION 200MG/ML	163.00	AC48961251	ROFEW I.V.INFUSION SOLUTION 200MG/ML	171.00	調價
AC48963321	POLISU CREAM 50 MG/GM “SENTAI”	0.00	AC48963321	POLISU CREAM 50 MG/GM “SENTAI”	41.20	刪除
AC48963329	POLISU CREAM 50 MG/GM “SENTAI”	42.90	AC48963329	POLISU CREAM 50 MG/GM “SENTAI”	43.50	調價
AC48965429	Sitromin Eye Drops 0.005%	15.60	AC48965429	Sitromin Eye Drops 0.005%	16.90	調價
AC48972100	PERDOPRIL TABLETS 4MG	6.10	AC48972100	PERDOPRIL TABLETS 4MG	6.80	調價
AC48990100	ZOSAAHY F.C TABLETS 50/12.5MG	4.11	AC48990100	ZOSAAHY F.C TABLETS 50/12.5MG	4.82	調價
AC48994100	CINOPIN TABLETS 5MG	3.84	AC48994100	CINOPIN TABLETS 5MG	4.30	調價

AC48996100	Blue-Up F.C. Tablets 1mg	6.80	AC48996100	Blue-Up F.C. Tablets 1mg	8.30	調價
AC48997100	SPALYTIC TABLETS 0.125MG "H.S."	1.75	AC48997100	SPALYTIC TABLETS 0.125MG "H.S."	1.84	調價
AC48999429	Sitromin Eye Drops 0.01%	12.80	AC48999429	Sitromin Eye Drops 0.01%	13.20	調價
AC49000212	OCILLINA POWDER FOR INJECTION	0.00	AC49000212	OCILLINA POWDER FOR INJECTION	100.00	刪除
AC49001265	CARPEM FOR INTRAVENOUS INJECTION	0.00	AC49001265	CARPEM FOR INTRAVENOUS INJECTION	301.00	刪除
AC49001277	CARPEM FOR INTRAVENOUS INJECTION	0.00	AC49001277	CARPEM FOR INTRAVENOUS INJECTION	305.00	刪除
AC49002248	AZOL-FLUCON I.V INJECTION 2MG/ML	0.00	AC49002248	AZOL-FLUCON I.V INJECTION 2MG/ML	279.00	刪除
AC49008100	CITAZOL TABLETS 50MG “STANDARD”	5.50	AC49008100	CITAZOL TABLETS 50MG “STANDARD”	6.10	調價
AC49018100	COXINE C.R. F.C. TABLETS 60 MG	3.05	AC49018100	COXINE C.R. F.C. TABLETS 60 MG	3.17	調價
AC49020100	MINIVANE F.C. TABLETS 30MG	8.90	AC49020100	MINIVANE F.C. TABLETS 30MG	10.60	調價
AC49024100	KHOTONGFENG TABLETS 300MG 〝CHINTENG″	2.20	AC49024100	KHOTONGFENG TABLETS 300MG 〝CHINTENG″	2.29	調價
AC49026143	TIRIZIN ORAL SOLUTION 1MG/ML	28.00	AC49026143	TIRIZIN ORAL SOLUTION 1MG/ML	29.10	調價
AC49026151	TIRIZIN ORAL SOLUTION 1MG/ML	28.10	AC49026151	TIRIZIN ORAL SOLUTION 1MG/ML	29.20	調價
AC49026157	TIRIZIN ORAL SOLUTION 1MG/ML	87.00	AC49026157	TIRIZIN ORAL SOLUTION 1MG/ML	92.00	調價
AC49032463	NOSECONE AQUA NASAL SPRAY 0.42MG/GM “JOHNSON”	0.00	AC49032463	NOSECONE AQUA NASAL SPRAY 0.42MG/GM “JOHNSON”	118.00	刪除
AC49049100	SULGIN TABLETS 200 MG	1.71	AC49049100	SULGIN TABLETS 200 MG	1.79	調價
AC49050329	UREA CREAM 40% “F.Y.”	33.80	AC49050329	UREA CREAM 40% “F.Y.”	36.10	調價
AC49050343	UREA CREAM 40% “F.Y.”	93.00	AC49050343	UREA CREAM 40% “F.Y.”	97.00	調價
AC49051100	KEPINTON S.R. CAPSULES 200MG	4.75	AC49051100	KEPINTON S.R. CAPSULES 200MG	4.96	調價
AC49054100	ZOMIANNE F.C. TABLETS 7.5 MG	0.00	AC49054100	ZOMIANNE F.C. TABLETS 7.5 MG	2.12	刪除
AC49057100	AMOCURE F.C. TABLETS 30 MG	0.00	AC49057100	AMOCURE F.C. TABLETS 30 MG	17.70	刪除
AC49059100	KONAX EXTENDED-RELEASE F.C. TABLETS 60 MG	1.98	AC49059100	KONAX EXTENDED-RELEASE F.C. TABLETS 60 MG	2.07	調價
AC49060100	ISOMIN F.C. TABLETS	15.50	AC49060100	ISOMIN F.C. TABLETS	16.30	調價

AC49061100	RELINIDE TABLETS 1MG “STANDARD” (REPAGLINIDE)	2.09	AC49061100	RELINIDE TABLETS 1MG “STANDARD” (REPAGLINIDE)	2.31	調價
AC49062321	ADAYUNG GEL 0.1% 〝S.L.〞	0.00	AC49062321	ADAYUNG GEL 0.1% 〝S.L.〞	17.90	刪除
AC49062335	ADAYUNG GEL 0.1% 〝S.L.〞	68.00	AC49062335	ADAYUNG GEL 0.1% 〝S.L.〞	72.00	調價
AC49063340	VIMAX FOAMING SOLUTION	105.00	AC49063340	VIMAX FOAMING SOLUTION	109.00	調價
AC49072100	GLIPIRIDE TABLETS 1MG “YUNG SHIN”	1.61	AC49072100	GLIPIRIDE TABLETS 1MG “YUNG SHIN”	1.65	調價
AC49073100	Blue-Up F.C. Tablets 3mg	20.30	AC49073100	Blue-Up F.C. Tablets 3mg	24.20	調價
AC49075430	BUDESONIDE NASAL SPRAY 2MG/ML	94.00	AC49075430	BUDESONIDE NASAL SPRAY 2MG/ML	100.00	調價
AC49077209	KETOROLAC FOR IV INJECTION30MG/ML “T.F.”	17.00	AC49077209	KETOROLAC FOR IV INJECTION30MG/ML “T.F.”	17.80	調價
AC49078100	MIRZAPINE F.C. TABLETS 30MG "KINGDOM" (MIRTAZAPINE)	8.90	AC49078100	MIRZAPINE F.C. TABLETS 30MG "KINGDOM" (MIRTAZAPINE)	10.60	調價
AC49080321	GENRITE CREAM 1MG/G	13.20	AC49080321	GENRITE CREAM 1MG/G	14.10	調價
AC49080335	GENRITE CREAM 1MG/G	37.20	AC49080335	GENRITE CREAM 1MG/G	38.80	調價
AC49083100	Biscor F.C. Tablets 5mg	2.15	AC49083100	Biscor F.C. Tablets 5mg	2.36	調價
AC49084100	SOTALON CAPSULES 10MG	2.37	AC49084100	SOTALON CAPSULES 10MG	2.58	調價
AC49085100	PITAZONE TABLET 30 MG	9.60	AC49085100	PITAZONE TABLET 30 MG	11.50	調價
AC49090277	SULTAM FOR INJECTION 500MG (SULBACTAM SODIUM)	67.00	AC49090277	SULTAM FOR INJECTION 500MG (SULBACTAM SODIUM)	76.00	調價
AC49092100	LOXU TABLETS 15MG	4.07	AC49092100	LOXU TABLETS 15MG	4.84	調價
AC49095421	FLOZOLIN OPHTHALMIC SOLUTION ” PATRON”	24.60	AC49095421	FLOZOLIN OPHTHALMIC SOLUTION ” PATRON ”	26.60	調價
AC49099100	DESDIN FILM-COATED TABLETS 5MG	2.19	AC49099100	DESDIN FILM-COATED TABLETS 5MG	2.14	調價
AC49100229	ANESVAN 2% INJECTION “CHI SHENG”	37.40	AC49100229	ANESVAN 2% INJECTION “CHI SHENG”	41.80	調價
AC49100248	ANESVAN 2% INJECTION “CHI SHENG”	0.00	AC49100248	ANESVAN 2% INJECTION “CHI SHENG”	268.00	刪除

AC49103100	LIVERCON CAPSULES 150 MG "S.D."	1.52	AC49103100	LIVERCON CAPSULES 150 MG "S.D."	1.53	調價
AC49105100	UNDIZZ TABLETS “Y.C.”	1.50	AC49105100	UNDIZZ TABLETS “Y.C.”	1.51	調價
AC49109100	BAENAZIN TABLETS 100 MG	2.49	AC49109100	BAENAZIN TABLETS 100 MG	2.65	調價
AC49113100	FYNADIN F.C. TABLETS 60 MG	1.80	AC49113100	FYNADIN F.C. TABLETS 60 MG	1.91	調價
AC49114100	DAYCOSE M.R. TABLETS 30 MG "WEIDAR"	1.65	AC49114100	DAYCOSE M.R. TABLETS 30 MG "WEIDAR"	1.71	調價
AC49115209	CHI SHENG NO.5 INJECTION	0.00	AC49115209	CHI SHENG NO.5 INJECTION	42.90	刪除
AC49115265	CHI SHENG NO.5 INJECTION	0.00	AC49115265	CHI SHENG NO.5 INJECTION	26.30	刪除
AC49115271	CHI SHENG NO.5 INJECTION	0.00	AC49115271	CHI SHENG NO.5 INJECTION	29.70	刪除
AC49115277	CHI SHENG NO.5 INJECTION	0.00	AC49115277	CHI SHENG NO.5 INJECTION	29.70	刪除
AC49119100	BEFREE TABLETS 30MG	9.60	AC49119100	BEFREE TABLETS 30MG	11.50	調價
AC49127412	LAVISOL ORALBASE	31.80	AC49127412	LAVISOL ORALBASE	33.60	調價
AC49127421	LAVISOL ORALBASE	35.60	AC49127421	LAVISOL ORALBASE	38.80	調價
AC49129321	GENTERMAY CREAM	13.20	AC49129321	GENTERMAY CREAM	14.10	調價
AC49129335	GENTERMAY CREAM	37.20	AC49129335	GENTERMAY CREAM	38.80	調價
AC49130209	PHEL POWDER FOR INJECTION 1 GM	61.00	AC49130209	PHEL POWDER FOR INJECTION 1 GM	64.00	調價
AC49131100	RISDONE TABLETS 3MG “S.T.” (RISPERIDONE)	20.30	AC49131100	RISDONE TABLETS 3MG “S.T.” (RISPERIDONE)	24.20	調價
AC49133100	LAMTA TABLETS 100 MG (LAMOTRIGINE)	13.80	AC49133100	LAMTA TABLETS 100 MG (LAMOTRIGINE)	16.20	調價
AC49134321	GENTERMAY OINTMENT	13.20	AC49134321	GENTERMAY OINTMENT	14.10	調價
AC49134335	GENTERMAY OINTMENT	37.20	AC49134335	GENTERMAY OINTMENT	38.80	調價
AC49137221	RACETAM INJECTION	0.00	AC49137221	RACETAM INJECTION	15.00	刪除
AC49137229	RACETAM INJECTION	0.00	AC49137229	RACETAM INJECTION	28.70	刪除
AC49137235	RACETAM INJECTION	0.00	AC49137235	RACETAM INJECTION	33.70	刪除
AC49137238	RACETAM INJECTION	0.00	AC49137238	RACETAM INJECTION	45.80	刪除
AC49146100	MOPIK TABLETS 15 MG 〝N.K.〞	4.07	AC49146100	MOPIK TABLETS 15 MG 〝N.K.〞	4.84	調價
AC49150265	SUPERNEM POWDER FOR INJECTION	0.00	AC49150265	SUPERNEM POWDER FOR INJECTION	197.00	刪除
AC49150277	SUPERNEM POWDER FOR INJECTION	0.00	AC49150277	SUPERNEM POWDER FOR INJECTION	316.00	刪除

AC49151255	TEICOIN POWDER FOR I.V. INJECTION	0.00	AC49151255	TEICOIN POWDER FOR I.V. INJECTION	449.00	刪除
AC49151263	TEICOIN POWDER FOR I.V. INJECTION	0.00	AC49151263	TEICOIN POWDER FOR I.V. INJECTION	563.00	刪除
AC49151271	TEICOIN POWDER FOR I.V. INJECTION	0.00	AC49151271	TEICOIN POWDER FOR I.V. INJECTION	1243.00	刪除
AC49152229	OXACILLIN SODIUM INJECTION “O-S”	0.00	AC49152229	OXACILLIN SODIUM INJECTION “O-S”	450.00	刪除
AC49153100	OXBU EXTENDED-RELEASE TABLETS 5MG	6.00	AC49153100	OXBU EXTENDED-RELEASE TABLETS 5MG	6.30	調價
AC49155209	MEXOPEM POWDER FOR INJECTION	525.00	AC49155209	MEXOPEM POWDER FOR INJECTION	588.00	調價
AC49155265	MEXOPEM POWDER FOR INJECTION	0.00	AC49155265	MEXOPEM POWDER FOR INJECTION	301.00	刪除
AC49155277	MEXOPEM POWDER FOR INJECTION	284.00	AC49155277	MEXOPEM POWDER FOR INJECTION	305.00	調價
AC49163323	CHYNDACIN GEL	11.40	AC49163323	CHYNDACIN GEL	12.00	調價
AC49163329	CHYNDACIN GEL	14.10	AC49163329	CHYNDACIN GEL	14.90	調價
AC49163330	CHYNDACIN GEL	17.40	AC49163330	CHYNDACIN GEL	17.70	調價
AC49163335	CHYNDACIN GEL	20.70	AC49163335	CHYNDACIN GEL	22.20	調價
AC49163338	CHYNDACIN GEL	65.00	AC49163338	CHYNDACIN GEL	69.00	調價
AC49163343	CHYNDACIN GEL	185.00	AC49163343	CHYNDACIN GEL	186.00	調價
AC49166100	ONSLEEP CAPSULES 10MG “STANDARD” (ZALEPLON)	2.58	AC49166100	ONSLEEP CAPSULES 10MG “STANDARD” (ZALEPLON)	2.78	調價
AC49177209	GRANTRON I.V. INJECTION 1 MG/ML	0.00	AC49177209	GRANTRON I.V. INJECTION 1 MG/ML	218.00	刪除
AC49177216	GRANTRON I.V. INJECTION 1 MG/ML	347.00	AC49177216	GRANTRON I.V. INJECTION 1 MG/ML	414.00	調價
AC49178100	PERIPIL TABLETS 4 MG	6.10	AC49178100	PERIPIL TABLETS 4 MG	6.80	調價
AC49183112	TERBUTE SOLUTION FOR NEBULIZING 2.5MG/ML	9.40	AC49183112	TERBUTE SOLUTION FOR NEBULIZING 2.5MG/ML	10.00	調價
AC49184100	MELOXIN TABLETS 15MG	4.07	AC49184100	MELOXIN TABLETS 15MG	4.84	調價
AC49190100	SIVASIN FILM COATED TABLETS 40MG	7.50	AC49190100	SIVASIN FILM COATED TABLETS 40MG	8.80	調價
AC49193100	CATILON TABLETS 40MG	2.83	AC49193100	CATILON TABLETS 40MG	3.02	調價
AC49202100	MODUP SUSTAINED-RELEASE CAPSULES 25 MG	6.60	AC49202100	MODUP SUSTAINED-RELEASE CAPSULES 25 MG	6.70	調價

AC49204100	LITACARBOSE TABLETS 100MG" LITA "	4.69	AC49204100	LITACARBOSE TABLETS 100MG" LITA "	5.00	調價
AC49209421	SAFIN OPHTHALMIC SOLUTION "PATRON"	12.10	AC49209421	SAFIN OPHTHALMIC SOLUTION "PATRON"	12.20	調價
AC49209429	SAFIN OPHTHALMIC SOLUTION "PATRON"	23.80	AC49209429	SAFIN OPHTHALMIC SOLUTION "PATRON"	24.90	調價
AC49210343	TAZAROTENE GEL 0.1% “S.C.”	343.00	AC49210343	TAZAROTENE GEL 0.1% “S.C.”	358.00	調價
AC49211138	NOPANT RESPIRATOR SOLUTION	81.00	AC49211138	NOPANT RESPIRATOR SOLUTION	109.00	調價
AC49213329	CLOGEL GEL 7.5MG/GM	27.30	AC49213329	CLOGEL GEL 7.5MG/GM	30.20	調價
AC49213330	CLOGEL GEL 7.5MG/GM	34.50	AC49213330	CLOGEL GEL 7.5MG/GM	36.50	調價
AC49213335	CLOGEL GEL 7.5MG/GM	38.60	AC49213335	CLOGEL GEL 7.5MG/GM	42.00	調價
AC49213338	CLOGEL GEL 7.5MG/GM	0.00	AC49213338	CLOGEL GEL 7.5MG/GM	57.00	刪除
AC49217100	ZODENOX FILM COATED TABLETS 10MG “YUNG SHIN”	1.76	AC49217100	ZODENOX FILM COATED TABLETS 10MG “YUNG SHIN”	1.86	調價
AC49218121	CRASHTONE GRANULES “PATRON”	6.90	AC49218121	CRASHTONE GRANULES “PATRON ”	7.20	調價
AC49224100	COTOL F.C. TABLETS 75MG "EVEREST"	32.10	AC49224100	COTOL F.C. TABLETS 75MG "EVEREST"	34.40	調價
AC49237100	TONLEX F.C. TABLETS 500MG	3.23	AC49237100	TONLEX F.C. TABLETS 500MG	3.29	調價
AC49239343	TAZOTEN CREAM "H.S."	343.00	AC49239343	TAZOTEN CREAM "H.S."	358.00	調價
AC49242100	MONTEKA F.C TABLETS 10MG	12.30	AC49242100	MONTEKA F.C TABLETS 10MG	14.30	調價
AC49255321	ACYVIR CREAM 50MG/G (ACYCLOVIR)	41.10	AC49255321	ACYVIR CREAM 50MG/G (ACYCLOVIR)	41.20	調價
AC49255323	ACYVIR CREAM 50MG/G (ACYCLOVIR)	41.80	AC49255323	ACYVIR CREAM 50MG/G (ACYCLOVIR)	42.10	調價
AC49255325	ACYVIR CREAM 50MG/G (ACYCLOVIR)	42.50	AC49255325	ACYVIR CREAM 50MG/G (ACYCLOVIR)	42.90	調價
AC49255326	ACYVIR CREAM 50MG/G (ACYCLOVIR)	42.90	AC49255326	ACYVIR CREAM 50MG/G (ACYCLOVIR)	43.50	調價
AC49255329	ACYVIR CREAM 50MG/G (ACYCLOVIR)	42.90	AC49255329	ACYVIR CREAM 50MG/G (ACYCLOVIR)	43.50	調價

AC49255343	ACYVIR CREAM 50MG/G (ACYCLOVIR)	0.00	AC49255343	ACYVIR CREAM 50MG/G (ACYCLOVIR)	431.00	刪除
AC492553AH	ACYVIR CREAM 50MG/G (ACYCLOVIR)	41.80	AC492553AH	ACYVIR CREAM 50MG/G (ACYCLOVIR)	42.10	調價
AC49260229	ISOCIN INJECTION 0.1%	151.00	AC49260229	ISOCIN INJECTION 0.1%	160.00	調價
AC49261100	LIMECRO CAPSULES	2.83	AC49261100	LIMECRO CAPSULES	2.97	調價
AC49264100	POWECON TABLETS	1.75	AC49264100	POWECON TABLETS	1.84	調價
AC49266100	LABEDIN F.C. TABLETS 200MG	2.82	AC49266100	LABEDIN F.C. TABLETS 200MG	2.89	調價
AC492671G0	SILYMARIN CAPSULES(鋁箔/膠箔)	2.00			#NULL!	新增
AC49274321	FLUSONE CREAM 0.05%	0.00	AC49274321	FLUSONE CREAM 0.05%	27.40	刪除
AC49274335	FLUSONE CREAM 0.05%	74.00	AC49274335	FLUSONE CREAM 0.05%	76.00	調價
AC49275209	OMIDA INJECTION 5MG/ML	17.70	AC49275209	OMIDA INJECTION 5MG/ML	18.70	調價
AC49275212	OMIDA INJECTION 5MG/ML	21.20	AC49275212	OMIDA INJECTION 5MG/ML	23.10	調價
AC49275216	OMIDA INJECTION 5MG/ML	23.50	AC49275216	OMIDA INJECTION 5MG/ML	26.30	調價
AC49275229	OMIDA INJECTION 5MG/ML	0.00	AC49275229	OMIDA INJECTION 5MG/ML	203.00	刪除
AC49275237	OMIDA INJECTION 5MG/ML	0.00	AC49275237	OMIDA INJECTION 5MG/ML	263.00	刪除
AC49276245	CINOLONE IV INFUSION 10 MG/ML	0.00	AC49276245	CINOLONE IV INFUSION 10 MG/ML	694.00	刪除
AC49277416	TILOL OPHTHALMIC SOLUTION 0.25% ” PATRON”	0.00	AC49277416	TILOL OPHTHALMIC SOLUTION 0.25% ” PATRON”	54.00	刪除
AC49277421	TILOL OPHTHALMIC SOLUTION 0.25% ” PATRON”	0.00	AC49277421	TILOL OPHTHALMIC SOLUTION 0.25% ” PATRON”	54.00	刪除
AC49278100	MONTEXIN CHEWABLE TABLETS 5 MG	9.30	AC49278100	MONTEXIN CHEWABLE TABLETS 5 MG	10.70	調價
AC49279321	FULIJING CREAM “SENTAI”	32.20	AC49279321	FULIJING CREAM “SENTAI”	36.50	調價
AC49279326	FULIJING CREAM “SENTAI”	0.00	AC49279326	FULIJING CREAM “SENTAI”	44.50	刪除
AC49279329	FULIJING CREAM “SENTAI”	45.20	AC49279329	FULIJING CREAM “SENTAI”	46.40	調價
AC49279335	FULIJING CREAM “SENTAI”	126.00	AC49279335	FULIJING CREAM “SENTAI”	134.00	調價
AC49279338	FULIJING CREAM “SENTAI”	0.00	AC49279338	FULIJING CREAM “SENTAI”	160.00	刪除
AC49279348	FULIJING CREAM “SENTAI”	0.00	AC49279348	FULIJING CREAM “SENTAI”	337.00	刪除

AC49280321	ADAPALENE GEL 0.1% “SINPHAR”	17.30	AC49280321	ADAPALENE GEL 0.1% “SINPHAR”	17.90	調價
AC49280335	ADAPALENE GEL 0.1% “SINPHAR”	68.00	AC49280335	ADAPALENE GEL 0.1% “SINPHAR”	72.00	調價
AC49283100	ASAZIPAM FILM COATED TABLETS 50MG	9.60	AC49283100	ASAZIPAM FILM COATED TABLETS 50MG	15.20	調價
AC49284414	TILOL OPHTHALMIC SOLUTION 0.5% ” PATRON”	0.00	AC49284414	TILOL OPHTHALMIC SOLUTION 0.5% ” PATRON”	130.00	刪除
AC49284421	TILOL OPHTHALMIC SOLUTION 0.5% ” PATRON”	0.00	AC49284421	TILOL OPHTHALMIC SOLUTION 0.5% ” PATRON”	130.00	刪除
AC49303100	CHLOGUIN F.C. TABLETS 200MG “WEIDAR”	2.07	AC49303100	CHLOGUIN F.C. TABLETS 200MG “WEIDAR”	2.18	調價
AC49304263	TARCONIN FOR I.V. INJECTION 200MG “STANDARD” (TEICOPLANIN)	516.00	AC49304263	TARCONIN FOR I.V. INJECTION 200MG “STANDARD” (TEICOPLANIN)	563.00	調價
AC49305100	KLARITH XL TABLETS 500MG	18.70	AC49305100	KLARITH XL TABLETS 500MG	20.40	調價
AC49306100	NICODIL TABLETS 5MG	2.89	AC49306100	NICODIL TABLETS 5MG	3.12	調價
AC49309209	AVACAN INJECTION” ASTAR”	0.00	AC49309209	AVACAN INJECTION ” ASTAR”	15.00	刪除
AC49312319	CLOLUX CREAM 0.5MG/GM 〝SENTAI″	0.00	AC49312319	CLOLUX CREAM 0.5MG/GM 〝SENTAI″	10.00	刪除
AC49312321	CLOLUX CREAM 0.5MG/GM 〝SENTAI″	0.00	AC49312321	CLOLUX CREAM 0.5MG/GM 〝SENTAI″	12.60	刪除
AC49312323	CLOLUX CREAM 0.5MG/GM 〝SENTAI″	0.00	AC49312323	CLOLUX CREAM 0.5MG/GM 〝SENTAI″	13.30	刪除
AC49312324	CLOLUX CREAM 0.5MG/GM 〝SENTAI″	12.80	AC49312324	CLOLUX CREAM 0.5MG/GM 〝SENTAI″	13.30	調價
AC49312329	CLOLUX CREAM 0.5MG/GM 〝SENTAI″	13.70	AC49312329	CLOLUX CREAM 0.5MG/GM 〝SENTAI″	14.30	調價
AC49312335	CLOLUX CREAM 0.5MG/GM 〝SENTAI″	24.80	AC49312335	CLOLUX CREAM 0.5MG/GM 〝SENTAI″	25.50	調價
AC49312338	CLOLUX CREAM 0.5MG/GM 〝SENTAI″	41.90	AC49312338	CLOLUX CREAM 0.5MG/GM 〝SENTAI″	44.50	調價
AC49312340	CLOLUX CREAM 0.5MG/GM 〝SENTAI″	61.00	AC49312340	CLOLUX CREAM 0.5MG/GM 〝SENTAI″	71.00	調價
AC49312355	CLOLUX CREAM 0.5MG/GM 〝SENTAI″	0.00	AC49312355	CLOLUX CREAM 0.5MG/GM 〝SENTAI″	195.00	刪除

AC49313329	BUTEDERM CREAM 1%	45.00	AC49313329	BUTEDERM CREAM 1%	47.80	調價
AC49313335	BUTEDERM CREAM 1%	56.00	AC49313335	BUTEDERM CREAM 1%	59.00	調價
AC49316100	CALM-EZ F.C. TABLETS 200MG	16.30	AC49316100	CALM-EZ F.C. TABLETS 200MG	19.40	調價
AC49319321	ANDOPIN GEL 0.1% “P.L.”	0.00	AC49319321	ANDOPIN GEL 0.1% “P.L.”	17.90	刪除
AC49319335	ANDOPIN GEL 0.1% “P.L.”	0.00	AC49319335	ANDOPIN GEL 0.1% “P.L.”	72.00	刪除
AC49319343	ANDOPIN GEL 0.1% “P.L.”(30G)	0.00	AC49319343	ANDOPIN GEL 0.1% “P.L.”(30G)	154.00	刪除
AC49319363	ANDOPIN GEL 0.1% “P.L.”	0.00	AC49319363	ANDOPIN GEL 0.1% “P.L.”	682.00	刪除
AC49320382	LIDOPAT PATCH 5%	36.60	AC49320382	LIDOPAT PATCH 5%	39.50	調價
AC49322100	BUPROTRIN SUSTAINED RELEASE F.C. TABLETS 150MG 〝ROYAL″	11.70	AC49322100	BUPROTRIN SUSTAINED RELEASE F.C. TABLETS 150MG 〝ROYAL″	13.60	調價
AC49328421	KETORO OPHTHALMIC SOLUTION 0.5% "PATRON"	86.00	AC49328421	KETORO OPHTHALMIC SOLUTION 0.5% "PATRON"	91.00	調價
AC49329100	NOMI-NOX F.C. TABLETS 5MG	55.00	AC49329100	NOMI-NOX F.C. TABLETS 5MG	60.00	調價
AC49331151	LACOLY SOLUTION “CENTER”	25.00	AC49331151	LACOLY SOLUTION “CENTER”	25.10	調價
AC49331166	LACOLY SOLUTION “CENTER”	105.00	AC49331166	LACOLY SOLUTION “CENTER”	116.00	調價
AC49331177	LACOLY SOLUTION “CENTER”	161.00	AC49331177	LACOLY SOLUTION “CENTER”	176.00	調價
AC49332321	DERMONE CREAM 0.1% “Y.K.”	0.00	AC49332321	DERMONE CREAM 0.1% “Y.K.”	30.20	刪除
AC49332329	DERMONE CREAM 0.1% “Y.K.”	0.00	AC49332329	DERMONE CREAM 0.1% “Y.K.”	44.10	刪除
AC49332335	DERMONE CREAM 0.1% “Y.K.”	0.00	AC49332335	DERMONE CREAM 0.1% “Y.K.”	74.00	刪除
AC49333100	LIFENOZ-U TABLETS 160MG	3.92	AC49333100	LIFENOZ-U TABLETS 160MG	4.32	調價
AC49334421	CURZOLAN EYE DROPS	17.70	AC49334421	CURZOLAN EYE DROPS	18.80	調價
AC49334429	CURZOLAN EYE DROPS	33.20	AC49334429	CURZOLAN EYE DROPS	36.00	調價
AC49337321	BUNAFINE CREAM 1% “P.L.”(5G)	28.80	AC49337321	BUNAFINE CREAM 1% “P.L.”(5G)	29.70	調價
AC49337329	BUNAFINE CREAM 1% “P.L.”(10G)	45.00	AC49337329	BUNAFINE CREAM 1% “P.L.”(10G)	47.80	調價
AC49337335	BUNAFINE CREAM 1% “P.L.”(15G)	56.00	AC49337335	BUNAFINE CREAM 1% “P.L.”(15G)	59.00	調價
AC49337355	BUNAFINE CREAM 1% “P.L.”(100G)	0.00	AC49337355	BUNAFINE CREAM 1% “P.L.”(100G)	623.00	刪除

AC49339321	FUSIDIC ACID CREAM 20MG/GM “SINPHAR”	32.20	AC49339321	FUSIDIC ACID CREAM 20MG/GM “SINPHAR”	36.50	調價
AC49339326	FUSIDIC ACID CREAM 20MG/GM “SINPHAR”	42.70	AC49339326	FUSIDIC ACID CREAM 20MG/GM “SINPHAR”	44.50	調價
AC49339329	FUSIDIC ACID CREAM 20MG/GM “SINPHAR”	45.20	AC49339329	FUSIDIC ACID CREAM 20MG/GM “SINPHAR”	46.40	調價
AC49339335	FUSIDIC ACID CREAM 20MG/GM "SINPHAR"	126.00	AC49339335	FUSIDIC ACID CREAM 20MG/GM "SINPHAR"	134.00	調價
AC49340209	FUNJAPIN POWDER FOR IV INJECTION “PANBIOTIC”	242.00	AC49340209	FUNJAPIN POWDER FOR IV INJECTION “PANBIOTIC”	283.00	調價
AC49343100	MESTROL TABLETS 40 MG	8.90	AC49343100	MESTROL TABLETS 40 MG	9.30	調價
AC49345100	ZONIN S.C. TABLETS 50MG	9.40	AC49345100	ZONIN S.C. TABLETS 50MG	9.80	調價
AC49348100	Epalon F.C. Tablets 10mg	57.00	AC49348100	Epalon F.C. Tablets 10mg	61.00	調價
AC49351421	COMOLYN OPHTHALMIC SOLUTION 2% “PATRON”	14.50	AC49351421	COMOLYN OPHTHALMIC SOLUTION 2% “PATRON”	14.70	調價
AC49351429	COMOLYN OPHTHALMIC SOLUTION 2% “PATRON”	28.30	AC49351429	COMOLYN OPHTHALMIC SOLUTION 2% “PATRON”	29.40	調價
AC49357343	FUL LEE CREAM 0.1%(W/W)” CHINTENG”	0.00	AC49357343	FUL LEE CREAM 0.1%(W/W)” CHINTENG”	358.00	刪除
AC49358100	UDILOL TABLETS 6.25MG	2.39	AC49358100	UDILOL TABLETS 6.25MG	2.65	調價
AC49360100	BEZOSTATIN F.C. TABLETS 40 MG “S.C.”	7.50	AC49360100	BEZOSTATIN F.C. TABLETS 40 MG “S.C.”	8.80	調價
AC49367100	PADELIN TABLETS “PATRON” (LORAZEPAM)	0.00	AC49367100	PADELIN TABLETS “PATRON” (LORAZEPAM)	1.50	刪除
AC49368421	NOFOXIN EYE DROPS 0.3% “MEDICINE” (NORFLOXACIN)	29.00	AC49368421	NOFOXIN EYE DROPS 0.3% “MEDICINE” (NORFLOXACIN)	33.60	調價
AC49369114	BESMATE INHALATION SOLUTION	13.90	AC49369114	BESMATE INHALATION SOLUTION	15.20	調價
AC49372100	SORDUR CONTROLLED-RELEASE TABLETS 60MG	3.05	AC49372100	SORDUR CONTROLLED-RELEASE TABLETS 60MG	3.17	調價
AC49373100	PEDEN RETARD TABLETS 4 MG	2.27	AC49373100	PEDEN RETARD TABLETS 4 MG	2.38	調價

AC49374100	COSPIRIT F.C. TABLETS 400MG	40.20	AC49374100	COSPIRIT F.C. TABLETS 400MG	42.40	調價
AC49375220	BETAMYCIN FOR INJECTION	226.00	AC49375220	BETAMYCIN FOR INJECTION	260.00	調價
AC493752AE	BETAMYCIN FOR INJECTION	199.00	AC493752AE	BETAMYCIN FOR INJECTION	223.00	調價
AC493752CX	BETAMYCIN FOR INJECTION	136.00	AC493752CX	BETAMYCIN FOR INJECTION	152.00	調價
AC49376100	FELO E.R. TABLETS 2.5MG “EVEREST”	2.04	AC49376100	FELO E.R. TABLETS 2.5MG “EVEREST”	2.24	調價
AC49388121	CHALIAN POWDER	9.50	AC49388121	CHALIAN POWDER	9.90	調價
AC49390209	SUKETON I.V. INJECTION “TAI YU”	17.00	AC49390209	SUKETON I.V. INJECTION “TAI YU”	17.80	調價
AC49390212	SUKETON I.V. INJECTION “TAI YU”	24.00	AC49390212	SUKETON I.V. INJECTION “TAI YU”	27.20	調價
AC49396100	MESTROL TABLETS 160 MG	0.00	AC49396100	MESTROL TABLETS 160 MG	37.10	刪除
AC49416135	KUZEM POWDER	28.30	AC49416135	KUZEM POWDER	29.10	調價
AC49419421	CATELOL OPHTHALMIC SOLUTION 1.0% “PATRON”	120.00	AC49419421	CATELOL OPHTHALMIC SOLUTION 1.0% “PATRON”	134.00	調價
AC49422321	Betaclogen Cream “Sinphar”	16.00	AC49422321	Betaclogen Cream “Sinphar”	16.30	調價
AC49422329	Betaclogen Cream “Sinphar”	35.00	AC49422329	Betaclogen Cream “Sinphar”	36.30	調價
AC49422336	Betaclogen Cream “Sinphar”	53.00	AC49422336	Betaclogen Cream “Sinphar”	54.00	調價
AC49422338	Betaclogen Cream “Sinphar”	84.00	AC49422338	Betaclogen Cream “Sinphar”	89.00	調價
AC49423100	SONAPLON CAPSULES 10MG "D.T"	2.65	AC49423100	SONAPLON CAPSULES 10MG "D.T"	2.95	調價
AC49424100	JALUMEN CAPSULES 10MG	2.48	AC49424100	JALUMEN CAPSULES 10MG	2.68	調價
AC49428100	JEXIT S.C. TABLETS “JOHNSON”	2.15	AC49428100	JEXIT S.C. TABLETS “JOHNSON”	2.31	調價
AC49447323	TOCOCLEAN GEL	0.00	AC49447323	TOCOCLEAN GEL	12.00	刪除
AC49447329	TOCOCLEAN GEL	0.00	AC49447329	TOCOCLEAN GEL	14.90	刪除
AC49447330	TOCOCLEAN GEL	0.00	AC49447330	TOCOCLEAN GEL	17.70	刪除
AC49447335	TOCOCLEAN GEL	20.70	AC49447335	TOCOCLEAN GEL	22.20	調價
AC49447338	TOCOCLEAN GEL	0.00	AC49447338	TOCOCLEAN GEL	69.00	刪除
AC49447343	TOCOCLEAN GEL	0.00	AC49447343	TOCOCLEAN GEL	186.00	刪除
AC49451221	ENHANCIR INJECTION 0.84 MG/ML “Y.Y.”	25.00	AC49451221	ENHANCIR INJECTION 0.84 MG/ML “Y.Y.”	25.90	調價
AC49452100	LEVONOLON F.C. TABLETS 500 MG	20.90	AC49452100	LEVONOLON F.C. TABLETS 500 MG	25.10	調價

AC49453100	EASYFOR SR CAPSULES 75MG	10.00	AC49453100	EASYFOR SR CAPSULES 75MG	11.60	調價
AC49459429	GINSOL GEL	102.00	AC49459429	GINSOL GEL	106.00	調價
AC49461100	U-MIRTARON F.C. TABLETS 30 MG “S.C.”	8.90	AC49461100	U-MIRTARON F.C. TABLETS 30 MG “S.C.”	10.60	調價
AC49465100	Carbatin Capsules 300 mg	7.90	AC49465100	Carbatin Capsules 300 mg	8.40	調價
AC49467100	ANXILET FILM COATED TABLETS 2MG	7.70	AC49467100	ANXILET FILM COATED TABLETS 2MG	9.50	調價
AC49469100	CARLATREND TABLETS 6.25MG” KINGDOM” (CARVEDILOL)	2.39	AC49469100	CARLATREND TABLETS 6.25MG” KINGDOM” (CARVEDILOL)	2.65	調價
AC49470157	COCOPINE SYRUP “CENTER”	25.80	AC49470157	COCOPINE SYRUP “CENTER”	26.20	調價
AC49471329	ZORIA CREAM 40%"EVEREST"	33.80	AC49471329	ZORIA CREAM 40%"EVEREST"	36.10	調價
AC49471343	ZORIA CREAM 40%"EVEREST"	93.00	AC49471343	ZORIA CREAM 40%"EVEREST"	97.00	調價
AC49493100	Epalon F.C. Tablets 5 mg	55.00	AC49493100	Epalon F.C. Tablets 5 mg	60.00	調價
AC49494100	Kertonbose Tablets 50 mg	2.27	AC49494100	Kertonbose Tablets 50 mg	2.46	調價
AC49496100	UTAPINE F.C. TABLET 100MG “UNION”	12.10	AC49496100	UTAPINE F.C. TABLET 100MG “UNION”	14.70	調價
AC49502100	FLUCOGUS CAPSULES 150MG"H.S." (FLUCONAZOLE)	52.00	AC49502100	FLUCOGUS CAPSULES 150MG"H.S." (FLUCONAZOLE)	54.00	調價
AC49504100	BISO F.C. TABLETS 1.25 MG	2.01	AC49504100	BISO F.C. TABLETS 1.25 MG	2.17	調價
AC49505248	LEVONOLON IV SOLUTION FOR INFUSION 5MG/ML	0.00	AC49505248	LEVONOLON IV SOLUTION FOR INFUSION 5MG/ML	408.00	刪除
AC49505255	LEVONOLON IV SOLUTION FOR INFUSION 5MG/ML	601.00	AC49505255	LEVONOLON IV SOLUTION FOR INFUSION 5MG/ML	656.00	調價
AC49506321	GAMICIN OINTMENT	13.20	AC49506321	GAMICIN OINTMENT	14.10	調價
AC49506335	GAMICIN OINTMENT	37.20	AC49506335	GAMICIN OINTMENT	38.80	調價
AC49514100	IBIMO C.R.F.C. TABLETS 60 MG “S.C.”	3.05	AC49514100	IBIMO C.R.F.C. TABLETS 60 MG “S.C.”	3.17	調價
AC49517100	GAPATIN F.C. TABLETS 600MG	10.50	AC49517100	GAPATIN F.C. TABLETS 600MG	11.30	調價
AC49520321	DOULISHU CREAM 1MG/GM “SENTAI”	0.00	AC49520321	DOULISHU CREAM 1MG/GM “SENTAI”	17.90	刪除
AC49520335	DOULISHU CREAM 1MG/GM “SENTAI”	0.00	AC49520335	DOULISHU CREAM 1MG/GM “SENTAI”	72.00	刪除
AC49520343	DOULISHU CREAM 1MG/GM “SENTAI”	0.00	AC49520343	DOULISHU CREAM 1MG/GM “SENTAI”	154.00	刪除

AC49520345	DOULISHU CREAM 1MG/GM “SENTAI”	0.00	AC49520345	DOULISHU CREAM 1MG/GM “SENTAI”	211.00	刪除
AC49520363	DOULISHU CREAM 1MG/GM “SENTAI”	0.00	AC49520363	DOULISHU CREAM 1MG/GM “SENTAI”	682.00	刪除
AC49522100	INSURE CONTROLLED-RELEASE TABLETS 60MG” KINGDOM”	3.05	AC49522100	INSURE CONTROLLED-RELEASE TABLETS 60MG” KINGDOM”	3.17	調價
AC49526100	LIMUS F.C. TABLETS 25 MG	7.30	AC49526100	LIMUS F.C. TABLETS 25 MG	8.70	調價
AC49530421	FLUZOCON EYE DROPS	24.60	AC49530421	FLUZOCON EYE DROPS	26.60	調價
AC49531100	METFORMIN TABLETS 850MG “Synmosa”	1.68	AC49531100	METFORMIN TABLETS 850MG “Synmosa”	1.75	調價
AC49542265	CIPENEM POWDER FOR IV INJECTION (250MG/ 250MG)	0.00	AC49542265	CIPENEM POWDER FOR IV INJECTION (250MG/ 250MG)	197.00	刪除
AC49542277	CIPENEM POWDER FOR IV INJECTION (500MG/500MG)	275.00	AC49542277	CIPENEM POWDER FOR IV INJECTION (500MG/500MG)	316.00	調價
AC49544100	KENCO F. C. TABLETS 5MG” CHINTENG”	2.15	AC49544100	KENCO F. C. TABLETS 5MG” CHINTENG”	2.36	調價
AC49545100	FLEXER F.C. TABLETS 5 MG	2.19	AC49545100	FLEXER F.C. TABLETS 5 MG	2.30	調價
AC49547100	Quitulcer Capsules 30mg “C.L.”	10.00	AC49547100	Quitulcer Capsules 30mg “C.L.”	11.50	調價
AC49549100	DIAZONE TABLETS 30MG “C.H.”	9.60	AC49549100	DIAZONE TABLETS 30MG “C.H.”	11.50	調價
AC49550221	CHENDAY INJECTION 5MG/ML	72.00	AC49550221	CHENDAY INJECTION 5MG/ML	74.00	調價
AC49558420	DEVIRUS OPHTHALMIC OINTMENT	400.00	AC49558420	DEVIRUS OPHTHALMIC OINTMENT	405.00	調價
AC49559220	CO-TAZO POWDER FOR INJECTION	0.00	AC49559220	CO-TAZO POWDER FOR INJECTION	260.00	刪除
AC495592AE	CO-TAZO POWDER FOR INJECTION	0.00	AC495592AE	CO-TAZO POWDER FOR INJECTION	223.00	刪除
AC495592CX	CO-TAZO POWDER FOR INJECTION	0.00	AC495592CX	CO-TAZO POWDER FOR INJECTION	152.00	刪除
AC49560100	POLITONE TABLETS 30MG (PIOGLITAZONE)	9.60	AC49560100	POLITONE TABLETS 30MG (PIOGLITAZONE)	11.50	調價
AC49568100	TORAMATE FILM COATED TABLETS 100MG	23.20	AC49568100	TORAMATE FILM COATED TABLETS 100MG	26.10	調價
AC49574100	UTAPINE F.C. TABLETS 25MG “UNION”	7.30	AC49574100	UTAPINE F.C. TABLETS 25MG “UNION”	8.70	調價
AC49577100	FUTE F.C. TABLETS 0.5MG	2.11	AC49577100	FUTE F.C. TABLETS 0.5MG	2.26	調價

AC49579100	PRECOSE TABLETS 50MG	2.27	AC49579100	PRECOSE TABLETS 50MG	2.46	調價
AC49582245	LOMETIN 40 MG I.V. INFUSION	57.00	AC49582245	LOMETIN 40 MG I.V. INFUSION	61.00	調價
AC49583100	RAFAX XR CAPSULES 75 MG	10.00	AC49583100	RAFAX XR CAPSULES 75 MG	11.60	調價
AC49593100	TALLSEA TABLETS “S.C.”	1.53	AC49593100	TALLSEA TABLETS “S.C.”	1.55	調價
AC49598321	ANTIMYCOLIN CREAM	0.00	AC49598321	ANTIMYCOLIN CREAM	54.00	刪除
AC49609100	DIFAN F.C. TABLETS 10MG “Y.Y.”	0.00	AC49609100	DIFAN F.C. TABLETS 10MG “Y.Y.”	1.50	刪除
AC49610100	COXCO F.C.TABLETS 50MG	4.11	AC49610100	COXCO F.C.TABLETS 50MG	4.82	調價
AC49619100	CIFLOGEN F.C. TABLETS 500 MG	6.10	AC49619100	CIFLOGEN F.C. TABLETS 500 MG	7.30	調價
AC49621100	MONTEXIN CHEWABLE TABLETS 4 MG	9.10	AC49621100	MONTEXIN CHEWABLE TABLETS 4 MG	10.50	調價
AC49623100	BIOCOR FILM COATED TABLETS 10 MG	3.93	AC49623100	BIOCOR FILM COATED TABLETS 10 MG	4.31	調價
AC49625100	ROSIGLIT F.C. TABLETS 4MG “STANDARD” (ROSIGLITAZONE)	0.00	AC49625100	ROSIGLIT F.C. TABLETS 4MG “STANDARD” (ROSIGLITAZONE)	23.80	刪除
AC49627151	MERCATER LIQUID 5UG/ML (PROCATEROL HYDROCHLORIDE HEMIHYDRATE)	33.90	AC49627151	MERCATER LIQUID 5UG/ML (PROCATEROL HYDROCHLORIDE HEMIHYDRATE)	36.60	調價
AC49628143	Cetirizine Oral Solution “Sinphar”	28.00	AC49628143	Cetirizine Oral Solution “Sinphar”	29.10	調價
AC49628151	Cetirizine Oral Solution “Sinphar”	28.10	AC49628151	Cetirizine Oral Solution “Sinphar”	29.20	調價
AC49628157	Cetirizine Oral Solution “Sinphar”	87.00	AC49628157	Cetirizine Oral Solution “Sinphar”	92.00	調價
AC49634100	MERONIN ORALLY DISINTEGRATING TABLETS 30MG	8.90	AC49634100	MERONIN ORALLY DISINTEGRATING TABLETS 30MG	10.60	調價
AC49636100	LOTEPIN S.C. TABLETS 50 MG	9.40	AC49636100	LOTEPIN S.C. TABLETS 50 MG	9.80	調價
AC49638100	GATINE CAPSULES 100 MG	3.32	AC49638100	GATINE CAPSULES 100 MG	3.43	調價
AC49648100	MELOXICAM TABLETS 7.5 MG “S.D.”	1.72	AC49648100	MELOXICAM TABLETS 7.5 MG “S.D.”	1.80	調價

AC49650100	BETACOR F.C. TABLETS 5MG “STANDARD” (BISOPROLOL HEMIFUMARATE)	2.15	AC49650100	BETACOR F.C. TABLETS 5MG “STANDARD” (BISOPROLOL HEMIFUMARATE)	2.36	調價
AC49651248	LEFLODAL I.V. SOLUTION FOR INFUSION 5MG/ML	376.00	AC49651248	LEFLODAL I.V. SOLUTION FOR INFUSION 5MG/ML	408.00	調價
AC49651255	LEFLODAL I.V. SOLUTION FOR INFUSION 5MG/ML	601.00	AC49651255	LEFLODAL I.V. SOLUTION FOR INFUSION 5MG/ML	656.00	調價
AC49652329	TRISEC CREAM	35.00	AC49652329	TRISEC CREAM	36.30	調價
AC49652336	TRISEC CREAM	53.00	AC49652336	TRISEC CREAM	54.00	調價
AC49652338	TRISEC CREAM	84.00	AC49652338	TRISEC CREAM	89.00	調價
AC49653100	CALM-EZ F.C. TABLETS 100MG	12.10	AC49653100	CALM-EZ F.C. TABLETS 100MG	14.70	調價
AC49654377	AGSDINE CREAM	0.00	AC49654377	AGSDINE CREAM	480.00	刪除
AC49655210	AMBACILLIN POWDER FOR INJECTION	55.00	AC49655210	AMBACILLIN POWDER FOR INJECTION	62.00	調價
AC49655216	AMBACILLIN POWDER FOR INJECTION	137.00	AC49655216	AMBACILLIN POWDER FOR INJECTION	148.00	調價
AC49655289	AMBACILLIN POWDER FOR INJECTION	0.00	AC49655289	AMBACILLIN POWDER FOR INJECTION	62.00	刪除
AC49657100	COSPIRIT F.C. TABLETS 200MG	18.40	AC49657100	COSPIRIT F.C. TABLETS 200MG	20.40	調價
AC49659100	ANFORMIN TABLETS 850MG	1.68	AC49659100	ANFORMIN TABLETS 850MG	1.75	調價
AC49661100	LIPIDOFF F.C. TABLETS 20MG	3.58	AC49661100	LIPIDOFF F.C. TABLETS 20MG	4.05	調價
AC49666100	RAPNOTIC F.C. TABLETS 10MG "H.S."	1.76	AC49666100	RAPNOTIC F.C. TABLETS 10MG "H.S."	1.86	調價
AC49670343	KARAC CREAM	343.00	AC49670343	KARAC CREAM	358.00	調價
AC49672100	SIMATIN F.C. TABLETS 20MG	3.58	AC49672100	SIMATIN F.C. TABLETS 20MG	4.05	調價
AC49695265	EASYDOPA INJECTION	105.00	AC49695265	EASYDOPA INJECTION	108.00	調價
AC49695277	EASYDOPA INJECTION	210.00	AC49695277	EASYDOPA INJECTION	230.00	調價
AC49697100	GLUCOBOSE TABLETS 50MG"H.S."	2.27	AC49697100	GLUCOBOSE TABLETS 50MG"H.S."	2.46	調價
AC49699100	SIMATIN F.C. TABLETS 10MG	2.97	AC49699100	SIMATIN F.C. TABLETS 10MG	3.23	調價
AC49700100	Estimin F.C. Tablets 5mg (Ebatine)	1.55	AC49700100	Estimin F.C. Tablets 5mg (Ebatine)	1.57	調價
AC49704100	DISFECT F.C. TABLETS 250MG	48.90	AC49704100	DISFECT F.C. TABLETS 250MG	51.00	調價

AC49709335	Tarac Topical Cream 0.05% “Purzer”	0.00	AC49709335	Tarac Topical Cream 0.05% “Purzer”	261.00	刪除
AC49709343	Tarac Topical Cream 0.05% “Purzer”	0.00	AC49709343	Tarac Topical Cream 0.05% “Purzer”	469.00	刪除
AC49711100	ALPUTON TABLETS 300MG "LITA"	2.20	AC49711100	ALPUTON TABLETS 300MG "LITA"	2.29	調價
AC49713157	REMALTIN ORAL SOLUTION “CENTER”	191.00	AC49713157	REMALTIN ORAL SOLUTION “CENTER”	205.00	調價
AC49713164	REMALTIN ORAL SOLUTION “CENTER”	355.00	AC49713164	REMALTIN ORAL SOLUTION “CENTER”	374.00	調價
AC497131FI	REMALTIN ORAL SOLUTION “CENTER”	0.00	AC497131FI	REMALTIN ORAL SOLUTION “CENTER”	771.00	刪除
AC49731316	PILOSO CREAM 0.05%(CLOBETASONE) “PATRON”	20.90	AC49731316	PILOSO CREAM 0.05%(CLOBETASONE) “PATRON”	21.70	調價
AC49731321	PILOSO CREAM 0.05%(CLOBETASONE) “PATRON”	24.40	AC49731321	PILOSO CREAM 0.05%(CLOBETASONE) “PATRON”	26.40	調價
AC49731329	PILOSO CREAM 0.05%(CLOBETASONE) “PATRON”	37.60	AC49731329	PILOSO CREAM 0.05%(CLOBETASONE) “PATRON”	39.20	調價
AC49731330	PILOSO CREAM 0.05%(CLOBETASONE) “PATRON”	0.00	AC49731330	PILOSO CREAM 0.05%(CLOBETASONE) “PATRON”	47.80	刪除
AC49735209	MEPENEM POWDER FOR INTRAVENOUS INJECTION	525.00	AC49735209	MEPENEM POWDER FOR INTRAVENOUS INJECTION	588.00	調價
AC49738100	SUKERIN F.C. TABLETS 10MG “UNION”	4.13	AC49738100	SUKERIN F.C. TABLETS 10MG “UNION”	4.40	調價
AC49739100	LOSENTA F.C. TABLETS 50MG	4.11	AC49739100	LOSENTA F.C. TABLETS 50MG	4.82	調價
AC49740321	APALENE GEL 0.1% "EVEREST"	17.30	AC49740321	APALENE GEL 0.1% "EVEREST"	17.90	調價
AC49740335	APALENE GEL 0.1% "EVEREST"	0.00	AC49740335	APALENE GEL 0.1% "EVEREST"	72.00	刪除
AC49740343	APALENE GEL 0.1% "EVEREST"	0.00	AC49740343	APALENE GEL 0.1% "EVEREST"	154.00	刪除
AC49740345	APALENE GEL 0.1% "EVEREST"	0.00	AC49740345	APALENE GEL 0.1% "EVEREST"	211.00	刪除
AC49740363	APALENE GEL 0.1% "EVEREST"	0.00	AC49740363	APALENE GEL 0.1% "EVEREST"	682.00	刪除
AC49741100	QUEROPIN FILM COATED TABLETS 200MG “YUNG SHIN”	16.30	AC49741100	QUEROPIN FILM COATED TABLETS 200MG “YUNG SHIN”	19.40	調價

AC49743216	DEPAVENT INJECTION 100MG/ML	0.00	AC49743216	DEPAVENT INJECTION 100MG/ML	246.00	刪除
AC49743219	DEPAVENT INJECTION 100MG/ML(4ML)	296.00	AC49743219	DEPAVENT INJECTION 100MG/ML(4ML)	305.00	調價
AC49743221	DEPAVENT INJECTION 100MG/ML	336.00	AC49743221	DEPAVENT INJECTION 100MG/ML	341.00	調價
AC49743229	DEPAVENT INJECTION 100MG/ML	0.00	AC49743229	DEPAVENT INJECTION 100MG/ML	696.00	刪除
AC49754209	SETRON I.V. INJECTION 1 MG/ML	185.00	AC49754209	SETRON I.V. INJECTION 1 MG/ML	218.00	調價
AC49754216	SETRON I.V. INJECTION 1 MG/ML	347.00	AC49754216	SETRON I.V. INJECTION 1 MG/ML	414.00	調價
AC49755100	RAMILY TABLETS 10MG	5.10	AC49755100	RAMILY TABLETS 10MG	5.70	調價
AC49756100	MOREEZ COMPLEX TABLETS	5.90	AC49756100	MOREEZ COMPLEX TABLETS	5.80	調價
AC49760100	PEALETON SUSTAINED RELEASE F.C. TABLETS 120MG “YUNG SHIN”	2.13	AC49760100	PEALETON SUSTAINED RELEASE F.C. TABLETS 120MG “YUNG SHIN”	2.02	調價
AC49763100	NOLIDIN TABLETS “Y.C.”	2.34	AC49763100	NOLIDIN TABLETS “Y.C.”	2.48	調價
AC49764100	NEO-VIS TABLETS “SWISS”	1.55	AC49764100	NEO-VIS TABLETS “SWISS”	1.58	調價
AC49766100	GASTERIN TABLETS “Y.C.”	1.71	AC49766100	GASTERIN TABLETS “Y.C.”	1.78	調價
AC49769100	FINASPRO F.C. TABLETS 5MG	12.60	AC49769100	FINASPRO F.C. TABLETS 5MG	14.00	調價
AC49786343	TAROTE CREAM 1MG/GM” PATRON”	0.00	AC49786343	TAROTE CREAM 1MG/GM” PATRON”	358.00	刪除
AC49787100	COVAXIN TABLETS 70MG	152.00	AC49787100	COVAXIN TABLETS 70MG	166.00	調價
AC49792100	SO. H. F. C. TABLETS “ROOT”	3.58	AC49792100	SO. H. F. C. TABLETS “ROOT”	4.05	調價
AC49793321	QUTACIN OINTMENT 1MG/GM “YUNZAN”	0.00	AC49793321	QUTACIN OINTMENT 1MG/GM “YUNZAN”	14.10	刪除
AC49793329	QUTACIN OINTMENT 1MG/GM “YUNZAN”	0.00	AC49793329	QUTACIN OINTMENT 1MG/GM “YUNZAN”	18.10	刪除
AC49793335	QUTACIN OINTMENT 1MG/GM “YUNZAN”	0.00	AC49793335	QUTACIN OINTMENT 1MG/GM “YUNZAN”	38.80	刪除
AC49798100	LANDUET TABLETS 10MG/25MG	5.60	AC49798100	LANDUET TABLETS 10MG/25MG	6.30	調價

AC49808100	SYNPID MICRONIZED CAPSULES 200 MG	3.92	AC49808100	SYNPID MICRONIZED CAPSULES 200 MG	4.32	調價
AC49811209	CEFEPIME POWDER FOR INJECTION "O-S"	0.00	AC49811209	CEFEPIME POWDER FOR INJECTION "O-S"	283.00	刪除
AC49811212	CEFEPIME POWDER FOR INJECTION "O-S"	0.00	AC49811212	CEFEPIME POWDER FOR INJECTION "O-S"	496.00	刪除
AC49811277	CEFEPIME POWDER FOR INJECTION "O-S"	0.00	AC49811277	CEFEPIME POWDER FOR INJECTION "O-S"	172.00	刪除
AC49812100	SOLMIN CAPSULES 10MG “C.H.”	2.38	AC49812100	SOLMIN CAPSULES 10MG “C.H.”	2.57	調價
AC49816100	TORSIX TABLETS 5MG	3.77	AC49816100	TORSIX TABLETS 5MG	4.00	調價
AC49829100	DIABAN TABLETS 100MG “C.H.”	5.70	AC49829100	DIABAN TABLETS 100MG “C.H.”	6.10	調價
AC49831100	NOBISIN F.C 1200MG TABLETS “TAI YU”	1.91	AC49831100	NOBISIN F.C 1200MG TABLETS “TAI YU”	1.98	調價
AC49833100	LEVOZINE F.C. TABLETS 5MG “STANDARD” (LEVOCETIRIZINE DIHYDROCHLORIDE)	2.21	AC49833100	LEVOZINE F.C. TABLETS 5MG “STANDARD” (LEVOCETIRIZINE DIHYDROCHLORIDE)	2.38	調價
AC49835100	LOWTAN F.C. TABLETS 50MG “C.H.”	4.11	AC49835100	LOWTAN F.C. TABLETS 50MG “C.H.”	4.82	調價
AC49840100	TORAMATE FILM COATED TABLETS 50MG	11.80	AC49840100	TORAMATE FILM COATED TABLETS 50MG	13.50	調價
AC49841100	SIMPOTIN F.C. TABLETS 20 MG “WEIDAR”	3.58	AC49841100	SIMPOTIN F.C. TABLETS 20 MG “WEIDAR”	4.05	調價
AC49842321	THREE-UNITE CREAM “F.Y.”	16.00	AC49842321	THREE-UNITE CREAM “F.Y.”	16.30	調價
AC49842329	THREE-UNITE CREAM “F.Y.”	35.00	AC49842329	THREE-UNITE CREAM “F.Y.”	36.30	調價
AC49842336	THREE-UNITE CREAM “F.Y.”	53.00	AC49842336	THREE-UNITE CREAM “F.Y.”	54.00	調價
AC49842338	THREE-UNITE CREAM “F.Y.”	84.00	AC49842338	THREE-UNITE CREAM “F.Y.”	89.00	調價
AC49842355	THREE-UNITE CREAM “F.Y.”	0.00	AC49842355	THREE-UNITE CREAM “F.Y.”	145.00	刪除
AC49851100	CIDINCOR FILM COATED TABLETS 1.25 MG	2.01	AC49851100	CIDINCOR FILM COATED TABLETS 1.25 MG	2.17	調價
AC49853316	FUNOCIN CREAM 0.5MG/G "PATRON"	32.40	AC49853316	FUNOCIN CREAM 0.5MG/G "PATRON"	33.60	調價
AC49853321	FUNOCIN CREAM 0.5MG/G "PATRON"	0.00	AC49853321	FUNOCIN CREAM 0.5MG/G "PATRON"	35.80	刪除

AC49853329	FUNOCIN CREAM 0.5MG/G "PATRON"	0.00	AC49853329	FUNOCIN CREAM 0.5MG/G "PATRON"	45.90	刪除
AC49853338	FUNOCIN CREAM 0.5MG/G "PATRON"	0.00	AC49853338	FUNOCIN CREAM 0.5MG/G "PATRON"	122.00	刪除
AC49853355	FUNOCIN CREAM 0.5MG/G "PATRON"	0.00	AC49853355	FUNOCIN CREAM 0.5MG/G "PATRON"	477.00	刪除
AC49854100	ALPRAGIN TABLETS 1.0 MG	2.07	AC49854100	ALPRAGIN TABLETS 1.0 MG	2.28	調價
AC49857221	WENTIN INJECTION 10MG/ML “T.F.”	44.40	AC49857221	WENTIN INJECTION 10MG/ML “T.F.”	47.60	調價
AC49858100	VACYLESS FILM COATED TABLETS 500 MG	52.00	AC49858100	VACYLESS FILM COATED TABLETS 500 MG	57.00	調價
AC49859212	SETORAL INJECTION 0.3MG	323.00	AC49859212	SETORAL INJECTION 0.3MG	362.00	調價
AC49861100	TORAMATE FILM COATED TABLETS 25MG	5.50	AC49861100	TORAMATE FILM COATED TABLETS 25MG	6.10	調價
AC49863321	CHIZOCIN CREAM	20.40	AC49863321	CHIZOCIN CREAM	21.30	調價
AC49863329	CHIZOCIN CREAM	32.70	AC49863329	CHIZOCIN CREAM	34.80	調價
AC49863335	CHIZOCIN CREAM	35.10	AC49863335	CHIZOCIN CREAM	38.00	調價
AC49863338	CHIZOCIN CREAM	69.00	AC49863338	CHIZOCIN CREAM	73.00	調價
AC49864321	FULTIN CREAM 0.05%	25.80	AC49864321	FULTIN CREAM 0.05%	27.40	調價
AC49864335	FULTIN CREAM 0.05%	0.00	AC49864335	FULTIN CREAM 0.05%	76.00	刪除
AC49876100	WINLOPINE EXTENDED RELEASE TABLETS 5MG	2.04	AC49876100	WINLOPINE EXTENDED RELEASE TABLETS 5MG	2.24	調價
AC49877321	B-Gencin cream “Sinphar”	20.70	AC49877321	B-Gencin cream “Sinphar”	23.80	調價
AC49877329	B-Gencin cream “Sinphar”	23.50	AC49877329	B-Gencin cream “Sinphar”	26.50	調價
AC49877335	B-Gencin cream “Sinphar”	38.50	AC49877335	B-Gencin cream “Sinphar”	39.60	調價
AC49881209	MACEPIM POWDER FOR I.V. INJECTION(1GM)	242.00	AC49881209	MACEPIM POWDER FOR I.V. INJECTION(1GM)	283.00	調價
AC49881212	MACEPIM POWDER FOR I.V. INJECTION(2GM)	450.00	AC49881212	MACEPIM POWDER FOR I.V. INJECTION(2GM)	496.00	調價
AC49881277	MACEPIM POWDER FOR I.V. INJECTION(500MG)	151.00	AC49881277	MACEPIM POWDER FOR I.V. INJECTION(500MG)	172.00	調價
AC49883321	SOFTNSUPPLE OINTMENT	20.60	AC49883321	SOFTNSUPPLE OINTMENT	23.20	調價
AC49883335	SOFTNSUPPLE OINTMENT	39.70	AC49883335	SOFTNSUPPLE OINTMENT	42.50	調價
AC49887100	DEPRESSOR F.C. TABLETS 50MG"H.S."	4.11	AC49887100	DEPRESSOR F.C. TABLETS 50MG"H.S."	4.82	調價

AC49888329	Sinpharderm Keratolytic Cream 40% “Sinphar”	33.80	AC49888329	Sinpharderm Keratolytic Cream 40% “Sinphar”	36.10	調價
AC49888343	Sinpharderm Keratolytic Cream 40% “Sinphar”	93.00	AC49888343	Sinpharderm Keratolytic Cream 40% “Sinphar”	97.00	調價
AC49889100	MONTEXIN FILM COATED TABLETS 10 MG (MONTELUKAST)	12.30	AC49889100	MONTEXIN FILM COATED TABLETS 10 MG (MONTELUKAST)	14.30	調價
AC49890212	INNOCAN CONC. SOLUTION FOR I.V. INFUSION 20MG/ML	1589.00	AC49890212	INNOCAN CONC. SOLUTION FOR I.V. INFUSION 20MG/ML	1831.00	調價
AC49890221	INNOCAN CONC. SOLUTION FOR I.V. INFUSION 20MG/ML	2975.00	AC49890221	INNOCAN CONC. SOLUTION FOR I.V. INFUSION 20MG/ML	3607.00	調價
AC49891151	LAXUS LIQUID	0.00	AC49891151	LAXUS LIQUID	24.40	刪除
AC49891166	LAXUS LIQUID	105.00	AC49891166	LAXUS LIQUID	116.00	調價
AC49891177	LAXUS LIQUID	161.00	AC49891177	LAXUS LIQUID	176.00	調價
AC49899100	NOBELIN F.C. TABLETS 500 MG	22.30	AC49899100	NOBELIN F.C. TABLETS 500 MG	20.80	調價
AC49901277	EASYDOBU INJECTION 1MG/ML	0.00	AC49901277	EASYDOBU INJECTION 1MG/ML	389.00	刪除
AC49903335	Tarac Topical Cream 0.1% “Purzer”	0.00	AC49903335	Tarac Topical Cream 0.1% “Purzer”	205.00	刪除
AC49903343	Tarac Topical Cream 0.1% “Purzer”	0.00	AC49903343	Tarac Topical Cream 0.1% “Purzer”	358.00	刪除
AC49904100	ACETEC TABLETS 4 MG	6.10	AC49904100	ACETEC TABLETS 4 MG	6.80	調價
AC49906321	SANMASU CREAM 1.0% “EVEREST”	28.80	AC49906321	SANMASU CREAM 1.0% “EVEREST”	29.70	調價
AC49906329	SANMASU CREAM 1.0% “EVEREST”	45.00	AC49906329	SANMASU CREAM 1.0% “EVEREST”	47.80	調價
AC49906335	SANMASU CREAM 1.0% “EVEREST”	56.00	AC49906335	SANMASU CREAM 1.0% “EVEREST”	59.00	調價
AC49906355	SANMASU CREAM 1.0% “EVEREST”	0.00	AC49906355	SANMASU CREAM 1.0% “EVEREST”	623.00	刪除
AC49908421	TIMOLOL EYE DROPS 0.5% 〝MEDICINE″ (TIMOLOL)	122.00	AC49908421	TIMOLOL EYE DROPS 0.5% 〝MEDICINE″ (TIMOLOL)	130.00	調價
AC49915100	CIDINCOR FILM COATED TABLETS 2.5 MG	2.01	AC49915100	CIDINCOR FILM COATED TABLETS 2.5 MG	2.17	調價
AC49917321	BUTEFIN CREAM 10MG/G “PATRON”	0.00	AC49917321	BUTEFIN CREAM 10MG/G “PATRON”	29.70	刪除

AC49917329	BUTEFIN CREAM 10MG/G “PATRON”	0.00	AC49917329	BUTEFIN CREAM 10MG/G “PATRON”	47.80	刪除
AC49917335	BUTEFIN CREAM 10MG/G “PATRON”	0.00	AC49917335	BUTEFIN CREAM 10MG/G “PATRON”	59.00	刪除
AC49917355	BUTEFIN CREAM 10MG/G “PATRON”	0.00	AC49917355	BUTEFIN CREAM 10MG/G “PATRON”	623.00	刪除
AC49918100	LAMIDINE F.C. TABLETS 100 MG	44.80	AC49918100	LAMIDINE F.C. TABLETS 100 MG	53.00	調價
AC49919323	ALEDO GEL 10MG/GM	11.40	AC49919323	ALEDO GEL 10MG/GM	12.00	調價
AC49919329	ALEDO GEL 10MG/GM	14.10	AC49919329	ALEDO GEL 10MG/GM	14.90	調價
AC49919330	ALEDO GEL 10MG/GM	17.40	AC49919330	ALEDO GEL 10MG/GM	17.70	調價
AC49919335	ALEDO GEL 10MG/GM	20.70	AC49919335	ALEDO GEL 10MG/GM	22.20	調價
AC49919338	ALEDO GEL 10MG/GM	65.00	AC49919338	ALEDO GEL 10MG/GM	69.00	調價
AC49919343	ALEDO GEL 10MG/GM	185.00	AC49919343	ALEDO GEL 10MG/GM	186.00	調價
AC49932417	BIOMICIN STERILE OPHTHALMIC OINTMENT	61.00	AC49932417	BIOMICIN STERILE OPHTHALMIC OINTMENT	70.00	調價
AC49934321	FUSKIN CREAM 20MG/GM	32.20	AC49934321	FUSKIN CREAM 20MG/GM	36.50	調價
AC49934329	FUSKIN CREAM 20MG/GM	45.20	AC49934329	FUSKIN CREAM 20MG/GM	46.40	調價
AC49934335	FUSKIN CREAM 20MG/GM	126.00	AC49934335	FUSKIN CREAM 20MG/GM	134.00	調價
AC49953100	SOANDINE CAPSULES 5MG	1.82	AC49953100	SOANDINE CAPSULES 5MG	1.94	調價
AC499531G0	SOANDINE CAPSULES 5MG(鋁箔/膠箔)	2.00			#NULL!	新增
AC49957100	VOLV EXTENDED-RELEASE TABLETS 750MG	1.62	AC49957100	VOLV EXTENDED-RELEASE TABLETS 750MG	1.67	調價
AC49958100	CALMDOWN SUSTAINED-RELEASE CAPSULES 37.5MG	8.90	AC49958100	CALMDOWN SUSTAINED-RELEASE CAPSULES 37.5MG	10.20	調價
AC49960100	JALUMEN CAPSULES 5 MG	0.00	AC49960100	JALUMEN CAPSULES 5 MG	1.93	刪除
AC49962321	FUSIGEN CREAM 20MG/GM	32.20	AC49962321	FUSIGEN CREAM 20MG/GM	36.50	調價
AC49962326	FUSIGEN CREAM 20MG/GM	42.70	AC49962326	FUSIGEN CREAM 20MG/GM	44.50	調價
AC49962329	FUSIGEN CREAM 20MG/GM	45.20	AC49962329	FUSIGEN CREAM 20MG/GM	46.40	調價
AC49962335	FUSIGEN CREAM 20MG/GM	0.00	AC49962335	FUSIGEN CREAM 20MG/GM	134.00	刪除
AC49962338	FUSIGEN CREAM 20MG/GM	0.00	AC49962338	FUSIGEN CREAM 20MG/GM	160.00	刪除

AC49962348	FUSIGEN CREAM 20MG/GM	0.00	AC49962348	FUSIGEN CREAM 20MG/GM	337.00	刪除
AC49963100	WINLOPINE EXTENDED RELEASE TABLETS 10MG	3.58	AC49963100	WINLOPINE EXTENDED RELEASE TABLETS 10MG	3.87	調價
AC49966100	AMLODINE TABLETS 10MG	3.84	AC49966100	AMLODINE TABLETS 10MG	4.30	調價
AC49967100	CLOFIX F.C. TABLETS 75MG	32.10	AC49967100	CLOFIX F.C. TABLETS 75MG	34.40	調價
AC49974321	ANEFREE CREAM 0.1%	17.30	AC49974321	ANEFREE CREAM 0.1%	17.90	調價
AC49974335	ANEFREE CREAM 0.1%	68.00	AC49974335	ANEFREE CREAM 0.1%	72.00	調價
AC49974345	ANEFREE CREAM 0.1%	0.00	AC49974345	ANEFREE CREAM 0.1%	211.00	刪除
AC49974363	ANEFREE CREAM 0.1%	0.00	AC49974363	ANEFREE CREAM 0.1%	682.00	刪除
AC49990209	CEFEMAX POWDER FOR I.V. INJECTION (1 GM)	242.00	AC49990209	CEFEMAX POWDER FOR I.V. INJECTION (1 GM)	283.00	調價
AC49990212	CEFEMAX POWDER FOR I.V. INJECTION (2 GM)	450.00	AC49990212	CEFEMAX POWDER FOR I.V. INJECTION (2 GM)	496.00	調價
AC49990277	CEFEMAX POWDER FOR I.V. INJECTION (500 MG)	0.00	AC49990277	CEFEMAX POWDER FOR I.V. INJECTION (500 MG)	172.00	刪除
AC49992100	BROPAN TABLETS 1.5MG	1.52	AC49992100	BROPAN TABLETS 1.5MG	1.53	調價
AC49995100	REGLINIDE TABLETS 1MG “YUNG SHIN”	2.09	AC49995100	REGLINIDE TABLETS 1MG “YUNG SHIN”	2.31	調價
AC49997100	SIMATIN F.C. TABLETS 40 MG	7.50	AC49997100	SIMATIN F.C. TABLETS 40 MG	8.80	調價
AC50008100	URACARE TABLETS 10MG	4.29	AC50008100	URACARE TABLETS 10MG	4.54	調價
AC50009100	"RIPUNIN TABLETS 300MG ""TAI YU"" (ALLOPURINOL)"	0.00	AC50009100	"RIPUNIN TABLETS 300MG ""TAI YU"" (ALLOPURINOL)"	2.29	刪除
AC50011100	CILOPA F.C. TABLETS 40 MG “S.C.”	16.00	AC50011100	CILOPA F.C. TABLETS 40 MG “S.C.”	18.60	調價
AC50014312	CLOVIR CREAM 50MG/GM “PATRON”	0.00	AC50014312	CLOVIR CREAM 50MG/GM “PATRON”	17.30	刪除
AC50014316	CLOVIR CREAM 50MG/GM “PATRON”	0.00	AC50014316	CLOVIR CREAM 50MG/GM “PATRON”	17.30	刪除
AC50014317	CLOVIR CREAM 50MG/GM “PATRON”	0.00	AC50014317	CLOVIR CREAM 50MG/GM “PATRON”	17.30	刪除

AC50014319	CLOVIR CREAM 50MG/GM “PATRON”	0.00	AC50014319	CLOVIR CREAM 50MG/GM “PATRON”	17.30	刪除
AC50014321	CLOVIR CREAM 50MG/GM “PATRON”	41.10	AC50014321	CLOVIR CREAM 50MG/GM “PATRON”	41.20	調價
AC50014329	CLOVIR CREAM 50MG/GM “PATRON”	42.90	AC50014329	CLOVIR CREAM 50MG/GM “PATRON”	43.50	調價
AC50014343	CLOVIR CREAM 50MG/GM “PATRON”	0.00	AC50014343	CLOVIR CREAM 50MG/GM “PATRON”	431.00	刪除
AC50014355	CLOVIR CREAM 50MG/GM “PATRON”	0.00	AC50014355	CLOVIR CREAM 50MG/GM “PATRON”	431.00	刪除
AC50016100	MINIVANE F.C. TABLETS 15MG “SYNRAY”	5.10	AC50016100	MINIVANE F.C. TABLETS 15MG “SYNRAY”	6.10	調價
AC50027100	PLEYA TABLETS 100 MG	11.30	AC50027100	PLEYA TABLETS 100 MG	12.30	調價
AC50034100	PLESTAR TABLETS 50MG	5.50	AC50034100	PLESTAR TABLETS 50MG	6.10	調價
AC50036100	GAPATIN CAPSULES 400MG	8.80	AC50036100	GAPATIN CAPSULES 400MG	9.50	調價
AC50043100	BEFREE TABLETS 15 MG	6.90	AC50043100	BEFREE TABLETS 15 MG	8.30	調價
AC50054100	FUTE F.C. TABLETS 5MG	16.90	AC50054100	FUTE F.C. TABLETS 5MG	18.50	調價
AC50061100	BITEVEN F.C. TABLETS 5 MG	2.15	AC50061100	BITEVEN F.C. TABLETS 5 MG	2.36	調價
AC50062100	QUEROPIN FILM COATED TABLETS 300MG “YUNG SHIN”	30.80	AC50062100	QUEROPIN FILM COATED TABLETS 300MG “YUNG SHIN”	36.10	調價
AC50063265	MEROPEM INTRAVENOUS INJECTION “YUNG SHIN”	281.00	AC50063265	MEROPEM INTRAVENOUS INJECTION “YUNG SHIN”	301.00	調價
AC50063277	MEROPEM INTRAVENOUS INJECTION “YUNG SHIN”	284.00	AC50063277	MEROPEM INTRAVENOUS INJECTION “YUNG SHIN”	305.00	調價
AC50078321	DERMACA CREAM	12.80	AC50078321	DERMACA CREAM	13.40	調價
AC50080100	"GLUCODUE TABLETS ""H.S.""""	0.00	AC50080100	"GLUCODUE TABLETS ""H.S.""""	1.79	刪除
AC50081209	CEFADIME POWDER FOR IV INJECTION	39.20	AC50081209	CEFADIME POWDER FOR IV INJECTION	43.30	調價
AC50081212	CEFADIME POWDER FOR IV INJECTION	199.00	AC50081212	CEFADIME POWDER FOR IV INJECTION	235.00	調價
AC50081277	CEFADIME POWDER FOR IV INJECTION	26.60	AC50081277	CEFADIME POWDER FOR IV INJECTION	27.20	調價

AC50083100	CALM-EZ F.C. TABLETS 25MG	7.30	AC50083100	CALM-EZ F.C. TABLETS 25MG	8.70	調價
AC50084100	DIABAN TABLETS 50 MG “C.H.”	3.06	AC50084100	DIABAN TABLETS 50 MG “C.H.”	3.16	調價
AC50086100	ATORCAL F.C. TABLETS 40 MG “S.C.”	20.20	AC50086100	ATORCAL F.C. TABLETS 40 MG “S.C.”	22.60	調價
AC50087100	FENDOWN F.C. TABLETS 160MG	3.92	AC50087100	FENDOWN F.C. TABLETS 160MG	4.32	調價
AC50089100	SYNSEQ TABLETS	4.17	AC50089100	SYNSEQ TABLETS	4.35	調價
AC50091100	SYNCON MR TABLETS 30 MG	1.65	AC50091100	SYNCON MR TABLETS 30 MG	1.71	調價
AC50092421	SINLIN OPHTHALMIC SOLUTION “SINPHAR”	12.10	AC50092421	SINLIN OPHTHALMIC SOLUTION “SINPHAR”	12.20	調價
AC50092429	SINLIN OPHTHALMIC SOLUTION “SINPHAR”	23.80	AC50092429	SINLIN OPHTHALMIC SOLUTION “SINPHAR”	24.90	調價
AC50094321	CONTRIZOL CREAM	16.00	AC50094321	CONTRIZOL CREAM	16.30	調價
AC50094329	CONTRIZOL CREAM	35.00	AC50094329	CONTRIZOL CREAM	36.30	調價
AC50094336	CONTRIZOL CREAM	0.00	AC50094336	CONTRIZOL CREAM	54.00	刪除
AC50094338	CONTRIZOL CREAM	84.00	AC50094338	CONTRIZOL CREAM	89.00	調價
AC50094355	CONTRIZOL CREAM	0.00	AC50094355	CONTRIZOL CREAM	145.00	刪除
AC50104100	BACFLOCIN F.C. TABLETS 500 MG	20.90	AC50104100	BACFLOCIN F.C. TABLETS 500 MG	25.10	調價
AC50114100	REVELIN CAPSULES 4.5 MG	30.60	AC50114100	REVELIN CAPSULES 4.5 MG	31.60	調價
AC50123100	LOCEMINE F.C. TABLETS 5 MG “S.C.”	2.21	AC50123100	LOCEMINE F.C. TABLETS 5 MG “S.C.”	2.17	調價
AC50126100	CLOGREL FILM COATED TABLETS 75MG (CLOPIDOGREL)	32.10	AC50126100	CLOGREL FILM COATED TABLETS 75MG (CLOPIDOGREL)	34.40	調價
AC50127100	TonBiShu F.C. Tablets 600mg	0.00	AC50127100	TonBiShu F.C. Tablets 600mg	1.64	刪除
AC50128316	AMFULAN CREAM 0.05% “EVEREST”	0.00	AC50128316	AMFULAN CREAM 0.05% “EVEREST”	33.60	刪除
AC50128321	AMFULAN CREAM 0.05% “EVEREST”	34.10	AC50128321	AMFULAN CREAM 0.05% “EVEREST”	35.80	調價
AC50128329	AMFULAN CREAM 0.05% “EVEREST”	0.00	AC50128329	AMFULAN CREAM 0.05% “EVEREST”	45.90	刪除
AC50128335	AMFULAN CREAM 0.05% “EVEREST”	0.00	AC50128335	AMFULAN CREAM 0.05% “EVEREST”	54.00	刪除
AC50128338	AMFULAN CREAM 0.05% “EVEREST”	0.00	AC50128338	AMFULAN CREAM 0.05% “EVEREST”	122.00	刪除
AC50128355	AMFULAN CREAM 0.05% “EVEREST”	0.00	AC50128355	AMFULAN CREAM 0.05% “EVEREST”	477.00	刪除
AC50130100	ANXOTOS TABLETS 15 MG	6.90	AC50130100	ANXOTOS TABLETS 15 MG	8.30	調價

AC50132321	AMI CREAM "EVEREST"	0.00	AC50132321	AMI CREAM "EVEREST"	26.20	刪除
AC50132329	AMI CREAM "EVEREST"	0.00	AC50132329	AMI CREAM "EVEREST"	45.30	刪除
AC50132330	AMI CREAM "EVEREST"	0.00	AC50132330	AMI CREAM "EVEREST"	45.30	刪除
AC50132338	AMI CREAM "EVEREST"	0.00	AC50132338	AMI CREAM "EVEREST"	152.00	刪除
AC50132343	AMI CREAM "EVEREST"	0.00	AC50132343	AMI CREAM "EVEREST"	207.00	刪除
AC50135100	Paspertase F.C. Tablets	2.01	AC50135100	Paspertase F.C. Tablets	2.10	調價
AC50136100	MYKYO TABLETS 0.5MG (METOLAZONE)	2.58	AC50136100	MYKYO TABLETS 0.5MG (METOLAZONE)	2.89	調價
AC50137255	TECOSID POWDER FOR I.V. INJECTION	0.00	AC50137255	TECOSID POWDER FOR I.V. INJECTION	449.00	刪除
AC50137263	TECOSID POWDER FOR I.V. INJECTION	0.00	AC50137263	TECOSID POWDER FOR I.V. INJECTION	563.00	刪除
AC50137271	TECOSID POWDER FOR I.V. INJECTION	0.00	AC50137271	TECOSID POWDER FOR I.V. INJECTION	1243.00	刪除
AC50138100	FELO E.R. F.C. TABLETS 10MG "EVEREST"	3.58	AC50138100	FELO E.R. F.C. TABLETS 10MG "EVEREST"	3.87	調價
AC50140100	IMMURIN SOFT GELATIN CAPSULE 100 MG	121.00	AC50140100	IMMURIN SOFT GELATIN CAPSULE 100 MG	124.00	調價
AC50141321	T.G.B. CREAM	0.00	AC50141321	T.G.B. CREAM	14.00	刪除
AC50141323	T.G.B. CREAM	14.40	AC50141323	T.G.B. CREAM	14.70	調價
AC50141329	T.G.B. CREAM	18.40	AC50141329	T.G.B. CREAM	18.70	調價
AC50141330	T.G.B. CREAM	0.00	AC50141330	T.G.B. CREAM	20.20	刪除
AC50141335	T.G.B. CREAM	0.00	AC50141335	T.G.B. CREAM	30.20	刪除
AC50141336	T.G.B. CREAM	0.00	AC50141336	T.G.B. CREAM	30.20	刪除
AC50141338	T.G.B. CREAM	57.00	AC50141338	T.G.B. CREAM	59.00	調價
AC50142100	HYDROQUINE FILM COATED TABLETS 200MG	2.07	AC50142100	HYDROQUINE FILM COATED TABLETS 200MG	2.18	調價
AC50145100	XYZINE F.C. TABLETS 5MG	2.21	AC50145100	XYZINE F.C. TABLETS 5MG	2.17	調價
AC50152100	GENCARI TABELETS 350MG	2.78	AC50152100	GENCARI TABELETS 350MG	3.01	調價
AC50163100	DESCHU TABLETS 5MG	2.19	AC50163100	DESCHU TABLETS 5MG	2.40	調價
AC50165100	REMECIN F.C. TABLETS 5MG	55.00	AC50165100	REMECIN F.C. TABLETS 5MG	60.00	調價
AC50170321	DESONE CREAM 0.25% “PATRON”	0.00	AC50170321	DESONE CREAM 0.25% “PATRON”	28.90	刪除
AC50170329	DESONE CREAM 0.25% “PATRON”	0.00	AC50170329	DESONE CREAM 0.25% “PATRON”	53.00	刪除

AC50170338	DESONE CREAM 0.25% “PATRON”	0.00	AC50170338	DESONE CREAM 0.25% “PATRON”	81.00	刪除
AC50170343	DESONE CREAM 0.25% “PATRON”	0.00	AC50170343	DESONE CREAM 0.25% “PATRON”	140.00	刪除
AC50174100	TICLOD F.C. TABLETS 100 MG	3.53	AC50174100	TICLOD F.C. TABLETS 100 MG	3.71	調價
AC50177100	Maxipril 10mg Tablets	5.10	AC50177100	Maxipril 10mg Tablets	5.70	調價
AC50179100	Spasmotin Tablets “Sinphar”	1.75	AC50179100	Spasmotin Tablets “Sinphar”	1.84	調價
AC50188321	CLENITON GEL 1% 〝S.L.″	0.00	AC50188321	CLENITON GEL 1% 〝S.L.″	10.00	刪除
AC50188329	CLENITON GEL 1% 〝S.L.″	0.00	AC50188329	CLENITON GEL 1% 〝S.L.″	14.90	刪除
AC50188338	CLENITON GEL 1% 〝S.L.″	0.00	AC50188338	CLENITON GEL 1% 〝S.L.″	69.00	刪除
AC50191162	CALAD CALCIUM SUSPENSION	0.00	AC50191162	CALAD CALCIUM SUSPENSION	155.00	刪除
AC50206177	PIRACETAM ORAL SOLUTION “CENTER”	193.00	AC50206177	PIRACETAM ORAL SOLUTION “CENTER”	204.00	調價
AC50207209	CEPIRO POWDER FOR I.V. INJECTION 1GM	206.00	AC50207209	CEPIRO POWDER FOR I.V. INJECTION 1GM	225.00	調價
AC50207212	CEPIRO POWDER FOR I.V. INJECTION 1GM, 2GM	0.00	AC50207212	CEPIRO POWDER FOR I.V. INJECTION 1GM, 2GM	558.00	刪除
AC50208329	Turnstyle Analgesia Gel “Sinphar”	14.80	AC50208329	Turnstyle Analgesia Gel “Sinphar”	15.60	調價
AC50208335	Turnstyle Analgesia Gel “Sinphar”	22.20	AC50208335	Turnstyle Analgesia Gel “Sinphar”	25.60	調價
AC50208338	Turnstyle Analgesia Gel “Sinphar”	0.00	AC50208338	Turnstyle Analgesia Gel “Sinphar”	26.80	刪除
AC50208340	Turnstyle Analgesia Gel “Sinphar”	28.20	AC50208340	Turnstyle Analgesia Gel “Sinphar”	33.70	調價
AC50208343	Turnstyle Analgesia Gel “Sinphar”	28.40	AC50208343	Turnstyle Analgesia Gel “Sinphar”	34.00	調價
AC502083AK	Turnstyle Analgesia Gel “Sinphar”	28.20	AC502083AK	Turnstyle Analgesia Gel “Sinphar”	33.70	調價
AC50209157	IEPAIN SUSPENSION 20MG/ML “EVEREST”	0.00	AC50209157	IEPAIN SUSPENSION 20MG/ML “EVEREST”	48.90	刪除

AC50210100	RHYNORM FILM COATED TABLETS 150 MG	10.00	AC50210100	RHYNORM FILM COATED TABLETS 150 MG	10.50	調價
AC50222100	DIPERTASE F.C. TABLETS	2.01	AC50222100	DIPERTASE F.C. TABLETS	2.10	調價
AC50223100	Naizhu Tablets 2 mg “S.D.”	2.72	AC50223100	Naizhu Tablets 2 mg “S.D.”	2.83	調價
AC50225212	LOW CALCIUM (2.5 MEQ/L) PERITONEAL DIALYSIS SOLUTION WITH 1.5% DEXTROSE “CHI SHENG”	0.00	AC50225212	LOW CALCIUM (2.5 MEQ/L) PERITONEAL DIALYSIS SOLUTION WITH 1.5% DEXTROSE “CHI SHENG”	181.00	刪除
AC50237100	"WECAM" ELLIC SUSTAINED RELEASE F.C. TABLETS 75MG	1.92	AC50237100	"WECAM" ELLIC SUSTAINED RELEASE F.C. TABLETS 75MG	2.08	調價
AC50241100	Clotinil F.C. Tablets 75mg	32.10	AC50241100	Clotinil F.C. Tablets 75mg	34.40	調價
AC50243121	Elimi-K Powder	9.50	AC50243121	Elimi-K Powder	9.90	調價
AC50254100	RIXIA TABLETS 0.5MG “MACRO” (METOLAZONE)	2.58	AC50254100	RIXIA TABLETS 0.5MG “MACRO” (METOLAZONE)	2.89	調價
AC50261100	“T.F.” SU-TON TABLETS	1.53	AC50261100	“T.F.” SU-TON TABLETS	1.55	調價
AC50262321	EASY ACNE GEL 0.1% (ADAPALENE)	17.30	AC50262321	EASY ACNE GEL 0.1% (ADAPALENE)	17.90	調價
AC50262335	EASY ACNE GEL 0.1% (ADAPALENE)	68.00	AC50262335	EASY ACNE GEL 0.1% (ADAPALENE)	72.00	調價
AC50262343	EASY ACNE GEL 0.1% (ADAPALENE)	0.00	AC50262343	EASY ACNE GEL 0.1% (ADAPALENE)	154.00	刪除
AC50262345	EASY ACNE GEL 0.1% (ADAPALENE)	0.00	AC50262345	EASY ACNE GEL 0.1% (ADAPALENE)	211.00	刪除
AC50262363	EASY ACNE GEL 0.1% (ADAPALENE)	0.00	AC50262363	EASY ACNE GEL 0.1% (ADAPALENE)	682.00	刪除
AC50263100	DOXTER TABLETS 4 MG	4.80	AC50263100	DOXTER TABLETS 4 MG	5.60	調價
AC50273100	DEMENZIL F.C. TABLETS 10MG	57.00	AC50273100	DEMENZIL F.C. TABLETS 10MG	61.00	調價
AC50342100	AXOL SUSTAINED RELEASE TABLETS 75MG “YUNG SHIN”	1.77	AC50342100	AXOL SUSTAINED RELEASE TABLETS 75MG “YUNG SHIN”	1.92	調價
AC50428219	NOREPINE INJECTION	100.00	AC50428219	NOREPINE INJECTION	108.00	調價
AC50432100	TAKEPRON CAPSULE 30 MG	10.00	AC50432100	TAKEPRON CAPSULE 30 MG	11.50	調價
AC50768209	KYOTIL IV INJECTION 1MG/ML	185.00	AC50768209	KYOTIL IV INJECTION 1MG/ML	218.00	調價
AC50768216	KYOTIL IV INJECTION 1MG/ML	0.00	AC50768216	KYOTIL IV INJECTION 1MG/ML	414.00	刪除

AC50769100	GLICRON MR TABLETS 30 MG	1.65	AC50769100	GLICRON MR TABLETS 30 MG	1.71	調價
AC50772100	MYCROS TABLETS 0.5MG	2.58	AC50772100	MYCROS TABLETS 0.5MG	2.89	調價
AC50866100	MYCOCEP CAPSULES 250MG	41.30	AC50866100	MYCOCEP CAPSULES 250MG	42.80	調價
AC50874100	FE MIN FILM COATED TABLETS 60MG “CHINTENG”	1.80	AC50874100	FE MIN FILM COATED TABLETS 60MG “CHINTENG”	1.91	調價
AC50880209	CEFEPIME INJECTABLE “TBC”	242.00	AC50880209	CEFEPIME INJECTABLE “TBC”	283.00	調價
AC50880212	CEFEPIME INJECTABLE “TBC”	450.00	AC50880212	CEFEPIME INJECTABLE “TBC”	496.00	調價
AC50880277	CEFEPIME INJECTABLE “TBC”	151.00	AC50880277	CEFEPIME INJECTABLE “TBC”	172.00	調價
AC51022100	FERICH FORTE CAPSULES	4.44	AC51022100	FERICH FORTE CAPSULES	4.55	調價
AC51034271	TEICOD FOR INJECTION 400MG	1164.00	AC51034271	TEICOD FOR INJECTION 400MG	1243.00	調價
AC51036220	PISUTAM LYO FOR INJECTION	226.00	AC51036220	PISUTAM LYO FOR INJECTION	260.00	調價
AC510362CX	PISUTAM LYO FOR INJECTION	136.00	AC510362CX	PISUTAM LYO FOR INJECTION	152.00	調價
AC51192100	MUPOD TABLETS 200 MG “S.C.”	18.40	AC51192100	MUPOD TABLETS 200 MG “S.C.”	20.40	調價
AC51195100	DIGALO TABLETS 1 MG “YU SHENG”	2.01	AC51195100	DIGALO TABLETS 1 MG “YU SHENG”	2.06	調價
AC51197100	DESORA F.C. TABLETS 5 MG “YU SHENG”	2.19	AC51197100	DESORA F.C. TABLETS 5 MG “YU SHENG”	2.29	調價
AC51198100	FUSODATE F.C. TABLET 250MG “YUHSIN”	48.90	AC51198100	FUSODATE F.C. TABLET 250MG “YUHSIN”	51.00	調價
AC51203100	LEVOZAL TABLETS 5MG “MACRO”	2.21	AC51203100	LEVOZAL TABLETS 5MG “MACRO”	2.20	調價
AC51389100	NODIZY TABLETS 16 MG	1.50	AC51389100	NODIZY TABLETS 16 MG	1.51	調價
AC51392430	BUDESON AQUA NASAL SPRAY 100 MCG/DOSE “WEIDAR”	94.00	AC51392430	BUDESON AQUA NASAL SPRAY 100 MCG/DOSE “WEIDAR”	100.00	調價
AC51392438	BUDESON AQUA NASAL SPRAY 100 MCG/DOSE “WEIDAR”	125.00	AC51392438	BUDESON AQUA NASAL SPRAY 100 MCG/DOSE “WEIDAR”	133.00	調價
AC51522338	ESARIN GEL	80.00	AC51522338	ESARIN GEL	82.00	調價
AC51523100	MAXATIN TABLETS 40 MG	14.10	AC51523100	MAXATIN TABLETS 40 MG	15.80	調價

AC51524100	CARBATIN CAPSULES 100 MG	3.32	AC51524100	CARBATIN CAPSULES 100 MG	3.43	調價
AC51531143	ASGACON LIQUID 5MCG/ML	0.00	AC51531143	ASGACON LIQUID 5MCG/ML	26.30	刪除
AC51531151	ASGACON LIQUID 5MCG/ML	0.00	AC51531151	ASGACON LIQUID 5MCG/ML	36.60	刪除
AC51531157	ASGACON LIQUID 5MCG/ML	0.00	AC51531157	ASGACON LIQUID 5MCG/ML	111.00	刪除
AC51533209	VANLYO POWDER FOR INJECTION “TAI YU”(VANCOMYCIN)	179.00	AC51533209	VANLYO POWDER FOR INJECTION “TAI YU”(VANCOMYCIN)	204.00	調價
AC51533277	VANLYO POWDER FOR INJECTION “TAI YU”(VANCOMYCIN)	76.00	AC51533277	VANLYO POWDER FOR INJECTION “TAI YU”(VANCOMYCIN)	80.00	調價
AC51598100	ATOTY F.C. TABLETS 10 MG	9.00	AC51598100	ATOTY F.C. TABLETS 10 MG	10.70	調價
AC51713321	SALISONE OINTMENT	10.90	AC51713321	SALISONE OINTMENT	11.30	調價
AC51713329	SALISONE OINTMENT	0.00	AC51713329	SALISONE OINTMENT	20.90	刪除
AC51713335	SALISONE OINTMENT	52.00	AC51713335	SALISONE OINTMENT	57.00	調價
AC51713338	SALISONE OINTMENT	68.00	AC51713338	SALISONE OINTMENT	73.00	調價
AC51713340	SALISONE OINTMENT	0.00	AC51713340	SALISONE OINTMENT	81.00	刪除
AC51713343	SALISONE OINTMENT	0.00	AC51713343	SALISONE OINTMENT	81.00	刪除
AC51715100	LEVOFLOXACIN F.C. TABLET 500MG “UNION”	20.90	AC51715100	LEVOFLOXACIN F.C. TABLET 500MG “UNION”	25.10	調價
AC51718100	NEPES F.C. TABLETS 10MG	57.00	AC51718100	NEPES F.C. TABLETS 10MG	61.00	調價
AC51729100	EVY F.C. TABLETS 10MG	8.10	AC51729100	EVY F.C. TABLETS 10MG	9.40	調價
AC52113100	DONGLU TABLETS 4MG	2.42	AC52113100	DONGLU TABLETS 4MG	2.64	調價
AC52120265	MOFLODAL INFUSION SOLUTION 400MG/250ML	624.00	AC52120265	MOFLODAL INFUSION SOLUTION 400MG/250ML	660.00	調價
AC52122417	CORTIBOND ORABASE	21.50	AC52122417	CORTIBOND ORABASE	22.00	調價
AC52122423	CORTIBOND ORABASE	36.70	AC52122423	CORTIBOND ORABASE	37.80	調價
AC52301100	LIPIMINUS F.C TABLETS 40MG	20.20	AC52301100	LIPIMINUS F.C TABLETS 40MG	22.60	調價
AC52345100	SILYMARIN CAPSULES "S.C"	1.52	AC52345100	SILYMARIN CAPSULES "S.C"	1.53	調價
AC52347100	RIBELITE TABLETS 50MG “SYNRAY”	0.00	AC52347100	RIBELITE TABLETS 50MG “SYNRAY”	9.60	刪除

AC52351100	DEMENZIL F.C. TABLETS 5MG	55.00	AC52351100	DEMENZIL F.C. TABLETS 5MG	60.00	調價
AC52354100	NEOCETIN F.C TABLETS 5MG	2.21	AC52354100	NEOCETIN F.C TABLETS 5MG	2.30	調價
AC52416338	ESECIN GEL 1.5% “P.L.”	86.00	AC52416338	ESECIN GEL 1.5% “P.L.”	89.00	調價
AC52428100	ACERINE S.C. TABLETS 10 MG “WEIDAR”	4.38	AC52428100	ACERINE S.C. TABLETS 10 MG “WEIDAR”	4.70	調價
AC52430100	METERONE TABLETS 500 MG	0.00	AC52430100	METERONE TABLETS 500 MG	42.80	刪除
AC52432100	Pentixol F.C. Tablets	10.70	AC52432100	Pentixol F.C. Tablets	11.30	調價
AC52436100	LOSATER F.C. TABLETS 100MG “CHINTENG”	5.80	AC52436100	LOSATER F.C. TABLETS 100MG “CHINTENG”	6.60	調價
AC52438143	Witgen Oral Drop “LOTUS”	397.00	AC52438143	Witgen Oral Drop “LOTUS”	421.00	調價
AC52453209	TERLISSIN INJECTION 1MG	805.00	AC52453209	TERLISSIN INJECTION 1MG	868.00	調價
AC52464155	OXYPINE ORAL SUSPENSION〝CENTER″	308.00	AC52464155	OXYPINE ORAL SUSPENSION〝CENTER″	328.00	調價
AC52464165	OXYPINE ORAL SUSPENSION〝CENTER″	755.00	AC52464165	OXYPINE ORAL SUSPENSION〝CENTER″	800.00	調價
AC52465100	Simva F.C. Tablets 40mg	7.50	AC52465100	Simva F.C. Tablets 40mg	8.80	調價
AC52473212	PERITONEAL DIALYSIS SOLUTION WITH 1.5% DEXTROSE “CHI SHENG”	0.00	AC52473212	PERITONEAL DIALYSIS SOLUTION WITH 1.5% DEXTROSE “CHI SHENG”	181.00	刪除
AC52475100	Etodolac Capsules 200mg “Sinphar”	3.25	AC52475100	Etodolac Capsules 200mg “Sinphar”	3.46	調價
AC52479100	KEZHI FILM COATED TABLETS 40MG	7.50	AC52479100	KEZHI FILM COATED TABLETS 40MG	8.80	調價
AC52520100	DU.Q TABLETS 10MG “ROOT”	3.84	AC52520100	DU.Q TABLETS 10MG “ROOT”	4.30	調價
AC52522100	CANAFI F.C. TABLETS “Y.C.”	32.10	AC52522100	CANAFI F.C. TABLETS “Y.C.”	34.40	調價
AC52530100	ATORIN F.C. TABLETS 20MG	16.60	AC52530100	ATORIN F.C. TABLETS 20MG	18.90	調價
AC52533100	CHUTAN SR TABLETS 75MG	1.77	AC52533100	CHUTAN SR TABLETS 75MG	1.76	調價
AC52534100	GLIBUDON XR TABLETS 750 MG	1.58	AC52534100	GLIBUDON XR TABLETS 750 MG	1.62	調價
AC52537100	RIZATAN TABLET 5MG “UNION”	49.80	AC52537100	RIZATAN TABLET 5MG “UNION”	52.00	調價
AC52540121	K-Stone Granules	6.90	AC52540121	K-Stone Granules	7.20	調價

AC52544277	0.298% KCL IN 0.9% NACL INJECTION “TBC”	25.40	AC52544277	0.298% KCL IN 0.9% NACL INJECTION “TBC”	25.60	調價
AC52551277	0.149% KCL IN 0.9% NACL INJECTION “TBC”	25.40	AC52551277	0.149% KCL IN 0.9% NACL INJECTION “TBC”	25.60	調價
AC52553210	Sulampi powder for IV Injection 750mg、1500mg、3000mg	55.00	AC52553210	Sulampi powder for IV Injection 750mg、1500mg、3000mg	62.00	調價
AC52553216	SULAMPI POWDER FOR IV INJECTION 750MG、1500MG、3000MG	137.00	AC52553216	SULAMPI POWDER FOR IV INJECTION 750MG、1500MG、3000MG	148.00	調價
AC52553289	Sulampi powder for IV Injection 750mg、1500mg、3000mg	0.00	AC52553289	Sulampi powder for IV Injection 750mg、1500mg、3000mg	62.00	刪除
AC52555421	TETRACYCLINE OPHTHALMIC OINTMENT “WINSTON”	16.60	AC52555421	TETRACYCLINE OPHTHALMIC OINTMENT “WINSTON”	16.80	調價
AC52558416	LOMOLAN OPHTHALMIC SOLUTION 0.25% “GENTLE”	0.00	AC52558416	LOMOLAN OPHTHALMIC SOLUTION 0.25% “GENTLE”	54.00	刪除
AC52558421	LOMOLAN OPHTHALMIC SOLUTION 0.25% “GENTLE”	0.00	AC52558421	LOMOLAN OPHTHALMIC SOLUTION 0.25% “GENTLE”	54.00	刪除
AC52565263	TEIYU FOR I.V. INJECTION “TAI YU”	516.00	AC52565263	TEIYU FOR I.V. INJECTION “TAI YU”	563.00	調價
AC52565271	TEIYU FOR I.V. INJECTION “TAI YU”	1164.00	AC52565271	TEIYU FOR I.V. INJECTION “TAI YU”	1243.00	調價
AC52566157	Rivast Oral Solution “Center”	1225.00	AC52566157	Rivast Oral Solution “Center”	1300.00	調價
AC52568100	SYNZAR F.C. TABLETS 50/12.5 MG	4.11	AC52568100	SYNZAR F.C. TABLETS 50/12.5 MG	4.82	調價
AC52581100	JOINLO TABLETS 40MG "EVEREST"	14.10	AC52581100	JOINLO TABLETS 40MG "EVEREST"	15.80	調價
AC52588100	LIMINO F.C. TABLETS 5 MG “H.S.”	2.21	AC52588100	LIMINO F.C. TABLETS 5 MG “H.S.”	2.25	調價
AC52592209	CEPIROM POWDER FOR I.V. INJECTION 1G	206.00	AC52592209	CEPIROM POWDER FOR I.V. INJECTION 1G	225.00	調價
AC52592212	CEPIROM POWDER FOR I.V. INJECTION 2G	0.00	AC52592212	CEPIROM POWDER FOR I.V. INJECTION 2G	558.00	刪除

AC52614100	LOSAPIN F.C TABLETS 50MG "WEIDAR"	4.11	AC52614100	LOSAPIN F.C TABLETS 50MG "WEIDAR"	4.82	調價
AC52616100	LUXTAB F.C. TABLETS 4 MG (LACIDIPINE)	4.87	AC52616100	LUXTAB F.C. TABLETS 4 MG (LACIDIPINE)	4.79	調價
AC52617100	NODOFF F.C. TABLETS 5MG	39.50	AC52617100	NODOFF F.C. TABLETS 5MG	45.30	調價
AC54641209	D.S.E.L. INJECTION “TAI YU”	0.00	AC54641209	D.S.E.L. INJECTION “TAI YU”	42.90	刪除
AC54641277	"D.S.E.L. INJECTION ""TAI YU"""	29.50	AC54641277	"D.S.E.L. INJECTION ""TAI YU"""	29.70	調價
AC54647277	SULBACTAM POWDER FOR INJECTION 500 MG “C.C.P.C.”	67.00	AC54647277	SULBACTAM POWDER FOR INJECTION 500 MG “C.C.P.C.”	76.00	調價
AC54857100	AMALIN TABLETS 4MG “C.H.”	2.42	AC54857100	AMALIN TABLETS 4MG “C.H.”	2.64	調價
AC54859100	SIPO TABLETS 10MG "EVEREST"	5.10	AC54859100	SIPO TABLETS 10MG "EVEREST"	5.70	調價
AC54971421	SHUCOMING EYE GEL	0.00	AC54971421	SHUCOMING EYE GEL	97.00	刪除
AC54975100	METERONE TABLETS 100 MG	0.00	AC54975100	METERONE TABLETS 100 MG	10.20	刪除
AC54979100	ULICIN F.C. TABLETS 500MG “H.S.”	13.20	AC54979100	ULICIN F.C. TABLETS 500MG “H.S.”	14.80	調價
AC54980100	CITAO-S F.C. TABLETS 10 MG	9.70	AC54980100	CITAO-S F.C. TABLETS 10 MG	10.90	調價
AC54983100	REVINA TABLETS	0.00	AC54983100	REVINA TABLETS	4.35	刪除
AC54992100	VACYLESS FILM COATED TABLETS 1G	91.00	AC54992100	VACYLESS FILM COATED TABLETS 1G	100.00	調價
AC55003329	BEING LOTION SOLUTION 1MG/ML	31.80	AC55003329	BEING LOTION SOLUTION 1MG/ML	34.10	調價
AC55003338	BEING LOTION SOLUTION 1MG/ML	33.50	AC55003338	BEING LOTION SOLUTION 1MG/ML	36.20	調價
AC55003340	BEING LOTION SOLUTION 1MG/ML	33.50	AC55003340	BEING LOTION SOLUTION 1MG/ML	36.20	調價
AC55003363	BEING LOTION SOLUTION 1MG/ML	0.00	AC55003363	BEING LOTION SOLUTION 1MG/ML	326.00	刪除
AC55005100	PREWELL SUSTAINED-RELEASE TABLETS 150MG “MACRO”	11.70	AC55005100	PREWELL SUSTAINED-RELEASE TABLETS 150MG “MACRO”	13.60	調價
AC55010100	TILOR TABLETS 50 MG	5.50	AC55010100	TILOR TABLETS 50 MG	6.10	調價
AC55012100	SINMARON O.D. TABLETS 30MG	8.90	AC55012100	SINMARON O.D. TABLETS 30MG	10.60	調價
AC55013100	NEPES F.C. TABLETS 5 MG	55.00	AC55013100	NEPES F.C. TABLETS 5 MG	60.00	調價

AC55014151	TONINE SUSPENSION 1MG/ML	0.00	AC55014151	TONINE SUSPENSION 1MG/ML	25.90	刪除
AC55025219	NOREPINEPHRINE INJECTION 4MG/4ML “TAI YU”	100.00	AC55025219	NOREPINEPHRINE INJECTION 4MG/4ML “TAI YU”	108.00	調價
AC55026100	CLOPIDOGREL F.C. TABLETS 75 MG “C.Y.H.”	32.10	AC55026100	CLOPIDOGREL F.C. TABLETS 75 MG “C.Y.H.”	34.40	調價
AC55051100	MISUL TABLETS 200 MG	18.40	AC55051100	MISUL TABLETS 200 MG	20.40	調價
AC55109113	NOOPOL GRANULES FOR ORAL SOLUTION 2400MG	5.70	AC55109113	NOOPOL GRANULES FOR ORAL SOLUTION 2400MG	6.00	調價
AC55110220	PIPETAZO POWDER FOR I.V. INJ.	226.00	AC55110220	PIPETAZO POWDER FOR I.V. INJ.	260.00	調價
AC551102AE	PIPETAZO POWDER FOR I.V. INJ.	199.00	AC551102AE	PIPETAZO POWDER FOR I.V. INJ.	223.00	調價
AC551102CX	PIPETAZO POWDER FOR I.V. INJ.	136.00	AC551102CX	PIPETAZO POWDER FOR I.V. INJ.	152.00	調價
AC55114212	LOW CALCIUM (2.5 MEQ/L) PERITONEAL DIALYSIS SOLUTION WITH 4.25% DEXTROSE “CHI SHENG”	0.00	AC55114212	LOW CALCIUM (2.5 MEQ/L) PERITONEAL DIALYSIS SOLUTION WITH 4.25% DEXTROSE “CHI SHENG”	181.00	刪除
AC55115212	PERITONEAL DIALYSIS SOLUTION WITH 4.25% DEXTROSE “CHI SHENG”	0.00	AC55115212	PERITONEAL DIALYSIS SOLUTION WITH 4.25% DEXTROSE “CHI SHENG”	181.00	刪除
AC55118100	URIEF CAPSULES 4 MG	5.70	AC55118100	URIEF CAPSULES 4 MG	6.00	調價
AC55121209	LOFETA POWDER FOR IV INJ. 1G	78.00	AC55121209	LOFETA POWDER FOR IV INJ. 1G	84.00	調價
AC55121212	LOFETA POWDER FOR IV INJ. 2G	0.00	AC55121212	LOFETA POWDER FOR IV INJ. 2G	263.00	刪除
AC55121265	LOFETA POWDER FOR IV INJ. 250MG	0.00	AC55121265	LOFETA POWDER FOR IV INJ. 250MG	41.80	刪除
AC55121277	LOFETA POWDER FOR IV INJ. 0.5G	0.00	AC55121277	LOFETA POWDER FOR IV INJ. 0.5G	69.00	刪除
AC55123100	PANZYME FILM-COATED TABLETS 212.5/5MG “STANDARD” (PANCREATIN 212.5MG+METOCLOPRAMIDE HCL 5MG)	2.01	AC55123100	PANZYME FILM-COATED TABLETS 212.5/5MG “STANDARD” (PANCREATIN 212.5MG+METOCLOPRAMIDE HCL 5MG)	2.10	調價
AC55227100	ARIPLE TABLETS 10MG	47.30	AC55227100	ARIPLE TABLETS 10MG	47.00	調價

AC55232100	KETEN E.M.C. 10MG "EVEREST"	4.13	AC55232100	KETEN E.M.C. 10MG "EVEREST"	4.40	調價
AC55238500	POLININ VAGINAL SUPPOSITORIES "P.L."	10.90	AC55238500	POLININ VAGINAL SUPPOSITORIES "P.L."	11.10	調價
AC55245100	QUETIA F.C. TABLETS 200 MG	16.30	AC55245100	QUETIA F.C. TABLETS 200 MG	19.40	調價
AC55249209	LOTIAM POWDER FOR IV INJ. 1000MG	168.00	AC55249209	LOTIAM POWDER FOR IV INJ. 1000MG	178.00	調價
AC55250321	LIDALENE GEL	17.30	AC55250321	LIDALENE GEL	17.90	調價
AC55250335	LIDALENE GEL	68.00	AC55250335	LIDALENE GEL	72.00	調價
AC55250343	LIDALENE GEL	0.00	AC55250343	LIDALENE GEL	154.00	刪除
AC55250345	LIDALENE GEL	0.00	AC55250345	LIDALENE GEL	211.00	刪除
AC55250363	LIDALENE GEL	0.00	AC55250363	LIDALENE GEL	682.00	刪除
AC55252155	LEVIM ORAL SOLUTION 100 MG/ML	419.00	AC55252155	LEVIM ORAL SOLUTION 100 MG/ML	437.00	調價
AC55252161	LEVIM ORAL SOLUTION 100 MG/ML	705.00	AC55252161	LEVIM ORAL SOLUTION 100 MG/ML	730.00	調價
AC55252166	LEVIM ORAL SOLUTION 100 MG/ML	1337.00	AC55252166	LEVIM ORAL SOLUTION 100 MG/ML	1404.00	調價
AC55260421	TOBACIN EYE DROPS 0.3% "MEDICINE" (TOBRAMYCIN)	32.80	AC55260421	TOBACIN EYE DROPS 0.3% "MEDICINE" (TOBRAMYCIN)	33.60	調價
AC55267157	Megatus Oral Suspension 40mg/ml	683.00	AC55267157	Megatus Oral Suspension 40mg/ml	706.00	調價
AC55268100	ATORVA FILM-COATED TABLETS 40MG "STANDARD" (ATORVASTATIN)	20.20	AC55268100	ATORVA FILM-COATED TABLETS 40MG "STANDARD" (ATORVASTATIN)	22.60	調價
AC55272100	ATORVA FILM-COATED TABLETS 10MG "STANDARD" (ATORVASTATIN)	9.00	AC55272100	ATORVA FILM-COATED TABLETS 10MG "STANDARD" (ATORVASTATIN)	10.70	調價
AC55277435	SULMEZOLE EYE DROPS 4% "MEDICINE" (SULFAMETHOXAZOLE SODIUM)	13.90	AC55277435	SULMEZOLE EYE DROPS 4% "MEDICINE" (SULFAMETHOXAZOLE SODIUM)	14.10	調價
AC55283100	LETAMPIN F.C. TABLETS 500MG	22.30	AC55283100	LETAMPIN F.C. TABLETS 500MG	20.70	調價
AC55284100	BUPOPIN SR TABLETS 150 MG	11.70	AC55284100	BUPOPIN SR TABLETS 150 MG	13.60	調價

AC55291212	PERITONEAL DIALYSIS SOLUTION WITH 2.5% DEXTROSE “CHI SHENG”	0.00	AC55291212	PERITONEAL DIALYSIS SOLUTION WITH 2.5% DEXTROSE “CHI SHENG”	181.00	刪除
AC55292212	PERITONEAL DIALYSIS SOLUTION WITH 2.5% DEXTROSE “CHI SHENG”	0.00	AC55292212	PERITONEAL DIALYSIS SOLUTION WITH 2.5% DEXTROSE “CHI SHENG”	181.00	刪除
AC55295221	Bonecare Concentrate for solution for infusion 4mg/5ml	5433.00	AC55295221	Bonecare Concentrate for solution for infusion 4mg/5ml	5992.00	調價
AC55296100	LOSTAN F.C. TABLETS 50MG	4.11	AC55296100	LOSTAN F.C. TABLETS 50MG	4.82	調價
AC55297323	CLEARCIN GEL	11.40	AC55297323	CLEARCIN GEL	12.00	調價
AC55297329	CLEARCIN GEL	14.10	AC55297329	CLEARCIN GEL	14.90	調價
AC55297330	CLEARCIN GEL	17.40	AC55297330	CLEARCIN GEL	17.70	調價
AC55297335	CLEARCIN GEL	20.70	AC55297335	CLEARCIN GEL	22.20	調價
AC55297338	CLEARCIN GEL	65.00	AC55297338	CLEARCIN GEL	69.00	調價
AC55297343	CLEARCIN GEL	185.00	AC55297343	CLEARCIN GEL	186.00	調價
AC55404316	FUISU CREAM	32.40	AC55404316	FUISU CREAM	33.60	調價
AC55404321	FUISU CREAM	34.10	AC55404321	FUISU CREAM	35.80	調價
AC55404329	FUISU CREAM	44.10	AC55404329	FUISU CREAM	45.90	調價
AC55408100	TERODINE F.C. TABLETS 2 MG	7.60	AC55408100	TERODINE F.C. TABLETS 2 MG	8.40	調價
AC55423209	FORTIEAN POWDER FOR I.V. INJECTION “PANBIOTIC” (1000MG)	168.00	AC55423209	FORTIEAN POWDER FOR I.V. INJECTION “PANBIOTIC” (1000MG)	178.00	調價
AC55425329	Shu Le Fu Cream 0.05%	0.00	AC55425329	Shu Le Fu Cream 0.05%	14.30	刪除
AC55425335	Shu Le Fu Cream 0.05%	24.80	AC55425335	Shu Le Fu Cream 0.05%	25.50	調價
AC55425338	Shu Le Fu Cream 0.05%	41.90	AC55425338	Shu Le Fu Cream 0.05%	44.50	調價
AC55426100	MINLO F.C. TABLETS 5MG “EVEREST”	2.21	AC55426100	MINLO F.C. TABLETS 5MG “EVEREST”	2.17	調價
AC55428100	PROGREL F.C. TABLETS 75 MG	32.10	AC55428100	PROGREL F.C. TABLETS 75 MG	34.40	調價
AC55530100	Gatamine F.C. Tablets 8mg	26.50	AC55530100	Gatamine F.C. Tablets 8mg	27.10	調價
AC55531100	TANZA F.C. TABLETS 50MG	4.11	AC55531100	TANZA F.C. TABLETS 50MG	4.82	調價
AC55534100	BETETRIM S.R. FILM-COATED TABLETS 150MG	11.70	AC55534100	BETETRIM S.R. FILM-COATED TABLETS 150MG	13.60	調價
AC55538100	“Purzer” Arin F.C. Tablet 10mg (Donepezil HCl)	57.00	AC55538100	“Purzer” Arin F.C. Tablet 10mg (Donepezil HCl)	61.00	調價

AC55539277	EZDOPA INJECTION 3.2 MG/ML	0.00	AC55539277	EZDOPA INJECTION 3.2 MG/ML	406.00	刪除
AC55540100	LESYN F.C. TABLETS 6 MG	7.50	AC55540100	LESYN F.C. TABLETS 6 MG	7.70	調價
AC55544100	ARIKA TABLETS 15MG	47.30	AC55544100	ARIKA TABLETS 15MG	47.00	調價
AC55545248	LEVOFLOXACIN I.V. SOLUTION FOR INFUSION 5MG/ML “CHI SHENG”	0.00	AC55545248	LEVOFLOXACIN I.V. SOLUTION FOR INFUSION 5MG/ML “CHI SHENG”	408.00	刪除
AC55545255	LEVOFLOXACIN I.V. SOLUTION FOR INFUSION 5MG/ML “CHI SHENG”	0.00	AC55545255	LEVOFLOXACIN I.V. SOLUTION FOR INFUSION 5MG/ML “CHI SHENG”	656.00	刪除
AC55546321	WART DEL CREAM	578.00	AC55546321	WART DEL CREAM	593.00	調價
AC55552100	“ROOT” DU. Q 5 MG TABLETS	3.84	AC55552100	“ROOT” DU. Q 5 MG TABLETS	4.30	調價
AC55554180	AZITHROM POWDER FOR ORAL SUSPENSION	216.00	AC55554180	AZITHROM POWDER FOR ORAL SUSPENSION	226.00	調價
AC55554197	AZITHROM POWDER FOR ORAL SUSPENSION	0.00	AC55554197	AZITHROM POWDER FOR ORAL SUSPENSION	477.00	刪除
AC55556100	AMSULPIN TABLETS 200MG	18.40	AC55556100	AMSULPIN TABLETS 200MG	20.40	調價
AC55558100	LOSATER F.C. TABLETS 50MG “CHINTENG”	4.11	AC55558100	LOSATER F.C. TABLETS 50MG “CHINTENG”	4.82	調價
AC55561100	IRINA TABLETS	6.40	AC55561100	IRINA TABLETS	6.50	調價
AC55563100	LAVEZOL CAPSULES 30 MG “WEIDAR”	10.00	AC55563100	LAVEZOL CAPSULES 30 MG “WEIDAR”	11.50	調價
AC55565100	MOSPEW F.C. TABLETS 5MG “H.S.”	1.75	AC55565100	MOSPEW F.C. TABLETS 5MG “H.S.”	1.85	調價
AC55566100	MOSAPULIN FILM COATED TABLETS 5MG	1.75	AC55566100	MOSAPULIN FILM COATED TABLETS 5MG	1.85	調價
AC55567100	PUSADE F.C. TABLETS 5MG	1.75	AC55567100	PUSADE F.C. TABLETS 5MG	1.85	調價
AC55568100	PERISCON F.C. TABLETS 5 MG	1.75	AC55568100	PERISCON F.C. TABLETS 5 MG	1.85	調價
AC55569100	MOSDE F.C. TABLETS 5MG	1.75	AC55569100	MOSDE F.C. TABLETS 5MG	1.85	調價
AC555691G0	MOSDE F.C. TABLETS 5MG(鋁箔/膠箔)	2.00			#NULL!	新增
AC55570100	WELSTRONG TABLETS 5 MG	0.00	AC55570100	WELSTRONG TABLETS 5 MG	1.85	刪除
AC55571100	MOSAPE F.C. TABLETS 5MG	1.73	AC55571100	MOSAPE F.C. TABLETS 5MG	1.82	調價

AC55572100	Weymosa F.C. Tablets 5mg “S.C.”	1.75	AC55572100	Weymosa F.C. Tablets 5mg “S.C.”	1.85	調價
AC55575209	UBITRON I.V. INJECTION 1 MG/ML	0.00	AC55575209	UBITRON I.V. INJECTION 1 MG/ML	218.00	刪除
AC55575216	UBITRON I.V. INJECTION 1 MG/ML （3 ML）	0.00	AC55575216	UBITRON I.V. INJECTION 1 MG/ML （3 ML）	414.00	刪除
AC55576100	HANLOSIN S.R.O.D. TABLETS 0.2 MG	5.60	AC55576100	HANLOSIN S.R.O.D. TABLETS 0.2 MG	6.40	調價
AC55577114	IPRATRAMOL INHALATION SOLUTION 〝CENTER″	0.00	AC55577114	IPRATRAMOL INHALATION SOLUTION 〝CENTER″	15.20	刪除
AC55583100	ATORCAL F.C. TABLETS 20MG “S.C.”	16.60	AC55583100	ATORCAL F.C. TABLETS 20MG “S.C.”	18.90	調價
AC55584100	MOZAPRY F.C. TABLETS 5 MG	1.75	AC55584100	MOZAPRY F.C. TABLETS 5 MG	1.85	調價
AC55889100	KANTEC CAPSULES “Y.C.”	2.83	AC55889100	KANTEC CAPSULES “Y.C.”	2.97	調價
AC55892209	CEFDIME FOR IV INJECTION	39.20	AC55892209	CEFDIME FOR IV INJECTION	43.30	調價
AC55892212	CEFDIME FOR IV INJECTION	199.00	AC55892212	CEFDIME FOR IV INJECTION	235.00	調價
AC55892265	CEFDIME FOR IV INJECTION	0.00	AC55892265	CEFDIME FOR IV INJECTION	25.00	刪除
AC55892277	CEFDIME FOR IV INJECTION	0.00	AC55892277	CEFDIME FOR IV INJECTION	27.20	刪除
AC55894100	PLAQUIL F.C. TABLETS 200 MG "Y.C."	2.07	AC55894100	PLAQUIL F.C. TABLETS 200 MG "Y.C."	2.18	調價
AC55895100	ATORCAL F.C. TABLETS 10MG “S.C.”	9.00	AC55895100	ATORCAL F.C. TABLETS 10MG “S.C.”	10.70	調價
AC55896100	FELO E.R. F.C. TABLETS 5MG “EVEREST”	2.04	AC55896100	FELO E.R. F.C. TABLETS 5MG “EVEREST”	2.24	調價
AC55902100	MESACOL TABLETS 25MG “Y.C.”	1.63	AC55902100	MESACOL TABLETS 25MG “Y.C.”	1.68	調價
AC55905100	DOFEN CAPSULES	1.59	AC55905100	DOFEN CAPSULES	1.63	調價
AC55906100	PENLEX TABLETS 5MG “Y.C.”	2.15	AC55906100	PENLEX TABLETS 5MG “Y.C.”	2.30	調價
AC55909421	DELLERGY EYE DROPS “Y.Y.”	17.70	AC55909421	DELLERGY EYE DROPS “Y.Y.”	18.80	調價
AC55909429	DELLERGY EYE DROPS “Y.Y.”	33.20	AC55909429	DELLERGY EYE DROPS “Y.Y.”	36.00	調價
AC55913209	VOMSTOP I.V. INJECTION 1MG/ML	185.00	AC55913209	VOMSTOP I.V. INJECTION 1MG/ML	218.00	調價
AC55913216	VOMSTOP I.V. INJECTION 1MG/ML	347.00	AC55913216	VOMSTOP I.V. INJECTION 1MG/ML	414.00	調價

AC55916100	“T.F.” SU-MIN F.C.T 180MG	4.60	AC55916100	“T.F.” SU-MIN F.C.T 180MG	4.89	調價
AC55920100	BERON F.C.TABLETS 8MG “EVEREST”	2.28	AC55920100	BERON F.C.TABLETS 8MG “EVEREST”	2.47	調價
AC55924100	RIVOPAM TABLETS 2MG “Y.Y.”	1.86	AC55924100	RIVOPAM TABLETS 2MG “Y.Y.”	1.99	調價
AC559241G0	RIVOPAM TABLETS 2MG “Y.Y.”(鋁箔/膠箔)	2.00			#NULL!	新增
AC55925100	LISEN F.C. TABLETS 200MG “Y.Y.”	2.07	AC55925100	LISEN F.C. TABLETS 200MG “Y.Y.”	2.18	調價
AC55926100	TARACTEN TABLETS 50MG “Y.Y.”	4.03	AC55926100	TARACTEN TABLETS 50MG “Y.Y.”	4.24	調價
AC55927100	DELIPID CAPSULES 300MG “Y.Y.”	0.00	AC55927100	DELIPID CAPSULES 300MG “Y.Y.”	3.23	刪除
AC55928100	LEVIM FILM COATED TABLETS 500 MG	22.30	AC55928100	LEVIM FILM COATED TABLETS 500 MG	20.70	調價
AC55934229	ORECTALIP IV INJECTION 5MG/ML “SINPHAR”	1336.00	AC55934229	ORECTALIP IV INJECTION 5MG/ML “SINPHAR”	1635.00	調價
AC55934238	ORECTALIP IV INJECTION 5MG/ML “SINPHAR”	4420.00	AC55934238	ORECTALIP IV INJECTION 5MG/ML “SINPHAR”	5237.00	調價
AC55934245	ORECTALIP IV INJECTION 5MG/ML “SINPHAR”	9592.00	AC55934245	ORECTALIP IV INJECTION 5MG/ML “SINPHAR”	9859.00	調價
AC55939100	EXMEM FILM-COATED TABLETS 10 MG	7.60	AC55939100	EXMEM FILM-COATED TABLETS 10 MG	8.80	調價
AC55940321	HONEX OINTMENT	0.00	AC55940321	HONEX OINTMENT	14.10	刪除
AC55940329	HONEX OINTMENT	44.50	AC55940329	HONEX OINTMENT	46.00	調價
AC55945100	ALLEVO F.C. TABLETS 5MG “CBC”	2.21	AC55945100	ALLEVO F.C. TABLETS 5MG “CBC”	2.22	調價
AC55947100	TANFU TABLETS 100MG “KOJAR”	1.76	AC55947100	TANFU TABLETS 100MG “KOJAR”	1.79	調價
AC559471G0	TANFU TABLETS 100MG “KOJAR”(鋁箔/膠箔)	2.00			#NULL!	新增
AC55949209	TONYUAN FOR I.V. INJECTION 30MG/ML"Y.Y."	17.00	AC55949209	TONYUAN FOR I.V. INJECTION 30MG/ML"Y.Y."	17.80	調價
AC55949212	TONYUAN FOR I.V. INJECTION 30MG/ML "Y.Y."	24.00	AC55949212	TONYUAN FOR I.V. INJECTION 30MG/ML "Y.Y."	27.20	調價
AC55950100	COSAR F.C. TABLETS 50 MG	4.11	AC55950100	COSAR F.C. TABLETS 50 MG	4.82	調價
AC55951417	VICEMER EYE GEL 0.2% “KINGDOM” (CARBOMER)	31.30	AC55951417	VICEMER EYE GEL 0.2% “KINGDOM” (CARBOMER)	33.90	調價

AC55951429	VICEMER EYE GEL 0.2% “KINGDOM” (CARBOMER)	102.00	AC55951429	VICEMER EYE GEL 0.2% “KINGDOM” (CARBOMER)	106.00	調價
AC55952100	ATOTY F.C. TABLETS 20 MG	16.60	AC55952100	ATOTY F.C. TABLETS 20 MG	18.90	調價
AC55953100	SETRON F.C. TABLETS 1MG	167.00	AC55953100	SETRON F.C. TABLETS 1MG	178.00	調價
AC55956100	LIPIMINUS F.C. TABLETS 20MG	16.60	AC55956100	LIPIMINUS F.C. TABLETS 20MG	18.90	調價
AC55957100	LISIPRIL TABLETS 10 MG “S.D.”	2.29	AC55957100	LISIPRIL TABLETS 10 MG “S.D.”	2.53	調價
AC55958221	ENBOSUN INJECTION 0.84MG/ML	25.00	AC55958221	ENBOSUN INJECTION 0.84MG/ML	25.90	調價
AC55961100	CARISOMA TABLETS 250 MG	2.17	AC55961100	CARISOMA TABLETS 250 MG	2.36	調價
AC55963100	ANPUROL TABLETS 100MG (ALLOPURINOL)	0.00	AC55963100	ANPUROL TABLETS 100MG (ALLOPURINOL)	1.50	刪除
AC55965100	ZOLMIN CAPSULES 5MG “C.H.”	1.81	AC55965100	ZOLMIN CAPSULES 5MG “C.H.”	1.92	調價
AC55974100	SUPERIDE TABLETS 200MG “KINGDOM” (AMISULPRIDE)	18.40	AC55974100	SUPERIDE TABLETS 200MG “KINGDOM” (AMISULPRIDE)	20.40	調價
AC55981209	JUSTIAM POWDER FOR INTRAVENOUS INJECTION	0.00	AC55981209	JUSTIAM POWDER FOR INTRAVENOUS INJECTION	178.00	刪除
AC55981277	JUSTIAM POWDER FOR INTRAVENOUS INJECTION	0.00	AC55981277	JUSTIAM POWDER FOR INTRAVENOUS INJECTION	136.00	刪除
AC55985100	METFOPIN F.C. TABLETS 850MG	1.68	AC55985100	METFOPIN F.C. TABLETS 850MG	1.75	調價
AC55987100	YESINDON TABLETS 25 MG	3.19	AC55987100	YESINDON TABLETS 25 MG	3.64	調價
AC55989421	LEMIN EYE DROPS “KINGDOM”	14.10	AC55989421	LEMIN EYE DROPS “KINGDOM”	14.30	調價
AC56296255	CAKEEP 5MG/100ML SOLUTION FOR INFUSION	9697.00	AC56296255	CAKEEP 5MG/100ML SOLUTION FOR INFUSION	9353.00	調價
AC56311100	NICORDIL TABLETS 5 MG “S.D.”	2.89	AC56311100	NICORDIL TABLETS 5 MG “S.D.”	3.12	調價
AC56313100	BENECOL TABLETS “Y.C.” 50MG	3.45	AC56313100	BENECOL TABLETS “Y.C.” 50MG	3.48	調價
AC56314100	PODO CAPSULES 20 MG	0.00	AC56314100	PODO CAPSULES 20 MG	1.50	刪除
AC56316100	Tamos Capsules 100 mg	2543.00	AC56316100	Tamos Capsules 100 mg	2539.00	調價
AC56319100	LIPIMINUS F.C.TABLETS 10MG	9.00	AC56319100	LIPIMINUS F.C.TABLETS 10MG	10.70	調價
AC56321100	NORINA TABLETS 5MG	1.66	AC56321100	NORINA TABLETS 5MG	1.72	調價

AC56629100	LECITOL XL FILM-COATED TABLETS 80MG	10.20	AC56629100	LECITOL XL FILM-COATED TABLETS 80MG	11.30	調價
AC56633100	CONIEL F.C. TABLETS 4MG	3.31	AC56633100	CONIEL F.C. TABLETS 4MG	3.41	調價
AC56645100	NODOFF F.C. TABLETS 10MG "SYNRAY"	65.00	AC56645100	NODOFF F.C. TABLETS 10MG "SYNRAY"	76.00	調價
AC56646100	AREZIL ODT TABLETS 5 MG "STANDARD"	55.00	AC56646100	AREZIL ODT TABLETS 5 MG "STANDARD"	60.00	調價
AC56647100	SOTREL CAPSULES	9.50	AC56647100	SOTREL CAPSULES	10.20	調價
AC56652100	METDIA E. R. TABLETS 500MG	1.50	AC56652100	METDIA E. R. TABLETS 500MG	1.51	調價
AC56657209	CETICIN FOR IV INJECTION	312.00	AC56657209	CETICIN FOR IV INJECTION	323.00	調價
AC56657212	CETICIN FOR IV INJECTION	0.00	AC56657212	CETICIN FOR IV INJECTION	691.00	刪除
AC56657265	CETICIN FOR IV INJECTION	0.00	AC56657265	CETICIN FOR IV INJECTION	106.00	刪除
AC56657277	CETICIN FOR IV INJECTION	163.00	AC56657277	CETICIN FOR IV INJECTION	169.00	調價
AC56660100	FLUXEL F.C. TABLETS	2.15	AC56660100	FLUXEL F.C. TABLETS	2.31	調價
AC56662100	BELOTON F. C. TABLETS 5MG	2.21	AC56662100	BELOTON F. C. TABLETS 5MG	2.17	調價
AC56663421	ALMIDINE OPHTHALMIC SOLUTION 0.15% "KINGDOM" (BRIMONIDINE)	229.00	AC56663421	ALMIDINE OPHTHALMIC SOLUTION 0.15% "KINGDOM" (BRIMONIDINE)	237.00	調價
AC56666100	FUWELL F.C. TABLET 40MG	3.77	AC56666100	FUWELL F.C. TABLET 40MG	4.12	調價
AC56667100	LECADOPA 25/100 TABLETS	4.74	AC56667100	LECADOPA 25/100 TABLETS	4.90	調價
AC56679100	MUXA TABLETS 500MG "H.S."	2.83	AC56679100	MUXA TABLETS 500MG "H.S."	3.09	調價
AC56682100	ATOROTY F.C. TABLETS 10MG	9.00	AC56682100	ATOROTY F.C. TABLETS 10MG	10.70	調價
AC56688100	FLAVO TABLETS 200MG	3.74	AC56688100	FLAVO TABLETS 200MG	3.89	調價
AC56689100	IBESAA F.C. TABLETS 150MG	5.40	AC56689100	IBESAA F.C. TABLETS 150MG	6.00	調價
AC56692100	U-CHU PIOZON TABLETS 15MG	6.90	AC56692100	U-CHU PIOZON TABLETS 15MG	8.30	調價
AC56700421	Almonine Ophthalmic Solution 0.2% (Brimonidine)	229.00	AC56700421	Almonine Ophthalmic Solution 0.2% (Brimonidine)	237.00	調價
AC56701100	UFREE ER TABLETS 750 MG	30.20	AC56701100	UFREE ER TABLETS 750 MG	33.10	調價
AC56702100	UFREE ER TABLETS 500 MG	20.80	AC56702100	UFREE ER TABLETS 500 MG	23.00	調價

AC56706100	TRACETON FILM COATED TABLETS	3.32	AC56706100	TRACETON FILM COATED TABLETS	3.79	調價
AC56707161	MEMARY ORAL SOLUTION "CENTER"	436.00	AC56707161	MEMARY ORAL SOLUTION "CENTER"	466.00	調價
AC56708100	ABIMAY TABLETS 20MG	69.00	AC56708100	ABIMAY TABLETS 20MG	70.00	調價
AC56711321	FUSIDINE CREAM	32.20	AC56711321	FUSIDINE CREAM	36.50	調價
AC56711326	FUSIDINE CREAM	42.70	AC56711326	FUSIDINE CREAM	44.50	調價
AC56711329	FUSIDINE CREAM	45.20	AC56711329	FUSIDINE CREAM	46.40	調價
AC56711335	FUSIDINE CREAM	126.00	AC56711335	FUSIDINE CREAM	134.00	調價
AC56711348	FUSIDINE CREAM	0.00	AC56711348	FUSIDINE CREAM	337.00	刪除
AC56712100	EPINE F.C. TABLETS 25MG	7.30	AC56712100	EPINE F.C. TABLETS 25MG	8.70	調價
AC56713312	KOULENING ORALBASE	31.80	AC56713312	KOULENING ORALBASE	33.60	調價
AC56713321	KOULENING ORALBASE	35.60	AC56713321	KOULENING ORALBASE	38.80	調價
AC56716100	JIANGHO TABLETS 10MG	3.84	AC56716100	JIANGHO TABLETS 10MG	4.30	調價
AC56720100	SYNPID F.C TABLETS 160MG	3.92	AC56720100	SYNPID F.C TABLETS 160MG	4.32	調價
AC56725161	TALOPRAM ORAL SOLUTION "CENTER"	259.00	AC56725161	TALOPRAM ORAL SOLUTION "CENTER"	274.00	調價
AC56725164	TALOPRAM ORAL SOLUTION "CENTER"	415.00	AC56725164	TALOPRAM ORAL SOLUTION "CENTER"	439.00	調價
AC56726100	ARIPLE TABLETS 20MG	69.00	AC56726100	ARIPLE TABLETS 20MG	70.00	調價
AC56730100	ANASTROZOLE F.C. TABLETS 1MG "SINPHAR"	45.30	AC56730100	ANASTROZOLE F.C. TABLETS 1MG "SINPHAR"	51.00	調價
AC56733100	HARKIN TABLETS "Y.C."	2.36	AC56733100	HARKIN TABLETS "Y.C."	2.52	調價
AC56734277	EASY-ISOSORBIDE INJECTION 0.01%	0.00	AC56734277	EASY-ISOSORBIDE INJECTION 0.01%	1431.00	刪除
AC56735100	TOPLAX FILM-COATED TABLETS 50MG	1.52	AC56735100	TOPLAX FILM-COATED TABLETS 50MG	1.53	調價
AC56737100	DONEZIL F.C TABLETS 5MG	55.00	AC56737100	DONEZIL F.C TABLETS 5MG	60.00	調價
AC56738100	MIXRE CAPSULES 25MG	55.00	AC56738100	MIXRE CAPSULES 25MG	60.00	調價
AC56745100	TESAA TABLETS 40MG	6.90	AC56745100	TESAA TABLETS 40MG	7.70	調價
AC56746100	BREXA F.C. TABLETS 10MG	65.00	AC56746100	BREXA F.C. TABLETS 10MG	76.00	調價
AC56750248	BACFLOCIN I.V. SOLUTION FOR INFUSION 5MG/ML	376.00	AC56750248	BACFLOCIN I.V. SOLUTION FOR INFUSION 5MG/ML	408.00	調價

AC56750255	BACFLOCIN I.V. SOLUTION FOR INFUSION 5MG/ML	601.00	AC56750255	BACFLOCIN I.V. SOLUTION FOR INFUSION 5MG/ML	656.00	調價
AC56751100	ALLEDINE F.C. TABLETS 180MG	4.60	AC56751100	ALLEDINE F.C. TABLETS 180MG	4.89	調價
AC56754100	FENOFIBRATE CAPSULE 200MG "S.C."	3.92	AC56754100	FENOFIBRATE CAPSULE 200MG "S.C."	4.32	調價
AC56755100	SINMARON O.D. TABLETS 15MG	5.10	AC56755100	SINMARON O.D. TABLETS 15MG	6.10	調價
AC56759220	PIPE & TAZO POWDER FOR INJECTION "CYH"	226.00	AC56759220	PIPE & TAZO POWDER FOR INJECTION "CYH"	260.00	調價
AC567592CX	PIPE& TAZO POWDER FOR INJECTION "CYH"	136.00	AC567592CX	PIPE& TAZO POWDER FOR INJECTION "CYH"	152.00	調價
AC56767151	LEVOCETIRIZINE ORAL SOLUTION "CENTER"	34.50	AC56767151	LEVOCETIRIZINE ORAL SOLUTION "CENTER"	35.80	調價
AC56770143	Spiterin Oral Solution 1mg/ml (Risperidone)	548.00	AC56770143	Spiterin Oral Solution 1mg/ml (Risperidone)	601.00	調價
AC56778100	SALICRET F.C. TABLETS 5MG	14.90	AC56778100	SALICRET F.C. TABLETS 5MG	14.10	調價
AC56780100	MICAPINE F.C. TABLETS 10MG	5.50	AC56780100	MICAPINE F.C. TABLETS 10MG	6.00	調價
AC56785100	MONTEKA CHEWABLE TABLETS 5MG	9.30	AC56785100	MONTEKA CHEWABLE TABLETS 5MG	10.70	調價
AC56789100	JFS FCT "ROOT" 180MG	4.60	AC56789100	JFS FCT "ROOT" 180MG	4.89	調價
AC56790100	FLUGALIN TABLETS "Y.C."	2.49	AC56790100	FLUGALIN TABLETS "Y.C."	2.65	調價
AC56791100	LIPIKON F.C. TABLETS 10MG	9.00	AC56791100	LIPIKON F.C. TABLETS 10MG	10.70	調價
AC56794100	Xyrizine F.C. Tablets 5mg (Levocetirizine)	2.21	AC56794100	Xyrizine F.C. Tablets 5mg (Levocetirizine)	2.20	調價
AC56798321	TAIYA NAIL LACQUER	666.00	AC56798321	TAIYA NAIL LACQUER	695.00	調價
AC56800100	APA-MIRTAZAPINE O.D.T. 30MG	8.90	AC56800100	APA-MIRTAZAPINE O.D.T. 30MG	10.60	調價
AC56801100	SERULINE F.C. TABLETS 50MG "ROYAL"	6.10	AC56801100	SERULINE F.C. TABLETS 50MG "ROYAL"	7.00	調價
AC56804100	SIMVASTATIN F.C. TABLETS 20MG "CYH"	3.58	AC56804100	SIMVASTATIN F.C. TABLETS 20MG "CYH"	4.05	調價
AC56806100	SINTY F.C. TABLETS 40MG	7.50	AC56806100	SINTY F.C. TABLETS 40MG	8.80	調價
AC56807421	CHICALING GEL	0.00	AC56807421	CHICALING GEL	123.00	刪除
AC57101100	LEVOPING F.C. TABLETS 500MG	20.90	AC57101100	LEVOPING F.C. TABLETS 500MG	25.10	調價

AC57102100	NITROLIN F.C. TABLETS 100MG "Y.Y."	2.52	AC57102100	NITROLIN F.C. TABLETS 100MG "Y.Y."	2.55	調價
AC57104100	SUPRIDE F.C. TABLETS 5MG "MACRO"	1.73	AC57104100	SUPRIDE F.C. TABLETS 5MG "MACRO"	1.82	調價
AC571061G0	ZHITI TABLETS 60MG（鋁箔/膠箔）	0.00	AC571061G0	ZHITI TABLETS 60MG（鋁箔/膠箔）	2.00	刪除
AC57111100	LURIDE TABLETS 50MG "LITA"	1.53	AC57111100	LURIDE TABLETS 50MG "LITA"	1.55	調價
AC57113321	"SENTAI" COSHIYAN CREAM	13.90	AC57113321	"SENTAI" COSHIYAN CREAM	14.00	調價
AC57113323	"SENTAI" COSHIYAN CREAM	0.00	AC57113323	"SENTAI" COSHIYAN CREAM	14.70	刪除
AC57113329	"SENTAI" COSHIYAN CREAM	0.00	AC57113329	"SENTAI" COSHIYAN CREAM	18.70	刪除
AC57113330	"SENTAI" COSHIYAN CREAM	0.00	AC57113330	"SENTAI" COSHIYAN CREAM	20.20	刪除
AC57113335	"SENTAI" COSHIYAN CREAM	0.00	AC57113335	"SENTAI" COSHIYAN CREAM	30.20	刪除
AC57113336	"SENTAI" COSHIYAN CREAM	29.70	AC57113336	"SENTAI" COSHIYAN CREAM	30.20	調價
AC57113338	"SENTAI" COSHIYAN CREAM	57.00	AC57113338	"SENTAI" COSHIYAN CREAM	59.00	調價
AC57114100	AMLODIPINE TABLETS 5MG "CYH"	3.84	AC57114100	AMLODIPINE TABLETS 5MG "CYH"	4.30	調價
AC57115100	JFS FCT "ROOT" 60MG	1.80	AC57115100	JFS FCT "ROOT" 60MG	1.91	調價
AC57117100	GLIMEPIRIDE TABLETS 2MG "CYH"	1.95	AC57117100	GLIMEPIRIDE TABLETS 2MG "CYH"	2.12	調價
AC57122100	NSTEINE EFFERVESCENT TABLETS 600MG	5.40	AC57122100	NSTEINE EFFERVESCENT TABLETS 600MG	5.60	調價
AC57126100	PAVATIN PROTECT TABLETS 40MG "STANDARD" (PRAVASTATIN SODIUM)	14.10	AC57126100	PAVATIN PROTECT TABLETS 40MG "STANDARD" (PRAVASTATIN SODIUM)	15.80	調價
AC57127100	FEXOFENADINE F.C. TABLETS 60MG "CYH"	1.80	AC57127100	FEXOFENADINE F.C. TABLETS 60MG "CYH"	1.91	調價
AC57128100	CARVEDILOL TABLETS 25MG "CYH"	3.19	AC57128100	CARVEDILOL TABLETS 25MG "CYH"	3.64	調價
AC57130100	ROTLIP FILM-COATED TABLETS 10MG	13.40	AC57130100	ROTLIP FILM-COATED TABLETS 10MG	13.10	調價
AC57131100	ARIFY TABLETS 10MG "STANDARD" (ARIPIPRAZOLE)	47.30	AC57131100	ARIFY TABLETS 10MG "STANDARD" (ARIPIPRAZOLE)	50.00	調價

AC57133100	ATOTIN F.C. TABLETS 40MG	20.20	AC57133100	ATOTIN F.C. TABLETS 40MG	22.60	調價
AC57135329	SOFTCAM GEL 10MG/G	14.80	AC57135329	SOFTCAM GEL 10MG/G	15.60	調價
AC57135335	SOFTCAM GEL 10MG/G	22.20	AC57135335	SOFTCAM GEL 10MG/G	25.60	調價
AC57135336	SOFTCAM GEL 10MG/G	22.20	AC57135336	SOFTCAM GEL 10MG/G	25.60	調價
AC57135338	SOFTCAM GEL 10MG/G	23.10	AC57135338	SOFTCAM GEL 10MG/G	26.80	調價
AC57135340	SOFTCAM GEL 10MG/G	28.20	AC57135340	SOFTCAM GEL 10MG/G	33.70	調價
AC57135343	SOFTCAM GEL 10MG/G	28.40	AC57135343	SOFTCAM GEL 10MG/G	34.00	調價
AC57135355	SOFTCAM GEL 10MG/G	0.00	AC57135355	SOFTCAM GEL 10MG/G	225.00	刪除
AC57138100	EPINE F.C. TABLETS 200MG	16.30	AC57138100	EPINE F.C. TABLETS 200MG	19.40	調價
AC57139100	SULPIRIDE TABLETS 200MG "LITA"	1.71	AC57139100	SULPIRIDE TABLETS 200MG "LITA"	1.79	調價
AC57142100	ARIFY TABLETS 15MG "STANDARD" (ARIPIPRAZOLE)	47.30	AC57142100	ARIFY TABLETS 15MG "STANDARD" (ARIPIPRAZOLE)	50.00	調價
AC57143417	KINZATEN OPHTHALMIC SOLUTION 0.25MG/ML "KINGDOM" (KETOTIFEN)	32.90	AC57143417	KINZATEN OPHTHALMIC SOLUTION 0.25MG/ML "KINGDOM" (KETOTIFEN)	36.40	調價
AC57143421	KINZATEN OPHTHALMIC SOLUTION 0.25MG/ML "KINGDOM" (KETOTIFEN)	45.10	AC57143421	KINZATEN OPHTHALMIC SOLUTION 0.25MG/ML "KINGDOM" (KETOTIFEN)	49.40	調價
AC57147100	ALLEDINE F.C. TABLETS 60MG	1.80	AC57147100	ALLEDINE F.C. TABLETS 60MG	1.91	調價
AC57153100	CO-DAIANXO CAPSULES 80/12.5MG	6.00	AC57153100	CO-DAIANXO CAPSULES 80/12.5MG	6.80	調價
AC57157338	AI-SHU JHONG GEL 15MG/G "S.D."	0.00	AC57157338	AI-SHU JHONG GEL 15MG/G "S.D."	89.00	刪除
AC57168100	TANG BI TUO TABLETS 100MG "Y.Y."	0.00	AC57168100	TANG BI TUO TABLETS 100MG "Y.Y."	2.58	刪除
AC57170100	LORAPSEUDO 24H SR F.C. TABLETS 10/240MG "CYH"	6.70	AC57170100	LORAPSEUDO 24H SR F.C. TABLETS 10/240MG "CYH"	6.80	調價
AC57171100	"U-LIANG" EUTOMIN TABLETS 1000MG	1.75	AC57171100	"U-LIANG" EUTOMIN TABLETS 1000MG	1.79	調價

AC57172100	"U-LIANG" EUTOMIN TABLETS 850MG	1.68	AC57172100	"U-LIANG" EUTOMIN TABLETS 850MG	1.75	調價
AC57173100	MOXICIN F.C. TABLETS 400MG	80.00	AC57173100	MOXICIN F.C. TABLETS 400MG	86.00	調價
AC57176100	KEZHI FILM COATED TABLETS 20MG	3.58	AC57176100	KEZHI FILM COATED TABLETS 20MG	4.05	調價
AC57182343	CALPONEX OINTMENT	461.00	AC57182343	CALPONEX OINTMENT	472.00	調價
AC57185248	CRAVIT IV SOLUTION FOR INFUSION 5MG/ML	376.00	AC57185248	CRAVIT IV SOLUTION FOR INFUSION 5MG/ML	408.00	調價
AC57185255	CRAVIT IV SOLUTION FOR INFUSION 5MG/ML	601.00	AC57185255	CRAVIT IV SOLUTION FOR INFUSION 5MG/ML	656.00	調價
AC57188100	TANLIXOL S.R. CAPSULES 75MG	1.77	AC57188100	TANLIXOL S.R. CAPSULES 75MG	1.78	調價
AC57191261	LEXACIN I.V. SOLUTION FOR INFUSION 5MG/ML "TAI YU"	619.00	AC57191261	LEXACIN I.V. SOLUTION FOR INFUSION 5MG/ML "TAI YU"	656.00	調價
AC57192100	QUETIALIN F.C. TABLETS 100MG "KINGDOM" (QUETIAPINE)	12.10	AC57192100	QUETIALIN F.C. TABLETS 100MG "KINGDOM" (QUETIAPINE)	14.70	調價
AC57196100	GAPATIN CAPSULES 100MG "SYNRAY"	3.32	AC57196100	GAPATIN CAPSULES 100MG "SYNRAY"	3.43	調價
AC57199100	ZONEGRAN FILM-COATED TABLETS 100 MG	14.10	AC57199100	ZONEGRAN FILM-COATED TABLETS 100 MG	15.00	調價
AC57202265	MOXACIN INFUSION SOLUTION 400MG/250ML	624.00			#NULL!	新增
AC57216100	LINICOR F.C.T. 500/20MG	8.30	AC57216100	LINICOR F.C.T. 500/20MG	8.80	調價
AC57219100	NIFEDIPINE S.R.F.C. TABLETS 30MG "CYH"	5.10	AC57219100	NIFEDIPINE S.R.F.C. TABLETS 30MG "CYH"	5.70	調價
AC57220248	LFLOCIN IV SOLUTION FOR INFUSION 5MG/ML	0.00	AC57220248	LFLOCIN IV SOLUTION FOR INFUSION 5MG/ML	408.00	刪除
AC57220255	LFLOCIN IV SOLUTION FOR INFUSION 5MG/ML	601.00	AC57220255	LFLOCIN IV SOLUTION FOR INFUSION 5MG/ML	656.00	調價
AC57220261	LFLOCIN IV SOLUTION FOR INFUSION 5MG/ML	619.00	AC57220261	LFLOCIN IV SOLUTION FOR INFUSION 5MG/ML	656.00	調價
AC57226100	MUSINE TABLETS "H.S."	1.53	AC57226100	MUSINE TABLETS "H.S."	1.55	調價
AC57231100	EPINE F.C. TABLETS 300MG	30.80	AC57231100	EPINE F.C. TABLETS 300MG	36.10	調價

AC57232100	Depressure Film Coated Tablets 80mg	6.00	AC57232100	Depressure Film Coated Tablets 80mg	6.80	調價
AC57235100	ROOPRIL TABLETS 2.5MG "S.C."	2.98	AC57235100	ROOPRIL TABLETS 2.5MG "S.C."	3.14	調價
AC57238100	CORTA F.C. TABLETS "Y.C."	1.95	AC57238100	CORTA F.C. TABLETS "Y.C."	1.98	調價
AC572381G0	CORTA F.C. TABLETS "Y.C."(鋁箔/膠箔)	2.00			#NULL!	新增
AC57239100	FREKEY F.C. TABLETS 100MG "EVEREST"	2.97	AC57239100	FREKEY F.C. TABLETS 100MG "EVEREST"	3.36	調價
AC57241421	CARTOLOL EYE DROPS 2% "MEDICINE" (CARTEOLOL HCL)	177.00	AC57241421	CARTOLOL EYE DROPS 2% "MEDICINE" (CARTEOLOL HCL)	180.00	調價
AC57242100	BACFLOCIN F.C. TABLETS 100MG	3.21	AC57242100	BACFLOCIN F.C. TABLETS 100MG	3.82	調價
AC57244100	GLUPIN TABLETS 850MG	1.68	AC57244100	GLUPIN TABLETS 850MG	1.75	調價
AC57246100	SYNBOT TABLETS 10MG	1.54	AC57246100	SYNBOT TABLETS 10MG	1.56	調價
AC57248343	CALCITOL CREAM	461.00	AC57248343	CALCITOL CREAM	472.00	調價
AC57249100	BIDERMIN CAPSULES "Y.C."	1.60	AC57249100	BIDERMIN CAPSULES "Y.C."	1.64	調價
AC57250100	KERIS TABLETS 350MG	2.78	AC57250100	KERIS TABLETS 350MG	3.01	調價
AC57253329	HULI GEL 7.5MG/GM "SENTAI"	0.00	AC57253329	HULI GEL 7.5MG/GM "SENTAI"	30.20	刪除
AC57253330	HULI GEL 7.5MG/GM "SENTAI"	0.00	AC57253330	HULI GEL 7.5MG/GM "SENTAI"	36.50	刪除
AC57253335	HULI GEL 7.5MG/GM "SENTAI"	38.60	AC57253335	HULI GEL 7.5MG/GM "SENTAI"	42.00	調價
AC57253338	HULI GEL 7.5MG/GM "SENTAI"	0.00	AC57253338	HULI GEL 7.5MG/GM "SENTAI"	57.00	刪除
AC57253343	HULI GEL 7.5MG/GM "SENTAI"	0.00	AC57253343	HULI GEL 7.5MG/GM "SENTAI"	133.00	刪除
AC57259100	LEPRAM F.C. TABLETS 10MG "KINGDOM" (ESCITALOPRAM)	9.70	AC57259100	LEPRAM F.C. TABLETS 10MG "KINGDOM" (ESCITALOPRAM)	10.30	調價
AC57261100	SINPRAZOLE ENTERIC F.C. TABLETS 20MG "KINGDOM" (RABEPRAZOLE)	8.70	AC57261100	SINPRAZOLE ENTERIC F.C. TABLETS 20MG "KINGDOM" (RABEPRAZOLE)	9.70	調價

AC57264100	DIPACHRO S.R. FILM COATED TABLETS 300MG	4.26	AC57264100	DIPACHRO S.R. FILM COATED TABLETS 300MG	4.40	調價
AC57265100	METFORMIN F.C. TABLETS 850MG "C.H."	1.68	AC57265100	METFORMIN F.C. TABLETS 850MG "C.H."	1.75	調價
AC57267100	ATOTIN F.C. TABLETS 10MG	9.00	AC57267100	ATOTIN F.C. TABLETS 10MG	10.70	調價
AC57269100	THALI CAPSULES 50MG	0.00	AC57269100	THALI CAPSULES 50MG	233.00	刪除
AC57271100	FUWELL F.C. TABLETS 20MG	1.59	AC57271100	FUWELL F.C. TABLETS 20MG	1.63	調價
AC57274100	LANSOPRAZOLE CAPSULES 30MG "CYH"	10.00	AC57274100	LANSOPRAZOLE CAPSULES 30MG "CYH"	11.50	調價
AC57276255	POTASSIUM CHLORIDE INJECTION 1MEQ/ML "TBC"	24.70	AC57276255	POTASSIUM CHLORIDE INJECTION 1MEQ/ML "TBC"	25.00	調價
AC57278263	TARGONIN FOR IV INJECTION	516.00	AC57278263	TARGONIN FOR IV INJECTION	563.00	調價
AC57278271	TARGONIN FOR IV INJECTION	1164.00	AC57278271	TARGONIN FOR IV INJECTION	1243.00	調價
AC57280100	"T.F." SU-MIN F.C. TABLETS 60MG	1.80	AC57280100	"T.F." SU-MIN F.C. TABLETS 60MG	1.91	調價
AC57281245	PANTYL FOR I.V. INJECTION 40MG	119.00	AC57281245	PANTYL FOR I.V. INJECTION 40MG	131.00	調價
AC57282100	LILONTON F.C. TABLETS 1200MG	1.91	AC57282100	LILONTON F.C. TABLETS 1200MG	1.98	調價
AC57284100	MIRTINE ORALLY DISINTEGRATING TABLETS 30MG	8.90	AC57284100	MIRTINE ORALLY DISINTEGRATING TABLETS 30MG	10.60	調價
AC57285209	MEROPENEM POWDER FOR INJECTION "CYH"	0.00	AC57285209	MEROPENEM POWDER FOR INJECTION "CYH"	588.00	刪除
AC57285265	MEROPENEM POWDER FOR INJECTION "CYH"	281.00	AC57285265	MEROPENEM POWDER FOR INJECTION "CYH"	301.00	調價
AC57285277	MEROPENEM POWDER FOR INJECTION "CYH"	284.00	AC57285277	MEROPENEM POWDER FOR INJECTION "CYH"	305.00	調價
AC57286277	VANCOMYCIN FOR I.V. INJECTION 500MG "CYH"	76.00	AC57286277	VANCOMYCIN FOR I.V. INJECTION 500MG "CYH"	80.00	調價
AC57288100	DOXAZON TABLETS 4MG "S.C."	4.80	AC57288100	DOXAZON TABLETS 4MG "S.C."	5.60	調價
AC57292100	LIPAOSHU TABLETS 400MG "KOJAR"	5.60	AC57292100	LIPAOSHU TABLETS 400MG "KOJAR"	6.00	調價
AC57297100	FENADIN F.C. TABLETS 60MG "WEIDAR"	1.80	AC57297100	FENADIN F.C. TABLETS 60MG "WEIDAR"	1.91	調價

AC572971G0	FENADIN F.C. TABLETS 60MG "WEIDAR"(鋁箔/膠箔)	2.00			#NULL!	新增
AC57298100	NOBELIN (R) XR F.C. TABLETS 500MG	20.70	AC57298100	NOBELIN (R) XR F.C. TABLETS 500MG	22.90	調價
AC57300100	LEVOFLOXACIN F.C. TABLETS 100MG "CYH"	3.21	AC57300100	LEVOFLOXACIN F.C. TABLETS 100MG "CYH"	3.82	調價
AC57304100	QUETIA F.C. TABLETS 100MG	12.10	AC57304100	QUETIA F.C. TABLETS 100MG	14.70	調價
AC57306100	ZOLPIDEM F.C. TABLETS 10MG "CYH"	1.76	AC57306100	ZOLPIDEM F.C. TABLETS 10MG "CYH"	1.86	調價
AC57308100	ALLREX TABLETS "Y.C."	4.29	AC57308100	ALLREX TABLETS "Y.C."	4.54	調價
AC57314235	CARBOPLATIN IV INJECTION 10MG/ML "SINPHAR"	1448.00	AC57314235	CARBOPLATIN IV INJECTION 10MG/ML "SINPHAR"	1712.00	調價
AC573142AP	CARBOPLATIN IV INJECTION 10MG/ML "SINPHAR"	3058.00	AC573142AP	CARBOPLATIN IV INJECTION 10MG/ML "SINPHAR"	3567.00	調價
AC57317277	0.149% KCL IN 5% DEXTROSE AND 0.33% NACL INJECTION "TBC"	29.50	AC57317277	0.149% KCL IN 5% DEXTROSE AND 0.33% NACL INJECTION "TBC"	29.70	調價
AC57318100	IBESAA F.C. TABLETS 300MG	9.10	AC57318100	IBESAA F.C. TABLETS 300MG	10.30	調價
AC57323151	NAPOTIN ORAL SUSPENSION "CENTER"	44.30	AC57323151	NAPOTIN ORAL SUSPENSION "CENTER"	47.40	調價
AC57325100	AMLOBENTREL TABLET	9.60	AC57325100	AMLOBENTREL TABLET	10.40	調價
AC57326100	GLIBOS F.C. TABLETS 100MG	4.69	AC57326100	GLIBOS F.C. TABLETS 100MG	5.00	調價
AC57329421	CROMOMIN EYE DROPS "SINPHAR"	14.50	AC57329421	CROMOMIN EYE DROPS "SINPHAR"	14.70	調價
AC57329429	CROMOMIN EYE DROPS "SINPHAR"	28.30	AC57329429	CROMOMIN EYE DROPS "SINPHAR"	29.40	調價
AC57341100	ARIPRAZOLE TABLETS 10MG "KINGDOM" (ARIPIPRAZOLE)	0.00	AC57341100	ARIPRAZOLE TABLETS 10MG "KINGDOM" (ARIPIPRAZOLE)	50.00	刪除
AC57342100	VOSAA F.C. TABLETS 320MG	28.20	AC57342100	VOSAA F.C. TABLETS 320MG	30.50	調價
AC57345221	ZODONIC CONCENTRATE FOR SOLUTION FOR INFUSION 4MG/5ML "YUNG SHIN"	5433.00	AC57345221	ZODONIC CONCENTRATE FOR SOLUTION FOR INFUSION 4MG/5ML "YUNG SHIN"	5938.00	調價

AC57352100	VALANVIR FILM COATED TABLETS 500MG	52.00	AC57352100	VALANVIR FILM COATED TABLETS 500MG	57.00	調價
AC57353100	VALANVIR FILM COATED TABLETS 1GM	91.00	AC57353100	VALANVIR FILM COATED TABLETS 1GM	100.00	調價
AC57356100	LESITON CAPSULES 5MG	9.70	AC57356100	LESITON CAPSULES 5MG	9.80	調價
AC57359100	RABETT E.F.C. TABLETS "Y.C."	8.70	AC57359100	RABETT E.F.C. TABLETS "Y.C."	9.70	調價
AC57363100	LETAMPIN F.C. TABLETS 250MG	8.90	AC57363100	LETAMPIN F.C. TABLETS 250MG	10.00	調價
AC57366100	PLUSDMAX TABLETS "SINPHAR"	152.00	AC57366100	PLUSDMAX TABLETS "SINPHAR"	166.00	調價
AC57368100	CONIEL F.C. TABLETS 8 MG	6.20	AC57368100	CONIEL F.C. TABLETS 8 MG	6.30	調價
AC57370100	PINVIO TABLETS 12.5MG	2.76	AC57370100	PINVIO TABLETS 12.5MG	3.06	調價
AC57371100	KOVAN PLUS Film Coated Tablets 80/12.5mg 〝MACRO″	6.00	AC57371100	KOVAN PLUS Film Coated Tablets 80/12.5mg 〝MACRO″	6.80	調價
AC57376248	LEVOFOR IV SOLUTION FOR INFUSION 5MG/ML	0.00	AC57376248	LEVOFOR IV SOLUTION FOR INFUSION 5MG/ML	408.00	刪除
AC57376255	LEVOFOR IV SOLUTION FOR INFUSION 5MG/ML	601.00	AC57376255	LEVOFOR IV SOLUTION FOR INFUSION 5MG/ML	656.00	調價
AC57376261	LEVOFOR IV SOLUTION FOR INFUSION 5MG/ML	619.00	AC57376261	LEVOFOR IV SOLUTION FOR INFUSION 5MG/ML	656.00	調價
AC57377100	MIXRE CAPSULES 18MG	0.00	AC57377100	MIXRE CAPSULES 18MG	58.00	刪除
AC57378100	ANSUMYCIN TABLETS 250MG "YUNG SHIN"	17.50	AC57378100	ANSUMYCIN TABLETS 250MG "YUNG SHIN"	20.80	調價
AC57380100	VALSARDIN FILM COATED TABLETS 160MG "YUNG SHIN"	7.30	AC57380100	VALSARDIN FILM COATED TABLETS 160MG "YUNG SHIN"	8.20	調價
AC57381100	VALSARDIN FILM COATED TABLETS 80MG "YUNG SHIN"	6.00	AC57381100	VALSARDIN FILM COATED TABLETS 80MG "YUNG SHIN"	6.80	調價
AC57383100	ESCITALO F.C. TABLETS 5MG	3.78	AC57383100	ESCITALO F.C. TABLETS 5MG	4.59	調價
AC57385151	ANTIFLAM ORAL SOLUTION "CHI SHENG"	49.00	AC57385151	ANTIFLAM ORAL SOLUTION "CHI SHENG"	48.80	調價
AC57392100	TORODINE F.C. TABLETS 2MG "KINGDOM" (TOLTERODINE)	7.60	AC57392100	TORODINE F.C. TABLETS 2MG "KINGDOM" (TOLTERODINE)	8.40	調價

AC57401100	MIXRE CAPSULES 40MG	54.00	AC57401100	MIXRE CAPSULES 40MG	58.00	調價
AC57403100	PATAMIN F.C. TABLETS 100MG "Y.C."	0.00	AC57403100	PATAMIN F.C. TABLETS 100MG "Y.C."	3.50	刪除
AC57404100	ACHELEX TABLETS "SINPHAR"	3.21	AC57404100	ACHELEX TABLETS "SINPHAR"	3.50	調價
AC57410100	OLSAA F.C. TABLETS 40MG	13.60	AC57410100	OLSAA F.C. TABLETS 40MG	14.50	調價
AC57413100	PERDOPRIL TABLETS 8MG	9.40	AC57413100	PERDOPRIL TABLETS 8MG	10.30	調價
AC57417277	0.298% KCL IN 5% DEXTROSE AND 0.9% NACL INJECTION "TBC"	29.50	AC57417277	0.298% KCL IN 5% DEXTROSE AND 0.9% NACL INJECTION "TBC"	29.70	調價
AC57418277	0.149% KCL IN 5% DEXTROSE AND 0.9% NACL INJECTION "TBC"	29.50	AC57418277	0.149% KCL IN 5% DEXTROSE AND 0.9% NACL INJECTION "TBC"	29.70	調價
AC57730100	CLEANLIP CAPSULE 100MG	2.51	AC57730100	CLEANLIP CAPSULE 100MG	2.63	調價
AC57731100	RAKINSON TABLETS "CENTER"	68.00	AC57731100	RAKINSON TABLETS "CENTER"	76.00	調價
AC57732100	LENOZOLE F.C. TABLETS 2.5MG	38.70	AC57732100	LENOZOLE F.C. TABLETS 2.5MG	41.00	調價
AC57735135	ANCOWI SUSPENSION 20MG/ML "CHEN SING"	13.40			#NULL!	新增
AC57735165	ANCOWI SUSPENSION 20MG/ML "CHEN SING"	91.00			#NULL!	新增
AC57738265	VIRLESS LYOPHILIZED I.V. INFUSION 250MG "YUNG SHIN" (ACYCLOVIR)	287.00	AC57738265	VIRLESS LYOPHILIZED I.V. INFUSION 250MG "YUNG SHIN" (ACYCLOVIR)	334.00	調價
AC57741100	JOINLO TABLET 20MG "EVEREST"	5.90	AC57741100	JOINLO TABLET 20MG "EVEREST"	6.60	調價
AC57747100	DAMPURINE TABLETS 50MG	3.45	AC57747100	DAMPURINE TABLETS 50MG	3.48	調價
AC57748277	0.298% KCL IN 5% DEXTROSE INJECTION "TBC"	29.50	AC57748277	0.298% KCL IN 5% DEXTROSE INJECTION "TBC"	29.70	調價
AC57753212	OXACILLIN POWDER FOR INJECTION "CYH"	0.00	AC57753212	OXACILLIN POWDER FOR INJECTION "CYH"	100.00	刪除
AC57753265	OXACILLIN POWDER FOR INJECTION "CYH"	0.00	AC57753265	OXACILLIN POWDER FOR INJECTION "CYH"	25.00	刪除
AC57753277	OXACILLIN POWDER FOR INJECTION "CYH"	0.00	AC57753277	OXACILLIN POWDER FOR INJECTION "CYH"	25.00	刪除
AC57761151	SYNTAM ORAL SOLUTION 200 MG/ML	0.00	AC57761151	SYNTAM ORAL SOLUTION 200 MG/ML	27.60	刪除

AC57761157	SYNTAM ORAL SOLUTION 200 MG/ML	48.70	AC57761157	SYNTAM ORAL SOLUTION 200 MG/ML	52.00	調價
AC57761163	SYNTAM ORAL SOLUTION 200 MG/ML	76.00	AC57761163	SYNTAM ORAL SOLUTION 200 MG/ML	80.00	調價
AC57761164	SYNTAM ORAL SOLUTION 200 MG/ML	0.00	AC57761164	SYNTAM ORAL SOLUTION 200 MG/ML	98.00	刪除
AC57762210	AMSULBER POWDER FOR INJECTION "CYH"	55.00	AC57762210	AMSULBER POWDER FOR INJECTION "CYH"	62.00	調價
AC57762216	AMSULBER POWDER FOR INJECTION "CYH"	0.00	AC57762216	AMSULBER POWDER FOR INJECTION "CYH"	148.00	刪除
AC57762289	AMSULBER POWDER FOR INJECTION "CYH"	55.00	AC57762289	AMSULBER POWDER FOR INJECTION "CYH"	62.00	調價
AC57763100	MONTEKA CHEWABLE TABLETS 4MG	9.10	AC57763100	MONTEKA CHEWABLE TABLETS 4MG	10.50	調價
AC57777100	UTRAPHEN F.C. TABLETS 37.5MG/325MG "STANDARD" (TRAMADOL HCL + ACETAMINOPHEN)	3.32	AC57777100	UTRAPHEN F.C. TABLETS 37.5MG/325MG "STANDARD" (TRAMADOL HCL + ACETAMINOPHEN)	3.79	調價
AC57779100	TRAMACET F.C. TABLETS	3.32	AC57779100	TRAMACET F.C. TABLETS	3.79	調價
AC57782100	E-ULCER ENTERIC F.C. TABLETS 20MG "S.C."	8.70	AC57782100	E-ULCER ENTERIC F.C. TABLETS 20MG "S.C."	9.70	調價
AC57784277	0.149%KCL IN 5% DEXTROSE INJECTION "TBC"	29.50	AC57784277	0.149%KCL IN 5% DEXTROSE INJECTION "TBC"	29.70	調價
AC57790100	PANTOPRO GASTRO-RESISTANT TABLETS 40MG	10.10	AC57790100	PANTOPRO GASTRO-RESISTANT TABLETS 40MG	11.70	調價
AC57791100	FAMOTIDINE F.C. TABLETS 20MG "CYH"	1.59	AC57791100	FAMOTIDINE F.C. TABLETS 20MG "CYH"	1.63	調價
AC57794245	PANOLE FREEZE-DRIED POWDER FOR INJECTION	119.00	AC57794245	PANOLE FREEZE-DRIED POWDER FOR INJECTION	131.00	調價
AC57797100	EXNORTAN F.C. TABLETS 5/80MG	9.00	AC57797100	EXNORTAN F.C. TABLETS 5/80MG	10.40	調價
AC57798100	ASCOFEN F.C. TABLETS 100MG "STANDARD" (ACECLOFENAC)	2.97	AC57798100	ASCOFEN F.C. TABLETS 100MG "STANDARD" (ACECLOFENAC)	3.36	調價
AC57799100	DIABECON F.C. TABLETS 15/850MG "YUNG SHIN"	8.20	AC57799100	DIABECON F.C. TABLETS 15/850MG "YUNG SHIN"	9.20	調價

AC57800100	MIXRE CAPSULES 10MG	0.00	AC57800100	MIXRE CAPSULES 10MG	58.00	刪除
AC57803100	ROTY F.C. TABLETS 20MG	22.20	AC57803100	ROTY F.C. TABLETS 20MG	24.40	調價
AC57805100	ATORVA F.C. TAB. 20MG "STANDARD" (ATORVASTATIN)	16.60	AC57805100	ATORVA F.C. TAB. 20MG "STANDARD" (ATORVASTATIN)	18.90	調價
AC57808138	SYNVENT HFA 100 (ALBUTEROL 100MCG) LNHALER	109.00	AC57808138	SYNVENT HFA 100 (ALBUTEROL 100MCG) LNHALER	115.00	調價
AC57809100	ROLIPOSTATIN 10MG F.C. TABLETS "MACRO"	13.40	AC57809100	ROLIPOSTATIN 10MG F.C. TABLETS "MACRO"	13.30	調價
AC57814100	LOATA TABLETS 100MG	11.30	AC57814100	LOATA TABLETS 100MG	12.30	調價
AC57817100	LEVOTINE F.C. TABLETS 5MG "TAI YU"	2.21	AC57817100	LEVOTINE F.C. TABLETS 5MG "TAI YU"	2.17	調價
AC57818100	COMFORTINE F.C.T. 50MG	5.30	AC57818100	COMFORTINE F.C.T. 50MG	6.20	調價
AC57819100	Clopidogrel "Alvogen" F.C. tablets 75mg	32.10	AC57819100	Clopidogrel "Alvogen" F.C. tablets 75mg	34.40	調價
AC57821100	IRSAR F.C. TABLET 300MG	9.10	AC57821100	IRSAR F.C. TABLET 300MG	10.30	調價
AC57822248	LEVOLOSACIN FOR I.V. INFUSION 5MG/ML	0.00	AC57822248	LEVOLOSACIN FOR I.V. INFUSION 5MG/ML	408.00	刪除
AC57822255	LEVOLOSACIN FOR I.V. INFUSION 5MG/ML	601.00	AC57822255	LEVOLOSACIN FOR I.V. INFUSION 5MG/ML	656.00	調價
AC57822261	LEVOLOSACIN FOR I.V. INFUSION 5MG/ML	0.00	AC57822261	LEVOLOSACIN FOR I.V. INFUSION 5MG/ML	656.00	刪除
AC57830221	ZOBONIC CONCENTRATE FOR SOLUTION FOR INFUSION 4MG/5ML	0.00	AC57830221	ZOBONIC CONCENTRATE FOR SOLUTION FOR INFUSION 4MG/5ML	6156.00	刪除
AC57832421	BETAME EYE DROPS 0.1% "MEDICINE" (BETAMETHASONE SODIUM PHOSPHATE)	18.50	AC57832421	BETAME EYE DROPS 0.1% "MEDICINE" (BETAMETHASONE SODIUM PHOSPHATE)	19.50	調價
AC57840100	CLAROCID XL TABLETS 500MG "PURZER"	18.70	AC57840100	CLAROCID XL TABLETS 500MG "PURZER"	20.40	調價
AC57842100	ZIROCIN F.C. TABLETS 250MG	17.50	AC57842100	ZIROCIN F.C. TABLETS 250MG	20.80	調價
AC57844209	PIPERACILLIN POWDER FOR INJECTION "CYH"	33.90	AC57844209	PIPERACILLIN POWDER FOR INJECTION "CYH"	35.50	調價

AC57844212	PIPERACILLIN POWDER FOR INJECTION "CYH"	33.90	AC57844212	PIPERACILLIN POWDER FOR INJECTION "CYH"	35.50	調價
AC57844219	PIPERACILLIN POWDER FOR INJECTION "CYH"	0.00	AC57844219	PIPERACILLIN POWDER FOR INJECTION "CYH"	76.00	刪除
AC578451G0	GLIMEPINE TABLETS 2MG(鋁箔/膠箔)	2.00			#NULL!	新增
AC57847209	DEXAMETHASONE INJECTION 0.5% "CYH"	17.20	AC57847209	DEXAMETHASONE INJECTION 0.5% "CYH"	18.00	調價
AC57852100	LORATADINE TABLETS 10MG "CYH"	0.88	AC57852100	LORATADINE TABLETS 10MG "CYH"	0.96	調價
AC57853100	IRON BEAUTY CHEWABLE TABLETS 100MG "C.H."	3.01	AC57853100	IRON BEAUTY CHEWABLE TABLETS 100MG "C.H."	3.17	調價
AC57856100	ENVIR F.C. TABLETS 1MG	138.00	AC57856100	ENVIR F.C. TABLETS 1MG	147.00	調價
AC57857100	MONTELUKAST F.C. TABLETS 10MG "CYH"	12.30	AC57857100	MONTELUKAST F.C. TABLETS 10MG "CYH"	14.30	調價
AC57858100	CELECOLEN CAPSULES 200MG	4.66	AC57858100	CELECOLEN CAPSULES 200MG	4.34	調價
AC57859500	MEKECIN VAGINAL TABLETS 200MG (CLOTRIMAZOLE)	8.20	AC57859500	MEKECIN VAGINAL TABLETS 200MG (CLOTRIMAZOLE)	8.60	調價
AC57860100	REPASS F.C. TABLETS 1/500MG	2.09	AC57860100	REPASS F.C. TABLETS 1/500MG	2.31	調價
AC57861100	MEGLIDE F.C. TABLETS 1/500MG	0.00	AC57861100	MEGLIDE F.C. TABLETS 1/500MG	2.31	刪除
AC57865100	GASOTIN F.C. TABLETS 5MG "YU SHENG"	1.73	AC57865100	GASOTIN F.C. TABLETS 5MG "YU SHENG"	1.82	調價
AC57868100	BISOL FILM COATED TABLETS 10MG	3.93	AC57868100	BISOL FILM COATED TABLETS 10MG	4.31	調價
AC57872100	PIOGLITAZONE "ALVOGEN" TABLETS 30MG	9.60	AC57872100	PIOGLITAZONE "ALVOGEN" TABLETS 30MG	11.50	調價
AC57875212	FOCIMYCIN POWDER FOR INJECTION	0.00	AC57875212	FOCIMYCIN POWDER FOR INJECTION	192.00	刪除
AC57875219	FOCIMYCIN POWDER FOR INJECTION	0.00	AC57875219	FOCIMYCIN POWDER FOR INJECTION	347.00	刪除
AC57877280	AMOCLAV IV POWDER FOR INJECTION "CYH"	32.30	AC57877280	AMOCLAV IV POWDER FOR INJECTION "CYH"	33.90	調價
AC57877297	AMOCLAV IV POWDER FOR INJECTION "CYH"	74.00	AC57877297	AMOCLAV IV POWDER FOR INJECTION "CYH"	85.00	調價
AC57881421	EMENTIN OPHTHALMIC SOLUTION	53.00	AC57881421	EMENTIN OPHTHALMIC SOLUTION	55.00	調價

AC57883100	EVOXAC (CEVIMELINE HCL) CAPSULES 30MG	18.10	AC57883100	EVOXAC (CEVIMELINE HCL) CAPSULES 30MG	19.30	調價
AC57884221	FERRUM INJECTION	65.00	AC57884221	FERRUM INJECTION	60.00	調價
AC57895100	EX-CA-D SOFT CAPSULES 0.5UG	4.37	AC57895100	EX-CA-D SOFT CAPSULES 0.5UG	4.53	調價
AC57896100	EX-CA-D SOFT CAPSULES 0.25UG	2.16	AC57896100	EX-CA-D SOFT CAPSULES 0.25UG	2.23	調價
AC57897100	PIOGLITAZONE "ALVOGEN" TABLETS 15MG	6.90	AC57897100	PIOGLITAZONE "ALVOGEN" TABLETS 15MG	8.30	調價
AC57904421	DESALONE EYE DROPS 0.1% "MEDICINE"	12.80	AC57904421	DESALONE EYE DROPS 0.1% "MEDICINE"	13.20	調價
AC57905100	MONKAST CHEWABLE TABLETS 5MG	9.30	AC57905100	MONKAST CHEWABLE TABLETS 5MG	10.70	調價
AC57909100	RETONIN F.C. TABLETS 80MG	6.00	AC57909100	RETONIN F.C. TABLETS 80MG	6.80	調價
AC57910100	MOSFLOW FILM COATED TABLETS 400MG	80.00	AC57910100	MOSFLOW FILM COATED TABLETS 400MG	86.00	調價
AC57911100	LEVELIN F.C. TABLETS 100MG	23.20	AC57911100	LEVELIN F.C. TABLETS 100MG	26.10	調價
AC57913216	KEYBONE INJECTION 1MG/ML	2114.00	AC57913216	KEYBONE INJECTION 1MG/ML	2246.00	調價
AC57915100	LEEVK F.C. TABLETS 100MG	524.00	AC57915100	LEEVK F.C. TABLETS 100MG	565.00	調價
AC57925100	VIBOX F.C. TABLETS 500MG	52.00	AC57925100	VIBOX F.C. TABLETS 500MG	57.00	調價
AC57929100	HAXASIN XL TABLETS 4MG	9.40	AC57929100	HAXASIN XL TABLETS 4MG	10.30	調價
AC57930100	ATOVA F.C. TABLETS 10MG "YU SHENG"	9.00	AC57930100	ATOVA F.C. TABLETS 10MG "YU SHENG"	10.70	調價
AC57937177	MEGRAN GRANULES 500 MG	40.30	AC57937177	MEGRAN GRANULES 500 MG	42.80	調價
AC57944100	DOWN LIP-U TABLETS 160MG	3.92	AC57944100	DOWN LIP-U TABLETS 160MG	4.32	調價
AC57948100	ZOTAN ORALLY DISINTEGRATING TABLETS 0.2MG	5.60	AC57948100	ZOTAN ORALLY DISINTEGRATING TABLETS 0.2MG	6.40	調價
AC57962100	ARIZOLE ORALLY DISINTEGRATING TABLETS 15MG	47.30	AC57962100	ARIZOLE ORALLY DISINTEGRATING TABLETS 15MG	47.00	調價
AC57964100	COYUE F.C. TABLETS 10MG	65.00	AC57964100	COYUE F.C. TABLETS 10MG	76.00	調價
AC57965100	REMECIN F.C. TABLETS 10MG "SYNRAY"	57.00	AC57965100	REMECIN F.C. TABLETS 10MG "SYNRAY"	61.00	調價
AC57971209	NOLBAXOL INJECTION 20MG/ML "YUNG SHIN"	3199.00	AC57971209	NOLBAXOL INJECTION 20MG/ML "YUNG SHIN"	3489.00	調價

AC57971219	NOLBAXOL INJECTION 20MG/ML "YUNG SHIN"	10751.00	AC57971219	NOLBAXOL INJECTION 20MG/ML "YUNG SHIN"	11800.00	調價
AC57972155	LEVOTAM ORAL SOLUTON 100MG/ML "CENTER"	0.00	AC57972155	LEVOTAM ORAL SOLUTON 100MG/ML "CENTER"	437.00	刪除
AC57972161	LEVOTAM ORAL SOLUTON 100MG/ML "CENTER"	759.00	AC57972161	LEVOTAM ORAL SOLUTON 100MG/ML "CENTER"	802.00	調價
AC57972166	LEVOTAM ORAL SOLUTON 100MG/ML "CENTER"	1378.00	AC57972166	LEVOTAM ORAL SOLUTON 100MG/ML "CENTER"	1460.00	調價
AC57973335	YIBANING OINTMENT	54.00	AC57973335	YIBANING OINTMENT	55.00	調價
AC57974100	PANTYL GASTRO-RESISTANT TABLETS 40MG	10.10	AC57974100	PANTYL GASTRO-RESISTANT TABLETS 40MG	11.70	調價
AC57976100	EXEN S.R. TABLETS 400MG	8.90	AC57976100	EXEN S.R. TABLETS 400MG	8.10	調價
AC57979100	METFORMIN "ALVOGEN" F.C. TABLET 850MG	1.68	AC57979100	METFORMIN "ALVOGEN" F.C. TABLET 850MG	1.75	調價
AC57980421	ORALFIX ORAL BASE	0.00	AC57980421	ORALFIX ORAL BASE	28.40	刪除
AC57980423	ORALFIX ORAL BASE	36.70	AC57980423	ORALFIX ORAL BASE	37.80	調價
AC57985221	Epirudo Injection 2mg/ml "Sinphar"	407.00	AC57985221	Epirudo Injection 2mg/ml "Sinphar"	458.00	調價
AC57985229	Epirudo Injection 2mg/ml "Sinphar"	0.00	AC57985229	Epirudo Injection 2mg/ml "Sinphar"	1023.00	刪除
AC57985240	Epirudo Injection 2mg/ml "Sinphar"	2311.00	AC57985240	Epirudo Injection 2mg/ml "Sinphar"	2554.00	調價
AC57986245	EMAZOLE POWDER FOR SOLUTION FOR INJECTION/INFUSION 40MG "STANDARD"	57.00	AC57986245	EMAZOLE POWDER FOR SOLUTION FOR INJECTION/INFUSION 40MG "STANDARD"	61.00	調價
AC57989100	NONIN TABLETS 4MG	2.42	AC57989100	NONIN TABLETS 4MG	2.64	調價
AC57996245	WENICE LYOPHILIZED INJECTION 40MG	119.00	AC57996245	WENICE LYOPHILIZED INJECTION 40MG	131.00	調價
AC57998151	ApraZ oral Solution "CENTER"	310.00	AC57998151	ApraZ oral Solution "CENTER"	323.00	調價
AC57998161	ApraZ oral Solution "CENTER"	743.00	AC57998161	ApraZ oral Solution "CENTER"	762.00	調價

AC58001229	AMINOPHYLLINE INJECTION 2.5%	0.00	AC58001229	AMINOPHYLLINE INJECTION 2.5%	15.00	刪除
AC58018219	NOBIFY INJECTION 4MG/4ML	100.00	AC58018219	NOBIFY INJECTION 4MG/4ML	108.00	調價
AC58021421	CARLEO EYE DROPS 2%	177.00	AC58021421	CARLEO EYE DROPS 2%	180.00	調價
AC58022265	MOSFLOW INFUSION SOLUTION 400MG/250ML	624.00	AC58022265	MOSFLOW INFUSION SOLUTION 400MG/250ML	660.00	調價
AC58023321	BEROLIN CREAM "F.Y."	11.90	AC58023321	BEROLIN CREAM "F.Y."	12.60	調價
AC58023329	BEROLIN CREAM "F.Y."	13.70	AC58023329	BEROLIN CREAM "F.Y."	14.30	調價
AC58023335	BEROLIN CREAM "F.Y."	24.80	AC58023335	BEROLIN CREAM "F.Y."	25.50	調價
AC58023338	BEROLIN CREAM "F.Y."	41.90	AC58023338	BEROLIN CREAM "F.Y."	44.50	調價
AC58023340	BEROLIN CREAM "F.Y."	61.00	AC58023340	BEROLIN CREAM "F.Y."	71.00	調價
AC58025100	Tamos Capsules 20mg	539.00	AC58025100	Tamos Capsules 20mg	543.00	調價
AC58027100	PAINOFF ENTERIC - MICROENCAPSULATED CAPSULE 10MG	4.13	AC58027100	PAINOFF ENTERIC - MICROENCAPSULATED CAPSULE 10MG	4.40	調價
AC58028100	OLANZINE FILM COATED TABLETS 5MG	39.50	AC58028100	OLANZINE FILM COATED TABLETS 5MG	45.30	調價
AC58030100	EXECELA TABLETS 'Y.C"	2.17	AC58030100	EXECELA TABLETS 'Y.C"	2.36	調價
AC58034100	PEXO TABLETS 0.25MG	9.00	AC58034100	PEXO TABLETS 0.25MG	9.50	調價
AC58035248	CALIFE LYOPHILIZED INJECTION 50MG	0.00	AC58035248	CALIFE LYOPHILIZED INJECTION 50MG	78.00	刪除
AC58036100	ABIMAY TABLETS 15MG	47.30	AC58036100	ABIMAY TABLETS 15MG	50.00	調價
AC58037162	BOCA CALCIUM EMULSION "LONG LIFE"	152.00	AC58037162	BOCA CALCIUM EMULSION "LONG LIFE"	155.00	調價
AC58038100	ZAPRINSE F.C. TABLETS 5MG "KINGDOM" (OLANZAPINE)	39.50	AC58038100	ZAPRINSE F.C. TABLETS 5MG "KINGDOM" (OLANZAPINE)	45.30	調價
AC58039100	LAVIDINE F.C. Tablets 100mg "Purzer"	0.00	AC58039100	LAVIDINE F.C. Tablets 100mg "Purzer"	53.00	刪除
AC58041100	ATOTY F.C. TABLETS 40MG	20.20	AC58041100	ATOTY F.C. TABLETS 40MG	22.60	調價
AC58044100	LFLOCIN F.C. TABLETS 100MG	3.21	AC58044100	LFLOCIN F.C. TABLETS 100MG	3.82	調價
AC58048100	COMLAX TABLETS	3.21	AC58048100	COMLAX TABLETS	3.50	調價
AC58050412	ORACURE ORABASE	31.80	AC58050412	ORACURE ORABASE	33.60	調價

AC58050421	ORACURE ORABASE	35.60	AC58050421	ORACURE ORABASE	38.80	調價
AC58053265	MOFACIN INFUSION SOLUTION 400MG/250ML	624.00	AC58053265	MOFACIN INFUSION SOLUTION 400MG/250ML	660.00	調價
AC58061100	DENSET S.C. TABLETS "BORA"	2.15	AC58061100	DENSET S.C. TABLETS "BORA"	2.31	調價
AC58063100	CANLEAVER F.C. TABLETS 0.5MG	0.00	AC58063100	CANLEAVER F.C. TABLETS 0.5MG	115.00	刪除
AC58064100	DIYAVAL F.C. TABLETS 80MG "S.C."	6.00	AC58064100	DIYAVAL F.C. TABLETS 80MG "S.C."	6.80	調價
AC58066209	Isotera Injection Concentrate 20mg/ml	3199.00	AC58066209	Isotera Injection Concentrate 20mg/ml	3489.00	調價
AC58066219	Isotera Injection Concentrate 20mg/ml	10751.00	AC58066219	Isotera Injection Concentrate 20mg/ml	11800.00	調價
AC58067100	ROSUTOR FILM-COATED TABLETS 10MG	13.40	AC58067100	ROSUTOR FILM-COATED TABLETS 10MG	13.70	調價
AC58068100	REPADE TABLETS 2MG (REPAGLINIDE)	2.49	AC58068100	REPADE TABLETS 2MG (REPAGLINIDE)	2.69	調價
AC58069100	POSTONE EXTENDED RELEASE TABLETS 540MG	4.17	AC58069100	POSTONE EXTENDED RELEASE TABLETS 540MG	4.20	調價
AC580721G0	METFORMIN TABLET 500MG "S.G."(鋁箔/膠箔)	2.00			#NULL!	新增
AC58074209	ANTIPIME INJECTION	0.00	AC58074209	ANTIPIME INJECTION	283.00	刪除
AC58074277	ANTIPIME INJECTION	0.00	AC58074277	ANTIPIME INJECTION	172.00	刪除
AC58077100	BISOL FILM COATED TABLETS 2.5MG	2.01	AC58077100	BISOL FILM COATED TABLETS 2.5MG	2.17	調價
AC58078100	PITAVOL F.C.TABLETS 2MG	11.10	AC58078100	PITAVOL F.C.TABLETS 2MG	12.20	調價
AC58081312	RAXZOR CREAM 5% "Y.C."	0.00	AC58081312	RAXZOR CREAM 5% "Y.C."	17.30	刪除
AC58081316	RAXZOR CREAM 5% "Y.C."	0.00	AC58081316	RAXZOR CREAM 5% "Y.C."	17.30	刪除
AC58081321	RAXZOR CREAM 5% "Y.C."	41.10	AC58081321	RAXZOR CREAM 5% "Y.C."	41.20	調價
AC58085100	DIVASTAN F.C. TABLETS 160MG	7.30	AC58085100	DIVASTAN F.C. TABLETS 160MG	8.20	調價
AC58088100	NONIN TABLETS 1MG	1.61	AC58088100	NONIN TABLETS 1MG	1.65	調價
AC58090100	KLUMIN F.C. TABLETS 160MG	7.30	AC58090100	KLUMIN F.C. TABLETS 160MG	8.20	調價

AC58092100	DIASET TABLETS 100MG	5.70	AC58092100	DIASET TABLETS 100MG	6.00	調價
AC58093100	Pidogrel Film Coated Tablets 75mg	32.10	AC58093100	Pidogrel Film Coated Tablets 75mg	34.40	調價
AC58094229	FOLEP INJECTION 5MG/ML "YUNG SHIN"	1336.00	AC58094229	FOLEP INJECTION 5MG/ML "YUNG SHIN"	1635.00	調價
AC58094238	FOLEP INJECTION 5MG/ML "YUNG SHIN"	4420.00	AC58094238	FOLEP INJECTION 5MG/ML "YUNG SHIN"	5237.00	調價
AC58094245	FOLEP INJECTION 5MG/ML "YUNG SHIN"	0.00	AC58094245	FOLEP INJECTION 5MG/ML "YUNG SHIN"	9859.00	刪除
AC58096265	AVERON INFUSION SOLUTION 400MG/250ML	624.00	AC58096265	AVERON INFUSION SOLUTION 400MG/250ML	660.00	調價
AC58098100	CROSUTY F.C. TABLETS 5MG	9.60	AC58098100	CROSUTY F.C. TABLETS 5MG	10.40	調價
AC58104343	CALFINE OINTMENT	536.00	AC58104343	CALFINE OINTMENT	510.00	調價
AC58108100	ARPIZO TABLET 10MG	0.00	AC58108100	ARPIZO TABLET 10MG	50.00	刪除
AC58113100	FERRIN CAPSULES "Y.C."	4.44	AC58113100	FERRIN CAPSULES "Y.C."	4.48	調價
AC58114100	URORIN F.C. TABLETS 15MG	0.00	AC58114100	URORIN F.C. TABLETS 15MG	4.82	刪除
AC58116157	RISTIG ORAL SOLUTION 2MG/ML	1219.00	AC58116157	RISTIG ORAL SOLUTION 2MG/ML	1302.00	調價
AC58121100	GLIMARYL TABLETS 4MG (GLIMEPIRIDE)	2.42	AC58121100	GLIMARYL TABLETS 4MG (GLIMEPIRIDE)	2.64	調價
AC58122100	LOTIFEN TABLETS 1MG"JOHNSON"	0.00	AC58122100	LOTIFEN TABLETS 1MG"JOHNSON"	1.56	刪除
AC58127100	VIRAPINE TABLETS 200MG	0.00	AC58127100	VIRAPINE TABLETS 200MG	81.00	刪除
AC58129421	Tetracycline Hydrochloride Ophthalmic Ointment "GCPC"	16.60	AC58129421	Tetracycline Hydrochloride Ophthalmic Ointment "GCPC"	16.80	調價
AC58130277	CHIAMIN-A INJECTION	104.00	AC58130277	CHIAMIN-A INJECTION	107.00	調價
AC58135100	RIPAM TABLETS 2MG	1.86	AC58135100	RIPAM TABLETS 2MG	1.99	調價
AC581351G0	RIPAM TABLETS 2MG(鋁箔/膠箔)	2.00			#NULL!	新增
AC58137100	ARPIZO TABLET 15MG	0.00	AC58137100	ARPIZO TABLET 15MG	50.00	刪除
AC58138100	ATOTINE TABLETS 40MG "Y.Y."	55.00	AC58138100	ATOTINE TABLETS 40MG "Y.Y."	59.00	調價
AC58146209	CEPHALEXIN 1G FOR INJECTION "TBC"	61.00	AC58146209	CEPHALEXIN 1G FOR INJECTION "TBC"	64.00	調價

AC58147100	SIGRA FILM COATED TABLETS 20MG	188.00	AC58147100	SIGRA FILM COATED TABLETS 20MG	194.00	調價
AC58156209	BROSYM FOR INJECTION	149.00	AC58156209	BROSYM FOR INJECTION	161.00	調價
AC58156212	BROSYM FOR INJECTION	381.00	AC58156212	BROSYM FOR INJECTION	405.00	調價
AC58156219	BROSYM FOR INJECTION	680.00	AC58156219	BROSYM FOR INJECTION	757.00	調價
AC58168100	OPICET F.C. TABLETS	3.32	AC58168100	OPICET F.C. TABLETS	3.79	調價
AC58169100	APOSA F.C. TAB. 150MG (IRBESARTAN)	5.40	AC58169100	APOSA F.C. TAB. 150MG (IRBESARTAN)	6.00	調價
AC58170100	VAKS F.C. TAB 160MG	7.30	AC58170100	VAKS F.C. TAB 160MG	8.20	調價
AC58174100	FLUPEN F.C. TABLETS 3MG "JOHNSON"	10.70	AC58174100	FLUPEN F.C. TABLETS 3MG "JOHNSON"	11.30	調價
AC58177100	EMA F.C.TABLETS 100MG "JOHNSON"	3.77	AC58177100	EMA F.C.TABLETS 100MG "JOHNSON"	4.42	調價
AC58188100	WINPAIN F.C. TABLETS	3.32	AC58188100	WINPAIN F.C. TABLETS	3.79	調價
AC58189100	SLANPINE ORODISPERSIBLE TABLETS 5MG	39.50	AC58189100	SLANPINE ORODISPERSIBLE TABLETS 5MG	45.30	調價
AC58190100	VAKS F.C. TABLETS 80MG	6.00	AC58190100	VAKS F.C. TABLETS 80MG	6.80	調價
AC58191100	VAKS F.C.TABLETS 320MG	0.00	AC58191100	VAKS F.C.TABLETS 320MG	30.50	刪除
AC58194216	UNVOMIT IV INJECTION	347.00	AC58194216	UNVOMIT IV INJECTION	414.00	調價
AC58196245	ESOMELONE POWDER FOR SOLUTION FOR INJECTION / INFUSION 40MG	57.00	AC58196245	ESOMELONE POWDER FOR SOLUTION FOR INJECTION / INFUSION 40MG	61.00	調價
AC58197100	CLARTHROCIN F.C. TABLETS 500MG	13.20	AC58197100	CLARTHROCIN F.C. TABLETS 500MG	14.80	調價
AC58199100	BESITAN F.C. TABLETS 150MG "S.C."	5.40	AC58199100	BESITAN F.C. TABLETS 150MG "S.C."	6.00	調價
AC58202100	ZCOUGH SOFT CAPSULES 100MG	1.82	AC58202100	ZCOUGH SOFT CAPSULES 100MG	1.88	調價
AC58203100	RABE ENTERIC FILM COATED TABLETS 20MG	8.70	AC58203100	RABE ENTERIC FILM COATED TABLETS 20MG	9.70	調價
AC58204100	"OLIPINE ORALLY DISINTEGRATING TABLETS 5MG "TAI YU"	39.50	AC58204100	"OLIPINE ORALLY DISINTEGRATING TABLETS 5MG "TAI YU"	45.30	調價
AC58205221	SU-PU IRON INJECTION 20MG/ML "ASTAR"	65.00	AC58205221	SU-PU IRON INJECTION 20MG/ML "ASTAR"	63.00	調價

AC58207100	Simvatin Film Coating Tablets 40mg	7.50	AC58207100	Simvatin Film Coating Tablets 40mg	8.80	調價
AC58208100	YALOP E.R. F.C. TABLETS 5MG "S.C."	2.04	AC58208100	YALOP E.R. F.C. TABLETS 5MG "S.C."	2.24	調價
AC58209329	High-Xylmol Ointment "Sinphar"	49.00	AC58209329	High-Xylmol Ointment "Sinphar"	50.00	調價
AC58209335	High-Xylmol Ointment "Sinphar"	60.00	AC58209335	High-Xylmol Ointment "Sinphar"	65.00	調價
AC58210335	DALEMEI GEL 0.1%	0.00	AC58210335	DALEMEI GEL 0.1%	72.00	刪除
AC58211100	ATOTIN F.C. TABLETS 20MG	16.60	AC58211100	ATOTIN F.C. TABLETS 20MG	18.90	調價
AC58212209	SAFEROME POWDER FOR I.V. INJECTION 1G "STANDARD"	206.00	AC58212209	SAFEROME POWDER FOR I.V. INJECTION 1G "STANDARD"	225.00	調價
AC58217100	ECOPAIN CAPSULES 200MG	4.66	AC58217100	ECOPAIN CAPSULES 200MG	4.18	調價
AC58222100	URIEF CAPSULES 8MG	11.00	AC58222100	URIEF CAPSULES 8MG	11.60	調價
AC58223382	MEDISUPER PATCH 5%	34.90	AC58223382	MEDISUPER PATCH 5%	38.60	調價
AC58225221	ZOLEBONIC CONCENTRATE FOR SOLUTION FOR INFUSION 4MG/5ML	5433.00	AC58225221	ZOLEBONIC CONCENTRATE FOR SOLUTION FOR INFUSION 4MG/5ML	6184.00	調價
AC58228329	FLUCO-U CREAM	33.80	AC58228329	FLUCO-U CREAM	36.10	調價
AC58228343	FLUCO-U CREAM	93.00	AC58228343	FLUCO-U CREAM	97.00	調價
AC58231100	BESTAN 150MG FILM-COATED TABLETS	5.40	AC58231100	BESTAN 150MG FILM-COATED TABLETS	6.00	調價
AC58235100	BESTAN 300MG FILM-COATED TABLETS	9.10	AC58235100	BESTAN 300MG FILM-COATED TABLETS	10.30	調價
AC58239100	CRAIGO F.C. TABLETS 200MG	16.30	AC58239100	CRAIGO F.C. TABLETS 200MG	19.40	調價
AC58241100	MIGLU F.C. TABLETS 50MG (MIGLITOL)	3.32	AC58241100	MIGLU F.C. TABLETS 50MG (MIGLITOL)	3.41	調價
AC58243265	IMICURE POWDER FOR I.V. INJECTION "SLC"	187.00	AC58243265	IMICURE POWDER FOR I.V. INJECTION "SLC"	197.00	調價
AC58243277	IMICURE POWDER FOR I.V. INJECTION "SLC"	275.00	AC58243277	IMICURE POWDER FOR I.V. INJECTION "SLC"	316.00	調價
AC58244100	CARIDOL TABLETS "Y.C."	2.78	AC58244100	CARIDOL TABLETS "Y.C."	3.01	調價
AC58245119	MONKAST ORAL GRANULES 4MG	9.10	AC58245119	MONKAST ORAL GRANULES 4MG	10.50	調價

AC58248255	1.49% POTASSIUM CHLORIDE IN WATER INJECTION "TBC"	24.70	AC58248255	1.49% POTASSIUM CHLORIDE IN WATER INJECTION "TBC"	25.00	調價
AC58252100	Zopimen F.C. Tablets 10mg	1.76	AC58252100	Zopimen F.C. Tablets 10mg	1.86	調價
AC58256100	PAROXIN F.C. TABLETS 20MG	5.30	AC58256100	PAROXIN F.C. TABLETS 20MG	6.20	調價
AC58257100	LOFORMIN FILM-COATED TABLETS 850MG (METFORMIN)	1.68	AC58257100	LOFORMIN FILM-COATED TABLETS 850MG (METFORMIN)	1.75	調價
AC58263100	MOSARAN F.C. TAB. 5MG (MOSAPRIDE)	1.73	AC58263100	MOSARAN F.C. TAB. 5MG (MOSAPRIDE)	1.82	調價
AC58264100	HPS TABLETS	1.53	AC58264100	HPS TABLETS	1.55	調價
AC58265100	RECKACIN F.C. TABLETS 250MG	48.90	AC58265100	RECKACIN F.C. TABLETS 250MG	51.00	調價
AC58267321	CLOVIR OINTMENT 5%	41.10	AC58267321	CLOVIR OINTMENT 5%	41.20	調價
AC58270100	CROSUTY F.C. TABLETS 10MG	13.40	AC58270100	CROSUTY F.C. TABLETS 10MG	13.80	調價
AC58271209	PAINDOCINE INJECTION 30MG/ML	17.00	AC58271209	PAINDOCINE INJECTION 30MG/ML	17.80	調價
AC58271212	PAINDOCINE INJECTION 30MG/ML	24.00	AC58271212	PAINDOCINE INJECTION 30MG/ML	27.20	調價
AC58273100	LASOVAN F.C. TABLETS 80MG "C.H."	6.00	AC58273100	LASOVAN F.C. TABLETS 80MG "C.H."	6.80	調價
AC58275100	RASALINE TABLETS 1MG "STANDARD" (RASAGILINE)	67.00	AC58275100	RASALINE TABLETS 1MG "STANDARD" (RASAGILINE)	74.00	調價
AC58277100	PRODERA F.C. TABLETS 40MG	0.00	AC58277100	PRODERA F.C. TABLETS 40MG	1.50	刪除
AC58283100	XEIRDA F.C. TABLETS 40MG	55.00	AC58283100	XEIRDA F.C. TABLETS 40MG	60.00	調價
AC58287151	LEVOZINE ORAL SOLUTION 0.5MG/ML "STANDARD"	0.00	AC58287151	LEVOZINE ORAL SOLUTION 0.5MG/ML "STANDARD"	35.70	刪除
AC58288100	IVIC FILM-COATED TABLETS 100MG	524.00	AC58288100	IVIC FILM-COATED TABLETS 100MG	565.00	調價
AC58291100	ROSUSTIN FILM COATED TABLETS 10MG	13.40	AC58291100	ROSUSTIN FILM COATED TABLETS 10MG	13.30	調價
AC58293100	LYGABA HARD CAPSULE 150MG "STANDARD"	26.60	AC58293100	LYGABA HARD CAPSULE 150MG "STANDARD"	26.70	調價
AC58296265	GENEM FOR INJECTION	187.00	AC58296265	GENEM FOR INJECTION	197.00	調價

AC58296277	GENEM FOR INJECTION	275.00	AC58296277	GENEM FOR INJECTION	316.00	調價
AC58300157	BROWN MIXTURE LIQ. (WITH OPIUM) "HEALTH"	25.70	AC58300157	BROWN MIXTURE LIQ. (WITH OPIUM) "HEALTH"	26.00	調價
AC58302100	COTRMA F.C. TABLETS	3.32	AC58302100	COTRMA F.C. TABLETS	3.79	調價
AC58310100	LERKA F.C. TABLETS 10MG	5.50	AC58310100	LERKA F.C. TABLETS 10MG	6.00	調價
AC58315100	ROSUSTIN FILM COATED TABLETS 20MG	22.20	AC58315100	ROSUSTIN FILM COATED TABLETS 20MG	24.40	調價
AC58316100	ROSUSTIN FILM COATED TABLETS 5MG	9.60	AC58316100	ROSUSTIN FILM COATED TABLETS 5MG	10.10	調價
AC58318421	ODICON EARDROPS	49.30	AC58318421	ODICON EARDROPS	50.00	調價
AC58319421	TILLO 0.5% OPHTHALMIC SOLUTION	0.00	AC58319421	TILLO 0.5% OPHTHALMIC SOLUTION	130.00	刪除
AC58333100	NEWCALM SUSTAINED - RELEASE CAPSULES 75MG	10.00	AC58333100	NEWCALM SUSTAINED - RELEASE CAPSULES 75MG	11.60	調價
AC58334100	ENTIGIN FILM COATED TABLETS 1MG	143.00	AC58334100	ENTIGIN FILM COATED TABLETS 1MG	153.00	調價
AC58335100	ENTIGIN FILM COATED TABLETS 0.5MG	99.00	AC58335100	ENTIGIN FILM COATED TABLETS 0.5MG	109.00	調價
AC58336100	ESCITALO F.C. TABLETS 20MG	15.50	AC58336100	ESCITALO F.C. TABLETS 20MG	17.10	調價
AC58337100	LOZEPAM CAPSULES 30MG	3.75	AC58337100	LOZEPAM CAPSULES 30MG	3.98	調價
AC58340100	MONKAST F.C. TABLETS 10MG	12.30	AC58340100	MONKAST F.C. TABLETS 10MG	14.30	調價
AC58342421	COMALOL 0.25% OPHTHALMIC SOLUTION	51.00	AC58342421	COMALOL 0.25% OPHTHALMIC SOLUTION	54.00	調價
AC58345216	IBANDRONATE INJECTION "TAI YU"	2119.00	AC58345216	IBANDRONATE INJECTION "TAI YU"	2188.00	調價
AC58346100	ESCITALO F.C. TABLETS 15MG	13.30	AC58346100	ESCITALO F.C. TABLETS 15MG	14.70	調價
AC58348255	HIGHLY CONCENTRATED POTASSIUM CHLORIDE INJECTION 100MEQ/L "YF"	24.70	AC58348255	HIGHLY CONCENTRATED POTASSIUM CHLORIDE INJECTION 100MEQ/L "YF"	25.00	調價
AC58350100	BEGLIPIN TABLETS 30MG	9.60	AC58350100	BEGLIPIN TABLETS 30MG	11.50	調價
AC58356100	APA-CYMBA CAPSULES 60MG	29.50	AC58356100	APA-CYMBA CAPSULES 60MG	30.00	調價

AC58359248	HIGHLY CONCENTRATED POTASSIUM CHLORIDE INJECTION 400MEQ/L "YF"	24.70	AC58359248	HIGHLY CONCENTRATED POTASSIUM CHLORIDE INJECTION 400MEQ/L "YF"	25.00	調價
AC58359255	HIGHLY CONCENTRATED POTASSIUM CHLORIDE INJECTION 400MEQ/L "YF"	24.70	AC58359255	HIGHLY CONCENTRATED POTASSIUM CHLORIDE INJECTION 400MEQ/L "YF"	25.00	調價
AC58360100	DALISOON F.C. TABLETS 5MG "STANDARD" (SOLIFENACIN SUCCINATE)	10.30	AC58360100	DALISOON F.C. TABLETS 5MG "STANDARD" (SOLIFENACIN SUCCINATE)	14.10	調價
AC58361100	ACLOPAIN F.C. TABLETS 100MG	3.14	AC58361100	ACLOPAIN F.C. TABLETS 100MG	3.52	調價
AC58362255	HIGHLY CONCENTRATED POTASSIUM CHLORIDE INJECTION 300MEQ/L "YF"	24.70	AC58362255	HIGHLY CONCENTRATED POTASSIUM CHLORIDE INJECTION 300MEQ/L "YF"	25.00	調價
AC58363248	HIGHLY CONCENTRATED POTASSIUM CHLORIDE INJECTION 200MEQ/L "YF"	24.70	AC58363248	HIGHLY CONCENTRATED POTASSIUM CHLORIDE INJECTION 200MEQ/L "YF"	25.00	調價
AC58363255	HIGHLY CONCENTRATED POTASSIUM CHLORIDE INJECTION 200MEQ/L "YF"	24.70	AC58363255	HIGHLY CONCENTRATED POTASSIUM CHLORIDE INJECTION 200MEQ/L "YF"	25.00	調價
AC58364421	RESCULA EYE DROPS	0.00	AC58364421	RESCULA EYE DROPS	477.00	刪除
AC58366100	ATORSIN F.C. TABLETS 40MG	20.20	AC58366100	ATORSIN F.C. TABLETS 40MG	22.60	調價
AC58367343	CALPOBET OINTMENT	536.00	AC58367343	CALPOBET OINTMENT	523.00	調價
AC58369100	BOCANON FILM-COATED TABLETS 0.5MG	101.00	AC58369100	BOCANON FILM-COATED TABLETS 0.5MG	109.00	調價
AC58373100	LIPAOSHU TABLETS 200MG "KOJAR"	4.26	AC58373100	LIPAOSHU TABLETS 200MG "KOJAR"	4.67	調價
AC58388100	MYGLIN F.C. TABLETS	3.16	AC58388100	MYGLIN F.C. TABLETS	3.24	調價
AC58390100	HEPAMARIN CAPSULES "Y.C	1.50	AC58390100	HEPAMARIN CAPSULES "Y.C	1.51	調價

AC58391100	Ecoxia F.C. Tablet 60mg	5.00	AC58391100	Ecoxia F.C. Tablet 60mg	7.00	調價
AC58393100	URIEF F.C. TABLETS 8 MG	11.00	AC58393100	URIEF F.C. TABLETS 8 MG	11.60	調價
AC58396100	ROVASTIN F.C. TABLETS 10MG "Y.C."	13.40	AC58396100	ROVASTIN F.C. TABLETS 10MG "Y.C."	13.50	調價
AC58397100	SLANPINE ORODISPERSIBLE TABLETS 10MG	65.00	AC58397100	SLANPINE ORODISPERSIBLE TABLETS 10MG	76.00	調價
AC58401100	LIPIKON F.C. TABLETS 20MG	16.60	AC58401100	LIPIKON F.C. TABLETS 20MG	18.90	調價
AC58410100	LITUOTANG TABLETS 30MG "KOJAR"	9.60	AC58410100	LITUOTANG TABLETS 30MG "KOJAR"	11.50	調價
AC58411100	ROSULIP F.C. TABLETS 10MG "C.H."	13.40	AC58411100	ROSULIP F.C. TABLETS 10MG "C.H."	13.60	調價
AC58517100	ATOROTY F.C. TABLETS 20MG	16.60	AC58517100	ATOROTY F.C. TABLETS 20MG	18.90	調價
AC58521243	WESFOR LYOPHILIZED INJECTION 30MG	166.00	AC58521243	WESFOR LYOPHILIZED INJECTION 30MG	182.00	調價
AC58523100	LVTANGSU TABLETS 850MG"KOJAR"	1.68	AC58523100	LVTANGSU TABLETS 850MG"KOJAR"	1.75	調價
AC58524321	ECOSIN CREAM "C.H."	10.50	AC58524321	ECOSIN CREAM "C.H."	10.60	調價
AC58524329	ECOSIN CREAM "C.H."	18.80	AC58524329	ECOSIN CREAM "C.H."	19.30	調價
AC58524335	ECOSIN CREAM "C.H."	30.40	AC58524335	ECOSIN CREAM "C.H."	30.90	調價
AC58525100	PITASTATIN F.C. TABLETS 4MG	15.40	AC58525100	PITASTATIN F.C. TABLETS 4MG	17.20	調價
AC58526100	PITASTATIN F.C. TABLETS 2MG	11.60	AC58526100	PITASTATIN F.C. TABLETS 2MG	12.50	調價
AC58529245	ESOMYL POWDER FOR I.V. INJECTION AND INFUSION 40MG	57.00	AC58529245	ESOMYL POWDER FOR I.V. INJECTION AND INFUSION 40MG	61.00	調價
AC58533151	SORIMINE ORAL SOLUTION "C.H."	34.50	AC58533151	SORIMINE ORAL SOLUTION "C.H."	35.70	調價
AC58535100	LEYOUMIAN F.C. TABLETS 10MG "KOJAR"	1.76	AC58535100	LEYOUMIAN F.C. TABLETS 10MG "KOJAR"	1.86	調價
AC58537100	Valen F.C. Tablets 160mg	7.30	AC58537100	Valen F.C. Tablets 160mg	8.20	調價
AC58538100	TOPALESS F.C. TABLETS 100MG	23.20	AC58538100	TOPALESS F.C. TABLETS 100MG	26.10	調價
AC58540100	TAIGEXYN CAPSULE 250MG (NEMONOXACIN)	171.00	AC58540100	TAIGEXYN CAPSULE 250MG (NEMONOXACIN)	176.00	調價
AC58541100	HEPURI F.C. TABLETS 1MG	140.00	AC58541100	HEPURI F.C. TABLETS 1MG	145.00	調價

AC58547161	LIZEPEN ORAL SOLUTION "CENTER"	1074.00	AC58547161	LIZEPEN ORAL SOLUTION "CENTER"	1088.00	調價
AC58548100	TAMLOSIN D TABLETS 0.2MG	5.60	AC58548100	TAMLOSIN D TABLETS 0.2MG	6.40	調價
AC58549100	COSATEN TABLETS "Y.C."	2.97	AC58549100	COSATEN TABLETS "Y.C."	3.09	調價
AC58551100	CARELAX TABLETS 350MG	2.78	AC58551100	CARELAX TABLETS 350MG	3.01	調價
AC58555421	DORZOPT OPHTHALMIC SOLUTION 2%	235.00	AC58555421	DORZOPT OPHTHALMIC SOLUTION 2%	249.00	調價
AC58566238	DOBUTAMINE INJECTION 12.5MG/ML "UNIPHARMA"	113.00	AC58566238	DOBUTAMINE INJECTION 12.5MG/ML "UNIPHARMA"	126.00	調價
AC58573100	PERIPIL PLUS TABLETS	5.90	AC58573100	PERIPIL PLUS TABLETS	6.10	調價
AC58575265	MOLA INFUSION SOLUTION 400MG/250ML	624.00	AC58575265	MOLA INFUSION SOLUTION 400MG/250ML	660.00	調價
AC58579100	LIPIKON F.C. TABLETS 40MG	20.20	AC58579100	LIPIKON F.C. TABLETS 40MG	22.60	調價
AC58580219	PEXEDA INJECTION	5258.00	AC58580219	PEXEDA INJECTION	5688.00	調價
AC58580238	PEXEDA INJECTION	24060.00	AC58580238	PEXEDA INJECTION	25803.00	調價
AC58581209	Phyxotere 20mg/mL Concentrate for solution for infusion	3199.00	AC58581209	Phyxotere 20mg/mL Concentrate for solution for infusion	3489.00	調價
AC58581219	Phyxotere 20mg/mL Concentrate for solution for infusion	10751.00	AC58581219	Phyxotere 20mg/mL Concentrate for solution for infusion	11800.00	調價
AC58581223	Phyxotere 20mg/mL Concentrate for solution for infusion	12646.00	AC58581223	Phyxotere 20mg/mL Concentrate for solution for infusion	14311.00	調價
AC58585100	ARIPIZOLE TABLETS 15MG	47.30	AC58585100	ARIPIZOLE TABLETS 15MG	47.00	調價
AC58586100	ARIPIZOLE TABLETS 20MG	69.00	AC58586100	ARIPIZOLE TABLETS 20MG	65.00	調價
AC58589100	MOCOLAX TABLETS "Y.C."	3.56	AC58589100	MOCOLAX TABLETS "Y.C."	3.65	調價
AC58592100	RESEDEN TABLETS "Y.C."	1.94	AC58592100	RESEDEN TABLETS "Y.C."	2.05	調價
AC58596100	OMESAR F.C. TABLETS 20MG	7.30	AC58596100	OMESAR F.C. TABLETS 20MG	7.60	調價
AC58597100	TEMPO TABLETS	4.86	AC58597100	TEMPO TABLETS	5.20	調價

AC58600100	BOCANON FILM-COATED TABLETS 1MG	135.00	AC58600100	BOCANON FILM-COATED TABLETS 1MG	138.00	調價
AC58604100	ASAID FILM-COATED TABLETS 100MG	2.97	AC58604100	ASAID FILM-COATED TABLETS 100MG	3.36	調價
AC58606255	0.745% KCL IN 5% DEXTROSE AND 0.33% NACL INJECTION "TBC"	24.70	AC58606255	0.745% KCL IN 5% DEXTROSE AND 0.33% NACL INJECTION "TBC"	25.00	調價
AC58617100	SPALEX TABLETS 5MG	2.15	AC58617100	SPALEX TABLETS 5MG	2.30	調價
AC58618100	SPALEX TABLETS 10MG	4.29	AC58618100	SPALEX TABLETS 10MG	4.54	調價
AC58620100	Gluvia F.C. Tablets 100mg	22.10	AC58620100	Gluvia F.C. Tablets 100mg	22.30	調價
AC58621100	ROTLIP FILM-COATED TABLETS 20MG	22.20	AC58621100	ROTLIP FILM-COATED TABLETS 20MG	24.40	調價
AC58622100	ROTLIP FILM-COATED TABLETS 5MG	9.60	AC58622100	ROTLIP FILM-COATED TABLETS 5MG	10.00	調價
AC58623100	ACLONAC F.C. TABLETS 100MG	2.99	AC58623100	ACLONAC F.C. TABLETS 100MG	3.38	調價
AC58627100	BROMAZIN TABLETS 1.5MG "JOHNSON"	1.52	AC58627100	BROMAZIN TABLETS 1.5MG "JOHNSON"	1.53	調價
AC58633100	PITARTY F.C. TABLETS 4MG	15.20	AC58633100	PITARTY F.C. TABLETS 4MG	17.20	調價
AC58635277	0.149% KCL IN 5% DEXTROSE AND 0.45% NACL INJECTION "TBC"	25.40	AC58635277	0.149% KCL IN 5% DEXTROSE AND 0.45% NACL INJECTION "TBC"	25.60	調價
AC58639100	ZULITOR TABLETS 4MG	15.60	AC58639100	ZULITOR TABLETS 4MG	17.40	調價
AC58640412	KOULELE ORABASE 1MG/G "SOUNLIN" (DEXAMETHASONE)	31.80	AC58640412	KOULELE ORABASE 1MG/G "SOUNLIN" (DEXAMETHASONE)	33.60	調價
AC58640421	KOULELE ORABASE 1MG/G "SOUNLIN" (DEXAMETHASONE)	35.60	AC58640421	KOULELE ORABASE 1MG/G "SOUNLIN" (DEXAMETHASONE)	38.80	調價
AC58641100	DIVASTAN F.C. TABLETS 80MG	6.00	AC58641100	DIVASTAN F.C. TABLETS 80MG	6.80	調價
AC58643255	NOBELIN PREMIXED SOLUTION FOR INJECTION 500MG/100ML	292.00	AC58643255	NOBELIN PREMIXED SOLUTION FOR INJECTION 500MG/100ML	307.00	調價
AC58644255	NOBELIN PREMIXED SOLUTION FOR INJECTION 1000MG/100ML	577.00	AC58644255	NOBELIN PREMIXED SOLUTION FOR INJECTION 1000MG/100ML	584.00	調價

AC58645255	NOBELIN PREMIXED SOLUTION FOR INJECTION 1500MG/100ML	866.00	AC58645255	NOBELIN PREMIXED SOLUTION FOR INJECTION 1500MG/100ML	876.00	調價
AC58646209	ANTABINE LYOPHILIZED POWDER FOR INJECTION	2854.00	AC58646209	ANTABINE LYOPHILIZED POWDER FOR INJECTION	3369.00	調價
AC58646263	ANTABINE LYOPHILIZED POWDER FOR INJECTION	598.00	AC58646263	ANTABINE LYOPHILIZED POWDER FOR INJECTION	703.00	調價
AC58649245	PANZOLEC LYO-INJ 40MG (PANTOPRAZOLE)	119.00	AC58649245	PANZOLEC LYO-INJ 40MG (PANTOPRAZOLE)	131.00	調價
AC58650255	1.49% KCL IN 5% DEXTROSE INJECTION "TBC"	24.70	AC58650255	1.49% KCL IN 5% DEXTROSE INJECTION "TBC"	25.00	調價
AC58755100	FLEXER EXTENDED-RELEASE F.C. TABLETS 15MG	7.70	AC58755100	FLEXER EXTENDED-RELEASE F.C. TABLETS 15MG	7.90	調價
AC58758421	HINSUL ORABASE (DEXAMETHASONE)1MG/G	35.60	AC58758421	HINSUL ORABASE (DEXAMETHASONE)1MG/G	38.80	調價
AC58764196	MEGAXIA ES ORAL SUSPENSION 125MG/ML	807.00	AC58764196	MEGAXIA ES ORAL SUSPENSION 125MG/ML	898.00	調價
AC58767255	1.49% KCL IN 0.9% NACL INJECTION "TBC"	24.70	AC58767255	1.49% KCL IN 0.9% NACL INJECTION "TBC"	25.00	調價
AC58768100	OLSAR F.C. TABLETS 20MG	7.30	AC58768100	OLSAR F.C. TABLETS 20MG	8.00	調價
AC58777424	MOMENASE AQUEOUS NASAL SPRAY 50MCG/DOSE	126.00	AC58777424	MOMENASE AQUEOUS NASAL SPRAY 50MCG/DOSE	136.00	調價
AC58778100	BECAVIR F.C. TABLETS 1MG	141.00	AC58778100	BECAVIR F.C. TABLETS 1MG	146.00	調價
AC58779421	GINZA EYE DROPS	17.70	AC58779421	GINZA EYE DROPS	18.80	調價
AC58779429	GINZA EYE DROPS	33.20	AC58779429	GINZA EYE DROPS	36.00	調價
AC58781145	DEPROATE SOLUTION 200MG/ML	177.00	AC58781145	DEPROATE SOLUTION 200MG/ML	190.00	調價
AC58782121	KACOPIN POWDER	9.50	AC58782121	KACOPIN POWDER	9.90	調價
AC58784100	STALOP F.C. TABLETS 10MG "YU SHENG"	9.70	AC58784100	STALOP F.C. TABLETS 10MG "YU SHENG"	10.50	調價
AC58786343	P.L. ESTROL GEL 0.06%	74.00	AC58786343	P.L. ESTROL GEL 0.06%	76.00	調價
AC58787100	RIPRA F.C. TABLETS 10MG "YU SHENG"	47.30	AC58787100	RIPRA F.C. TABLETS 10MG "YU SHENG"	49.20	調價
AC58791414	LANPROTAN 50UG/ML (0.005%)	439.00	AC58791414	LANPROTAN 50UG/ML (0.005%)	452.00	調價

AC58802100	CYMTA CAPSULE 30MG	16.60	AC58802100	CYMTA CAPSULE 30MG	17.60	調價
AC58807155	LETAMPIN ORAL SOLUTION 100MG/ML	419.00	AC58807155	LETAMPIN ORAL SOLUTION 100MG/ML	437.00	調價
AC58807161	LETAMPIN ORAL SOLUTION 100MG/ML	717.00	AC58807161	LETAMPIN ORAL SOLUTION 100MG/ML	746.00	調價
AC58807166	LETAMPIN ORAL SOLUTION 100MG/ML	1375.00	AC58807166	LETAMPIN ORAL SOLUTION 100MG/ML	1413.00	調價
AC58809100	BELIAN F.C. TABLETS 200MG "JOHNSON"	2.07	AC58809100	BELIAN F.C. TABLETS 200MG "JOHNSON"	2.18	調價
AC58810100	ZEROPIN HARD CAPSULE 75MG	14.00	AC58810100	ZEROPIN HARD CAPSULE 75MG	14.80	調價
AC58812100	QUIPINE F.C. TABLETS 25MG	0.00	AC58812100	QUIPINE F.C. TABLETS 25MG	8.70	刪除
AC58813100	ROZININ F.C. TABLETS 20MG	22.20	AC58813100	ROZININ F.C. TABLETS 20MG	24.20	調價
AC58816100	CALM-RELAX F.C. TABLETS 200MG	16.30	AC58816100	CALM-RELAX F.C. TABLETS 200MG	19.40	調價
AC58817100	TAMOKAS PROLONGED RELEASE TABLETS 0.4MG	14.50	AC58817100	TAMOKAS PROLONGED RELEASE TABLETS 0.4MG	15.30	調價
AC58819100	LETRAMASE F.C. TABLETS 2.5MG	38.70	AC58819100	LETRAMASE F.C. TABLETS 2.5MG	41.00	調價
AC58821100	MELIN TABLETS 4MG "J.L."	1.53	AC58821100	MELIN TABLETS 4MG "J.L."	1.55	調價
AC58822100	ROZININ F.C. TABLETS 5MG	9.60	AC58822100	ROZININ F.C. TABLETS 5MG	9.70	調價
AC58826277	PEMEDA LYOPHILIZED POWDER FOR INJECTION 500MG	24682.00	AC58826277	PEMEDA LYOPHILIZED POWDER FOR INJECTION 500MG	25924.00	調價
AC58827255	PEMEDA LYOPHILIZED POWDER FOR INJECTION 100MG	5465.00	AC58827255	PEMEDA LYOPHILIZED POWDER FOR INJECTION 100MG	5814.00	調價
AC58828321	DERCOMFIN CREAM ''C.L.''	13.90	AC58828321	DERCOMFIN CREAM ''C.L.''	14.00	調價
AC58828323	DERCOMFIN CREAM ''C.L.''	14.40	AC58828323	DERCOMFIN CREAM ''C.L.''	14.70	調價
AC58828329	DERCOMFIN CREAM ''C.L.''	18.40	AC58828329	DERCOMFIN CREAM ''C.L.''	18.70	調價
AC58828335	DERCOMFIN CREAM ''C.L.''	29.70	AC58828335	DERCOMFIN CREAM ''C.L.''	30.20	調價
AC58828336	DERCOMFIN CREAM ''C.L.''	29.70	AC58828336	DERCOMFIN CREAM ''C.L.''	30.20	調價
AC58828338	DERCOMFIN CREAM ''C.L.''	57.00	AC58828338	DERCOMFIN CREAM ''C.L.''	59.00	調價

AC58829100	CALM-UP F.C. TABLETS 200MG	1.71	AC58829100	CALM-UP F.C. TABLETS 200MG	1.79	調價
AC58834100	EUSARTAN FILM COATED TABLETS 20MG	7.30	AC58834100	EUSARTAN FILM COATED TABLETS 20MG	7.60	調價
AC58837277	PG2 LYO. INJECTION 500MG	12650.00			#NULL!	新增
AC58838100	URIEF F.C. TABLETS 4 MG	5.70	AC58838100	URIEF F.C. TABLETS 4 MG	6.00	調價
AC58841100	OLMESARDIN FILM COATED TABLETS 20MG	7.30	AC58841100	OLMESARDIN FILM COATED TABLETS 20MG	7.60	調價
AC58944321	GRISCOMB CREAM	13.90	AC58944321	GRISCOMB CREAM	14.00	調價
AC58944323	GRISCOMB CREAM	14.40	AC58944323	GRISCOMB CREAM	14.70	調價
AC58944329	GRISCOMB CREAM	18.40	AC58944329	GRISCOMB CREAM	18.70	調價
AC58944335	GRISCOMB CREAM	29.70	AC58944335	GRISCOMB CREAM	30.20	調價
AC58944336	GRISCOMB CREAM	29.70	AC58944336	GRISCOMB CREAM	30.20	調價
AC58944338	GRISCOMB CREAM	57.00	AC58944338	GRISCOMB CREAM	59.00	調價
AC58946100	TIRICA CAPSULES 75MG (PREGABALIN)	15.50	AC58946100	TIRICA CAPSULES 75MG (PREGABALIN)	16.80	調價
AC58949100	AZICIIN F.C. TABLETS 250MG	17.50	AC58949100	AZICIIN F.C. TABLETS 250MG	20.80	調價
AC58950100	ZAPLINE FILM COATED TABLETS 100MG	11.80	AC58950100	ZAPLINE FILM COATED TABLETS 100MG	13.60	調價
AC58954100	AMAMET F.C. TABLETS 2/500MG "C.H."	2.81	AC58954100	AMAMET F.C. TABLETS 2/500MG "C.H."	3.14	調價
AC58956135	K-GLU ORAL SOLUTION	14.60	AC58956135	K-GLU ORAL SOLUTION	14.80	調價
AC58965100	ABIOMAY TABLETS 20MG	69.00	AC58965100	ABIOMAY TABLETS 20MG	73.00	調價
AC58966151	SUSENIN ORAL SOLUTION 667MG/ML	25.00	AC58966151	SUSENIN ORAL SOLUTION 667MG/ML	25.10	調價
AC58966166	SUSENIN ORAL SOLUTION 667MG/ML	105.00	AC58966166	SUSENIN ORAL SOLUTION 667MG/ML	116.00	調價
AC58966177	SUSENIN ORAL SOLUTION 667MG/ML	161.00	AC58966177	SUSENIN ORAL SOLUTION 667MG/ML	176.00	調價
AC58973100	CELECOR CAPSULES 200MG	4.66	AC58973100	CELECOR CAPSULES 200MG	4.18	調價
AC58975100	MIGBOSE F.C. TABLETS 100MG "STANDARD" (MIGLITOL)	5.60	AC58975100	MIGBOSE F.C. TABLETS 100MG "STANDARD" (MIGLITOL)	6.00	調價
AC58976100	MITITOL F.C. TABLETS 50MG	3.25	AC58976100	MITITOL F.C. TABLETS 50MG	3.31	調價
AC58977100	MITITOL F.C. TABLETS 100MG	5.50	AC58977100	MITITOL F.C. TABLETS 100MG	6.00	調價

AC58979255	ANDASON LYOPHILIZED POWDER FOR INJECTION	11495.00	AC58979255	ANDASON LYOPHILIZED POWDER FOR INJECTION	12146.00	調價
AC58984100	BYE-ZU TABLETS 100MG "T.F."	2.79	AC58984100	BYE-ZU TABLETS 100MG "T.F."	2.82	調價
AC58993229	HOLDIPINE INJECTION 1MG/ML	141.00	AC58993229	HOLDIPINE INJECTION 1MG/ML	160.00	調價
AC58993238	HOLDIPINE INJECTION 1MG/ML	271.00	AC58993238	HOLDIPINE INJECTION 1MG/ML	306.00	調價
AC58994100	Q-PINE F.C. TABLETS 25MG "TAI YU"	7.30	AC58994100	Q-PINE F.C. TABLETS 25MG "TAI YU"	8.70	調價
AC58997100	Aripizole Tablets 5mg	33.00	AC58997100	Aripizole Tablets 5mg	30.10	調價
AC58998100	CECOLEX CAPSULES 200MG "C.H."	4.66	AC58998100	CECOLEX CAPSULES 200MG "C.H."	4.18	調價
AC59001500	MIKIZOL VAGINAL TABLETS 100MG	5.90	AC59001500	MIKIZOL VAGINAL TABLETS 100MG	6.30	調價
AC59009100	OTABIN TABLETS "Y.C."	1.68	AC59009100	OTABIN TABLETS "Y.C."	1.75	調價
AC59013417	COTOBRA OPHTHALMIC OINTMENT	100.00	AC59013417	COTOBRA OPHTHALMIC OINTMENT	102.00	調價
AC59017255	E-JEAN INJECTION 5MG/ML "ASTAR"	601.00	AC59017255	E-JEAN INJECTION 5MG/ML "ASTAR"	656.00	調價
AC59023100	SELEXIB CAPSULE 200MG	4.66	AC59023100	SELEXIB CAPSULE 200MG	4.18	調價
AC59027100	SURATON TABLETS 10MG	4.29	AC59027100	SURATON TABLETS 10MG	4.54	調價
AC59028100	ENTAPON F.C. TABLETS 200MG	17.20	AC59028100	ENTAPON F.C. TABLETS 200MG	18.10	調價
AC59031157	GIGA ORAL SUSPENSION 40MG/ML	683.00	AC59031157	GIGA ORAL SUSPENSION 40MG/ML	706.00	調價
AC59031161	GIGA ORAL SUSPENSION 40MG/ML	891.00	AC59031161	GIGA ORAL SUSPENSION 40MG/ML	949.00	調價
AC59031164	GIGA ORAL SUSPENSION 40MG/ML	1735.00	AC59031164	GIGA ORAL SUSPENSION 40MG/ML	1883.00	調價
AC59032100	IRSUTAN F.C. TABLETS 150MG	5.40	AC59032100	IRSUTAN F.C. TABLETS 150MG	6.00	調價
AC59036157	COMPOUND GLYCYRRHIZA MIXTURE ORAL SOLUTION "CENTER"	25.70	AC59036157	COMPOUND GLYCYRRHIZA MIXTURE ORAL SOLUTION "CENTER"	26.00	調價
AC59050100	LANAPINE ORALLY DISINTEGRATING TABLETS 5MG	39.50	AC59050100	LANAPINE ORALLY DISINTEGRATING TABLETS 5MG	45.30	調價
AC59052100	UNVOMIT F.C. TABLETS 1MG	167.00	AC59052100	UNVOMIT F.C. TABLETS 1MG	178.00	調價

AC59054100	RAYOR TABLETS "COSMIC"	2.01	AC59054100	RAYOR TABLETS "COSMIC"	2.06	調價
AC59055100	PRO-NERV CAPSULES	1.68	AC59055100	PRO-NERV CAPSULES	1.69	調價
AC59056100	TAISHUNMAI TABLETS 5MG "KOJAR"	3.84	AC59056100	TAISHUNMAI TABLETS 5MG "KOJAR"	4.30	調價
AC59059321	SULEM OINTMENT	13.20	AC59059321	SULEM OINTMENT	14.10	調價
AC59059329	SULEM OINTMENT	18.00	AC59059329	SULEM OINTMENT	18.10	調價
AC59059335	SULEM OINTMENT	37.20	AC59059335	SULEM OINTMENT	38.80	調價
AC59063421	OFLOXIN OTIC SOLUTION 0.3%	51.00	AC59063421	OFLOXIN OTIC SOLUTION 0.3%	54.00	調價
AC59066100	Q-PINE XR EXTENDED-RELEASE TABLETS 300MG "TAI YU"	39.00	AC59066100	Q-PINE XR EXTENDED-RELEASE TABLETS 300MG "TAI YU"	42.70	調價
AC59068100	PREBALIN HARD CAPSULES 75MG	13.50	AC59068100	PREBALIN HARD CAPSULES 75MG	14.10	調價
AC59069421	PROTECTIER OTIC DROPS	49.30	AC59069421	PROTECTIER OTIC DROPS	50.00	調價
AC59071221	GOOD-FE INJECTION 2% "TAI YU"	65.00	AC59071221	GOOD-FE INJECTION 2% "TAI YU"	63.00	調價
AC59073100	LANAPINE ORALLY DISINTEGRATING TABLETS 10MG	65.00	AC59073100	LANAPINE ORALLY DISINTEGRATING TABLETS 10MG	76.00	調價
AC59078209	ERTACURE "SLC" 1G	651.00	AC59078209	ERTACURE "SLC" 1G	564.00	調價
AC59185100	FEBUTON F.C. TABLETS 80MG (FEBUXOSTAT)	15.50	AC59185100	FEBUTON F.C. TABLETS 80MG (FEBUXOSTAT)	16.90	調價
AC59192100	PITANXO F.C. TABLETS 4MG	15.60	AC59192100	PITANXO F.C. TABLETS 4MG	17.20	調價
AC59193100	PITANXO F.C. TABLETS 2MG	11.20	AC59193100	PITANXO F.C. TABLETS 2MG	12.30	調價
AC59196100	RETONIN F.C. TABLETS 160MG	7.30	AC59196100	RETONIN F.C. TABLETS 160MG	8.20	調價
AC59197100	RETONIN F.C. TABLETS 40MG	4.73	AC59197100	RETONIN F.C. TABLETS 40MG	5.10	調價
AC59199100	LASOVAN F.C. TABLETS 160MG "C.H."	7.30	AC59199100	LASOVAN F.C. TABLETS 160MG "C.H."	8.20	調價
AC59209100	FORLITON F.C. TABLETS 80MG	15.50	AC59209100	FORLITON F.C. TABLETS 80MG	16.90	調價
AC59210100	BUPRONIL CAPSULES 30MG	16.60	AC59210100	BUPRONIL CAPSULES 30MG	17.20	調價
AC59212100	QUELIP XR TABLETS 200MG	32.40	AC59212100	QUELIP XR TABLETS 200MG	35.30	調價
AC59214100	OMESAR F.C. TABLETS 40MG	13.60	AC59214100	OMESAR F.C. TABLETS 40MG	13.90	調價
AC59215100	SOLIN F.C. TABLETS 5MG	9.40	AC59215100	SOLIN F.C. TABLETS 5MG	12.90	調價

AC59221266	PREZOLID INJECTION 2MG/ML	725.00	AC59221266	PREZOLID INJECTION 2MG/ML	792.00	調價
AC59226100	CECOXII CAPSULES 200MG	4.66	AC59226100	CECOXII CAPSULES 200MG	4.18	調價
AC59228100	CLARTHROCIN F.C. TABLETS 250MG	3.24	AC59228100	CLARTHROCIN F.C. TABLETS 250MG	3.36	調價
AC59232100	VAWAY FILM-COATED TABLETS 200MG	1117.00	AC59232100	VAWAY FILM-COATED TABLETS 200MG	1143.00	調價
AC59239100	TERNIBIN F.C. TABLETS 250MG	637.00	AC59239100	TERNIBIN F.C. TABLETS 250MG	800.00	調價
AC59240100	ROSTINE F.C. TABLETS 10MG	13.40	AC59240100	ROSTINE F.C. TABLETS 10MG	13.60	調價
AC59242100	ADHOOD ER TABLETS 36MG	50.00	AC59242100	ADHOOD ER TABLETS 36MG	48.00	調價
AC59243100	AMIPASOLE ENTERIC COATED TABLETS 40MG "TAI YU"	6.10	AC59243100	AMIPASOLE ENTERIC COATED TABLETS 40MG "TAI YU"	6.50	調價
AC59245100	ETOXIB F.C. TABLET 60MG	4.50	AC59245100	ETOXIB F.C. TABLET 60MG	6.20	調價
AC59247209	VANCOMYCIN POWDER FOR I.V. INJECTION "CYH"	179.00	AC59247209	VANCOMYCIN POWDER FOR I.V. INJECTION "CYH"	204.00	調價
AC59247277	VANCOMYCIN POWDER FOR I.V. INJECTION "CYH"	76.00	AC59247277	VANCOMYCIN POWDER FOR I.V. INJECTION "CYH"	80.00	調價
AC59248245	ESOWEI POWDER FOR INJECTION AND INFUSION 40MG	57.00	AC59248245	ESOWEI POWDER FOR INJECTION AND INFUSION 40MG	61.00	調價
AC59251100	AGITIN TABLETS 10/20MG	11.00	AC59251100	AGITIN TABLETS 10/20MG	13.90	調價
AC59253100	LIVEPRO F.C. TABLETS 1MG	138.00	AC59253100	LIVEPRO F.C. TABLETS 1MG	143.00	調價
AC59260100	SARTANIN TABLETS 8MG	6.90	AC59260100	SARTANIN TABLETS 8MG	7.50	調價
AC59265100	ROSTATIN F.C. TABLETS 20MG "STANDARD"	22.20	AC59265100	ROSTATIN F.C. TABLETS 20MG "STANDARD"	24.20	調價
AC59266100	ROSTATIN F.C. TABLETS 5MG "STANDARD"	9.60	AC59266100	ROSTATIN F.C. TABLETS 5MG "STANDARD"	10.10	調價
AC59271100	FEURI F.C. TABLETS 80MG	15.50	AC59271100	FEURI F.C. TABLETS 80MG	16.90	調價
AC59272100	LEUKURE MICRO-T CAPSULES 100MG	524.00	AC59272100	LEUKURE MICRO-T CAPSULES 100MG	565.00	調價
AC59274100	APA-CYMBA CAPSULES 30MG	16.60	AC59274100	APA-CYMBA CAPSULES 30MG	15.80	調價
AC59275100	Quepine F.C. Tablet 25mg	7.30	AC59275100	Quepine F.C. Tablet 25mg	8.70	調價

AC59278100	OLMESARDIN FILM COATED TABLETS 40MG	13.60	AC59278100	OLMESARDIN FILM COATED TABLETS 40MG	13.30	調價
AC59281100	SILIFLO CAPSULES 4MG "STANDARD"	5.20	AC59281100	SILIFLO CAPSULES 4MG "STANDARD"	5.40	調價
AC59291382	LIDOCAINE PATCH 5% "L.L."	35.70	AC59291382	LIDOCAINE PATCH 5% "L.L."	39.10	調價
AC59292100	CEFICIN CAPSULES 100MG	4.51	AC59292100	CEFICIN CAPSULES 100MG	4.81	調價
AC59293414	TIMAL OPHTHALMIC SOLUTION 0.5% "KINGDOM"	122.00	AC59293414	TIMAL OPHTHALMIC SOLUTION 0.5% "KINGDOM"	130.00	調價
AC59293421	TIMAL OPHTHALMIC SOLUTION 0.5% "KINGDOM"	122.00	AC59293421	TIMAL OPHTHALMIC SOLUTION 0.5% "KINGDOM"	130.00	調價
AC59294416	TIMAL OPHTHALMIC SOLUTION 0.25% "KINGDOM"	51.00	AC59294416	TIMAL OPHTHALMIC SOLUTION 0.25% "KINGDOM"	54.00	調價
AC59294421	TIMAL OPHTHALMIC SOLUTION 0.25% "KINGDOM"	51.00	AC59294421	TIMAL OPHTHALMIC SOLUTION 0.25% "KINGDOM"	54.00	調價
AC59295100	RELECOX CAPSULES "Y.C."	4.66	AC59295100	RELECOX CAPSULES "Y.C."	4.18	調價
AC59300100	SAFEMAT F.C. TABLETS 2/500MG	2.81	AC59300100	SAFEMAT F.C. TABLETS 2/500MG	3.15	調價
AC59303100	DELINCAL TABLETS 667MG "GENTLE" (CALCIUM ACETATE)	1.58	AC59303100	DELINCAL TABLETS 667MG "GENTLE" (CALCIUM ACETATE)	1.62	調價
AC59306209	MUTONPAIN INJECTION 10MG/ML	37.90	AC59306209	MUTONPAIN INJECTION 10MG/ML	39.50	調價
AC59363100	FIZATE TABLETS "Y.C."	3.62	AC59363100	FIZATE TABLETS "Y.C."	4.01	調價
AC59368151	ALLEVO ORAL SOLUTION 0.5MG/ML	34.50	AC59368151	ALLEVO ORAL SOLUTION 0.5MG/ML	35.70	調價
AC59369416	BIMOTAN OPHTHALMIC SOLUTION 0.01%	431.00	AC59369416	BIMOTAN OPHTHALMIC SOLUTION 0.01%	443.00	調價
AC59376100	MESYN CAPSULES 100MG	2.98	AC59376100	MESYN CAPSULES 100MG	3.06	調價
AC59378100	HEPATO-EASE F.C. TABLETS 1MG	140.00	AC59378100	HEPATO-EASE F.C. TABLETS 1MG	149.00	調價
AC59379100	MOGRACE F.C. TABLETS 5MG	1.73	AC59379100	MOGRACE F.C. TABLETS 5MG	1.82	調價
AC59380421	Sumin Ophthalmic Solution 2%	14.50	AC59380421	Sumin Ophthalmic Solution 2%	14.70	調價
AC59380429	Sumin Ophthalmic Solution 2%	28.30	AC59380429	Sumin Ophthalmic Solution 2%	29.40	調價
AC59388100	PHUDIALIN HARD CAPSULES 75MG	15.30	AC59388100	PHUDIALIN HARD CAPSULES 75MG	16.50	調價

AC59390100	PIRACETAM F.C. TABLETS 1200MG "KOJAR"	1.91	AC59390100	PIRACETAM F.C. TABLETS 1200MG "KOJAR"	1.98	調價
AC593901G0	PIRACETAM F.C. TABLETS 1200MG "KOJAR"(鋁箔/膠箔)	2.00			#NULL!	新增
AC59393100	LODIGLIT F.C. TABLETS 15MG/850MG	8.00	AC59393100	LODIGLIT F.C. TABLETS 15MG/850MG	9.20	調價
AC59394100	MEMSYN F.C. TABLETS 10MG	7.20	AC59394100	MEMSYN F.C. TABLETS 10MG	8.20	調價
AC59395100	CO-AMNDILINE F.C. TABLETS 5/10MG	9.30	AC59395100	CO-AMNDILINE F.C. TABLETS 5/10MG	9.90	調價
AC59396100	GLYCON SUSTAINED-RELEASE TABLETS 60MG	2.91	AC59396100	GLYCON SUSTAINED-RELEASE TABLETS 60MG	3.05	調價
AC59398100	PIVAS F.C. TABLETS 2MG	11.20	AC59398100	PIVAS F.C. TABLETS 2MG	12.30	調價
AC59400100	CLOSIAN TABLETS 100MG	4.55	AC59400100	CLOSIAN TABLETS 100MG	5.20	調價
AC59403100	ROSUCIN F.C. TABLETS 250MG	17.50	AC59403100	ROSUCIN F.C. TABLETS 250MG	20.80	調價
AC594051G0	SUYA TABLETS 90MG "C.L."(鋁箔/膠箔)	2.00			#NULL!	新增
AC59406100	PANZOLEC GASTRO-RESISTANT TABLETS 40MG	10.10	AC59406100	PANZOLEC GASTRO-RESISTANT TABLETS 40MG	11.70	調價
AC59407100	IRBEST F.C. TABLETS 300MG "YU SHENG"	9.10	AC59407100	IRBEST F.C. TABLETS 300MG "YU SHENG"	10.30	調價
AC59409100	ESTENGY F.C. TABLETS 5/80MG	9.00	AC59409100	ESTENGY F.C. TABLETS 5/80MG	10.50	調價
AC59410100	RALOXY F.C. TABLETS 60MG	34.00	AC59410100	RALOXY F.C. TABLETS 60MG	35.50	調價
AC59413329	CALMSIT CREAM	49.00	AC59413329	CALMSIT CREAM	50.00	調價
AC59413335	CALMSIT CREAM	60.00	AC59413335	CALMSIT CREAM	65.00	調價
AC59414238	METHOATE INJECTION 25MG/ML	470.00	AC59414238	METHOATE INJECTION 25MG/ML	473.00	調價
AC59415100	AMLOS TABLETS 5MG	3.84	AC59415100	AMLOS TABLETS 5MG	4.30	調價
AC59416100	PHUDIALIN HARD CAPSULES 150MG	30.00	AC59416100	PHUDIALIN HARD CAPSULES 150MG	31.20	調價
AC59417100	ADHOOD ER TABLETS 27MG	42.70	AC59417100	ADHOOD ER TABLETS 27MG	36.40	調價
AC59418100	LEVELIN F.C. TABLETS 25MG	5.50	AC59418100	LEVELIN F.C. TABLETS 25MG	6.10	調價
AC59419100	LEVELIN F.C. TABLETS 50MG	11.80	AC59419100	LEVELIN F.C. TABLETS 50MG	13.50	調價
AC59621100	VIRCLEAN F.C. TABLETS 300MG	95.00	AC59621100	VIRCLEAN F.C. TABLETS 300MG	115.00	調價

AC59625100	LOWMALIN TABLETS 4MG	2.42	AC59625100	LOWMALIN TABLETS 4MG	2.64	調價
AC59626321	UFORCIN OINTMENT	13.20	AC59626321	UFORCIN OINTMENT	14.10	調價
AC59626329	UFORCIN OINTMENT	18.00	AC59626329	UFORCIN OINTMENT	18.10	調價
AC59626335	UFORCIN OINTMENT	37.20	AC59626335	UFORCIN OINTMENT	38.80	調價
AC59633100	MAXFLOW PROLONGED-RELEASE 0.4MG TABLETS	14.50	AC59633100	MAXFLOW PROLONGED-RELEASE 0.4MG TABLETS	15.30	調價
AC59640100	SUCULIN HARD CAPSULE 75MG	15.60	AC59640100	SUCULIN HARD CAPSULE 75MG	16.90	調價
AC59642114	ATROLIN UNIT DOSE AMPOULE INHALATION SOLUTION	13.90	AC59642114	ATROLIN UNIT DOSE AMPOULE INHALATION SOLUTION	15.20	調價
AC59643100	ESTENGY F.C. TABLETS 5/160MG	15.20	AC59643100	ESTENGY F.C. TABLETS 5/160MG	16.50	調價
AC59647100	FLATIN FILM COATED TABLETS 40MG	2.88	AC59647100	FLATIN FILM COATED TABLETS 40MG	3.04	調價
AC59649100	ROSULIP F.C. TABLETS 5MG "C.H."	9.60	AC59649100	ROSULIP F.C. TABLETS 5MG "C.H."	9.70	調價
AC59652100	ROSULATOR F.C. TABLETS 5MG "S.C."	9.60	AC59652100	ROSULATOR F.C. TABLETS 5MG "S.C."	9.70	調價
AC59656100	WIJETON TABLET 200MG "CHEN TA"	1.35	AC59656100	WIJETON TABLET 200MG "CHEN TA"	1.50	調價
AC596561G0	WIJETON TABLET 200MG "CHEN TA"(鋁箔/膠箔)	1.72	AC596561G0	WIJETON TABLET 200MG "CHEN TA"(鋁箔/膠箔)	2.00	調價
AC59663100	LEAVDO CAPSULES 15MG	3570.00	AC59663100	LEAVDO CAPSULES 15MG	3678.00	調價
AC59664100	LEAVDO CAPSULES 25MG	3570.00	AC59664100	LEAVDO CAPSULES 25MG	3678.00	調價
AC59668100	LEAVDO CAPSULES 10MG	3405.00	AC59668100	LEAVDO CAPSULES 10MG	3455.00	調價
AC59669100	LEAVDO CAPSULES 5MG	1601.00	AC59669100	LEAVDO CAPSULES 5MG	1632.00	調價
AC59670100	CYCLOREX EXTENDED-RELEASE TABLETS 30MG	10.90	AC59670100	CYCLOREX EXTENDED-RELEASE TABLETS 30MG	12.20	調價
AC59671100	BESANO F.C. TABLETS 1.0MG	136.00	AC59671100	BESANO F.C. TABLETS 1.0MG	140.00	調價
AC59675100	AZAPRINE F.C. TABLETS 50MG	9.60	AC59675100	AZAPRINE F.C. TABLETS 50MG	15.20	調價
AC59680100	Slivec Film Coated Tablets 100mg "Sinphar"	524.00	AC59680100	Slivec Film Coated Tablets 100mg "Sinphar"	565.00	調價
AC59689414	TRAPTAN OPHTHALMIC SOLUTION 0.004%	426.00	AC59689414	TRAPTAN OPHTHALMIC SOLUTION 0.004%	448.00	調價

AC59690121	PIRACETAM GRANULES FOR ORAL SOLUTION 2400MG "KOJAR"	5.40	AC59690121	PIRACETAM GRANULES FOR ORAL SOLUTION 2400MG "KOJAR"	5.80	調價
AC59692151	CENTIMIN ORAL SOLUTION 0.5MG/ML "KOJAR"	34.50	AC59692151	CENTIMIN ORAL SOLUTION 0.5MG/ML "KOJAR"	35.70	調價
AC59693100	EMAZOLE TABLETS 40MG	6.10	AC59693100	EMAZOLE TABLETS 40MG	6.50	調價
AC59697209	FLOMOXEF POWDER FOR I.V. INJECTION 1G "C.C.P.C"	292.00	AC59697209	FLOMOXEF POWDER FOR I.V. INJECTION 1G "C.C.P.C"	311.00	調價
AC59704100	TENO B TABLETS 300MG	95.00	AC59704100	TENO B TABLETS 300MG	115.00	調價
AC59708151	SINNATON ORAL SOLUTION 200MG "KOJAR"	26.90	AC59708151	SINNATON ORAL SOLUTION 200MG "KOJAR"	27.60	調價
AC59708157	SINNATON ORAL SOLUTION 200MG "KOJAR"	48.70	AC59708157	SINNATON ORAL SOLUTION 200MG "KOJAR"	52.00	調價
AC59708163	SINNATON ORAL SOLUTION 200MG "KOJAR"	76.00	AC59708163	SINNATON ORAL SOLUTION 200MG "KOJAR"	80.00	調價
AC59708164	SINNATON ORAL SOLUTION 200MG "KOJAR"	92.00	AC59708164	SINNATON ORAL SOLUTION 200MG "KOJAR"	98.00	調價
AC59709100	IVAHEART F.C. TABLETS 5MG	18.60	AC59709100	IVAHEART F.C. TABLETS 5MG	19.40	調價
AC59715100	PROMONE SOFT CAPSULES 200MG "P.L."	12.50	AC59715100	PROMONE SOFT CAPSULES 200MG "P.L."	16.50	調價
AC59716100	ZODIN CR TABLETS 6.25MG	3.30	AC59716100	ZODIN CR TABLETS 6.25MG	3.47	調價
AC59720100	ETOCOXII F.C. TABLETS 60MG	4.35	AC59720100	ETOCOXII F.C. TABLETS 60MG	6.00	調價
AC59723100	BESANO F.C. TABLETS 0.5MG	97.00	AC59723100	BESANO F.C. TABLETS 0.5MG	106.00	調價
AC59727100	VEBACIN F.C. TABLETS 5MG "C.H."	9.70	AC59727100	VEBACIN F.C. TABLETS 5MG "C.H."	13.20	調價
AC59732248	CAFOLINATE LYOPHILIZED POWDER FOR INJECTION 50MG "JENG CHANG RONG"	69.00	AC59732248	CAFOLINATE LYOPHILIZED POWDER FOR INJECTION 50MG "JENG CHANG RONG"	78.00	調價
AC59736100	LIZHENSIN TABLETS 16MG "S.C."	8.70	AC59736100	LIZHENSIN TABLETS 16MG "S.C."	9.60	調價
AC59737219	NOREPINEPHRINE INJECTION "C.C.P.C."	100.00	AC59737219	NOREPINEPHRINE INJECTION "C.C.P.C."	108.00	調價

AC59742100	HYCOPRESS F.C. TABLETS 160/12.5MG	7.30	AC59742100	HYCOPRESS F.C. TABLETS 160/12.5MG	8.20	調價
AC59743100	VAWAY FILM-COATED TABLETS 50MG	326.00	AC59743100	VAWAY FILM-COATED TABLETS 50MG	329.00	調價
AC59744100	ADHOOD ER TABLETS 18MG	29.90	AC59744100	ADHOOD ER TABLETS 18MG	26.40	調價
AC59746100	SYNGEXA CAPSULES 75MG	14.00	AC59746100	SYNGEXA CAPSULES 75MG	14.80	調價
AC59750100	BARAVIR F.C. Tablets 0.5mg	95.00	AC59750100	BARAVIR F.C. Tablets 0.5mg	104.00	調價
AC59759100	GRUMED-M F.C. TAB. 2MG/500MG	2.85	AC59759100	GRUMED-M F.C. TAB. 2MG/500MG	3.20	調價
AC59769343	DOCOSIL TOPICAL SOLUTION 1%	87.00	AC59769343	DOCOSIL TOPICAL SOLUTION 1%	93.00	調價
AC59771100	EXNORTAN F.C. TABLETS 5/160MG	16.10	AC59771100	EXNORTAN F.C. TABLETS 5/160MG	17.80	調價
AC59774100	RALO F.C. TABLETS 60MG	34.00	AC59774100	RALO F.C. TABLETS 60MG	35.50	調價
AC59775100	ULITINE CAPSULES 60MG	29.50	AC59775100	ULITINE CAPSULES 60MG	28.40	調價
AC59778100	BERGALIN CAPSULES 75MG "Y.C."	15.50	AC59778100	BERGALIN CAPSULES 75MG "Y.C."	16.80	調價
AC59782100	VIDATIN TAB. 50MG	9.20	AC59782100	VIDATIN TAB. 50MG	9.50	調價
AC59784209	GEMPHAR LYO-INJECTION "YUNG SHIN"	2854.00	AC59784209	GEMPHAR LYO-INJECTION "YUNG SHIN"	3369.00	調價
AC59784263	GEMPHAR LYO-INJECTION "YUNG SHIN"	598.00	AC59784263	GEMPHAR LYO-INJECTION "YUNG SHIN"	703.00	調價
AC59797100	TONCUS EXTENDED RELEASE TABLETS 36MG	50.00	AC59797100	TONCUS EXTENDED RELEASE TABLETS 36MG	47.90	調價
AC59802100	K-SUPPLY TABLETS 595MG "C.H."	1.72	AC59802100	K-SUPPLY TABLETS 595MG "C.H."	1.79	調價
AC59808100	Lenli Capsules 25mg	3405.00	AC59808100	Lenli Capsules 25mg	3455.00	調價
AC59809100	HYCOPRESS F.C. TABLETS 80/12.5MG	6.00	AC59809100	HYCOPRESS F.C. TABLETS 80/12.5MG	6.80	調價
AC59821100	EXFOPINE FILM-COATED TABLET 5/160MG	17.50	AC59821100	EXFOPINE FILM-COATED TABLET 5/160MG	19.70	調價
AC59825100	ULITINE CAPSULES 30MG	16.60	AC59825100	ULITINE CAPSULES 30MG	17.50	調價
AC59830100	SAUA F.C. TABLETS 5MG	1.73	AC59830100	SAUA F.C. TABLETS 5MG	1.82	調價
AC59831248	LEFXIN IV SOLUTION FOR INFUSION 5MG/ML	376.00	AC59831248	LEFXIN IV SOLUTION FOR INFUSION 5MG/ML	408.00	調價

AC59831255	Lefxin IV Solution for Infusion 5mg/ml	601.00			#NULL!	新增
AC59831261	Lefxin IV Solution for Infusion 5mg/ml	619.00			#NULL!	新增
AC59841100	CO-VOSAA FILM COATED TABLETS 80/12.5MG	6.00	AC59841100	CO-VOSAA FILM COATED TABLETS 80/12.5MG	6.80	調價
AC59843100	ETOCOXII F.C. TABLETS 90MG	4.35	AC59843100	ETOCOXII F.C. TABLETS 90MG	6.00	調價
AC59846100	Cimetidine Tablets "W.S."	1.50			#NULL!	新增
AC598461G0	CIMETIDINE TABLETS "W.S."(鋁箔/膠箔)	2.00			#NULL!	新增
AC59850100	BOKEN CAPSULES 200MG "T.F."	3.25	AC59850100	BOKEN CAPSULES 200MG "T.F."	3.46	調價
AC59855248	TYLIN LYOPHILIZED POWDER FOR INJECTION 50MG	1250.00	AC59855248	TYLIN LYOPHILIZED POWDER FOR INJECTION 50MG	1253.00	調價
AC59866100	SOFLOW FILM COATED TABLETS 5MG	9.40	AC59866100	SOFLOW FILM COATED TABLETS 5MG	12.90	調價
AC59867209	CEFOXITIN POWDER FOR INJECTION "C.C.P.C."	67.00	AC59867209	CEFOXITIN POWDER FOR INJECTION "C.C.P.C."	75.00	調價
AC59872100	FOFNIR F.C. TABLETS 300MG	95.00	AC59872100	FOFNIR F.C. TABLETS 300MG	115.00	調價
AC59884143	QTING ORAL SUSPENSION "CENTER"	156.00			#NULL!	新增
AC59884151	QTING ORAL SUSPENSION "CENTER"	313.00			#NULL!	新增
AC59884157	QTING ORAL SUSPENSION "CENTER"	537.00	AC59884157	QTING ORAL SUSPENSION "CENTER"	565.00	調價
AC59887100	DUALPRESS F.C. TABLETS 5MG/10MG	8.50	AC59887100	DUALPRESS F.C. TABLETS 5MG/10MG	11.30	調價
AC59888100	LEFLO F.C. TABLETS 500MG "H.S."	20.90	AC59888100	LEFLO F.C. TABLETS 500MG "H.S."	25.10	調價
AC59894100	ESOCOMFORT E.F.C. TABLETS 40MG	6.10	AC59894100	ESOCOMFORT E.F.C. TABLETS 40MG	6.50	調價
AC59895100	Barazer F.C. Tablets 0.5mg	103.00	AC59895100	Barazer F.C. Tablets 0.5mg	112.00	調價
AC59896100	Lenli Capsules 5mg	1601.00	AC59896100	Lenli Capsules 5mg	1632.00	調價
AC59897100	LENLI CAPSULES 10MG	3570.00	AC59897100	LENLI CAPSULES 10MG	3678.00	調價
AC59898100	Lenli Capsules 15mg	3405.00	AC59898100	Lenli Capsules 15mg	3455.00	調價
AC59899500	Mikizol Vaginal Tablets 500mg	12.50	AC59899500	Mikizol Vaginal Tablets 500mg	13.40	調價

AC59901265	MOXISTAR INJECTION 400MG/250ML "ASTAR"	624.00	AC59901265	MOXISTAR INJECTION 400MG/250ML "ASTAR"	660.00	調價
AC59902100	GENLEASE TABLETS 2MG	1.78	AC59902100	GENLEASE TABLETS 2MG	1.89	調價
AC60105100	CLOSIAN TABLETS 25MG	3.11	AC60105100	CLOSIAN TABLETS 25MG	3.40	調價
AC60106100	BLADERIN FILM-COATED TABLETS 5MG	9.40	AC60106100	BLADERIN FILM-COATED TABLETS 5MG	12.90	調價
AC60109100	BARAVIR F.C. Tablets 1mg	132.00	AC60109100	BARAVIR F.C. Tablets 1mg	138.00	調價
AC60114100	ROSUTOR FILM-COATED TABLETS 5MG	9.60	AC60114100	ROSUTOR FILM-COATED TABLETS 5MG	9.70	調價
AC60133100	PARDONE EXTENDED-RELEASE TABLETS 6MG	110.00	AC60133100	PARDONE EXTENDED-RELEASE TABLETS 6MG	113.00	調價
AC60134100	TEMILG F.C. TABLETS 2/500MG	2.88	AC60134100	TEMILG F.C. TABLETS 2/500MG	3.17	調價
AC60139321	Mupirocin Ointment "H.S."	64.00			#NULL!	新增
AC60139335	Mupirocin Ointment "H.S."	124.00			#NULL!	新增
AC60145263	VORISAM LYOPHILIZED POWDER FOR INJECTION 200MG	3914.00	AC60145263	VORISAM LYOPHILIZED POWDER FOR INJECTION 200MG	4009.00	調價
AC60149240	BENDASTIN LYOPHILIZED POWDER FOR INJECTION	2218.00	AC60149240	BENDASTIN LYOPHILIZED POWDER FOR INJECTION	2350.00	調價
AC60149255	BENDASTIN LYOPHILIZED POWDER FOR INJECTION	8530.00	AC60149255	BENDASTIN LYOPHILIZED POWDER FOR INJECTION	8939.00	調價
AC60152100	METHYDUR SUSTAINED RELEASE CAPSULES 33MG	66.00	AC60152100	METHYDUR SUSTAINED RELEASE CAPSULES 33MG	69.00	調價
AC60153100	METHYDUR SUSTAINED RELEASE CAPSULES 44MG	68.00	AC60153100	METHYDUR SUSTAINED RELEASE CAPSULES 44MG	71.00	調價
AC60155221	OKMILON INJECTION	590.00	AC60155221	OKMILON INJECTION	635.00	調價
AC60158151	CETIRIZINE ORAL SOLUTION 1MG/ML "KOJAR"	28.10	AC60158151	CETIRIZINE ORAL SOLUTION 1MG/ML "KOJAR"	29.20	調價
AC60158157	CETIRIZINE ORAL SOLUTION 1MG/ML "KOJAR"	87.00	AC60158157	CETIRIZINE ORAL SOLUTION 1MG/ML "KOJAR"	92.00	調價

AC60159100	SETRON F.C. TABLETS 2MG	255.00	AC60159100	SETRON F.C. TABLETS 2MG	267.00	調價
AC60161229	LEDIPINE INJECTION 1MG/ML	141.00	AC60161229	LEDIPINE INJECTION 1MG/ML	160.00	調價
AC60165100	METHYDUR SUSTAINED RELEASE CAPSULES 22MG	55.00	AC60165100	METHYDUR SUSTAINED RELEASE CAPSULES 22MG	57.00	調價
AC60174100	PITAVASTATIN F.C. TABLETS 2MG "CYH"	11.50	AC60174100	PITAVASTATIN F.C. TABLETS 2MG "CYH"	12.40	調價
AC60175100	LAVITOL FILM COATED TABLETS 2MG	11.40	AC60175100	LAVITOL FILM COATED TABLETS 2MG	12.50	調價
AC60176100	CELECOLEN CAPSULES 100MG	2.09	AC60176100	CELECOLEN CAPSULES 100MG	2.17	調價
AC60177100	PEXO TABLETS 1MG	36.60	AC60177100	PEXO TABLETS 1MG	38.00	調價
AC60178100	HEPAR-PRO FILM-COATED TABLETS 300MG	95.00	AC60178100	HEPAR-PRO FILM-COATED TABLETS 300MG	115.00	調價
AC60182100	Veiasu Film-Coated Tablets 250mg	637.00	AC60182100	Veiasu Film-Coated Tablets 250mg	800.00	調價
AC60185100	CARICALM TABLETS "Y.Y."	3.21	AC60185100	CARICALM TABLETS "Y.Y."	3.50	調價
AC60188100	ETOR F.C. TABLETS 60MG	4.13	AC60188100	ETOR F.C. TABLETS 60MG	5.70	調價
AC60194100	NORVAN FILM-COATED TAB. 5/80MG "Y.J."	9.20	AC60194100	NORVAN FILM-COATED TAB. 5/80MG "Y.J."	10.50	調價
AC60197100	ROSUTOR FILM-COATED TABLETS 20MG	22.20	AC60197100	ROSUTOR FILM-COATED TABLETS 20MG	22.40	調價
AC60201100	CO-MIDIS TABLETS 80/5MG	11.60	AC60201100	CO-MIDIS TABLETS 80/5MG	13.10	調價
AC60206100	HUCANON TABLETS 300MG	95.00	AC60206100	HUCANON TABLETS 300MG	115.00	調價
AC60219100	VIPROOF FILM COATED TABLETS 300MG	95.00	AC60219100	VIPROOF FILM COATED TABLETS 300MG	115.00	調價
AC60231280	AMOCLAVUNIN FOR INTRAVENOUS INJECTION 0.6GM, 1.2GM "TAI YU"	32.30	AC60231280	AMOCLAVUNIN FOR INTRAVENOUS INJECTION 0.6GM, 1.2GM "TAI YU"	33.90	調價
AC60231297	AMOCLAVUNIN FOR INTRAVENOUS INJECTION 0.6GM, 1.2GM "TAI YU"	74.00	AC60231297	AMOCLAVUNIN FOR INTRAVENOUS INJECTION 0.6GM, 1.2GM "TAI YU"	85.00	調價
AC60233100	LEVO F.C.T 5MG	2.21	AC60233100	LEVO F.C.T 5MG	2.17	調價
AC60235100	MELOPAM TABLETS 2MG	1.77	AC60235100	MELOPAM TABLETS 2MG	1.87	調價
AC60237100	OKPINE F.C. TABLETS 5MG	39.50	AC60237100	OKPINE F.C. TABLETS 5MG	45.30	調價

AC602384CR	AN-EYESI OPHTHALMIC EMULSION 0.05%	38.70	AC602384CR	AN-EYESI OPHTHALMIC EMULSION 0.05%	40.10	調價
AC60243100	FOBIFEN TABLETS 100MG "H.S."	2.49	AC60243100	FOBIFEN TABLETS 100MG "H.S."	2.65	調價
AC60247100	QUETIPINE 200MG F.C. TABLETS "L.L."	16.30	AC60247100	QUETIPINE 200MG F.C. TABLETS "L.L."	19.40	調價
AC60255500	CLINBEAUTY VAGINAL TABLETS 100MG "YUNG SHIN"	5.90	AC60255500	CLINBEAUTY VAGINAL TABLETS 100MG "YUNG SHIN"	6.30	調價
AC60258100	PARDONE EXTENDED-RELEASE TABLETS 9MG	110.00	AC60258100	PARDONE EXTENDED-RELEASE TABLETS 9MG	113.00	調價
AC60259100	PARDONE EXTENDED-RELEASE TABLETS 3MG	56.00	AC60259100	PARDONE EXTENDED-RELEASE TABLETS 3MG	58.00	調價
AC60262100	Sincoxib Capsules 200mg	4.66	AC60262100	Sincoxib Capsules 200mg	4.18	調價
AC60264100	TROKENDI XR EXTENDED-RELEASE CAPSULES 25MG	8.30	AC60264100	TROKENDI XR EXTENDED-RELEASE CAPSULES 25MG	8.60	調價
AC60265100	TROKENDI XR EXTENDED-RELEASE CAPSULES 50MG	16.30	AC60265100	TROKENDI XR EXTENDED-RELEASE CAPSULES 50MG	17.00	調價
AC60266100	TROKENDI XR EXTENDED-RELEASE CAPSULES 100MG	32.90	AC60266100	TROKENDI XR EXTENDED-RELEASE CAPSULES 100MG	34.40	調價
AC60267100	TROKENDI XR EXTENDED-RELEASE CAPSULES 200MG	57.00	AC60267100	TROKENDI XR EXTENDED-RELEASE CAPSULES 200MG	61.00	調價
AC60270100	FORLITON F.C. TABLETS 40 MG	7.30	AC60270100	FORLITON F.C. TABLETS 40 MG	8.40	調價
AC60271421	ANSEE OPHTHALMIC SOLUTION	317.00	AC60271421	ANSEE OPHTHALMIC SOLUTION	328.00	調價
AC60273100	PREGABALIN CAPSULES 75MG "C.C.P.C."	14.40	AC60273100	PREGABALIN CAPSULES 75MG "C.C.P.C."	15.30	調價
AC60278209	ZEFOTAM POWDER FOR I.V. INJECTION	145.00	AC60278209	ZEFOTAM POWDER FOR I.V. INJECTION	161.00	調價
AC60278212	ZEFOTAM POWDER FOR I.V. INJECTION	374.00	AC60278212	ZEFOTAM POWDER FOR I.V. INJECTION	405.00	調價
AC60278219	ZEFOTAM POWDER FOR I.V. INJECTION	680.00	AC60278219	ZEFOTAM POWDER FOR I.V. INJECTION	757.00	調價
AC60285100	LEXINPING CAPSULES 60MG "TAI YU"	29.50	AC60285100	LEXINPING CAPSULES 60MG "TAI YU"	27.80	調價
AC60286100	PAKINLINE TABLETS 1MG	63.00	AC60286100	PAKINLINE TABLETS 1MG	69.00	調價

AC60290100	LAVITOL FILM COATED TABLETS 4MG	15.40	AC60290100	LAVITOL FILM COATED TABLETS 4MG	17.20	調價
AC60294100	XI-GOOD CAPSULES 200MG	4.66	AC60294100	XI-GOOD CAPSULES 200MG	4.18	調價
AC60297338	COMYBOR ANTIFUNGAL TOPICAL SOLUTION 10MG/ML	85.00	AC60297338	COMYBOR ANTIFUNGAL TOPICAL SOLUTION 10MG/ML	87.00	調價
AC60305100	NUMIENT EXTENDED-RELEASE CAPSULES 23.75MG/95MG	65.00			#NULL!	新增
AC60306100	NUMIENT EXTENDED-RELEASE CAPSULES 36.25MG/145MG	65.00			#NULL!	新增
AC60307100	NUMIENT EXTENDED-RELEASE CAPSULES 48.75MG/195MG	65.00			#NULL!	新增
AC60308100	NUMIENT EXTENDED-RELEASE CAPSULES 61.25MG/245MG	65.00			#NULL!	新增
AC60313457	BESONIN AQUA NASAL SPRAY 64MCG/DOSE	126.00	AC60313457	BUDENAS AQUA NASAL SPRAY 64MCG/DOSE	136.00	調價
AC60314100	VANCOVER CAPSULES 250MG	110.00			#NULL!	新增
AC60316100	VANCOVER CAPSULES 125MG	61.00			#NULL!	新增
AC60319221	STOTHU SOLUTION FOR INJECTION	557.00	AC60319221	STOTHU SOLUTION FOR INJECTION	579.00	調價
AC60326100	BERYDONE EXTENDED-RELEASE TABLETS 9MG	110.00	AC60326100	BERYDONE EXTENDED-RELEASE TABLETS 9MG	113.00	調價
AC60327100	BERYDONE EXTENDED-RELEASE TABLETS 3MG	56.00	AC60327100	BERYDONE EXTENDED-RELEASE TABLETS 3MG	58.00	調價
AC60328100	BERYDONE EXTENDED-RELEASE TABLETS 6MG	110.00	AC60328100	BERYDONE EXTENDED-RELEASE TABLETS 6MG	113.00	調價
AC60335100	SOLINACIN F.C. TABLETS 5MG	9.20	AC60335100	SOLINACIN F.C. TABLETS 5MG	12.60	調價
AC60356263	VAWAY LYO-INJECTION 200MG	3914.00	AC60356263	VAWAY LYO-INJECTION 200MG	4009.00	調價
AC60357100	EUSARTAN FILM COATED TABLETS 40MG	13.60	AC60357100	EUSARTAN FILM COATED TABLETS 40MG	12.80	調價
AC60359221	WINBEST INJECTION 2MG/ML	56.00	AC60359221	WINBEST INJECTION 2MG/ML	57.00	調價
AC60366417	KANHEAL ORABASE	21.50	AC60366417	KANHEAL ORABASE	22.00	調價
AC60366423	KANHEAL ORABASE	36.70	AC60366423	KANHEAL ORABASE	37.80	調價
AC60371329	ANZUMEI CREAM "Y.K."	32.70	AC60371329	ANZUMEI CREAM "Y.K."	34.80	調價

AC60371335	ANZUMEI CREAM "Y.K."	35.10	AC60371335	ANZUMEI CREAM "Y.K."	38.00	調價
AC60371338	ANZUMEI CREAM "Y.K."	69.00	AC60371338	ANZUMEI CREAM "Y.K."	73.00	調價
AC60386100	COXIA F.C. TABLETS 60MG	4.13	AC60386100	COXIA F.C. TABLETS 60MG	5.70	調價
AC60402100	Sacure Tablets 10/20mg	11.00	AC60402100	Sacure Tablets 10/20mg	12.50	調價
AC60409100	Olzapine Film Coated Tablets 5mg	39.50	AC60409100	Olzapine Film Coated Tablets 5mg	45.30	調價
AC60414100	Gefissa Film Coated Tablets 250mg	573.00	AC60414100	Gefissa Film Coated Tablets 250mg	720.00	調價
AC60420209	NUVANCO LYOPHILIZED INJECTION 1GM	179.00	AC60420209	NUVANCO LYOPHILIZED INJECTION 1GM	204.00	調價
AC60420277	NUVANCO LYOPHILIZED INJECTION 500MG	76.00	AC60420277	NUVANCO LYOPHILIZED INJECTION 500MG	80.00	調價
AC60421100	Celecon Capsules 200mg "Synray"	4.66	AC60421100	Celecon Capsules 200mg "Synray"	4.18	調價
AC60426100	Solinacin F.C. Tablets 10mg	9.20	AC60426100	Solinacin F.C. Tablets 10mg	12.60	調價
AC60428421	VISCONE EYE DROPS 0.02% "SINPHAR"	13.60	AC60428421	VISCONE EYE DROPS 0.02% "SINPHAR"	14.20	調價
AC60428429	VISCONE EYE DROPS 0.02% "SINPHAR"	53.00	AC60428429	VISCONE EYE DROPS 0.02% "SINPHAR"	57.00	調價
AC60430100	K-mycin Film-Coated Tablets 500mg	13.20	AC60430100	K-mycin Film-Coated Tablets 500mg	14.80	調價
AC60433100	FUIRONS CAPSULES 150MG "JOHNSON"	2.88	AC60433100	FUIRONS CAPSULES 150MG "JOHNSON"	3.01	調價
AC60434221	Focas Injection 10mg/ml "L.L."	69.00	AC60434221	Focas Injection 10mg/ml "L.L."	78.00	調價
AC60434229	Focas Injection 10mg/ml "L.L."	86.00	AC60434229	Focas Injection 10mg/ml "L.L."	97.00	調價
AC60438265	Xinvir Lyophilized Injection 250mg	287.00			#NULL!	新增
AC60441100	Naxodine F.C. Tablets 180mg "YC"	4.60	AC60441100	Naxodine F.C. Tablets 180mg "YC"	4.89	調價
AC60457100	Amvlo Film-Coated Tablets 5/160mg	16.70	AC60457100	Amvlo Film-Coated Tablets 5/160mg	18.50	調價
AC60471321	FLUTISU CREAM 0.05%	25.80	AC60471321	FLUTISU CREAM 0.05%	27.40	調價
AC60471335	FLUTISU CREAM 0.05%	74.00	AC60471335	FLUTISU CREAM 0.05%	76.00	調價

AC60477500	LO-LO VAGINAL TABLETS 200MG "T.F."	8.20	AC60477500	LO-LO VAGINAL TABLETS 200MG "T.F."	8.60	調價
AC60478500	LO-LO VAGINAL TABLETS 100MG "T.F."	5.90	AC60478500	LO-LO VAGINAL TABLETS 100MG "T.F."	6.30	調價
AC60480100	GOLFER CAPSULES 25MG "SINPHAR"	168.00	AC60480100	GOLFER CAPSULES 25MG "SINPHAR"	170.00	調價
AC60482100	GOLFER CAPSULES 20MG "SINPHAR"	148.00	AC60482100	GOLFER CAPSULES 20MG "SINPHAR"	150.00	調價
AC60488221	U-GETEN INJECTION 100MG/ML "ASTAR"	279.00	AC60488221	U-GETEN INJECTION 100MG/ML "ASTAR"	280.00	調價
AC60492255	NICARPINE PREMIXED I.V. INJECTION 0.1MG/ML "P.L."	141.00	AC60492255	NICARPINE PREMIXED I.V. INJECTION 0.1MG/ML "P.L."	160.00	調價
AC60501100	STROINE TABLETS "W.S."	1.50			#NULL!	新增
AC605011G0	STROINE TABLETS "W.S."(鋁箔/膠箔)	2.00			#NULL!	新增
AC60505382	KE TENG PATCH "Z.F"	36.60	AC60505382	KE TENG PATCH "Z.F"	39.50	調價
AC60509321	CLOBENOFE GEL 0.05%	11.90	AC60509321	CLOBENOFE GEL 0.05%	12.60	調價
AC60509329	CLOBENOFE GEL 0.05%	13.70	AC60509329	CLOBENOFE GEL 0.05%	14.30	調價
AC60509335	CLOBENOFE GEL 0.05%	24.80	AC60509335	CLOBENOFE GEL 0.05%	25.50	調價
AC60509338	CLOBENOFE GEL 0.05%	41.90	AC60509338	CLOBENOFE GEL 0.05%	44.50	調價
AC60509340	CLOBENOFE GEL 0.05%	61.00	AC60509340	CLOBENOFE GEL 0.05%	71.00	調價
AC60511100	URELINE TABLETS 25MG "H.T."	1.63	AC60511100	URELINE TABLETS 25MG "H.T."	1.68	調價
AC605111G0	URELINE TABLETS 25MG "H.T."(鋁箔/膠箔)	2.00			#NULL!	新增
AC60512100	FEBUTON F.C. TABLETS 40 MG (FEBUXOSTAT)	7.30	AC60512100	FEBUTON F.C. TABLETS 40 MG (FEBUXOSTAT)	8.40	調價
AC60515100	HEPATO-EASE F.C. TABLETS 0.5MG	94.00	AC60515100	HEPATO-EASE F.C. TABLETS 0.5MG	99.00	調價
AC60519265	UROKINASE-TGCC INJ. 250,000I.U.	3378.00	AC60519265	UROKINASE-TGCC INJ. 250,000I.U.	3415.00	調價
AC60520100	ABICALUTAMIDE F.C. TABLETS 50MG	75.00	AC60520100	ABICALUTAMIDE F.C. TABLETS 50MG	87.00	調價
AC60531100	Encaver F.C. Tablets 0.5mg "S.C."	97.00			#NULL!	新增
AC60535335	Shinny gel 0.1% "T.F."	68.00			#NULL!	新增

AC60536100	Slatone Tablets 50mg	2.16			#NULL!	新增
AC60537321	ACYCLOVIR CREAM 5% "ANGEL"	41.10			#NULL!	新增
AC60544209	Progesterone Injection 50mg/ml "T.F."	15.00			#NULL!	新增
AC60546100	ETOCOXIA F.C. TABLETS 60MG "WEIDAR"	4.13			#NULL!	新增
AC60549100	Topaless F.C. Tablets 50mg "S.C."	11.80			#NULL!	新增
AC60553100	Budida soft capsules 0.5mg	14.60			#NULL!	新增
AC60554100	Alsuni capsules 50mg	2759.00			#NULL!	新增
AC60560100	CONST-K EXTENDED-RELEASE TABLETS 750MG	9.60			#NULL!	新增
AC60561100	HUITON F.C. TABLETS 2MG	11.10			#NULL!	新增
AC60563100	Uwarin Tablets 3mg	4.29			#NULL!	新增
AC60568312	Penvir Cream	162.00			#NULL!	新增
AC60572100	Alsuni Capsules 12.5mg	851.00			#NULL!	新增
AC60574100	TAMLOSIN PROLONGED RELEASE TABLETS 0.4MG	14.50			#NULL!	新增
AC60583100	Alsuni capsules 25mg	1532.00			#NULL!	新增
AC60584100	EZOLE TABLETS 5MG	33.00			#NULL!	新增
AC60586100	Alsuni capsules 37.5 mg	2068.00			#NULL!	新增
AC60589100	ARIPIZOLE TABLETS 2MG	14.10			#NULL!	新增
AC60590265	Moflogen infusion solution 400mg/250ml	624.00			#NULL!	新增
AC605951G0	HENFORMIN TABLETS 500MG(鋁箔/膠箔)	2.00			#NULL!	新增
AC60597100	Anamide Soft Capsule 40mg	593.00			#NULL!	新增
AC60603277	Petrex Lyophilized Inj. 500mg	23577.00			#NULL!	新增
AC60604255	Petrex Lyophilized Inj. 100mg	5143.00			#NULL!	新增
AC60607343	PSORACAL OINTMENT	536.00			#NULL!	新增
AC60608100	Vinobin Softgel Capsules 30mg	2680.00			#NULL!	新增
AC60610100	Ezetity Tablets 10mg	7.30			#NULL!	新增
AC60612100	Cymlutine Capsules 30mg	16.60			#NULL!	新增

AC60617161	Reset oral Solution 1mg/mL "Kojar"	1074.00			#NULL!	新增
AC60618100	Mecaxin Tablets 500mg	1.50			#NULL!	新增
AC60825100	Fencare FCT 5mg "Johnson"	9.20			#NULL!	新增
AC60826100	Fetrin Film Coated Tablets 80mg	15.80			#NULL!	新增
AC60828100	Meyuan "Y.C."	3.51			#NULL!	新增
AC60830100	JAWELL TABLETS "KOJAR"	1.50			#NULL!	新增
AC60835100	U-CHU DUTA SOFT CAPSULES 0.5MG	14.60			#NULL!	新增
AC60836100	Dualpress F.C. Tablets 5mg/20mg	10.20			#NULL!	新增
AC60839100	NIMED TABLETS 100MG "S.C."	2.10			#NULL!	新增
AC60841100	VINOBIN SOFTGEL CAPSULES 20MG	1878.00			#NULL!	新增
AC60842245	Xinpo Lyo Inj. 40mg	119.00			#NULL!	新增
AC60849100	Vinobin softgel Capsules 80mg	6356.00			#NULL!	新增
AC60853217	BORTEZOMIB FOR INJECTION 3.5MG "GBC"	10539.00			#NULL!	新增
AC60864129	BOWLAX 10G "KOJAR"	5.40			#NULL!	新增
AC60868151	BM oral solution "Kojar"	25.00			#NULL!	新增
AC60868157	BM oral solution "Kojar"	26.50			#NULL!	新增
AC60868163	BM oral solution "Kojar"	28.50			#NULL!	新增
AC60885219	Ibufor Injection 100mg/ml	153.00			#NULL!	新增
AC60885226	Ibufor Injection 100mg/ml	307.00			#NULL!	新增
B008644100	LAC-B GRANULAR POWDER	2.58	B008644100	LAC-B GRANULAR POWDER	2.59	調價
B010671340	NITRODERM TTS 5	25.50	B010671340	NITRODERM TTS 5	25.60	調價
B012164100	JOLETHIN TABLETS	0.00	B012164100	JOLETHIN TABLETS	0.77	刪除
B016846100	MECOBALAMIN TABLETS 500 "TOWA"	1.32	B016846100	MECOBALAMIN TABLETS 500 "TOWA"	1.36	調價
B017091435	TEARS NATURALE	47.10	B017091435	TEARS NATURALE	48.90	調價
B017121417	DURATEARS STERILE OPH OINT	70.00	B017121417	DURATEARS STERILE OPH OINT	72.00	調價
B017369265	INTRALIPID 20% INJECTION "KABI VITRUM"	0.00	B017369265	INTRALIPID 20% INJECTION "KABI VITRUM"	260.00	刪除
B018580299	ADRIBLASTINA RAPID DISSOLUTION 10MG	39.60	B018580299	ADRIBLASTINA RAPID DISSOLUTION 10MG	41.20	調價
B018797100	SENOKOT TABLETS	0.81	B018797100	SENOKOT TABLETS	0.83	調價

B018813100	TOCOPHEROL NICOTINATE CAPSULES 200MG	2.02	B018813100	TOCOPHEROL NICOTINATE CAPSULES 200MG	2.09	調價
B019120299	PHARMORUBICIN RAPID DISSOLUTION 10MG	40.20	B019120299	PHARMORUBICIN RAPID DISSOLUTION 10MG	45.10	調價
B020548100	TAMBOCOR TABLET 100MG	9.90	B020548100	TAMBOCOR TABLET 100MG	10.10	調價
B020735429	ARTELAC EYE DROPS	106.00	B020735429	ARTELAC EYE DROPS	110.00	調價
B021369338	CANDIPLAS H CREAM	0.00	B021369338	CANDIPLAS H CREAM	143.00	刪除
B023417100	HEPAWELL TAB.	1.31	B023417100	HEPAWELL TAB.	1.34	調價
B0234281T0	WELLBUTRIN SUSTAINED-RELEASE TABLETS 150MG	0.00			#NULL!	異常確認_5
B024297100	PRAVASTATIN NA TABLETS 5 KN	0.00	B024297100	PRAVASTATIN NA TABLETS 5 KN	6.00	刪除
B0243292FB	STRUCTOKABIVEN EMULSION FOR INFUSION(依仿單含熱量1100Kcal)	0.00	B0243292FB	STRUCTOKABIVEN EMULSION FOR INFUSION(依仿單含熱量1100Kcal)	643.00	刪除
B0243292FC	STRUCTOKABIVEN EMULSION FOR INFUSION(依仿單含熱量1600Kcal)	0.00	B0243292FC	STRUCTOKABIVEN EMULSION FOR INFUSION(依仿單含熱量1600Kcal)	936.00	刪除
B0243292FD	STRUCTOKABIVEN EMULSION FOR INFUSION(依仿單含熱量2100Kcal)	0.00	B0243292FD	STRUCTOKABIVEN EMULSION FOR INFUSION(依仿單含熱量2100Kcal)	1229.00	刪除
B0243382FE	STRUCTOKABIVEN PERIPHERAL EMULSION FOR INFUSION(依仿單含熱量830Kcal)	0.00	B0243382FE	STRUCTOKABIVEN PERIPHERAL EMULSION FOR INFUSION(依仿單含熱量830Kcal)	518.00	刪除
B0243382FF	STRUCTOKABIVEN PERIPHERAL EMULSION FOR INFUSION(依仿單含熱量1300Kcal)	0.00	B0243382FF	STRUCTOKABIVEN PERIPHERAL EMULSION FOR INFUSION(依仿單含熱量1300Kcal)	812.00	刪除
B024899214	NUTRIFLEX LIPID PERI 2500ML(依仿單含熱量1910Kcal)	0.00	B024899214	NUTRIFLEX LIPID PERI 2500ML(依仿單含熱量1910Kcal)	1194.00	刪除
B024901214	NUTRIFLEX LIPID SPECIAL 2500ML(依仿單含熱量2950Kcal)	0.00	B024901214	NUTRIFLEX LIPID SPECIAL 2500ML(依仿單含熱量2950Kcal)	1726.00	刪除
B0249012BH	NUTRIFLEX LIPID SPECIAL 1875ML(依仿單含熱量2215Kcal)	1281.00	B0249012BH	NUTRIFLEX LIPID SPECIAL 1875ML(依仿單含熱量2215Kcal)	1296.00	調價
B024919277	LIPOPLUS 20%	0.00	B024919277	LIPOPLUS 20%	304.00	刪除

B025412100	MEDOSTATIN 40MG TABLETS	0.00	B025412100	MEDOSTATIN 40MG TABLETS	7.00	刪除
B025730312	FENISTIL PENCIVIR (FOR COLD SORE) CREAM	162.00	B025730312	FENISTIL PENCIVIR (FOR COLD SORE) CREAM	203.00	調價
B025840240	ADRIM INJECTION	0.00	B025840240	ADRIM INJECTION	2458.00	刪除
B025921429	ARTELAC NIGHTTIME EYE GEL	102.00	B025921429	ARTELAC NIGHTTIME EYE GEL	106.00	調價
B025941100	EPIMATE 100	20.70	B025941100	EPIMATE 100	22.70	調價
B026103100	EPIMATE 50MG	0.00	B026103100	EPIMATE 50MG	11.90	刪除
BA18095248	CIPROXIN INF. SOL. 50ML/100MG (50毫升/瓶裝)	206.00	BA18095248	CIPROXIN INF. SOL. 50ML/100MG (50毫升/瓶裝)	214.00	調價
BA18095255	CIPROXIN INF. SOL. 100ML/200MG (100毫升/瓶裝)	450.00	BA18095255	CIPROXIN INF. SOL. 100ML/200MG (100毫升/瓶裝)	488.00	調價
BA18095263	CIPROXIN INF. SOL. 200ML/400MG(200毫升/瓶裝)	621.00	BA18095263	CIPROXIN INF. SOL. 200ML/400MG(200毫升/瓶裝)	694.00	調價
BA22951100	ADALAT OROS 30	5.10	BA22951100	ADALAT OROS 30	5.70	調價
BA24468100	BARACLUDE TABLETS 1MG (30粒鋁箔/盒裝)	156.00	BA24468100	BARACLUDE TABLETS 1MG (30粒鋁箔/盒裝)	164.00	調價
BA24469100	BARACLUDE TABLETS 0.5MG (30粒鋁箔/盒裝)	113.00	BA24469100	BARACLUDE TABLETS 0.5MG (30粒鋁箔/盒裝)	124.00	調價
BA24545100	SERLIN 50 TABLETS(28粒/鋁箔盒裝)	6.10	BA24545100	SERLIN 50 TABLETS(28粒/鋁箔盒裝)	7.00	調價
BA24634100	LOSACAR 50 TABLETS(28粒/鋁箔盒裝)	4.11	BA24634100	LOSACAR 50 TABLETS(28粒/鋁箔盒裝)	4.82	調價
BA24876100	AMARYL M FILM-COATED TABLETS 2/500MG(30粒/鋁箔盒裝)	3.09	BA24876100	AMARYL M FILM-COATED TABLETS 2/500MG(30粒/鋁箔盒裝)	3.43	調價
BA25087100	PMS-BICALUTAMIDE 50MG F.C. TABLETS(30粒/鋁箔盒裝)	75.00	BA25087100	PMS-BICALUTAMIDE 50MG F.C. TABLETS(30粒/鋁箔盒裝)	87.00	調價
BA25104100	Alendronate Sandoz 70mg Tablets	152.00	BA25104100	Alendronate Sandoz 70mg Tablets	166.00	調價
BA25109100	Bicalutamide Sandoz 50mg Film Coated Tablets	75.00	BA25109100	Bicalutamide Sandoz 50mg Film Coated Tablets	87.00	調價
BA25200100	Tulip 10mg Film coated Tablets	9.00	BA25200100	Tulip 10mg Film coated Tablets	10.70	調價
BA25201100	Tulip 40mg Film coated Tablets	20.20	BA25201100	Tulip 40mg Film coated Tablets	22.60	調價

BA25209100	ZYDUS TOPIRAMATE TABLETS 100 MG(28粒/鋁箔盒裝)	23.20	BA25209100	ZYDUS TOPIRAMATE TABLETS 100 MG(28粒/鋁箔盒裝)	26.10	調價
BA25218100	ZYDUS ARIPIPRAZOLE TABLETS 10 MG(28粒/鋁箔盒裝)	47.30	BA25218100	ZYDUS ARIPIPRAZOLE TABLETS 10 MG(28粒/鋁箔盒裝)	52.00	調價
BA25248143	APO-RISPERIDONE SOLUTION, 1MG/ML(30ML/塑膠瓶裝)	0.00	BA25248143	APO-RISPERIDONE SOLUTION, 1MG/ML(30ML/塑膠瓶裝)	601.00	刪除
BA25279100	OLANDUS 10 TABLETS (OLANZAPINE TABLETS)(28粒/鋁箔盒裝)	65.00	BA25279100	OLANDUS 10 TABLETS (OLANZAPINE TABLETS)(28粒/鋁箔盒裝)	76.00	調價
BA25308100	BIGSENS-XR 500 TABLETS(鋁箔盒裝/60粒瓶裝)	1.58	BA25308100	BIGSENS-XR 500 TABLETS(鋁箔盒裝/60粒瓶裝)	1.62	調價
BA25337100	Tulip 20mg Film coated Tablets	16.60	BA25337100	Tulip 20mg Film coated Tablets	18.90	調價
BA25589100	LOSACAR 100 TABLETS【28粒/鋁箔盒裝】	5.80	BA25589100	LOSACAR 100 TABLETS【28粒/鋁箔盒裝】	6.60	調價
BA25684100	Celecoxib Sandoz Capsule 200mg	4.66	BA25684100	Celecoxib Sandoz Capsule 200mg	5.10	調價
BA25797100	Robestar Sandoz Film-coated Tablets 5mg	9.60	BA25797100	Robestar Sandoz Film-coated Tablets 5mg	11.40	調價
BA25798100	Robestar Sandoz Film-coated Tablets 10mg	13.40	BA25798100	Robestar Sandoz Film-coated Tablets 10mg	14.60	調價
BA25813100	OLANZAPINE TABLETS 10MG(30粒/鋁箔盒裝)	65.00	BA25813100	OLANZAPINE TABLETS 10MG(30粒/鋁箔盒裝)	76.00	調價
BA25842100	OLANZAPINE TABLETS 5MG(30粒/鋁箔盒裝)	39.50	BA25842100	OLANZAPINE TABLETS 5MG(30粒/鋁箔盒裝)	45.30	調價
BA25845100	REOSTEO 35MG TABLETS(4粒/鋁箔盒裝)	152.00	BA25845100	REOSTEO 35MG TABLETS(4粒/鋁箔盒裝)	162.00	調價
BA25890100	MOSMASS TABLETS 70MG(4粒/鋁箔盒裝)	152.00	BA25890100	MOSMASS TABLETS 70MG(4粒/鋁箔盒裝)	166.00	調價
BA26108100	LETARA FILM-COATED TABLETS 2.5MG(30粒/鋁箔盒裝)	38.70	BA26108100	LETARA FILM-COATED TABLETS 2.5MG(30粒/鋁箔盒裝)	41.00	調價
BA26189100	ESOMEPSUN 40MG TABLETS "SUNYET"(28粒/鋁箔盒裝)	6.10	BA26189100	ESOMEPSUN 40MG TABLETS "SUNYET"(28粒/鋁箔盒裝)	6.50	調價

BA26206100	Letrozole "Alvogen" FCT 2.5mg	38.70	BA26206100	Letrozole "Alvogen" FCT 2.5mg	41.00	調價
BA26264100	OZAPEX ORODISPERSIBLE TABLETS 5MG(28粒/鋁箔盒裝)	39.50	BA26264100	OZAPEX ORODISPERSIBLE TABLETS 5MG(28粒/鋁箔盒裝)	45.30	調價
BA26352100	ALFATAM CAPSULE 0.4MG(28粒/鋁箔盒裝)	14.50	BA26352100	ALFATAM CAPSULE 0.4MG(28粒/鋁箔盒裝)	15.30	調價
BA26482100	EC-PRAM 20 (ESCITALOPRAM F.C. TABLETS 20MG)(30粒/鋁箔盒裝)	15.50	BA26482100	EC-PRAM 20 (ESCITALOPRAM F.C. TABLETS 20MG)(30粒/鋁箔盒裝)	20.00	調價
BA26483100	EC-PRAM 10 (ESCITALOPRAM F.C. TABLETS 10MG)(30粒/鋁箔盒裝)	9.70	BA26483100	EC-PRAM 10 (ESCITALOPRAM F.C. TABLETS 10MG)(30粒/鋁箔盒裝)	11.40	調價
BA26489100	OZAPEX ORODISPERSIBLE TABLETS 10MG(28粒/鋁箔盒裝)	65.00	BA26489100	OZAPEX ORODISPERSIBLE TABLETS 10MG(28粒/鋁箔盒裝)	76.00	調價
BB17692100	CIPROXIN 250, FILM-COATED TABLETS	5.10	BB17692100	CIPROXIN 250, FILM-COATED TABLETS	6.00	調價
BB17742277	VANCOMYCIN HYDROCHLORIDE FOR INJECTION 500MG ,USP	76.00	BB17742277	VANCOMYCIN HYDROCHLORIDE FOR INJECTION 500MG ,USP	80.00	調價
BB20786100	GLUCOBAY TABLETS 50MG	2.27	BB20786100	GLUCOBAY TABLETS 50MG	2.46	調價
BB20787100	GLUCOBAY TABLETS 100MG	4.69	BB20787100	GLUCOBAY TABLETS 100MG	5.00	調價
BB21062100	CIPROXIN FILM-COATED TABLETS 500MG	6.10	BB21062100	CIPROXIN FILM-COATED TABLETS 500MG	7.30	調價
BB21157221	TAXOL (PACLITAXEL) INJECTION 30MG/5ML	662.00	BB21157221	TAXOL (PACLITAXEL) INJECTION 30MG/5ML	785.00	調價
BB211572E2	TAXOL (PACLITAXEL) INJECTION 30MG/5ML	0.00	BB211572E2	TAXOL (PACLITAXEL) INJECTION 30MG/5ML	2111.00	刪除
BB21777277	MAXIPIME INJECTABLE 500MG	151.00	BB21777277	MAXIPIME INJECTABLE 500MG	172.00	調價
BB24023100	EVISTA 60MG FILM COATED TABLETS	34.00	BB24023100	EVISTA 60MG FILM COATED TABLETS	35.50	調價

BB24292100	MEL-OD 15 TABLETS (MELOXICAM TABLETS)	4.07	BB24292100	MEL-OD 15 TABLETS (MELOXICAM TABLETS)	4.84	調價
BB24489100	MEL-OD 7.5 Tablets(Meloxicam tablets)	1.72	BB24489100	MEL-OD 7.5 Tablets(Meloxicam tablets)	1.80	調價
BB24617212	IRINOTECAN INJECTION CONCENTRATE	1589.00	BB24617212	IRINOTECAN INJECTION CONCENTRATE	1831.00	調價
BB24617221	Irinotecan Injection Concentrate	2975.00	BB24617221	Irinotecan Injection Concentrate	3607.00	調價
BB24808100	Curam 1000mg Film-coated tablets	7.20	BB24808100	Curam 1000mg Film-coated tablets	7.50	調價
BB24847280	Curam powder for injection 500/100 mg, 1000/200 mg	32.30	BB24847280	Curam powder for injection 500/100 mg, 1000/200 mg	33.90	調價
BB24847297	Curam powder for injection 500/100 mg, 1000/200 mg	74.00	BB24847297	Curam powder for injection 500/100 mg, 1000/200 mg	85.00	調價
BB24898100	AMLODAC 5 TABLETS	3.84	BB24898100	AMLODAC 5 TABLETS	4.30	調價
BB24958100	DACTIVE 10 TABLETS	1.76	BB24958100	DACTIVE 10 TABLETS	1.86	調價
BB25093100	ZYTHROCIN 250 TABLETS	17.50	BB25093100	ZYTHROCIN 250 TABLETS	20.80	調價
BB25132297	MOXICLAV 1200MG POWDER FOR INJECTION	74.00	BB25132297	MOXICLAV 1200MG POWDER FOR INJECTION	85.00	調價
BB25183212	DBL GEMCITABINE FOR INJECTION	0.00	BB25183212	DBL GEMCITABINE FOR INJECTION	8108.00	刪除
BB25183263	DBL GEMCITABINE FOR INJECTION	0.00	BB25183263	DBL GEMCITABINE FOR INJECTION	703.00	刪除
BB25250220	Piperacillin/Tazobactam Sandoz powder for injection	226.00	BB25250220	Piperacillin/Tazobactam Sandoz powder for injection	260.00	調價
BB252502CX	Piperacillin/Tazobactam Sandoz powder for injection	136.00	BB252502CX	Piperacillin/Tazobactam Sandoz powder for injection	152.00	調價
BB25266100	DIAMICRON MR TABLETS 60 MG	2.91	BB25266100	DIAMICRON MR TABLETS 60 MG	3.05	調價
BB25369100	ZYDUS ESCITALOPRAM OXALATE TABLETS 10 MG	9.70	BB25369100	ZYDUS ESCITALOPRAM OXALATE TABLETS 10 MG	11.00	調價
BB25465100	APO-QUETIAPINE TABLETS 300MG	30.80	BB25465100	APO-QUETIAPINE TABLETS 300MG	36.10	調價

BB25466100	APO-QUETIAPINE TABLETS 200MG	16.30	BB25466100	APO-QUETIAPINE TABLETS 200MG	19.40	調價
BB25467100	APO-QUETIAPINE TABLETS 25MG	7.30	BB25467100	APO-QUETIAPINE TABLETS 25MG	8.70	調價
BB25535100	ARBREAST F.C. TAB. 1MG (ANASTROZOLE)	0.00	BB25535100	ARBREAST F.C. TAB. 1MG (ANASTROZOLE)	51.00	刪除
BB25600212	HOSPIRA DOCETAXEL INJECTION	3199.00	BB25600212	HOSPIRA DOCETAXEL INJECTION	3489.00	調價
BB25600226	HOSPIRA DOCETAXEL INJECTION	10751.00	BB25600226	HOSPIRA DOCETAXEL INJECTION	11800.00	調價
BB25653100	APO-QUETIAPINE TABLETS 100MG	12.10	BB25653100	APO-QUETIAPINE TABLETS 100MG	14.70	調價
BB25828100	LEVOZYD 500 (LEVOFLOXACIN TABLETS 500MG)	20.90	BB25828100	LEVOZYD 500 (LEVOFLOXACIN TABLETS 500MG)	25.10	調價
BB25864100	JUBILANT OLANZAPINE ORODISPERSIBLE TABLETS 10MG	65.00	BB25864100	JUBILANT OLANZAPINE ORODISPERSIBLE TABLETS 10MG	76.00	調價
BB25865100	JUBILANT OLANZAPINE ORODISPERSIBLE TABLETS 5MG	39.50	BB25865100	JUBILANT OLANZAPINE ORODISPERSIBLE TABLETS 5MG	45.30	調價
BB25873100	CLOPISTAD	32.10	BB25873100	CLOPISTAD	34.40	調價
BB25968221	Epirubicin "Alvogen" 2mg/ml Injection solution	407.00	BB25968221	Epirubicin "Alvogen" 2mg/ml Injection solution	458.00	調價
BB25968240	Epirubicin "Alvogen" 2mg/ml Injection solution	2311.00	BB25968240	Epirubicin "Alvogen" 2mg/ml Injection solution	2554.00	調價
BB26001100	TOPIZ 50	11.80	BB26001100	TOPIZ 50	13.50	調價
BB26025209	Ceftriaxone "Alvogen" 1g Powder for solution for IV Injection	82.00	BB26025209	Ceftriaxone "Alvogen" 1g Powder for solution for IV Injection	100.00	調價
BB26026221	DOXORUBICIN "ALVOGEN" SOLUTION FOR INJECTION 2MG/ML	399.00	BB26026221	DOXORUBICIN "ALVOGEN" SOLUTION FOR INJECTION 2MG/ML	417.00	調價
BB26026229	DOXORUBICIN "ALVOGEN" SOLUTION FOR INJECTION 2MG/ML	0.00	BB26026229	DOXORUBICIN "ALVOGEN" SOLUTION FOR INJECTION 2MG/ML	619.00	刪除
BB26026240	DOXORUBICIN "ALVOGEN" SOLUTION FOR INJECTION 2MG/ML	0.00	BB26026240	DOXORUBICIN "ALVOGEN" SOLUTION FOR INJECTION 2MG/ML	2458.00	刪除

BB26026248	DOXORUBICIN "ALVOGEN" SOLUTION FOR INJECTION 2MG/ML	0.00	BB26026248	DOXORUBICIN "ALVOGEN" SOLUTION FOR INJECTION 2MG/ML	4118.00	刪除
BB26409100	Alvoprel Film Coated tablet 300mg	9.10	BB26409100	Alvoprel Film Coated tablet 300mg	10.30	調價
BB26515100	AROMATT 1 (ANASTROZOLE TABLETS 1MG)	45.30	BB26515100	AROMATT 1 (ANASTROZOLE TABLETS 1MG)	51.00	調價
BB26528100	MONTE-H 10 (MONTELUKAST TABLETS 10MG)	12.30	BB26528100	MONTE-H 10 (MONTELUKAST TABLETS 10MG)	14.30	調價
BB26554100	BINFIN 5 (FINASTERIDE TABLETS 5MG)	12.60	BB26554100	BINFIN 5 (FINASTERIDE TABLETS 5MG)	14.00	調價
BB26577100	IRBIS H 300 (IRBESARTAN F.C. TABLETS 300MG)	9.10	BB26577100	IRBIS H 300 (IRBESARTAN F.C. TABLETS 300MG)	10.30	調價
BB26613100	Alvotinib 100mg Film-Coated tablets	524.00	BB26613100	Alvotinib 100mg Film-Coated tablets	565.00	調價
BB26614100	Alvotinib 400mg Film-Coated tablets	1441.00	BB26614100	Alvotinib 400mg Film-Coated tablets	1585.00	調價
BC01879277	CYTOSAR FREEZE-DRIED POWDER FOR INJECTION 500MG	285.00	BC01879277	CYTOSAR FREEZE-DRIED POWDER FOR INJECTION 500MG	295.00	調價
BC03078100	RIVOTRIL 2MG TABLET	0.00	BC03078100	RIVOTRIL 2MG TABLET	1.99	刪除
BC030781G0	RIVOTRIL 2MG TABLET(鋁箔/膠箔)	2.00			#NULL!	新增
BC04248245	SOLU-MEDROL STERILE POWDER 40MG	39.30	BC04248245	SOLU-MEDROL STERILE POWDER 40MG	41.70	調價
BC04405421	LACRIMIN OPHTHALMIC SOLUTION	18.00	BC04405421	LACRIMIN OPHTHALMIC SOLUTION	18.10	調價
BC04858100	FLUANXOL 3MG film coated tablets	10.70	BC04858100	FLUANXOL 3MG film coated tablets	11.30	調價
BC04922277	STERILE SOLU-MEDROL	188.00	BC04922277	STERILE SOLU-MEDROL	198.00	調價
BC06049100	SECTRAL TABLETS 400MG	0.00	BC06049100	SECTRAL TABLETS 400MG	5.20	刪除
BC07107421	MYDRIN-M	47.50	BC07107421	MYDRIN-M	48.90	調價
BC07538100	LONITEN 10MG	8.60	BC07538100	LONITEN 10MG	8.70	調價
BC09100100	VOLTAREN SR 100	2.13	BC09100100	VOLTAREN SR 100	2.20	調價
BC09147100	IMURAN AZATHIOPRINE TABLETS 50MG B.P.	9.60	BC09147100	IMURAN AZATHIOPRINE TABLETS 50MG B.P.	15.20	調價

BC09796100	MADOPAR 250 TABLETS "ROCHE"	6.30	BC09796100	MADOPAR 250 TABLETS "ROCHE"	6.70	調價
BC11051100	PANAGESIC TABLETS	2.73	BC11051100	PANAGESIC TABLETS	2.91	調價
BC11315100	DEANXIT FILM COATED TABLETS	2.15	BC11315100	DEANXIT FILM COATED TABLETS	2.31	調價
BC11326265	ZOVIRAX I.V.	287.00	BC11326265	ZOVIRAX I.V.	334.00	調價
BC11917277	DESFERAL VIALS 500MG	251.00	BC11917277	DESFERAL VIALS 500MG	255.00	調價
BC11978100	DEVODIL TABLETS	1.53	BC11978100	DEVODIL TABLETS	1.55	調價
BC121641G0	JOLETHIN TABLETS(鋁箔/膠箔)	0.00	BC121641G0	JOLETHIN TABLETS(鋁箔/膠箔)	2.00	刪除
BC12554100	ANDROCUR TABLETS	27.70	BC12554100	ANDROCUR TABLETS	30.00	調價
BC126761G0	LOPERIUM TABLETS 2MG	1.52	BC126761G0	LOPERIUM TABLETS 2MG	1.82	調價
BC12946100	PROVERA 10MG	2.63	BC12946100	PROVERA 10MG	2.69	調價
BC12963177	ISOBIDE SOLUTION	1095.00	BC12963177	ISOBIDE SOLUTION	1099.00	調價
BC13086121	KALIMATE POWDER	9.50	BC13086121	KALIMATE POWDER	9.90	調價
BC13116343	OESTROGEL GEL	74.00	BC13116343	OESTROGEL GEL	76.00	調價
BC13148214	TRACRIUM INJECTION	51.00	BC13148214	TRACRIUM INJECTION	53.00	調價
BC13159209	METHERGIN (R) AMPOULES 0.2MG/1ML	44.30	BC13159209	METHERGIN (R) AMPOULES 0.2MG/1ML	17.40	調價
BC13304429	ALLERGOPOS EYE DROPS	37.90	BC13304429	ALLERGOPOS EYE DROPS	41.30	調價
BC14029100	SERMION TABLETS 5MG	2.56	BC14029100	SERMION TABLETS 5MG	2.72	調價
BC14822100	CORDARONE TABLETS	4.86	BC14822100	CORDARONE TABLETS	5.20	調價
BC14860100	PROVERA 5MG (MEDROXYPROGESTERONE ACETATE) TABLETS	1.50	BC14860100	PROVERA 5MG (MEDROXYPROGESTERONE ACETATE) TABLETS	1.51	調價
BC14861216	CORDARONE INJECTION	61.00	BC14861216	CORDARONE INJECTION	63.00	調價
BC14899100	DEPAKINE GASTRO-RESISTANT TABLET 200MG	2.75	BC14899100	DEPAKINE GASTRO-RESISTANT TABLET 200MG	2.88	調價
BC14902145	DEPAKINE ORAL SOLUTION	177.00	BC14902145	DEPAKINE ORAL SOLUTION	190.00	調價
BC15152100	ECTOPAL CAPSULES	9.80	BC15152100	ECTOPAL CAPSULES	10.00	調價
BC15290100	SERMION TABLETS 10MG	4.38	BC15290100	SERMION TABLETS 10MG	4.70	調價
BC15292421	ARTEOPTIC 2% OPHTHALMIC SOLUTION	177.00	BC15292421	ARTEOPTIC 2% OPHTHALMIC SOLUTION	180.00	調價
BC15293421	ARTEOPTIC 1% OPHTHALMIC SOLUTION	120.00	BC15293421	ARTEOPTIC 1% OPHTHALMIC SOLUTION	134.00	調價

BC15387255	"HOSPIRA" METRONIDAZOLE INJECTION 5MG/ML	41.00	BC15387255	"HOSPIRA" METRONIDAZOLE INJECTION 5MG/ML	45.40	調價
BC15875212	TRAMAL INJECTION	25.90	BC15875212	TRAMAL INJECTION	28.50	調價
BC16028100	TEGRETOL CR 200MG FILM-COATED TABLETS (DIVISIBLE)	2.23	BC16028100	TEGRETOL CR 200MG FILM-COATED TABLETS (DIVISIBLE)	2.28	調價
BC16194100	TREXAN 2.5MG TABLETS	4.46	BC16194100	TREXAN 2.5MG TABLETS	4.56	調價
BC16229500	ALBOTHYL VAGINAL SUPPOSITORIES (OVULES)	10.90	BC16229500	ALBOTHYL VAGINAL SUPPOSITORIES (OVULES)	11.10	調價
BC16450500	FAKTU SUPPOSITORIES	7.20	BC16450500	FAKTU SUPPOSITORIES	7.40	調價
BC16477100	CALMDAY 5MG,SUGAR COATED TABLETS	3.05	BC16477100	CALMDAY 5MG,SUGAR COATED TABLETS	3.19	調價
BC16504100	FERRUM HAUSMANN CHEWABLE TABLETS	3.01	BC16504100	FERRUM HAUSMANN CHEWABLE TABLETS	3.17	調價
BC16528100	MILLIBAR CAPUSLES	1.92	BC16528100	MILLIBAR CAPUSLES	2.00	調價
BC16548421	TOBREX STERILE OPHTHALMIC SOLUTION	32.80	BC16548421	TOBREX STERILE OPHTHALMIC SOLUTION	33.60	調價
BC16710421	MYDRIACYL 0.5 % OPHTHALMIC SOLUTION (R)	16.50	BC16710421	MYDRIACYL 0.5 % OPHTHALMIC SOLUTION (R)	18.20	調價
BC16711421	MYDRIACYL 1%	65.00	BC16711421	MYDRIACYL 1%	67.00	調價
BC16732335	MEDODERMONE OINTMENT	24.80	BC16732335	MEDODERMONE OINTMENT	25.50	調價
BC16732340	MEDODERMONE OINTMENT	61.00	BC16732340	MEDODERMONE OINTMENT	71.00	調價
BC16738335	MEDODERMONE CREAM	24.80	BC16738335	MEDODERMONE CREAM	25.50	調價
BC16738340	MEDODERMONE CREAM	61.00	BC16738340	MEDODERMONE CREAM	71.00	調價
BC16765421	MAXITROL STERILE OPH SUSPENSION	106.00	BC16765421	MAXITROL STERILE OPH SUSPENSION	109.00	調價
BC16784100	TIADEN TABLETS	1.88	BC16784100	TIADEN TABLETS	1.98	調價
BC16851417	TOBREX EYE OINTMENT	61.00	BC16851417	TOBREX EYE OINTMENT	70.00	調價
BC16863100	TRAMAL 50 CAPSULES	2.43	BC16863100	TRAMAL 50 CAPSULES	2.65	調價
BC16876417	MAXITROL STERILE OPHTHALMIC OINTMENT	139.00	BC16876417	MAXITROL STERILE OPHTHALMIC OINTMENT	142.00	調價
BC16888100	DENEX TABLETS 100MG	3.06	BC16888100	DENEX TABLETS 100MG	3.36	調價
BC16898100	CONVULEX 300MG CAPSULES	5.80	BC16898100	CONVULEX 300MG CAPSULES	6.10	調價
BC16904100	CONVULEX 150 SOFT CAPSULES	2.67	BC16904100	CONVULEX 150 SOFT CAPSULES	2.77	調價

BC16973100	JUVELA N SOFT CAPSULES 200MG	2.05	BC16973100	JUVELA N SOFT CAPSULES 200MG	2.14	調價
BC16998100	CONVULEX 500MG CAPSULES	7.40	BC16998100	CONVULEX 500MG CAPSULES	8.00	調價
BC16999100	MECOBALAMIN TABLETS 500μg	1.55	BC16999100	MECOBALAMIN TABLETS 500μg	1.58	調價
BC17057209	PROSTIN VR PEDIATRIC 500 MICROGRAMS PER ML	1552.00	BC17057209	PROSTIN VR PEDIATRIC 500 MICROGRAMS PER ML	1603.00	調價
BC17077100	MADOPAR HBS CAPSULES 125MG "ROCHE"	4.76	BC17077100	MADOPAR HBS CAPSULES 125MG "ROCHE"	5.00	調價
BC17125100	CONCOR 5 MG	2.15	BC17125100	CONCOR 5 MG	2.36	調價
BC17140100	OLBETAM 250MG CAPSULES	6.20	BC17140100	OLBETAM 250MG CAPSULES	6.30	調價
BC17196100	MECOLAMIN CAPSUL	1.55	BC17196100	MECOLAMIN CAPSUL	1.58	調價
BC17214112	BRICANYL SOLUTION FOR NEBULIZING 2.5MG/ML	9.40	BC17214112	BRICANYL SOLUTION FOR NEBULIZING 2.5MG/ML	10.00	調價
BC17312212	CAPD 3 PERITONEAL DIALYSIS SOLUTION	180.00	BC17312212	CAPD 3 PERITONEAL DIALYSIS SOLUTION	181.00	調價
BC17312221	CAPD3 PERITONEAL DIALYSIS SOLUTION	0.00	BC17312221	CAPD3 PERITONEAL DIALYSIS SOLUTION	282.00	刪除
BC17407100	DICETEL 50MG FILM COATED TABLETS	5.30	BC17407100	DICETEL 50MG FILM COATED TABLETS	6.20	調價
BC17469100	PLENDIL EXTENDED RELEASE TABLETS 10MG	3.58	BC17469100	PLENDIL EXTWNDED RELEASE TABLETS 10MG	3.87	調價
BC17488100	PLENDIL TABLETS 5MG	2.04	BC17488100	PLENDIL TABLETS 5MG	2.24	調價
BC17528126	VENTOLIN INHALER (80DOSE)	97.00	BC17528126	VENTOLIN INHALER (80DOSE)	98.00	調價
BC17528138	VENTOLIN INHALER (200DOSE)	109.00	BC17528138	VENTOLIN INHALER (200DOSE)	115.00	調價
BC17577100	DORMICUM "ROCHE" FILM-COATED TABLETS 7.5MG	3.72	BC17577100	DORMICUM "ROCHE" FILM-COATED TABLETS 7.5MG	3.82	調價
BC17728265	GLYCEROSTERIL 10%	85.00	BC17728265	GLYCEROSTERIL 10%	87.00	調價
BC17819265	NEPHROSTERIL INFUSION SOLUTION	192.00	BC17819265	NEPHROSTERIL INFUSION SOLUTION	196.00	調價
BC17835255	METRONIDAZOL FRESENIUS	41.00	BC17835255	METRONIDAZOL FRESENIUS	45.40	調價

BC17867212	CAPD 2 PERITONEAL DIALYSIS SOLUTION	180.00	BC17867212	CAPD 2 PERITONEAL DIALYSIS SOLUTION	181.00	調價
BC17867221	CAPD 2 PERITONEAL DIALYSIS SOLUTION	280.00	BC17867221	CAPD 2 PERITONEAL DIALYSIS SOLUTION	282.00	調價
BC17873209	SANDOSTATIN AMPOULES 0.1MG/ML	390.00	BC17873209	SANDOSTATIN AMPOULES 0.1MG/ML	395.00	調價
BC18008255	LIPOVENOS 20% EMULSION FOR INTRAVENOUS INFUSION	0.00	BC18008255	LIPOVENOS 20% EMULSION FOR INTRAVENOUS INFUSION	234.00	刪除
BC18008265	LIPOVENOS 20% EMULSION FOR INTRAVENOUS INFUSION	0.00	BC18008265	LIPOVENOS 20% EMULSION FOR INTRAVENOUS INFUSION	276.00	刪除
BC18158100	IMOVANE TABLETS 7.5MG	1.98	BC18158100	IMOVANE TABLETS 7.5MG	2.12	調價
BC18196212	CAPD 4 PERITONEAL DIALYSIS SOLUTION	180.00	BC18196212	CAPD 4 PERITONEAL DIALYSIS SOLUTION	181.00	調價
BC18196221	CAPD 4 PERITONEAL DIALYSIS SOLUTION	280.00	BC18196221	CAPD 4 PERITONEAL DIALYSIS SOLUTION	282.00	調價
BC18215500	PROSTIN E2 VAGINAL TABLETS	308.00	BC18215500	PROSTIN E2 VAGINAL TABLETS	309.00	調價
BC18273100	KETOSTERIL TABLETS	15.50	BC18273100	KETOSTERIL TABLETS	16.30	調價
BC18279100	PHYLLOCONTIN CONTINUS TABLETS	2.83	BC18279100	PHYLLOCONTIN CONTINUS TABLETS	2.89	調價
BC18307255	LIPOFUNDIN MCT/LCT 20% I.V. INFUSION	163.00	BC18307255	LIPOFUNDIN MCT/LCT 20% I.V. INFUSION	172.00	調價
BC18307265	LIPOFUNDIN MCT/LCT 20% I.V. INFUSION	168.00	BC18307265	LIPOFUNDIN MCT/LCT 20% I.V. INFUSION	178.00	調價
BC18308255	LIPOFUNDIN MCT/LCT 10% I.V. INFUSION "B. BRAUN"	155.00	BC18308255	LIPOFUNDIN MCT/LCT 10% I.V. INFUSION "B. BRAUN"	161.00	調價
BC18308265	LIPOFUNDIN MCT/LCT 10% I.V. INFUSION	165.00	BC18308265	LIPOFUNDIN MCT/LCT 10% I.V. INFUSION	174.00	調價
BC18308277	LIPOFUNDIN MCT/LCT 10% I.V. INFUSION	168.00	BC18308277	LIPOFUNDIN MCT/LCT 10% I.V. INFUSION	178.00	調價
BC18425100	ALEPAM 15 TABLET	0.00	BC18425100	ALEPAM 15 TABLET	3.18	刪除

BC18542100	CLOZARIL TABLETS 100MG	4.55	BC18542100	CLOZARIL TABLETS 100MG	5.20	調價
BC18580229	ADRIBLASTINA RAPID DISSOLUTION 10MG	399.00	BC18580229	ADRIBLASTINA RAPID DISSOLUTION 10MG	417.00	調價
BC18584100	ZOFRAN TABLETS 8MG	115.00	BC18584100	ZOFRAN TABLETS 8MG	120.00	調價
BC18585212	ZOFRAN INJECTION 2MG/ML	87.00	BC18585212	ZOFRAN INJECTION 2MG/ML	102.00	調價
BC18585219	ZOFRAN INJECTION 2MG/ML	94.00	BC18585219	ZOFRAN INJECTION 2MG/ML	112.00	調價
BC18617421	TOBRADEX OPHTHALMIC SUSPENSION	109.00	BC18617421	TOBRADEX OPHTHALMIC SUSPENSION	112.00	調價
BC18656429	FML LIQUIFILM OPHTHALMIC SUSPENSION	51.00	BC18656429	FML LIQUIFILM OPHTHALMIC SUSPENSION	54.00	調價
BC18776421	BETOPTIC S STERILE OPHTHALMIC SUSPENSION	125.00	BC18776421	BETOPTIC S STERILE OPHTHALMIC SUSPENSION	128.00	調價
BC18790248	DIFLUCAN IV INJECTION	258.00	BC18790248	DIFLUCAN IV INJECTION	279.00	調價
BC18842100	NIMOTOP F.C. TABLETS 30MG	16.40	BC18842100	NIMOTOP F.C. TABLETS 30MG	17.70	調價
BC18843248	NIMOTOP INFUSION SOLUTION 0.02%W/V	598.00	BC18843248	NIMOTOP INFUSION SOLUTION 0.02%W/V	633.00	調價
BC18863412	ATROVENT NEBULISER SOLUTION 0.5MG/2ML IN UNIT-DOSE VIALS	7.40	BC18863412	ATROVENT NEBULISER SOLUTION 0.5MG/2ML IN UNIT-DOSE VIALS	8.10	調價
BC18873238	CISPLATIN-EBEWE 0.5MG/ML INJECTION	0.00	BC18873238	CISPLATIN-EBEWE 0.5MG/ML INJECTION	70.00	刪除
BC18873255	CISPLATIN-EBEWE 0.5MG/ML INJECTION	0.00	BC18873255	CISPLATIN-EBEWE 0.5MG/ML INJECTION	350.00	刪除
BC18876221	Methotrexat "Ebewe"	470.00	BC18876221	Methotrexat "Ebewe"	473.00	調價
BC18876229	Methotrexat "Ebewe"	0.00	BC18876229	Methotrexat "Ebewe"	869.00	刪除
BC18876248	Methotrexat "Ebewe"	0.00	BC18876248	Methotrexat "Ebewe"	4735.00	刪除
BC19086100	UNASYN TABLETS	11.20	BC19086100	UNASYN TABLETS	11.60	調價
BC19107321	FUCIDIN OINTMENT 2%	32.20	BC19107321	FUCIDIN OINTMENT 2%	36.50	調價
BC19108100	FUCIDIN TABLETS	48.90	BC19108100	FUCIDIN TABLETS	51.00	調價
BC19116321	FUCIDIN CREAM	32.20	BC19116321	FUCIDIN CREAM	36.50	調價
BC19116335	FUCIDIN CREAM	126.00	BC19116335	FUCIDIN CREAM	134.00	調價

BC19119248	PHARMORUBICIN RAPID DISSOLUTION 50MG	2311.00	BC19119248	PHARMORUBICIN RAPID DISSOLUTION 50MG	2554.00	調價
BC19120229	PHARMORUBICIN RAPID DISSOLUTION 10MG	407.00	BC19120229	PHARMORUBICIN RAPID DISSOLUTION 10MG	458.00	調價
BC19122412	DEXALTIN ORAL PASTE	31.80	BC19122412	DEXALTIN ORAL PASTE	33.60	調價
BC19122421	DEXALTIN ORAL PASTE	35.60	BC19122421	DEXALTIN ORAL PASTE	38.80	調價
BC19190100	DIVINA TABLETS	4.17	BC19190100	DIVINA TABLETS	4.35	調價
BC19191221	BLEOCIN FOR INJECTION 5MG	0.00	BC19191221	BLEOCIN FOR INJECTION 5MG	515.00	刪除
BC19238100	ACERTIL TABLETS 4MG	6.10	BC19238100	ACERTIL TABLETS 4MG	6.80	調價
BC19259421	TIMOPTOL OPHTHALMIC SOLUTION 0.5%	122.00	BC19259421	TIMOPTOL OPHTHALMIC SOLUTION 0.5%	130.00	調價
BC19320100	LAMISIL TABLETS 250MG	7.80	BC19320100	LAMISIL TABLETS 250MG	8.80	調價
BC19338209	HALDOL INJECTION	22.40	BC19338209	HALDOL INJECTION	22.50	調價
BC19339100	GENURIN 200MG	3.74	BC19339100	GENURIN 200MG	3.89	調價
BC19363100	APO-CIMETIDINE 200MG TABLETS	0.00	BC19363100	APO-CIMETIDINE 200MG TABLETS	1.50	刪除
BC19376221	"FRAGMIN 5	70.00	BC19376221	"FRAGMIN 5	72.00	調價
BC19456221	DORMICUM "ROCHE" AMPOULES 5MG/5ML	17.70	BC19456221	DORMICUM "ROCHE" AMPOULES 5MG/5ML	18.70	調價
BC19457209	DORMICUM "ROCHE" AMPOULES 5MG/ML	17.70	BC19457209	DORMICUM "ROCHE" AMPOULES 5MG/ML	18.70	調價
BC19457216	DORMICUM "ROCHE" AMPOULES 5MG/ML	23.50	BC19457216	DORMICUM "ROCHE" AMPOULES 5MG/ML	26.30	調價
BC194932AA	LEUPLIN DEPOT 3.75MG S.C. INJECTION	3807.00	BC194932AA	LEUPLIN DEPOT 3.75MG S.C. INJECTION	3950.00	調價
BC19536414	VENTOLIN NEBULES 5MG PER 2.5ML INHALATION SOLUTION	4.95	BC19536414	VENTOLIN NEBULES 5MG PER 2.5ML INHALATION SOLUTION	5.00	調價
BC19557100	UNIPHYLLIN CONTINUS TABLETS 400MG	4.01	BC19557100	UNIPHYLLIN CONTINUS TABLETS 400MG	4.12	調價
BC19567100	XANTHIUM 400MG CAPSULE	4.01	BC19567100	XANTHIUM 400MG CAPSULE	4.12	調價
BC19626100	SIRDALUD TABLETS 2MG	1.62	BC19626100	SIRDALUD TABLETS 2MG	1.67	調價
BC19845221	ZAVEDOS 5MG	3600.00	BC19845221	ZAVEDOS 5MG	3618.00	調價
BC19879100	SYNTOCRIPTINE TABLETS	4.58	BC19879100	SYNTOCRIPTINE TABLETS	4.90	調價
BC19885100	CARDIZEM RETARD 90MG	5.70	BC19885100	CARDIZEM RETARD 90MG	5.80	調價

BC19918100	RYTMONORM 150MG FILM COATED TABLETS	10.00	BC19918100	RYTMONORM 150MG FILM COATED TABLETS	10.50	調價
BC19953100	ISOPTIN SR 240MG FILM COATED TABLETS	5.20	BC19953100	ISOPTIN SR 240MG FILM COATED TABLETS	5.50	調價
BC19955209	KYTRIL 3MG IN 3ML	185.00	BC19955209	KYTRIL 3MG IN 3ML	218.00	調價
BC19955216	KYTRIL 3MG IN 3ML	347.00	BC19955216	KYTRIL 3MG IN 3ML	414.00	調價
BC20021229	PERDIPINE INJECTION 1MG/ML	141.00	BC20021229	PERDIPINE INJECTION 1MG/ML	160.00	調價
BC20022335	LOMEXIN CREAM 2%	94.00	BC20022335	LOMEXIN CREAM 2%	95.00	調價
BC20042335	LOMEXIN	106.00	BC20042335	LOMEXIN	107.00	調價
BC20053500	LOMEXIN VAGINAL SUPPOSITORY 200MG	36.90	BC20053500	LOMEXIN VAGINAL SUPPOSITORY 200MG	37.50	調價
BC20144210	UNASYN IM/IV FOR INJECTION 0.75G & 1.5G	55.00	BC20144210	UNASYN IM/IV FOR INJECTION 0.75G & 1.5G	62.00	調價
BC20144289	UNASYN IM/IV FOR INJECTION 0.75G & 1.5G	55.00	BC20144289	UNASYN IM/IV FOR INJECTION 0.75G & 1.5G	62.00	調價
BC20162100	SINEMET 25/250 TABLETS	9.10	BC20162100	SINEMET 25/250 TABLETS	10.00	調價
BC20174100	BETALOC ZOK 100MG TABLETS	6.20	BC20174100	BETALOC ZOK 100MG TABLETS	6.70	調價
BC20198100	PROSCAR (FINASTERIDE) 5MG TABLET	12.60	BC20198100	PROSCAR (FINASTERIDE) 5MG TABLET	14.00	調價
BC20200314	ELOMET CREAM 0.1%	21.40	BC20200314	ELOMET CREAM 0.1%	21.80	調價
BC20200321	ELOMET CREAM 0.1%	27.60	BC20200321	ELOMET CREAM 0.1%	30.20	調價
BC20230343	DAIVONEX OINTMENT	461.00	BC20230343	DAIVONEX OINTMENT	472.00	調價
BC20249343	CLEOCIN T GEL 1%	185.00	BC20249343	CLEOCIN T GEL 1%	186.00	調價
BC20251100	SINEMET 25/100 TABLETS	4.74	BC20251100	SINEMET 25/100 TABLETS	4.90	調價
BC20256116	BREXIN SACHETS	9.50	BC20256116	BREXIN SACHETS	9.80	調價
BC20266277	ERYTHROCIN LACTOBIONATE-I.V.	366.00	BC20266277	ERYTHROCIN LACTOBIONATE-I.V.	161.00	調價
BC20452100	DILATREND TABLETS 25MG	3.19	BC20452100	DILATREND TABLETS 25MG	3.64	調價
BC20454438	BECLOMET NASAL AQUA 100 MCG/DOSE NASAL SPRAY	186.00	BC20454438	BECLOMET NASAL AQUA 100 MCG/DOSE NASAL SPRAY	195.00	調價
BC20509100	LAMICTAL TABLETS 50MG	10.10	BC20509100	LAMICTAL TABLETS 50MG	11.40	調價
BC20510100	LAMICTAL TABLETS 100MG	13.80	BC20510100	LAMICTAL TABLETS 100MG	16.20	調價

BC20554100	IMDUR CONTROLLED-RELEASE TABLETS 60MG	3.05	BC20554100	IMDUR CONTROLLED-RELEASE TABLETS 60MG	3.17	調價
BC20674100	CYTOTEC (MISOPROSTOL) 200MCG	9.20	BC20674100	CYTOTEC (MISOPROSTOL) 200MCG	10.20	調價
BC20706277	AMINOSTERIL N HEPA 8% INFUSION SOLUTION	182.00	BC20706277	AMINOSTERIL N HEPA 8% INFUSION SOLUTION	191.00	調價
BC20824209	MINIRIN SOLUTION FOR INJECTION 4MCG/ML	315.00	BC20824209	MINIRIN SOLUTION FOR INJECTION 4MCG/ML	318.00	調價
BC20825209	GLYPRESSIN 1MG	805.00	BC20825209	GLYPRESSIN 1MG	868.00	調價
BC20826100	MINIRIN TABLETS 0.1MG	37.90	BC20826100	MINIRIN TABLETS 0.1MG	39.20	調價
BC208272AA	DECAPEPTYL CR	3311.00	BC208272AA	DECAPEPTYL CR	3431.00	調價
BC20862100	CIPRAM TABLETS 20MG	7.10	BC20862100	CIPRAM TABLETS 20MG	8.40	調價
BC20895100	VOLTAREN RETARD 75MG SLOW RELEASE FILM-COATED TABLETS	1.92	BC20895100	VOLTAREN RETARD 75MG SLOW RELEASE FILM-COATED TABLETS	2.08	調價
BC20915417	TOBRADEX STERILE OPHTHALMIC OINTMENT	100.00	BC20915417	TOBRADEX STERILE OPHTHALMIC OINTMENT	102.00	調價
BC20951343	CLEOCIN T TOPICAL 1% SOLUTION	87.00	BC20951343	CLEOCIN T TOPICAL 1% SOLUTION	93.00	調價
BC20975209	NUTRIFLEX SPECIAL	390.00	BC20975209	NUTRIFLEX SPECIAL	398.00	調價
BC20975210	NUTRIFLEX SPECIAL	696.00	BC20975210	NUTRIFLEX SPECIAL	706.00	調價
BC20991100	SIGMART TABLETS 5MG	2.89	BC20991100	SIGMART TABLETS 5MG	3.12	調價
BC21027100	NEUROTOL SLOW TABLETS 300 MG	0.00	BC21027100	NEUROTOL SLOW TABLETS 300 MG	5.40	刪除
BC21028100	NEUROTOL SLOW TABLETS 200MG	0.00	BC21028100	NEUROTOL SLOW TABLETS 200MG	2.53	刪除
BC21034100	KALMA TABLETS 1MG	0.00	BC21034100	KALMA TABLETS 1MG	2.28	刪除
BC21083500	ASACOL SUPPOSITORIES	25.00	BC21083500	ASACOL SUPPOSITORIES	25.20	調價
BC21093100	LAMICTAL DISPERSIBLE/CHEWABLE TABLETS 5MG	5.60	BC21093100	LAMICTAL DISPERSIBLE/CHEWABLE TABLETS 5MG	6.60	調價
BC21128229	PRIMACOR I.V. INJECTION	367.00	BC21128229	PRIMACOR I.V. INJECTION	374.00	調價
BC21150100	FARLUTAL TAB. 500MG	40.30	BC21150100	FARLUTAL TAB. 500MG	42.80	調價
BC21175100	ALFACALCIDOL SOFT CAPSULES 0.5 TY	8.40	BC21175100	ALFACALCIDOL SOFT CAPSULES 0.5 TY	8.70	調價

BC21188100	SANDIMMUN NEORAL SOFT GELATIN CAP. 100MG	121.00	BC21188100	SANDIMMUN NEORAL SOFT GELATIN CAP. 100MG	124.00	調價
BC21189100	SANDIMMUN NEORAL SOFT GELATIN CAP. 25MG	37.20	BC21189100	SANDIMMUN NEORAL SOFT GELATIN CAP. 25MG	37.90	調價
BC21191216	SOMATOSAN 3MG FOR I.V. INFUSION "CURAMED"	1005.00	BC21191216	SOMATOSAN 3MG FOR I.V. INFUSION "CURAMED"	1092.00	調價
BC21218145	BECLOMET EASYHALER 200MCG/DOSE	451.00	BC21218145	BECLOMET EASYHALER 200MCG/DOSE	454.00	調價
BC21236212	ZOFRAN INJECTION 2MG/ML	87.00	BC21236212	ZOFRAN INJECTION 2MG/ML	102.00	調價
BC21236219	ZOFRAN INJECTION 2MG/ML	94.00	BC21236219	ZOFRAN INJECTION 2MG/ML	112.00	調價
BC21269421	TIMOLOL-POS EYE DROPS 0.5%	122.00	BC21269421	TIMOLOL-POS EYE DROPS 0.5%	130.00	調價
BC21277429	VIDISIC GEL	102.00	BC21277429	VIDISIC GEL	106.00	調價
BC21303100	MIKELAN LA CAPSULES 15MG	13.10	BC21303100	MIKELAN LA CAPSULES 15MG	13.40	調價
BC21333216	STILAMIN 3MG	1005.00	BC21333216	STILAMIN 3MG	1092.00	調價
BC21379265	UROKINASE-GCC INJECTION 250,000 I.U.	0.00	BC21379265	UROKINASE-GCC INJECTION 250,000 I.U.	3415.00	刪除
BC21397251	NOOTROPIL I.V. INFUSION SOLUTION 200MG/ML	0.00	BC21397251	NOOTROPIL I.V. INFUSION SOLUTION 200MG/ML	171.00	刪除
BC21439212	ADENOCOR INJECTION 3MG/ML	127.00	BC21439212	ADENOCOR INJECTION 3MG/ML	130.00	調價
BC21446421	CUSIMOLOL 0.5% STERILE EYE DROPS	122.00	BC21446421	CUSIMOLOL 0.5% STERILE EYE DROPS	130.00	調價
BC21454100	TIOGAM TABLETS 200mg	2.91	BC21454100	TIOGAM TABLETS 200mg	2.95	調價
BC21530100	"KERLONE 20MG	0.00	BC21530100	"KERLONE 20MG	3.72	刪除
BC21536100	SEROXAT F.C. TABLETS 20MG	5.30	BC21536100	SEROXAT F.C. TABLETS 20MG	6.20	調價
BC21545414	TIMOPTOL XE 0.5% OPHTHALMIC SOLUTION	122.00	BC21545414	TIMOPTOL XE 0.5% OPHTHALMIC SOLUTION	130.00	調價
BC21571100	NORVASC TABLETS 5MG	3.84	BC21571100	NORVASC TABLETS 5MG	4.30	調價
BC21625100	TEMGESIC SUBLINGUAL TABLETS 0.2MG	20.00	BC21625100	TEMGESIC SUBLINGUAL TABLETS 0.2MG	20.50	調價
BC21663100	HALDOL TABLETS 5MG	1.75	BC21663100	HALDOL TABLETS 5MG	1.85	調價
BC21676100	DIFLUCAN CAPSULE 150MG	52.00	BC21676100	DIFLUCAN CAPSULE 150MG	54.00	調價

BC21686429	SUPREMON NASAL SOLUTION	0.00	BC21686429	SUPREMON NASAL SOLUTION	2188.00	刪除
BC21701235	CARBOPLATIN INJECTION "DBL"	1448.00	BC21701235	CARBOPLATIN INJECTION "DBL"	1712.00	調價
BC217012AP	CARBOPLATIN INJECTION "DBL"	3058.00	BC217012AP	CARBOPLATIN INJECTION "DBL"	3567.00	調價
BC21713229	METHOTREXATE INJECTION BP 100MG/ML	0.00	BC21713229	METHOTREXATE INJECTION BP 100MG/ML	869.00	刪除
BC21754100	NAPAMIDE F.C TABLETS 2.5MG	1.92	BC21754100	NAPAMIDE F.C TABLETS 2.5MG	2.00	調價
BC21757100	CELLCEPT CAPSULES 250MG	41.30	BC21757100	CELLCEPT CAPSULES 250MG	42.80	調價
BC21776209	MAXIPIME INJ. (CEFEPIME)	0.00	BC21776209	MAXIPIME INJ. (CEFEPIME)	283.00	刪除
BC21779100	DIFLUCAN CAPSULE 50MG	23.50	BC21779100	DIFLUCAN CAPSULE 50MG	26.10	調價
BC21780100	ZOLOFT FILM COATED TABLETS 50MG	6.10	BC21780100	ZOLOFT FILM COATED TABLETS 50MG	7.00	調價
BC21784335	METROGEL 0.75%	38.60	BC21784335	METROGEL 0.75%	42.00	調價
BC21788100	VALTREX TABLETS 500MG	52.00	BC21788100	VALTREX TABLETS 500MG	57.00	調價
BC21808100	BONEFOS CAPSULES 400MG	29.60	BC21808100	BONEFOS CAPSULES 400MG	32.70	調價
BC21830180	ZITHROMAX POWDER FOR ORAL SUSPENSION	216.00	BC21830180	ZITHROMAX POWDER FOR ORAL SUSPENSION	226.00	調價
BC21840100	TRAMAL RETARD 100MG	3.74	BC21840100	TRAMAL RETARD 100MG	3.99	調價
BC21848263	TARGOCID 200MG FOR INJECTION (I.M.I.V.)	516.00	BC21848263	TARGOCID 200MG FOR INJECTION (I.M.I.V.)	563.00	調價
BC21874414	MINIRIN NASAL SPRAY 10UG/DOSE	1656.00	BC21874414	MINIRIN NASAL SPRAY 10UG/DOSE	1782.00	調價
BC21905100	RILUTEK 50MG TABLETS	137.00	BC21905100	RILUTEK 50MG TABLETS	139.00	調價
BC21914100	COZAAR F.C.TAB. 50MG	4.11	BC21914100	COZAAR F.C.TAB. 50MG	4.82	調價
BC21989138	PULMICORT TURBUHALER 200MICROGRAMS/DOSE	294.00	BC21989138	PULMICORT TURBUHALER 200MICROGRAMS/DOSE	299.00	調價
BC21989145	PULMICORT TURBUHALER 200MICROGRAMS/DOSE	351.00	BC21989145	PULMICORT TURBUHALER 200MICROGRAMS/DOSE	361.00	調價
BC22008100	DEPAKINE CHRONO 500MG FILM COATED TABLETS	5.90	BC22008100	DEPAKINE CHRONO 500MG FILM COATED TABLETS	6.30	調價
BC22013219	LEVOPHED BITARTRATE	100.00	BC22013219	LEVOPHED BITARTRATE	108.00	調價

BC22016100	KYTRIL 1MG F.C.TABLETS	167.00	BC22016100	KYTRIL 1MG F.C.TABLETS	178.00	調價
BC22023255	AMINOSTERIL INFANT 10% W/V FOR INTRAVENOUS INFUSION	196.00	BC22023255	AMINOSTERIL INFANT 10% W/V FOR INTRAVENOUS INFUSION	202.00	調價
BC22047209	VINCRISTINE SULPHATE INJECTION 1MG/1ML "DBL"	224.00	BC22047209	VINCRISTINE SULPHATE INJECTION 1MG/1ML "DBL"	306.00	調價
BC22049109	PULMICORT RESPULES 1MG/2ML NEBULISING SUSPENSION FOR INHALATION	52.00	BC22049109	PULMICORT RESPULES 1MG/2ML NEBULISING SUSPENSION FOR INHALATION	54.00	調價
BC22071100	DILATREND TAB. 6.25MG	2.39	BC22071100	DILATREND TAB. 6.25MG	2.65	調價
BC22082148	BRICANYL TURBUHALER 0.5MG/DOSE	0.00	BC22082148	BRICANYL TURBUHALER 0.5MG/DOSE	143.00	刪除
BC22082155	BRICANYL TURBUHALER 0.5MG/DOSE	0.00	BC22082155	BRICANYL TURBUHALER 0.5MG/DOSE	334.00	刪除
BC22094143	RISPERDAL ORAL SOLUTION 1MG/ML	548.00	BC22094143	RISPERDAL ORAL SOLUTION 1MG/ML	601.00	調價
BC22107421	TRUSOPT OPHTHALMIC SOLUTION 2%	235.00	BC22107421	TRUSOPT OPHTHALMIC SOLUTION 2%	249.00	調價
BC22115265	MEPEM INTRAVENOUS INJECTION 0.25G/VIAL	281.00	BC22115265	MEPEM INTRAVENOUS INJECTION 0.25G/VIAL	301.00	調價
BC22115277	MEPEM INTRAVENOUS INJECTION 0.5G/VIAL	284.00	BC22115277	MEPEM INTRAVENOUS INJECTION 0.5G/VIAL	305.00	調價
BC22124100	ACCUPRIL F.C. TABLETS 10 MG	7.70	BC22124100	ACCUPRIL F.C. TABLETS 10 MG	8.00	調價
BC221372CS	ZOLADEX 3.6MG DEPOT	3569.00	BC221372CS	ZOLADEX 3.6MG DEPOT	3708.00	調價
BC22139100	PANTOLOC GASTRO-RESISTANT TAB. 40MG	10.10	BC22139100	PANTOLOC GASTRO-RESISTANT TAB. 40MG	11.70	調價
BC22144100	APO-ATENOL 100MG TABLETS	1.51		APO-ATENOL 100MG TABLETS	1.52	調價
BC22152100	ZESTRIL TABLETS 10MG	2.29	BC22152100	ZESTRIL TABLETS 10MG	2.53	調價
BC22158100	APO-ATENOL 50MG TABLETS	1.50		APO-ATENOL 50MG TABLETS	1.51	調價
BC22177203	CLEXANE INJECTION	126.00	BC22177203	CLEXANE INJECTION	127.00	調價
BC22179100	FAMVIR	59.00	BC22179100	FAMVIR	63.00	調價

BC22193100	ELDEPRYL TABLETS 10MG	5.10	BC22193100	ELDEPRYL TABLETS 10MG	5.30	調價
BC22198212	DIANEAL PD-2, PERITONEAL DIALYSIS SOLUTION 2.5% DEXTROSE	180.00	BC22198212	DIANEAL PD-2, PERITONEAL DIALYSIS SOLUTION 2.5% DEXTROSE	181.00	調價
BC22198221	DIANEAL PD-2 PERITONEAL DIALYSIS SOLUTION 2.5% DEXTROSE "BAXTER"	280.00	BC22198221	DIANEAL PD-2 PERITONEAL DIALYSIS SOLUTION 2.5% DEXTROSE "BAXTER"	282.00	調價
BC22199209	DIANEAL PD-2, PERITONEAL DIALYSIS SOLUTION 1.5% DEXTROSE	0.00	BC22199209	DIANEAL PD-2, PERITONEAL DIALYSIS SOLUTION 1.5% DEXTROSE	156.00	刪除
BC22199212	DIANEAL PD-2, PERITONEAL DIALYSIS SOLUTION 1.5% DEXTROSE	180.00	BC22199212	DIANEAL PD-2, PERITONEAL DIALYSIS SOLUTION 1.5% DEXTROSE	181.00	調價
BC22199221	DIANEAL PD-2, PERITONEAL DIALYSIS SOLUTION 1.5% DEXTROSE "BAXTER"	280.00	BC22199221	DIANEAL PD-2, PERITONEAL DIALYSIS SOLUTION 1.5% DEXTROSE "BAXTER"	282.00	調價
BC22208100	TEGRETOL TABLETS 200MG	2.18	BC22208100	TEGRETOL TABLETS 200MG	2.28	調價
BC22211100	ELDEPRYL TABLETS 5MG	2.46	BC22211100	ELDEPRYL TABLETS 5MG	2.68	調價
BC22214221	LEUCOVORIN CALCIUM INJECTION 50MG/5ML "DBL"	69.00	BC22214221	LEUCOVORIN CALCIUM INJECTION 50MG/5ML "DBL"	78.00	調價
BC22214229	LEUCOVORIN CALCIUM INJECTION 50MG/5ML "DBL"	0.00	BC22214229	LEUCOVORIN CALCIUM INJECTION 50MG/5ML "DBL"	97.00	刪除
BC22215209	NAVELBINE 10MG/ML INJECTION SOLUTION	1075.00	BC22215209	NAVELBINE 10MG/ML INJECTION SOLUTION	1165.00	調價
BC22215221	NAVELBINE 10MG/ML INJECTION SOLUTION	6031.00	BC22215221	NAVELBINE 10MG/ML INJECTION SOLUTION	6159.00	調價

BC22218209	DIANEAL PD-2, PERITONEAL DIALYSIS SOLUTION WITH 4.25% DEXTROSE "BAXTER"	0.00	BC22218209	DIANEAL PD-2, PERITONEAL DIALYSIS SOLUTION WITH 4.25% DEXTROSE "BAXTER"	156.00	刪除
BC22218212	DIANEAL PD-2, PERITONEAL DIALYSIS SOLUTION WITH 4.25% DEXTROSE "BAXTER"	180.00	BC22218212	DIANEAL PD-2, PERITONEAL DIALYSIS SOLUTION WITH 4.25% DEXTROSE "BAXTER"	181.00	調價
BC22218214	DIANEAL PD-2, PERITONEAL DIALYSIS SOLUTION WITH 4.25% DEXTROSE "BAXTER"	0.00	BC22218214	DIANEAL PD-2, PERITONEAL DIALYSIS SOLUTION WITH 4.25% DEXTROSE "BAXTER"	199.00	刪除
BC22218221	DIANEAL PD-2, PERITONEAL DIALYSIS SOLUTION WITH 4.25% DEXTROSE "BAXTER"	280.00	BC22218221	DIANEAL PD-2, PERITONEAL DIALYSIS SOLUTION WITH 4.25% DEXTROSE "BAXTER"	282.00	調價
BC222332D1	ZOLADEX LA 10.8MG DEPOT	10308.00	BC222332D1	ZOLADEX LA 10.8MG DEPOT	10963.00	調價
BC22251229	ACICLOVIR INTRAVENOUS INFUSION "DBL"	287.00	BC22251229	ACICLOVIR INTRAVENOUS INFUSION "DBL"	334.00	調價
BC22251238	ACICLOVIR INTRAVENOUS INFUSION "DBL"	0.00	BC22251238	ACICLOVIR INTRAVENOUS INFUSION "DBL"	856.00	刪除
BC22282100	ARIMIDEX TABLETS 1MG	45.30	BC22282100	ARIMIDEX TABLETS 1MG	51.00	調價
BC22283421	TARIVID OTIC SOLUTION	51.00	BC22283421	TARIVID OTIC SOLUTION	54.00	調價
BC22297212	DIANEAL LOW CALCIUM (2.5MEQ/L) PERITONEAL DIALYSIS SOLUTION WITH 1.5% DEXTROSE "BAXTER"	180.00	BC22297212	DIANEAL LOW CALCIUM (2.5MEQ/L) PERITONEAL DIALYSIS SOLUTION WITH 1.5% DEXTROSE "BAXTER"	181.00	調價
BC22297221	DIANEAL LOW CALCIUM (2.5MEQ/L) PERITONEAL DIALYSIS SOLUTION WITH 1.5% DEXTROSE "BAXTER"	280.00	BC22297221	DIANEAL LOW CALCIUM (2.5MEQ/L) PERITONEAL DIALYSIS SOLUTION WITH 1.5% DEXTROSE "BAXTER"	282.00	調價

BC22298212	DIANEAL LOW CALCIUM (2.5MEQ/L) PERITONEAL DIALYSIS SOLUTION WITH 4.25% DEXTROSE "BAXTER"	180.00	BC22298212	DIANEAL LOW CALCIUM (2.5MEQ/L) PERITONEAL DIALYSIS SOLUTION WITH 4.25% DEXTROSE "BAXTER"	181.00	調價
BC22298221	DIANEAL LOW CALCIUM (2.5MEQ/L) PERITONEAL DIALYSIS SOLUTION WITH 4.25% DEXTROSE "BAXTER"	280.00	BC22298221	DIANEAL LOW CALCIUM (2.5MEQ/L) PERITONEAL DIALYSIS SOLUTION WITH 4.25% DEXTROSE "BAXTER"	282.00	調價
BC22299212	DIANEAL LOW CALCIUM (2.5MEQ/L) PERITONEAL DIALYSIS SOLUTION WITH 2.5% DEXTROSE "BAXTER"	180.00	BC22299212	DIANEAL LOW CALCIUM (2.5MEQ/L) PERITONEAL DIALYSIS SOLUTION WITH 2.5% DEXTROSE "BAXTER"	181.00	調價
BC22299221	DIANEAL LOW CALCIUM (2.5MEQ/L) PERITONEAL DIALYSIS SOLUTION WITH 2.5% DEXTROSE "BAXTER"	280.00	BC22299221	DIANEAL LOW CALCIUM (2.5MEQ/L) PERITONEAL DIALYSIS SOLUTION WITH 2.5% DEXTROSE "BAXTER"	282.00	調價
BC22319209	CLAFORAN IV INJECTION 0.5/1.0G	113.00	BC22319209	CLAFORAN IV INJECTION 0.5/1.0G	124.00	調價
BC22319277	CLAFORAN IV INJECTION 0.5/1.0G	87.00	BC22319277	CLAFORAN IV INJECTION 0.5/1.0G	93.00	調價
BC22320212	CLAFORAN IV INJECTION 2.0G	387.00	BC22320212	CLAFORAN IV INJECTION 2.0G	431.00	調價
BC22324100	ZYPREXA FILM COATED TABLETS 5MG	39.50	BC22324100	ZYPREXA FILM COATED TABLETS 5MG	45.30	調價
BC22326100	ZYPREXA FILM COATED TABLETS 10MG	65.00	BC22326100	ZYPREXA FILM COATED TABLETS 10MG	76.00	調價
BC22342100	PENTASA PROLONGED-RELEASE TABLETS 500MG	8.50	BC22342100	PENTASA PROLONGED-RELEASE TABLETS 500MG	9.00	調價
BC22354280	CLEXANE INJECTION	137.00	BC22354280	CLEXANE INJECTION	140.00	調價

BC22372421	CILOXAN STERILE OPHTHALMIC SOLUTION	107.00	BC22372421	CILOXAN STERILE OPHTHALMIC SOLUTION	109.00	調價
BC22376100	PLAQUENIL TABLETS 200MG	2.07	BC22376100	PLAQUENIL TABLETS 200MG	2.18	調價
BC22393277	"B.BRAUN" AMINOPLASMAL HEPA 10%	242.00	BC22393277	"B.BRAUN" AMINOPLASMAL HEPA 10%	250.00	調價
BC22395271	DEPAKINE LYOPHILIZED INJECTION 400MG/VIAL	296.00	BC22395271	DEPAKINE LYOPHILIZED INJECTION 400MG/VIAL	305.00	調價
BC22409100	XELODA TABLETS 500MG	90.00	BC22409100	XELODA TABLETS 500MG	97.00	調價
BC22420100	KLARICID FILM-COATED 500MG TABLETS	13.20	BC22420100	KLARICID FILM-COATED 500MG TABLETS	14.80	調價
BC224421G0	DAONIL TABLETS 5MG(鋁箔/膠箔)	0.00	BC224421G0	DAONIL TABLETS 5MG(鋁箔/膠箔)	2.00	刪除
BC22449219	HYCAMTIN 4MG INJECTION	6546.00	BC22449219	HYCAMTIN 4MG INJECTION	7007.00	調價
BC22462100	FEMARA FILM-COATED TABLETS 2.5MG	38.70	BC22462100	FEMARA FILM-COATED TABLETS 2.5MG	41.00	調價
BC22473212	CAMPTO CONC. SOLUTION FOR I.V. INFUSION	1589.00	BC22473212	CAMPTO CONC. SOLUTION FOR I.V. INFUSION	1831.00	調價
BC22473221	CAMPTO CONC. SOLUTION FOR I.V. INFUSION	2975.00	BC22473221	CAMPTO CONC. SOLUTION FOR I.V. INFUSION	3607.00	調價
BC22483277	DESFERRIOXAMINE MESYLATE FOR INJECTION 500MG "DBL"	0.00	BC22483277	DESFERRIOXAMINE MESYLATE FOR INJECTION 500MG "DBL"	255.00	刪除
BC225015FR	MIRENA (LEVONORGESTREL 20UG/24H) INTRAUTERINE SYSTEM	4040.00	BC225015FR	MIRENA (LEVONORGESTREL 20UG/24H) INTRAUTERINE SYSTEM	4084.00	調價
BC22507100	TOPAMAX FILM-COATED TABLETS 50MG	11.80	BC22507100	TOPAMAX FILM-COATED TABLETS 50MG	13.50	調價
BC22508100	TOPAMAX FILM-COATED TABLETS 100MG	23.20	BC22508100	TOPAMAX FILM-COATED TABLETS 100MG	26.10	調價
BC22509100	TOPAMAX FILM-COATED TABLETS 25MG	5.50	BC22509100	TOPAMAX FILM-COATED TABLETS 25MG	6.10	調價
BC22540414	XALATAN 50UG/ML (0.005%)	439.00	BC22540414	XALATAN 50UG/ML (0.005%)	452.00	調價
BC22542100	SEROQUEL TABLETS 100MG	12.10	BC22542100	SEROQUEL TABLETS 100MG	14.70	調價

BC22543100	SEROQUEL TABLETS 25MG	7.30	BC22543100	SEROQUEL TABLETS 25MG	8.70	調價
BC22544100	SEROQUEL TABLETS 200MG	16.30	BC22544100	SEROQUEL TABLETS 200MG	19.40	調價
BC22551100	APROVEL 150MG FILM-COATED TABLETS	5.40	BC22551100	APROVEL 150MG FILM-COATED TABLETS	6.00	調價
BC22587335	DIFFERIN GEL 0.1%	68.00	BC22587335	DIFFERIN GEL 0.1%	72.00	調價
BC22600321	ESPERSON OINTMENT 0.25%	0.00	BC22600321	ESPERSON OINTMENT 0.25%	28.90	刪除
BC22600329	ESPERSON OINTMENT 0.25%	0.00	BC22600329	ESPERSON OINTMENT 0.25%	53.00	刪除
BC22612100	AUGMENTIN 1G F.C. TABLETS	7.20	BC22612100	AUGMENTIN 1G F.C. TABLETS	7.50	調價
BC22617100	DURIDE CR TABLETS 60MG	0.00	BC22617100	DURIDE CR TABLETS 60MG	3.17	刪除
BC22622100	SIBELIUM CAPSULES 5MG	1.52	BC22622100	SIBELIUM CAPSULES 5MG	1.53	調價
BC22635421	ALPHAGAN OPHTHALMIC SOLUTION 0.2%	229.00	BC22635421	ALPHAGAN OPHTHALMIC SOLUTION 0.2%	237.00	調價
BC22641100	NOVONORM 1MG TABLETS	2.09	BC22641100	NOVONORM 1MG TABLETS	2.31	調價
BC22653421	ACULAR OPHTHALMIC SOLUTION 0.5% W/V	86.00	BC22653421	ACULAR OPHTHALMIC SOLUTION 0.5% W/V	91.00	調價
BC22654100	LIPANTHYL 200M CAPSULES	3.92	BC22654100	LIPANTHYL 200M CAPSULES	4.32	調價
BC22671100	AMARYL 2.0 TABLETS	1.95	BC22671100	AMARYL 2.0 TABLETS	2.12	調價
BC22678100	CARDIZEM UNOTARD PROLONGED RELEASE TABLETS 180MG	9.50	BC22678100	CARDIZEM UNOTARD PROLONGED RELEASE TABLETS 180MG	10.00	調價
BC22695221	PHARMORUBICIN INJECTION 2MG/ML	407.00	BC22695221	PHARMORUBICIN INJECTION 2MG/ML	458.00	調價
BC22695240	PHARMORUBICIN INJECTION 2MG/ML	2311.00	BC22695240	PHARMORUBICIN INJECTION 2MG/ML	2554.00	調價
BC22712221	ADRIAMYCIN INJ. 2MG/ML	399.00	BC22712221	ADRIAMYCIN INJ. 2MG/ML	417.00	調價
BC22726100	METHOTREXATE SODIUM TABLETS 2.5MG	4.46	BC22726100	METHOTREXATE SODIUM TABLETS 2.5MG	4.56	調價
BC22737500	PENTASA SUPPOSITORIES 1GM	34.30	BC22737500	PENTASA SUPPOSITORIES 1GM	35.50	調價
BC22754329	NERISONE FATTY OINTMENT	44.50	BC22754329	NERISONE FATTY OINTMENT	46.00	調價
BC22767100	Risperdal Film Coated Tablet 1mg	6.80	BC22767100	Risperdal Film Coated Tablet 1mg	8.30	調價

BC22768100	RISPERDAL Film Coated TABLET 2MG	7.70	BC22768100	RISPERDAL Film Coated TABLET 2MG	9.50	調價
BC22769100	Risperdal Film Coated Tablet 3mg	20.30	BC22769100	Risperdal Film Coated Tablet 3mg	24.20	調價
BC22770221	NIMBEX INJECTION 2MG/ML	56.00	BC22770221	NIMBEX INJECTION 2MG/ML	57.00	調價
BC22778100	SINGULAIR FILM COATED TABLETS 10MG	12.30	BC22778100	SINGULAIR FILM COATED TABLETS 10MG	14.30	調價
BC22779100	SINGULAIR CHEWABLE TAB. 5MG	9.30	BC22779100	SINGULAIR CHEWABLE TAB. 5MG	10.70	調價
BC22781100	PARIET ENTERIC-COATED TABLETS 10 MG	7.70	BC22781100	PARIET ENTERIC-COATED TABLETS 10 MG	8.30	調價
BC22782100	PARIET ENTERIC-COATED TABLETS 20MG	8.70	BC22782100	PARIET ENTERIC-COATED TABLETS 20MG	9.70	調價
BC22783100	DETRUSITOL F.C. TAB. 2MG	7.60	BC22783100	DETRUSITOL F.C. TAB. 2MG	8.40	調價
BC22793412	FLIXOTIDE NEBULES 2MG/2ML	80.00	BC22793412	FLIXOTIDE NEBULES 2MG/2ML	94.00	調價
BC22803100	CASODEX TABLETS 50MG	75.00	BC22803100	CASODEX TABLETS 50MG	87.00	調價
BC22816100	SPORANOX CAPSULES 100MG	17.80	BC22816100	SPORANOX CAPSULES 100MG	18.90	調價
BC228204E5	NASACORT AQ	160.00	BC228204E5	NASACORT AQ	170.00	調價
BC22821100	NEURONTIN CAPSULES 300MG	7.90	BC22821100	NEURONTIN CAPSULES 300MG	8.40	調價
BC22822100	NEURONTIN CAPSULES 400MG	8.80	BC22822100	NEURONTIN CAPSULES 400MG	9.50	調價
BC22823100	NEURONTIN CAPSULES 100MG	3.32	BC22823100	NEURONTIN CAPSULES 100MG	3.43	調價
BC22843100	APROVEL 300MG FILM-COATED TABLETS	9.10	BC22843100	APROVEL 300MG FILM-COATED TABLETS	10.30	調價
BC22856421	EMADINE STERILE OPHTHALMIC SOLUTION	53.00	BC22856421	EMADINE STERILE OPHTHALMIC SOLUTION	55.00	調價
BC22858100	EXELON CAPSULES 3MG	30.60	BC22858100	EXELON CAPSULES 3MG	31.60	調價
BC22859100	EXELON CAPSULES 6MG	30.60	BC22859100	EXELON CAPSULES 6MG	31.60	調價
BC22861100	EXELON CAPSULES 1.5MG	30.60	BC22861100	EXELON CAPSULES 1.5MG	31.60	調價
BC22863100	EXELON CAPSULES 4.5MG	30.60	BC22863100	EXELON CAPSULES 4.5MG	31.60	調價
BC22868238	FRESOFOL 1% MCT/LCT	37.40	BC22868238	FRESOFOL 1% MCT/LCT	41.80	調價
BC22868248	FRESOFOL 1% MCT/LCT	128.00	BC22868248	FRESOFOL 1% MCT/LCT	142.00	調價

BC22874255	LIPOVENOES MCT 20% EMULSION FOR INFUSION	0.00	BC22874255	LIPOVENOES MCT 20% EMULSION FOR INFUSION	172.00	刪除
BC22874265	LIPOVENOES MCT 20% EMULSION FOR INFUSION	168.00	BC22874265	LIPOVENOES MCT 20% EMULSION FOR INFUSION	178.00	調價
BC22877100	DIANE-35 S.C. TABLETS	7.00	BC22877100	DIANE-35 S.C. TABLETS	7.10	調價
BC22882100	REQUIP FILM-COATED TAB. 0.25MG	5.10	BC22882100	REQUIP FILM-COATED TAB. 0.25MG	5.30	調價
BC22883100	REQUIP FILM-COATED TAB. 1MG	13.40	BC22883100	REQUIP FILM-COATED TAB. 1MG	13.90	調價
BC22886100	LIPITOR FILM-COATED TABLETS 10MG	9.00	BC22886100	LIPITOR FILM-COATED TABLETS 10MG	10.70	調價
BC22889100	LIPITOR FILM-COATED TABLETS 40MG	20.20	BC22889100	LIPITOR FILM-COATED TABLETS 40MG	22.60	調價
BC22890100	LIPITOR FILM-COATED TABLETS 20MG	16.60	BC22890100	LIPITOR FILM-COATED TABLETS 20MG	18.90	調價
BC22917100	XATRAL XL 10MG	5.80	BC22917100	XATRAL XL 10MG	6.30	調價
BC22920100	ETUMINE TABLETS 40MG (CLOTIAPINE)	6.20	BC22920100	ETUMINE TABLETS 40MG (CLOTIAPINE)	6.30	調價
BC22923277	LIPOVENOES MCT 10% EMULSION FOR INFUSION	168.00	BC22923277	LIPOVENOES MCT 10% EMULSION FOR INFUSION	178.00	調價
BC22924424	NASONEX AQUEOUS NASAL SPRAY	133.00	BC22924424	NASONEX AQUEOUS NASAL SPRAY	146.00	調價
BC22927100	MEDOVIR 400MG TABLETS	5.60	BC22927100	MEDOVIR 400MG TABLETS	6.00	調價
BC22931116	CURAM POWDER FOR ORAL SUSPENSION 312.5MG/5ML	70.00	BC22931116	CURAM POWDER FOR ORAL SUSPENSION 312.5MG/5ML	73.00	調價
BC22932100	PLAVIX FILM-COATED TABLETS 75MG	32.10	BC22932100	PLAVIX FILM-COATED TABLETS 75MG	34.40	調價
BC22934421	AZOPT 10MG/ML EYE DROPS,SUSPENSION	256.00	BC22934421	AZOPT 10MG/ML EYE DROPS,SUSPENSION	267.00	調價
BC22959100	HYTRIN TABLETS 2MG	1.92	BC22959100	HYTRIN TABLETS 2MG	2.07	調價
BC22989100	HYZAAR F.C TAB. 50/12.5MG	4.11	BC22989100	HYZAAR F.C TAB. 50/12.5MG	4.82	調價
BC22997100	PROGOR CAPSULE 180MG	9.50	BC22997100	PROGOR CAPSULE 180MG	10.00	調價
BC23001100	PROGOR CAPSULE 120MG	5.70	BC23001100	PROGOR CAPSULE 120MG	5.80	調價
BC23010100	ALLEGRA TABLETS 180MG	4.60	BC23010100	ALLEGRA TABLETS 180MG	4.89	調價

BC23012500	MYCORIL 100 VAGINAL TABLETS	5.80	BC23012500	MYCORIL 100 VAGINAL TABLETS	6.30	調價
BC23016100	ALLEGRA 60MG TAB.	1.80	BC23016100	ALLEGRA 60MG TAB.	1.91	調價
BC23029100	ONEALFA TABLET 1.0 MCG	11.70	BC23029100	ONEALFA TABLET 1.0 MCG	12.10	調價
BC23031100	ONEALFA TABLET 0.5MCG	8.40	BC23031100	ONEALFA TABLET 0.5MCG	8.70	調價
BC23057151	RAPAMUNE ORAL SOLUTION 1MG/ML	0.00	BC23057151	RAPAMUNE ORAL SOLUTION 1MG/ML	8923.00	刪除
BC23071100	FRISIUM TABLET 10MG	2.71	BC23071100	FRISIUM TABLET 10MG	2.76	調價
BC23074163	BEROTEC N 100MCG/PUFF METERED AEROSOL	137.00	BC23074163	BEROTEC N 100MCG/PUFF METERED AEROSOL	138.00	調價
BC23076277	2.5% DEXTROSE AND 0.45% SODIUM CHLORIDE INJECTION USP	0.00	BC23076277	2.5% DEXTROSE AND 0.45% SODIUM CHLORIDE INJECTION USP	0.00	異常確認_5
BC23078100	KLARICID XL TABLETS 500MG	18.70	BC23078100	KLARICID XL TAB. 500MG	20.40	調價
BC23097100	AROMASIN SUGAR COATED TABLETS 25MG	46.00	BC23097100	AROMASIN SUGAR COATED TABLETS 25MG	47.90	調價
BC23106277	5% GLUCOSE INTRAVENOUS INFUSION B.P.	0.00	BC23106277	5% GLUCOSE INTRAVENOUS INFUSION B.P.	25.00	刪除
BC23109100	CO-DIOVAN 80/12.5 FILM COATED TABLETS	6.00	BC23109100	CO-DIOVAN 80/12.5 FILM COATED TABLETS	6.80	調價
BC23128100	BLOPRESS TAB. 8MG	6.90	BC23128100	BLOPRESS TAB. 8MG	7.50	調價
BC23134100	TRAMADOL 50 STADA CAPSULES	0.00	BC23134100	TRAMADOL 50 STADA CAPSULES	2.65	刪除
BC23150377	FLAMAZINE CREAM	0.00	BC23150377	FLAMAZINE CREAM	397.00	刪除
BC23161100	MICARDIS TABLETS 80MG	11.60	BC23161100	MICARDIS TABLETS 80MG	13.10	調價
BC23162100	MICARDIS TABLETS 40MG	6.90	BC23162100	MICARDIS TABLETS 40MG	7.70	調價
BC23177100	CELEBREX CAPSULE 200MG	4.66	BC23177100	CELEBREX CAPSULE 200MG	5.10	調價
BC23179100	DETANTOL R.F.C TAB. 3MG	6.60	BC23179100	DETANTOL R.F.C TAB. 3MG	6.90	調價
BC23181100	ZYVOX TABLETS 600MG	583.00	BC23181100	ZYVOX TABLETS 600MG	617.00	調價
BC23186266	ZYVOX INJECTION	906.00	BC23186266	ZYVOX INJECTION	989.00	調價
BC23196100	NEURAMIN CAPSULES 500UG	1.55	BC23196100	NEURAMIN CAPSULES 500UG	1.58	調價
BC23202127	SERETIDE 100 ACCUHALER INHALATION POWDER 60DOSE	620.00	BC23202127	SERETIDE 100 ACCUHALER INHALATION POWDER 60DOSE	637.00	調價

BC23203137	SERETIDE 250 ACCUHALER INHALATION POWDER 60DOSE	792.00	BC23203137	SERETIDE 250 ACCUHALER INHALATION POWDER 60DOSE	820.00	調價
BC23206100	ACTOS TABLETS 30MG	9.60	BC23206100	ACTOS TABLETS 30MG	11.50	調價
BC23207100	ACTOS TABLETS 15MG	6.90	BC23207100	ACTOS TABLETS 15MG	8.30	調價
BC23210212	"BAXTER"CLINIMIX N14G30E SOLUTION FOR INFUSION	0.00	BC23210212	"BAXTER"CLINIMIX N14G30E SOLUTION FOR INFUSION	703.00	刪除
BC23215100	FENOGAL 200MG LIDOSE	3.92	BC23215100	FENOGAL 200MG LIDOSE	4.32	調價
BC23218210	"BAXTER"CLINIMIX N17G35E SOLUTION FOR INFUSION	507.00	BC23218210	"BAXTER"CLINIMIX N17G35E SOLUTION FOR INFUSION	513.00	調價
BC23220100	CO-DIOVAN 160/12.5 FILM COATED TABLETS	7.30	BC23220100	CO-DIOVAN 160/12.5 FILM COATED TABLETS	8.20	調價
BC23221100	NEXIUM TAB. 40MG	6.10	BC23221100	NEXIUM TAB. 40MG	6.50	調價
BC23223100	AVELOX FILM-COATED TABLET 400MG	80.00	BC23223100	AVELOX FILM-COATED TABLET 400MG	86.00	調價
BC23224210	"BAXTER"CLINIMIX N9G15E SOLUTION FOR INFUSION	410.00	BC23224210	"BAXTER"CLINIMIX N9G15E SOLUTION FOR INFUSION	415.00	調價
BC23232100	ASACOL TABLETS	11.40	BC23232100	ASACOL TABLETS	11.60	調價
BC23244100	STARLIX FILM-COATED TABLETS 60MG	0.00	BC23244100	STARLIX FILM-COATED TABLETS 60MG	0.00	異常確認_5
BC23248100	COMTAN FILM-COATED TABLET 200MG	17.20	BC23248100	COMTAN FILM-COATED TABLET 200MG	18.10	調價
BC23257100	ZITHROMAX 250M TABLETS	17.50	BC23257100	ZITHROMAX 250M TABLETS	20.80	調價
BC232651E7	SYMBICORT TURBUHALER 160/4.5UG/DOSE 120 DOSES/BOT	969.00	BC232651E7	SYMBICORT TURBUHALER 160/4.5UG/DOSE 120 DOSES/BOT	1005.00	調價
BC23266100	COAPROVEL 150MG/12.5MG FILM-COATED TABLETS	5.40	BC23266100	COAPROVEL 150MG/12.5MG FILM-COATED TABLETS	6.00	調價
BC23267100	COAPROVEL 300MG/12.5MG FILM-COATED TABLES	9.10	BC23267100	COAPROVEL 300MG/12.5MG FILM-COATED TABLES	10.30	調價
BC23280100	MIRAPEX TAB. 0.25MG	9.00	BC23280100	MIRAPEX TAB. 0.25MG	9.50	調價
BC23282100	MIRAPEX TAB. 1MG	36.60	BC23282100	MIRAPEX TAB. 1MG	38.00	調價
BC23291100	GLIVEC CAPSULES 100MG	0.00	BC23291100	GLIVEC CAPSULES 100MG	565.00	刪除

BC23293100	ZANIDIP F.C TAB. 10MG	5.50	BC23293100	ZANIDIP F.C TAB. 10MG	6.00	調價
BC23298263	GEMZAR	598.00	BC23298263	GEMZAR	703.00	調價
BC23306245	PANTOLOC I.V	119.00	BC23306245	PANTOLOC I.V	131.00	調價
BC23313221	ZAVEDOS 1MG/ML INJECTION VIAL	3600.00	BC23313221	ZAVEDOS 1MG/ML INJECTION VIAL	3618.00	調價
BC23323100	TEMODAL CAPSULES 20MG	539.00	BC23323100	TEMODAL CAPSULES 20MG	598.00	調價
BC23324100	TEMODAL CAPSULES 100MG	2543.00	BC23324100	TEMODAL CAPSULES 100MG	2828.00	調價
BC23335100	MESULID TAB. 100MG	2.10	BC23335100	MESULID TAB. 100MG	2.23	調價
BC23337421	COSOPT OPHTHALMIC SOLUTION	317.00	BC23337421	COSOPT OPHTHALMIC SOLUTION	328.00	調價
BC23345329	PROTOPIC OINTMENT 0.03%	393.00	BC23345329	PROTOPIC OINTMENT 0.03%	398.00	調價
BC23346321	PROTOPIC OINTMENT 0.1%	208.00	BC23346321	PROTOPIC OINTMENT 0.1%	216.00	調價
BC23346329	PROTOPIC OINTMENT 0.1%	370.00	BC23346329	PROTOPIC OINTMENT 0.1%	374.00	調價
BC23349116	SMECTA, POWDER FOR ORAL SUSPENSION	5.30	BC23349116	SMECTA, POWDER FOR ORAL SUSPENSION	5.50	調價
BC23357114	COMBIVENT UDV INHALATION SOLUTION	13.90	BC23357114	COMBIVENT UDV INHALATION SOLUTION	15.20	調價
BC23363100	RAPAMUNE TABLETS 1MG	130.00	BC23363100	RAPAMUNE TABLETS 1MG	132.00	調價
BC23373100	DIOVAN FILM-COATED TABLETS 80MG	6.00	BC23373100	DIOVAN FILM-COATED TABLETS 80MG	6.80	調價
BC23374100	DIOVAN FILM-COATED TABLETS 160MG	7.30	BC23374100	DIOVAN FILM-COATED TABLETS 160MG	8.20	調價
BC23380100	TOPAMAX SPRINKLE CAP. 15MG	4.76	BC23380100	TOPAMAX SPRINKLE CAP. 15MG	5.10	調價
BC23381100	TOPAMAX SPRINKLE CAP. 25MG	5.50	BC23381100	TOPAMAX SPRINKLE CAP. 25MG	6.10	調價
BC23388248	AMBISOME FOR INJECTION	5523.00	BC23388248	AMBISOME FOR INJECTION	5760.00	調價
BC23396221	ANZATAX INJECTION CONCENTRATE	0.00	BC23396221	ANZATAX INJECTION CONCENTRATE	785.00	刪除
BC23396240	ANZATAX INJECTION CONCENTRATE	3724.00	BC23396240	ANZATAX INJECTION CONCENTRATE	4521.00	調價
BC23396248	ANZATAX INJECTION CONCENTRATE	0.00	BC23396248	ANZATAX INJECTION CONCENTRATE	20393.00	刪除
BC233962E2	ANZATAX INJECTION CONCENTRATE	0.00	BC233962E2	ANZATAX INJECTION CONCENTRATE	2111.00	刪除

BC23398100	SINGULAIR CHEWABLE TAB. 4MG	9.10	BC23398100	SINGULAIR CHEWABLE TAB. 4MG	10.50	調價
BC23428100	WELLBUTRIN SUSTAINED-RELEASE TABLETS 150MG	0.00	BC23428100	WELLBUTRIN SUSTAINED-RELEASE TABLETS 150MG	13.60	刪除
BC23462129	FORLAX 10GM	5.40	BC23462129	FORLAX 10GM	5.60	調價
BC23470100	GEODON CAPSULES 60MG	39.10	BC23470100	GEODON CAPSULES 60MG	39.80	調價
BC23471100	GEODON CAPSULES 40MG	39.10	BC23471100	GEODON CAPSULES 40MG	39.80	調價
BC23473129	BERODUAL N METERED AEROSOL	269.00	BC23473129	BERODUAL N METERED AEROSOL	278.00	調價
BC23480127	SERETIDE 50 EVOHALER 120DOSE	620.00	BC23480127	SERETIDE 50 EVOHALER 120DOSE	637.00	調價
BC23481157	SERETIDE 250 EVOHALER 120DOSE	1048.00	BC23481157	SERETIDE 250 EVOHALER 120DOSE	1090.00	調價
BC23482137	SERETIDE 125 EVOHALER 120DOSE	792.00	BC23482137	SERETIDE 125 EVOHALER 120DOSE	820.00	調價
BC23485248	CANCIDAS INJECTION 50MG	7250.00	BC23485248	CANCIDAS INJECTION 50MG	7411.00	調價
BC23492100	SOLIAN TAB. 200MG	18.40	BC23492100	SOLIAN TAB. 200MG	20.40	調價
BC23493100	SOLIAN TABLET 50MG	9.40	BC23493100	SOLIAN TABLET 50MG	9.60	調價
BC23518100	TRITACE 2.5MG TABLETS	2.98	BC23518100	TRITACE 2.5MG TABLETS	3.14	調價
BC23521421	ALEGYSAL OPHTHALMIC SOLUTION	64.00	BC23521421	ALEGYSAL OPHTHALMIC SOLUTION	66.00	調價
BC23522100	TRILEPTAL FILM COATED TABLETS 600MG	15.80	BC23522100	TRILEPTAL FILM COATED TABLETS 600MG	16.30	調價
BC23524100	TRILEPTAL FILM COATED TABLETS 300MG	7.80	BC23524100	TRILEPTAL FILM COATED TABLETS 300MG	8.20	調價
BC23537414	XALACOM EYE DROPS	542.00	BC23537414	XALACOM EYE DROPS	557.00	調價
BC23538123	TRILEPTAL 6% ORAL SUSPENSION	308.00	BC23538123	TRILEPTAL 6% ORAL SUSPENSION	328.00	調價
BC23538135	TRILEPTAL 6% ORAL SUSPENSION	779.00	BC23538135	TRILEPTAL 6% ORAL SUSPENSION	831.00	調價
BC23548100	SALAGEN TABLETS 5MG	14.90	BC23548100	SALAGEN TABLETS 5MG	16.90	調價
BC23556100	LESCOL XL FILM-COATED TABLETS 80MG	10.20	BC23556100	LESCOL XL FILM-COATED TABLETS 80MG	11.30	調價
BC23568100	DETRUSITOL SR PROLONGED-RELEASE CAPSULES 4MG	23.00	BC23568100	DETRUSITOL SR PROLONGED-RELEASE CAPSULES 4MG	24.00	調價

BC23571100	EFEXOR XR 75MG CAPSULES	10.00	BC23571100	EFEXOR XR 75MG CAPSULES	11.60	調價
BC23596100	MEVALOTIN PROTECT 40MG TABLETS	14.10	BC23596100	MEVALOTIN PROTECT 40MG TABLETS	15.80	調價
BC23597100	MEVALOTIN PROTECT 20MG TABLETS	5.90	BC23597100	MEVALOTIN PROTECT 20MG TABLETS	6.60	調價
BC23603100	TRITACE 10MG TABLETS	5.10	BC23603100	TRITACE 10MG TABLETS	5.70	調價
BC23613335	DIFFERIN CREAM 0.1%	68.00	BC23613335	DIFFERIN CREAM 0.1%	72.00	調價
BC23615100	ARAVA 10MG FILM-COATED TABLETS	26.60	BC23615100	ARAVA 10MG FILM-COATED TABLETS	29.70	調價
BC23632100	INDIVINA TABLET 1MG/2.5MG	6.40	BC23632100	INDIVINA TABLET 1MG/2.5MG	6.50	調價
BC23633221	PAMISOL CONCENTRATED INJECTION 3MG/ML	1003.00	BC23633221	PAMISOL CONCENTRATED INJECTION 3MG/ML	1073.00	調價
BC23633229	PAMISOL CONCENTRATED INJECTION 3MG/ML	0.00	BC23633229	PAMISOL CONCENTRATED INJECTION 3MG/ML	1579.00	刪除
BC23634229	PAMISOL CONCENTRATED INJECTION 9MG/ML	0.00	BC23634229	PAMISOL CONCENTRATED INJECTION 9MG/ML	3719.00	刪除
BC23635229	PAMISOL CONCENTRATED INJECTION 6MG/ML	0.00	BC23635229	PAMISOL CONCENTRATED INJECTION 6MG/ML	3719.00	刪除
BC23645329	ELIDEL 1% CREAM	276.00	BC23645329	ELIDEL 1% CREAM	346.00	調價
BC23645335	ELIDEL 1% CREAM 15GM	394.00	BC23645335	ELIDEL 1% CREAM 15GM	435.00	調價
BC23645343	ELIDEL 1% CREAM 30GM	747.00	BC23645343	ELIDEL 1% CREAM 30GM	792.00	調價
BC23646100	VFEND FILM-COATED TABLETS 200MG	1117.00	BC23646100	VFEND FILM-COATED TABLETS 200MG	1143.00	調價
BC23647100	VFEND FILM-COATED TABLETS 50MG	326.00	BC23647100	VFEND FILM-COATED TABLETS 50MG	329.00	調價
BC23648263	VFEND 200MG FOR SOLUTION FOR INJECTION	3914.00	BC23648263	VFEND 200MG FOR SOLUTION FOR INJECTION	4009.00	調價
BC23649100	MICARDIS PLUS TABLETS 80/12.5 MG	11.60	BC23649100	MICARDIS PLUS TABLETS 80/12.5 MG	13.10	調價
BC23654100	MICARDIS PLUS TABLETS 40/12.5MG	6.90	BC23654100	MICARDIS PLUS TABLETS 40/12.5MG	7.70	調價
BC23655100	COZAAR F.C. TABLETS 100MG	5.80	BC23655100	COZAAR F.C. TABLETS 100MG	6.60	調價
BC23661100	SILVINOL TABLETS 5M	2.89	BC23661100	SILVINOL TABLETS 5M	3.12	調價

BC23672100	NEURONTIN F.C. TABLETS 600MG	10.50	BC23672100	NEURONTIN F.C. TABLETS 600MG	11.30	調價
BC23679340	NADIXA CREAM	223.00			#NULL!	新增
BC23681421	DEXAGEL EYE DROPS	95.00	BC23681421	DEXAGEL EYE DROPS	97.00	調價
BC23695421	ALPHAGAN P OPHTHALMIC SOLUTION 0.15%	229.00	BC23695421	ALPHAGAN P OPHTHALMIC SOLUTION 0.15%	237.00	調價
BC23708100	"ABBOTT" ISOPTIN 40MG FILM COATED TABLETS	1.53	BC23708100	"ABBOTT" ISOPTIN 40MG FILM COATED TABLETS	1.55	調價
BC237092EP	KABIVEN PI, EMULSION FOR INFUSION(依仿單含熱量1000KCAL)	639.00	BC237092EP	KABIVEN PI, EMULSION FOR INFUSION(依仿單含熱量1000KCAL)	675.00	調價
BC237092ES	KABIVEN PI, EMULSION FOR INFUSION(依仿單含熱量1400KCAL)	895.00	BC237092ES	KABIVEN PI, EMULSION FOR INFUSION(依仿單含熱量1400KCAL)	945.00	調價
BC237102EQ	KABIVEN EMULSION FOR INFUSION(依仿單含熱量900KCAL)	0.00	BC237102EQ	KABIVEN EMULSION FOR INFUSION(依仿單含熱量900KCAL)	596.00	刪除
BC237102ER	KABIVEN EMULSION FOR INFUSION(依仿單含熱量1400KCAL)	926.00	BC237102ER	KABIVEN EMULSION FOR INFUSION(依仿單含熱量1400KCAL)	927.00	調價
BC237102ET	KABIVEN EMULSION FOR INFUSION(依仿單含熱量1900KCAL)	1257.00	BC237102ET	KABIVEN EMULSION FOR INFUSION(依仿單含熱量1900KCAL)	1259.00	調價
BC23711100	DOXABEN XL TABLETS 4MG	9.40	BC23711100	DOXABEN XL TABLETS 4MG	10.30	調價
BC23712265	AVELOX INFUSION SOLUTION 400MG/250ML	624.00	BC23712265	AVELOX INFUSION SOLUTION 400MG/250ML	660.00	調價
BC23731100	CONCERTA EXTENDED RELEASE TABLETS 18MG	29.90	BC23731100	CONCERTA EXTENDED RELEASE TABLETS 18MG	30.00	調價
BC23735100	ZOLDEM 10 FILM-COATED TABLETS	1.76	BC23735100	ZOLDEM 10 FILM-COATED TABLETS	1.86	調價
BC23737100	MYFORTIC 180MG GASTRO-RESISTANT TABLETS	43.10	BC23737100	MYFORTIC 180MG GASTRO-RESISTANT TABLETS	43.40	調價
BC23741438	IMIGRAN NASAL SPRAY 20MG	151.00	BC23741438	IMIGRAN NASAL SPRAY 20MG	161.00	調價
BC23749209	INVANZ 1G INJECTION	651.00	BC23749209	INVANZ 1G INJECTION	672.00	調價
BC23755123	FLIXOTIDE EVOHALER 50 MCG	191.00	BC23755123	FLIXOTIDE EVOHALER 50 MCG	197.00	調價
BC23756210	MOBIC INJ. 15MG/1.5ML	22.50	BC23756210	MOBIC INJ. 15MG/1.5ML	23.10	調價

BC23757100	PRETERAX SCORED TABLETS	5.90	BC23757100	PRETERAX SCORED TABLETS	7.00	調價
BC23758100	ACERTIL PLUS TABLETS	0.00	BC23758100	ACERTIL PLUS TABLETS	7.00	刪除
BC23770100	LIPANTHYL SUPRA 160MG FILM-COATED TABLET	3.92	BC23770100	LIPANTHYL SUPRA 160MG FILM-COATED TABLET	4.32	調價
BC23792100	XYZAL FILM-COATED TABLETS 5MG	2.21	BC23792100	XYZAL FILM-COATED TABLETS 5MG	2.71	調價
BC23793421	ZADITEN 0.25MG/ML EYE DROPS	50.00	BC23793421	ZADITEN 0.25MG/ML EYE DROPS	56.00	調價
BC237941EW	KLARICID PAEDIATRIC SUSPENSION 125MG/5ML,70ML	185.00	BC237941EW	KLARICID PAEDIATRIC SUSPENSION 125MG/5ML,70ML	195.00	調價
BC23799100	BETALOC ZOK 25MG	3.80	BC23799100	BETALOC ZOK 25MG	4.15	調價
BC23800221	DOBUJECT 50MG/ML CONCENTRATE FOR PARENTERAL INFUSION	113.00	BC23800221	DOBUJECT 50MG/ML CONCENTRATE FOR PARENTERAL INFUSION	126.00	調價
BC23808100	IRESSA FILM-COATED TABLETS 250MG	637.00	BC23808100	IRESSA FILM-COATED TABLETS 250MG	800.00	調價
BC23839340	DERMOVATE CREAM	61.00	BC23839340	DERMOVATE CREAM	71.00	調價
BC23840340	DERMOVATE OINTMENT	61.00	BC23840340	DERMOVATE OINTMENT	71.00	調價
BC23857240	RISPERDAL CONSTA 25MG SUSPENSION FOR I.M INJECTION	2775.00	BC23857240	RISPERDAL CONSTA 25MG SUSPENSION FOR I.M INJECTION	2850.00	調價
BC23858248	RISPERDAL CONSTA 50MG SUSPENSION FOR I.M INJECTION	4847.00	BC23858248	RISPERDAL CONSTA 50MG SUSPENSION FOR I.M INJECTION	5103.00	調價
BC238592EV	RISPERDAL CONSTA 37.5MG SUSPENSION FOR I.M INJECTION	3821.00	BC238592EV	RISPERDAL CONSTA 37.5MG SUSPENSION FOR I.M INJECTION	3856.00	調價
BC23878209	AMINOFLUID	0.00	BC23878209	AMINOFLUID	249.00	刪除
BC23880100	CONCERTA EXTENDED RELEASE TABLETS 36MG	50.00	BC23880100	CONCERTA EXTENDED RELEASE TABLETS 36MG	51.00	調價
BC23889100	KEPPRA FILM-COATED TABLETS 500MG	22.30	BC23889100	KEPPRA FILM-COATED TABLETS 500MG	23.40	調價
BC23892429	ALLERGO-COMOD EYE DROPS	28.30	BC23892429	ALLERGO-COMOD EYE DROPS	29.40	調價
BC23898100	FLUIMUCIL A 600MG EFFERVESCENT TABLETS	5.40	BC23898100	FLUIMUCIL A 600MG EFFERVESCENT TABLETS	5.60	調價

BC23912100	ZYPREXA ZYDIS 10MG ORODISPERSIBLE TABLETS	65.00	BC23912100	ZYPREXA ZYDIS 10MG ORODISPERSIBLE TABLETS	76.00	調價
BC23913100	ZYPREXA ZYDIS 5MG ORODISPERSIBLE TABLETS	39.50	BC23913100	ZYPREXA ZYDIS 5MG ORODISPERSIBLE TABLETS	45.30	調價
BC23917100	ULTRACET TABLETS	3.32	BC23917100	ULTRACET TABLETS	3.79	調價
BC23920100	HEPSERA TABLETS	118.00	BC23920100	HEPSERA TABLETS	140.00	調價
BC23923251	SOMATULINE AUTOGEL 60MG PROLONGED RELEASE SOLUTION FOR INJECTION IN PRE-FILLED SYRINGE	22330.00	BC23923251	SOMATULINE AUTOGEL 60MG PROLONGED RELEASE SOLUTION FOR INJECTION IN PRE-FILLED SYRINGE	23421.00	調價
BC23924254	SOMATULINE AUTOGEL 90MG PROLONGED RELEASE SOLUTION FOR INJECTION IN PRE-FILLED SYRINGE	38374.00	BC23924254	SOMATULINE AUTOGEL 90MG PROLONGED RELEASE SOLUTION FOR INJECTION IN PRE-FILLED SYRINGE	39678.00	調價
BC23925257	SOMATULINE AUTOGEL 120MG PROLONGED RELEASE SOLUTION FOR INJECTION IN PRE-FILLED SYRINGE	44007.00	BC23925257	SOMATULINE AUTOGEL 120MG PROLONGED RELEASE SOLUTION FOR INJECTION IN PRE-FILLED SYRINGE	45204.00	調價
BC23936343	DAIVOBET OINTMENT	536.00	BC23936343	DAIVOBET OINTMENT	556.00	調價
BC23952100	AVODART SOFT CAPSULES 0.5MG	16.30	BC23952100	AVODART SOFT CAPSULES 0.5MG	16.80	調價
BC23960100	LEXAPRO TABLETS 10MG	9.70	BC23960100	LEXAPRO TABLETS 10MG	12.10	調價
BC23970100	SIMVAHEXAL FILM-COATED TABLETS 20MG	3.58	BC23970100	SIMVAHEXAL FILM-COATED TABLETS 20MG	4.05	調價
BC23983100	ARCOXIA TABLET 60MG	5.30	BC23983100	ARCOXIA TABLET 60MG	7.30	調價
BC23985100	EMEND CAPSULES 80MG	485.00	BC23985100	EMEND CAPSULES 80MG	563.00	調價
BC23986100	EMEND CAPSULES 125MG	485.00	BC23986100	EMEND CAPSULES 125MG	563.00	調價
BC23999100	CONCERTA EXTENDED RELEASE TABLETS 27MG	42.70	BC23999100	CONCERTA EXTENDED RELEASE TABLETS 27MG	43.10	調價
BC24002212	PRECEDEX INJECTION 100MCG/ML	563.00	BC24002212	PRECEDEX INJECTION 100MCG/ML	588.00	調價

BC24005100	GLUCOVANCE TABLETS 500MG/2.5MG	2.01	BC24005100	GLUCOVANCE TABLETS 500MG/2.5MG	2.13	調價
BC24006100	GLUCOVANCE TABLETS 500MG/5MG	2.01	BC24006100	GLUCOVANCE TABLETS 500MG/5MG	2.13	調價
BC24009100	REMERON SOL TAB. 30MG	8.90	BC24009100	REMERON SOL TAB. 30MG	10.60	調價
BC24015100	CITALOPRAM HEXAL FILM-COATED TABLETS 20MG	7.10	BC24015100	CITALOPRAM HEXAL FILM-COATED TABLETS 20MG	8.40	調價
BC24027100	GLIVEC FILM-COATED TABLETS 100MG	524.00	BC24027100	GLIVEC FILM-COATED TABLETS 100MG	565.00	調價
BC24039100	CONCOR 1.25	2.01	BC24039100	CONCOR 1.25	2.17	調價
BC24041277	GELOFUSINE	204.00	BC24041277	GELOFUSINE	207.00	調價
BC24046100	OTSUKA ABILIFY TABLETS 5MG	33.00	BC24046100	OTSUKA ABILIFY TABLETS 5MG	35.60	調價
BC24047100	OTSUKA ABILIFY TABLETS 10MG	47.30	BC24047100	OTSUKA ABILIFY TABLETS 10MG	56.00	調價
BC24048100	OTSUKA ABILIFY TABLETS 15MG	47.30	BC24048100	OTSUKA ABILIFY TABLETS 15MG	56.00	調價
BC24049100	OTSUKA ABILIFY TABLETS 20MG	69.00	BC24049100	OTSUKA ABILIFY TABLETS 20MG	79.00	調價
BC24050100	OTSUKA ABILIFY TABLETS 30MG	69.00	BC24050100	OTSUKA ABILIFY TABLETS 30MG	79.00	調價
BC24058100	EZETROL TABLETS 10MG	8.20	BC24058100	EZETROL TABLETS 10MG	11.30	調價
BC24071100	VALCYTE FILM-COATED TABLETS 450MG	503.00	BC24071100	VALCYTE FILM-COATED TABLETS 450MG	541.00	調價
BC24074235	PARAPLATIN IV INJECTION	1448.00	BC24074235	PARAPLATIN IV INJECTION	1712.00	調價
BC240742AP	PARAPLATIN IV INJECTION	3058.00	BC240742AP	PARAPLATIN IV INJECTION	3567.00	調價
BC24079245	NEXIUM POWDER FOR INJECTION AND INFUSION 40MG	57.00	BC24079245	NEXIUM POWDER FOR INJECTION AND INFUSION 40MG	61.00	調價
BC24081238	PROPOFOL-LIPURO 1%	37.40	BC24081238	PROPOFOL-LIPURO 1%	41.80	調價
BC24081248	PROPOFOL-LIPURO 1%	128.00	BC24081248	PROPOFOL-LIPURO 1%	142.00	調價
BC24084277	ALIMTA (PEMETREXED FOR INJECTION) 500MG	28282.00	BC24084277	ALIMTA (PEMETREXED FOR INJECTION) 500MG	30557.00	調價
BC24129100	CRESTOR 20MG FILM-COATED TABLETS	22.20	BC24129100	CRESTOR 20MG FILM-COATED TABLETS	27.60	調價
BC24131100	CRESTOR 10MG FILM-COATED TABLETS	13.40	BC24131100	CRESTOR 10MG FILM-COATED TABLETS	15.60	調價

BC24134119	SINGULAIR ORAL GRANULES 4MG	9.10	BC24134119	SINGULAIR ORAL GRANULES 4MG	10.50	調價
BC24139414	TRAVATAN 40 MICROGRAMS/ML EYE DROPS, SOLUTION	426.00	BC24139414	TRAVATAN 40 MICROGRAMS/ML EYE DROPS, SOLUTION	448.00	調價
BC24171100	STALEVO FILM-COATED TABLETS 100/25/200MG	19.30	BC24171100	STALEVO FILM-COATED TABLETS 100/25/200MG	20.30	調價
BC24172100	STALEVO FILM-COATED TABLETS 150/37.5/200MG	19.30	BC24172100	STALEVO FILM-COATED TABLETS 150/37.5/200MG	20.30	調價
BC24180265	AMINOVEN 5% SOLUTION FOR INFUSION	100.00	BC24180265	AMINOVEN 5% SOLUTION FOR INFUSION	102.00	調價
BC24180277	AMINOVEN 5% SOLUTION FOR INFUSION	104.00	BC24180277	AMINOVEN 5% SOLUTION FOR INFUSION	107.00	調價
BC24183100	SEROQUEL TABLETS 300MG	30.80	BC24183100	SEROQUEL TABLETS 300MG	36.10	調價
BC24205100	SOLIAN 400MG FILM-COATED SCORED TABLET	40.20	BC24205100	SOLIAN 400MG FILM-COATED SCORED TABLET	42.40	調價
BC242064CR	RESTASIS OPHTHALMIC EMULSION 0.05%	40.90	BC242064CR	RESTASIS OPHTHALMIC EMULSION 0.05%	43.10	調價
BC24211421	BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.2%	229.00	BC24211421	BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.2%	237.00	調價
BC24215100	CELLCEPT F.C. TABLETS 500MG	85.00	BC24215100	CELLCEPT F.C. TABLETS 500MG	89.00	調價
BC24219212	NUTRINEAL PD4 WITH 1.1% AMINO ACID SOLUTION	297.00	BC24219212	NUTRINEAL PD4 WITH 1.1% AMINO ACID SOLUTION	299.00	調價
BC24220100	EBIXA FILM-COATED TABLETS 10MG	8.90	BC24220100	EBIXA FILM-COATED TABLETS 10MG	10.40	調價
BC24228248	FRESOFOL 2% MCT/LCT	247.00	BC24228248	FRESOFOL 2% MCT/LCT	268.00	調價
BC24229100	CONCERTA EXTENDED RELEASE TABLETS 54MG	59.00	BC24229100	CONCERTA EXTENDED RELEASE TABLETS 54MG	60.00	調價
BC24239100	CYMBALTA 60MG	29.50	BC24239100	CYMBALTA 60MG	34.30	調價
BC24240100	CYMBALTA 30MG	16.60	BC24240100	CYMBALTA 30MG	19.30	調價
BC24250100	VYTORIN TABLETS 10/20 MG	11.00	BC24250100	VYTORIN TABLETS 10/20 MG	13.90	調價
BC24256100	SEROXAT CR TABLETS 12.5MG	8.20	BC24256100	SEROXAT CR TABLETS 12.5MG	9.70	調價
BC24260277	VOLUVEN 6% SOLUTION FOR INFUSION	176.00	BC24260277	VOLUVEN 6% SOLUTION FOR INFUSION	188.00	調價

BC24268100	NAVELBINE 30MG, SOFT CAPSULE	3311.00	BC24268100	NAVELBINE 30MG, SOFT CAPSULE	3350.00	調價
BC24269100	NAVELBINE 20MG, SOFT CAPSULE	2292.00	BC24269100	NAVELBINE 20MG, SOFT CAPSULE	2348.00	調價
BC24270209	OLICLINOMEL N7-1000 E EMULSION FOR INFUSION(依仿單含熱量1200KCAL)	705.00	BC24270209	OLICLINOMEL N7-1000 E EMULSION FOR INFUSION(依仿單含熱量1200KCAL)	763.00	調價
BC24270210	OLICLINOMEL N7-1000 E EMULSION FOR INFUSION(依仿單含熱量1800KCAL)	1057.00	BC24270210	OLICLINOMEL N7-1000 E EMULSION FOR INFUSION(依仿單含熱量1800KCAL)	1145.00	調價
BC24270212	OLICLINOMEL N7-1000 E EMULSION FOR INFUSION(依仿單含熱量2400KCAL)	0.00	BC24270212	OLICLINOMEL N7-1000 E EMULSION FOR INFUSION(依仿單含熱量2400KCAL)	1527.00	刪除
BC24272100	TAKEPRON OD 15MG TABLETS	8.30	BC24272100	TAKEPRON OD 15MG TABLETS	9.60	調價
BC24273100	TAKEPRON OD 30MG TABLETS	10.00	BC24273100	TAKEPRON OD 30MG TABLETS	11.50	調價
BC24274100	REMINYL PROLONGED RELEASE CAPSULES 16MG	73.00	BC24274100	REMINYL PROLONGED RELEASE CAPSULES 16MG	77.00	調價
BC24275100	REMINYL PROLONGED RELEASE CAPSULES 8MG	59.00	BC24275100	REMINYL PROLONGED RELEASE CAPSULES 8MG	62.00	調價
BC24276100	REMINYL PROLONGED RELEASE CAPSULES 24MG	73.00	BC24276100	REMINYL PROLONGED RELEASE CAPSULES 24MG	77.00	調價
BC24289212	TRAMAZAC IV INJECTION 50MG/ML	25.90	BC24289212	TRAMAZAC IV INJECTION 50MG/ML	28.50	調價
BC24294421	COMBIGAN EYE DROPS	379.00	BC24294421	COMBIGAN EYE DROPS	401.00	調價
BC24301212	VOMIZ for IV INJECTION 2MG/ML	87.00	BC24301212	VOMIZ for IV INJECTION 2MG/ML	102.00	調價
BC24301219	VOMIZ for IV INJECTION 2MG/ML	94.00	BC24301219	VOMIZ for IV INJECTION 2MG/ML	112.00	調價
BC24304100	ACERTIL TABLETS 8MG	0.00	BC24304100	ACERTIL TABLETS 8MG	0.00	異常確認_5
BC24306100	INSPRA F.C. TABLETS 50MG	27.60	BC24306100	INSPRA F.C. TABLETS 50MG	28.20	調價
BC243091G0	PEROFEN 400 F.C. TABLETS(鋁箔/膠箔)	1.68	BC243091G0	PEROFEN 400 F.C. TABLETS(鋁箔/膠箔)	2.00	調價
BC24320100	LAMOTRIX 100mg Tablets	13.80	BC24320100	LAMOTRIX 100mg Tablets	16.20	調價

BC24321209	FLUMARIN FOR INJECTION 1G	292.00	BC24321209	FLUMARIN FOR INJECTION 1G	311.00	調價
BC24330429	Liposic eye gel	102.00	BC24330429	Liposic eye gel	106.00	調價
BC24332421	RELESTAT OPHTHALMIC SOLUTION 0.05%	69.00	BC24332421	RELESTAT OPHTHALMIC SOLUTION 0.05%	86.00	調價
BC24339100	Simvahexal Film-coated Tablets 40mg	7.50	BC24339100	Simvahexal Film-coated Tablets 40mg	8.80	調價
BC24340100	TRAMADOL SANDOZ UNO 200MG RETARDTABLETTEN	10.00	BC24340100	TRAMADOL SANDOZ UNO 200MG RETARDTABLETTEN	10.10	調價
BC24347248	UROKINASE-GCC INJECTION 50,000 I.U.	0.00	BC24347248	UROKINASE-GCC INJECTION 50,000 I.U.	919.00	刪除
BC24353238	PROVIVE 1% Injection	37.40	BC24353238	PROVIVE 1% Injection	41.80	調價
BC24353248	PROVIVE 1% Injection	128.00	BC24353248	PROVIVE 1% Injection	142.00	調價
BC24353255	PROVIVE 1% Injection	247.00	BC24353255	PROVIVE 1% Injection	268.00	調價
BC24364100	Norvasc Tablets 10mg	3.84	BC24364100	Norvasc Tablets 10mg	4.30	調價
BC24371271	Targocid 400 mg for Injection (I.M.I.V.)	1164.00	BC24371271	Targocid 400 mg for Injection (I.M.I.V.)	1243.00	調價
BC24379100	Apo-Citalopram Film-coated Tablets 40mg	16.00	BC24379100	Apo-Citalopram Film-coated Tablets 40mg	18.60	調價
BC24380100	Imigran FDT Tablets 50mg	157.00	BC24380100	Imigran FDT Tablets 50mg	169.00	調價
BC243822AA	Diphereline P.R. 3.75mg	3311.00	BC243822AA	Diphereline P.R. 3.75mg	3431.00	調價
BC24391100	CADUET 5MG/10MG TABLET	9.60	BC24391100	CADUET 5MG/10MG TABLET	12.70	調價
BC24392100	CADUET 5MG/20MG TABLET	12.90	BC24392100	CADUET 5MG/20MG TABLET	16.20	調價
BC24398421	CRAVIT OPHTHALMIC SOLUTION	99.00	BC24398421	CRAVIT OPHTHALMIC SOLUTION	104.00	調價
BC24403100	Harnalidge D tablets 0.2mg	5.60	BC24403100	Harnalidge D tablets 0.2mg	6.40	調價
BC24405100	Apo-Paroxetine Tablets 30mg	14.20	BC24405100	Apo-Paroxetine Tablets 30mg	16.70	調價
BC24408100	Apo-Citalopram Tablets 20mg	7.10	BC24408100	Apo-Citalopram Tablets 20mg	8.40	調價
BC24421100	EFEXOR XR 37.5MG SUSTAINED-RELEASE CAPSULES	8.90	BC24421100	EFEXOR XR 37.5MG SUSTAINED-RELEASE CAPSULES	10.20	調價
BC24427221	Epirubicin Hydrochloride For IV Injection	0.00	BC24427221	Epirubicin Hydrochloride For IV Injection	458.00	刪除

BC24427240	Epirubicin Hydrochloride For IV Injection	0.00	BC24427240	Epirubicin Hydrochloride For IV Injection	2554.00	刪除
BC24430157	Exelon oral solution	1430.00	BC24430157	Exelon oral solution	1564.00	調價
BC24437100	Vesicare film-coated tablets 5mg	11.70	BC24437100	Vesicare film-coated tablets 5mg	15.90	調價
BC24443248	TYGACIL (TIGECYCLINE) 50MG LYOPHILIZED POWDER	1440.00	BC24443248	TYGACIL (TIGECYCLINE) 50MG LYOPHILIZED POWDER	1500.00	調價
BC24460100	Apo-Paroxetine 20mg	5.30	BC24460100	Apo-Paroxetine 20mg	6.20	調價
BC24464100	APO-DIVALPROEX 250MG	3.78	BC24464100	APO-DIVALPROEX 250MG	4.10	調價
BC24472209	Vinorelbine Injection Concentrate	1075.00	BC24472209	Vinorelbine Injection Concentrate	1165.00	調價
BC24472221	Vinorelbine Injection Concentrate	6031.00	BC24472221	Vinorelbine Injection Concentrate	6159.00	調價
BC244881G0	Perofen F.C. Tablets 400mg	1.68	BC244881G0	Perofen F.C. Tablets 400mg	2.00	調價
BC24492100	Tramazac Capsules (Tramadol HCl Capsules)	2.43	BC24492100	Tramazac Capsules (Tramadol HCl Capsules)	2.65	調價
BC24497100	OLMETEC FILM COATED TABLETS 20MG	7.30	BC24497100	OLMETEC FILM COATED TABLETS 20MG	8.60	調價
BC24509248	Mycamine for Injection 50mg/vial	945.00	BC24509248	Mycamine for Injection 50mg/vial	998.00	調價
BC24514100	Strattera 10mg Hard Capsules	63.00	BC24514100	Strattera 10mg Hard Capsules	68.00	調價
BC24515100	Strattera 18mg Hard Capsules	63.00	BC24515100	Strattera 18mg Hard Capsules	68.00	調價
BC24516100	Strattera 25mg Hard Capsules	63.00	BC24516100	Strattera 25mg Hard Capsules	68.00	調價
BC24517100	Strattera 40mg Hard Capsules	63.00	BC24517100	Strattera 40mg Hard Capsules	68.00	調價
BC24518100	Strattera 60mg Hard Capsules	63.00	BC24518100	Strattera 60mg Hard Capsules	68.00	調價
BC24519255	SMOFLIPID 20% EMULSION FOR INFUSION	152.00	BC24519255	SMOFLIPID 20% EMULSION FOR INFUSION	164.00	調價
BC24519265	SMOFLIPID 20% EMULSION FOR INFUSION	154.00	BC24519265	SMOFLIPID 20% EMULSION FOR INFUSION	167.00	調價
BC24519277	SMOFLIPID 20% EMULSION FOR INFUSION	0.00	BC24519277	SMOFLIPID 20% EMULSION FOR INFUSION	304.00	刪除

BC24524100	MELOX 15mg Tablets	4.07	BC24524100	MELOX 15mg Tablets	4.84	調價
BC245282CN	Diphereline P.R. 11.25 mg, Powder and Solvent for Suspension for Injection (I.M. or S.C.), 3-month prolonged release fo	10406.00	BC245282CN	Diphereline P.R. 11.25 mg, Powder and Solvent for Suspension for Injection (I.M. or S.C.), 3-month prolonged release fo	10753.00	調價
BC24530100	pms-MIRTAZAPINE Tablets 30mg	8.90	BC24530100	pms-MIRTAZAPINE Tablets 30mg	10.60	調價
BC24532100	Trandate Tablets 200mg	2.82	BC24532100	Trandate Tablets 200mg	2.89	調價
BC24544100	TRIAPIN 5MG SLOW-RELEASE TABLETS	0.00	BC24544100	TRIAPIN 5MG SLOW-RELEASE TABLETS	9.20	刪除
BC24563229	ELOXATIN 5MG/ML,CONCENTRATE FOR SOLUTION FOR INFUSION	1336.00	BC24563229	ELOXATIN 5MG/ML,CONCENTRATE FOR SOLUTION FOR INFUSION	1635.00	調價
BC24563238	ELOXATIN 5MG/ML,CONCENTRATE FOR SOLUTION FOR INFUSION	4420.00	BC24563238	ELOXATIN 5MG/ML,CONCENTRATE FOR SOLUTION FOR INFUSION	5237.00	調價
BC24563245	ELOXATIN 5MG/ML,CONCENTRATE FOR SOLUTION FOR INFUSION	9592.00	BC24563245	ELOXATIN 5MG/ML,CONCENTRATE FOR SOLUTION FOR INFUSION	9859.00	調價
BC24565277	Cubicin Injection	3129.00	BC24565277	Cubicin Injection	3214.00	調價
BC24580100	Ultidep 20 Tablets	7.10	BC24580100	Ultidep 20 Tablets	8.40	調價
BC24592100	BLOPRESS 16MG PLUS 12.5MG TABLETS	8.70	BC24592100	BLOPRESS 16MG PLUS 12.5MG TABLETS	9.60	調價
BC24597100	CRESTOR 5MG FILM-COATED TABLETS	9.60	BC24597100	CRESTOR 5MG FILM-COATED TABLETS	11.90	調價
BC24601100	Apo-Divalproex Tablets 500mg	7.40	BC24601100	Apo-Divalproex Tablets 500mg	8.00	調價
BC24611100	ASACOL 800MG GASTRO-RESISTANT TABLETS	21.90	BC24611100	ASACOL 800MG GASTRO-RESISTANT TABLETS	22.30	調價
BC24622100	REVATIO 20MG FILM-COATED TABLETS	200.00	BC24622100	REVATIO 20MG FILM-COATED TABLETS	207.00	調價
BC24625212	Irinotel Injection	0.00	BC24625212	Irinotel Injection	1831.00	刪除
BC24625221	Irinotel Injection	2975.00	BC24625221	Irinotel Injection	3607.00	調價

BC24626100	Apo-Zopiclone Tablets 7.5mg	1.98	BC24626100	Apo-Zopiclone Tablets 7.5mg	2.12	調價
BC24630216	BONVIVA 3MG/3ML SOLUTION FOR INJECTION	2442.00	BC24630216	BONVIVA 3MG/3ML SOLUTION FOR INJECTION	2594.00	調價
BC24638221	FYTOSID FOR IV INJECTION	216.00	BC24638221	FYTOSID FOR IV INJECTION	217.00	調價
BC24643100	HYZAAR FC TABLETS 100/12.5 MG	5.80	BC24643100	HYZAAR FC TABLETS 100/12.5 MG	6.60	調價
BC24645100	Diovan Film-Coated Tablets 40mg	4.73	BC24645100	Diovan Film-Coated Tablets 40mg	5.10	調價
BC24651161	KEPPRA ORAL SOLUTION 100MG/ML	782.00	BC24651161	KEPPRA ORAL SOLUTION 100MG/ML	833.00	調價
BC24651166	KEPPRA ORAL SOLUTION 100MG/ML	1500.00	BC24651166	KEPPRA ORAL SOLUTION 100MG/ML	1575.00	調價
BC24655100	Diovan film-coated tablets 320 mg	28.20		Diovan film-coated tablets 320 mg	30.50	調價
BC24662100	SEBIVO 600MG FILM-COATED TABLETS	82.00	BC24662100	SEBIVO 600MG FILM-COATED TABLETS	87.00	調價
BC24668100	JANUVIA 100 MG F.C. TABLETS	23.70	BC24668100	JANUVIA 100 MG F.C. TABLETS	24.50	調價
BC24677100	Stilnox CR Tablet 6.25 mg	3.59	BC24677100	Stilnox CR Tablet 6.25 mg	3.74	調價
BC24679209	“BAXTER” OLICLINOMEL N4-550E EMULSION FOR INFUSION（依仿單含熱量610KCAL）	390.00	BC24679209	“BAXTER” OLICLINOMEL N4-550E EMULSION FOR INFUSION（依仿單含熱量610KCAL）	411.00	調價
BC24679210	“BAXTER” OLICLINOMEL N4-550E EMULSION FOR INFUSION(依仿單含熱量910KCAL)	582.00	BC24679210	“BAXTER” OLICLINOMEL N4-550E EMULSION FOR INFUSION(依仿單含熱量910KCAL)	614.00	調價
BC24679212	“BAXTER” OLICLINOMEL N4-550E EMULSION FOR INFUSION(依仿單含熱量1215KCAL)	0.00	BC24679212	“BAXTER” OLICLINOMEL N4-550E EMULSION FOR INFUSION(依仿單含熱量1215KCAL)	820.00	刪除
BC24690100	VIREAD TABLETS	120.00	BC24690100	VIREAD TABLETS	145.00	調價
BC24692255	ACLASTA 5MG/100ML SOLUTION FOR INFUSION	9697.00	BC24692255	ACLASTA 5MG/100ML SOLUTION FOR INFUSION	9886.00	調價

BC24701248	OXITAN LYOPHILIZED POWDER FOR INJECTION	0.00	BC24701248	OXITAN LYOPHILIZED POWDER FOR INJECTION	1635.00	刪除
BC24701255	OXITAN LYOPHILIZED POWDER FOR INJECTION	0.00	BC24701255	OXITAN LYOPHILIZED POWDER FOR INJECTION	5237.00	刪除
BC24702100	LEPAX FILM-COATED TABLETS 5MG	0.00	BC24702100	LEPAX FILM-COATED TABLETS 5MG	5.40	刪除
BC24725100	ACERTIL FILM-COATED TABLETS 5 MG	6.10	BC24725100	ACERTIL FILM-COATED TABLETS 5 MG	6.80	調價
BC24731100	INVEGA EXTENDED RELEASE TABLETS 6MG	127.00	BC24731100	INVEGA EXTENDED RELEASE TABLETS 6MG	131.00	調價
BC24732100	INVEGA EXTENDED RELEASE TABLETS 3MG	68.00	BC24732100	INVEGA EXTENDED RELEASE TABLETS 3MG	71.00	調價
BC24738221	INTAXEL INJECTION	662.00	BC24738221	INTAXEL INJECTION	785.00	調價
BC24738248	INTAXEL INJECTION	0.00	BC24738248	INTAXEL INJECTION	20393.00	刪除
BC247382BE	INTAXEL INJECTION	0.00	BC247382BE	INTAXEL INJECTION	17761.00	刪除
BC247382FG	INTAXEL INJECTION	1711.00	BC247382FG	INTAXEL INJECTION	2111.00	調價
BC24743321	BENCORT CREAM	20.70	BC24743321	BENCORT CREAM	23.80	調價
BC24743329	BENCORT CREAM	0.00	BC24743329	BENCORT CREAM	26.50	刪除
BC24743335	BENCORT CREAM	0.00	BC24743335	BENCORT CREAM	39.60	刪除
BC24750100	LUVOX 50, FILM-COATED TABLETS	6.20	BC24750100	LUVOX 50, FILM-COATED TABLETS	6.70	調價
BC24758255	ERAXIS FOR INJECTION 100MG	2015.00	BC24758255	ERAXIS FOR INJECTION 100MG	2116.00	調價
BC24762221	ANTHRACIN FOR IV INJECTION	407.00	BC24762221	ANTHRACIN FOR IV INJECTION	458.00	調價
BC24762240	ANTHRACIN FOR IV INJECTION	0.00	BC24762240	ANTHRACIN FOR IV INJECTION	2554.00	刪除
BC24766414	DUOTRAV eye drops, solution	581.00	BC24766414	DUOTRAV eye drops, solution	617.00	調價
BC24770100	Certican 0.25mg tablets	80.00	BC24770100	Certican 0.25mg tablets	82.00	調價
BC24771100	Certican 0.75mg tablets	240.00	BC24771100	Certican 0.75mg tablets	245.00	調價
BC24772100	Certican 0.5mg tablets	169.00	BC24772100	Certican 0.5mg tablets	172.00	調價
BC24785221	ALOXI SOLUTION FOR INJECTION	657.00	BC24785221	ALOXI SOLUTION FOR INJECTION	706.00	調價
BC24786151	ALVESCO 160 INHALER	382.00	BC24786151	ALVESCO 160 INHALER	429.00	調價

BC24789255	Metronidazole Injection USP 0.5% w/v	41.00	BC24789255	Metronidazole Injection USP 0.5% w/v	45.40	調價
BC24790209	Ceftriaxone Sandoz powder for IV Injection	82.00	BC24790209	Ceftriaxone Sandoz powder for IV Injection	100.00	調價
BC24790212	Ceftriaxone Sandoz powder for IV Injection	363.00	BC24790212	Ceftriaxone Sandoz powder for IV Injection	416.00	調價
BC24790277	Ceftriaxone Sandoz powder for IV Injection	54.00	BC24790277	Ceftriaxone Sandoz powder for IV Injection	63.00	調價
BC24791100	XET 20 TABLETS	5.30	BC24791100	XET 20 TABLETS	6.20	調價
BC24792321	TAMICORT CREAM	16.00	BC24792321	TAMICORT CREAM	16.30	調價
BC24792329	TAMICORT CREAM	0.00	BC24792329	TAMICORT CREAM	36.30	刪除
BC24792336	TAMICORT CREAM	0.00	BC24792336	TAMICORT CREAM	54.00	刪除
BC24792338	TAMICORT CREAM	84.00	BC24792338	TAMICORT CREAM	89.00	調價
BC24794100	SPRYCEL FILM-COATED TABLETS 50MG	1282.00	BC24794100	SPRYCEL FILM-COATED TABLETS 50MG	1302.00	調價
BC24804235	KEMOCARB INJECTION	1448.00	BC24804235	KEMOCARB INJECTION	1712.00	調價
BC248042AP	KEMOCARB INJECTION	3058.00	BC248042AP	KEMOCARB INJECTION	3567.00	調價
BC24806321	CYCLOVAX 5% CREAM	41.10	BC24806321	CYCLOVAX 5% CREAM	41.20	調價
BC24806326	CYCLOVAX 5% CREAM	42.90	BC24806326	CYCLOVAX 5% CREAM	43.50	調價
BC24811255	Ciprofloxacin Injection	450.00	BC24811255	Ciprofloxacin Injection	488.00	調價
BC24813100	SPRYCEL FILM-COATED TABLETS 20MG	514.00	BC24813100	SPRYCEL FILM-COATED TABLETS 20MG	524.00	調價
BC24824100	Exforge film-coated tablet 5/80mg	9.60	BC24824100	Exforge film-coated tablet 5/80mg	11.00	調價
BC24829210	CAPD/DPCA 19 SOLUTION FOR PERITONEAL DIALYSIS	0.00	BC24829210	CAPD/DPCA 19 SOLUTION FOR PERITONEAL DIALYSIS	156.00	刪除
BC24829212	CAPD/DPCA 19SOLUTION FOR PERITONEAL DIALYSIS	180.00	BC24829212	CAPD/DPCA 19SOLUTION FOR PERITONEAL DIALYSIS	181.00	調價
BC24829221	CAPD/DPCA 19 SOLUTION FOR PERITONEAL DIALYSIS	280.00	BC24829221	CAPD/DPCA 19 SOLUTION FOR PERITONEAL DIALYSIS	282.00	調價
BC24830210	CAPD/DPCA 17 SOLUTION FOR PERITONEAL DIALYSIS	0.00	BC24830210	CAPD/DPCA 17 SOLUTION FOR PERITONEAL DIALYSIS	156.00	刪除

BC24830212	CAPD/DPCA 17 SOLUTION FOR PERITONEAL DIALYSIS	180.00	BC24830212	CAPD/DPCA 17 SOLUTION FOR PERITONEAL DIALYSIS	181.00	調價
BC24830221	CAPD/DPCA 17 SOLUTION FOR PERITONEAL DIALYSIS	280.00	BC24830221	CAPD/DPCA 17 SOLUTION FOR PERITONEAL DIALYSIS	282.00	調價
BC24831212	CAPD/DPCA 18 SOLUTION FOR PERITONEAL DIALYSIS	180.00	BC24831212	CAPD/DPCA 18 SOLUTION FOR PERITONEAL DIALYSIS	181.00	調價
BC24831214	CAPD/DPCA 18 SOLUTION FOR PERITONEAL DIALYSIS	0.00	BC24831214	CAPD/DPCA 18 SOLUTION FOR PERITONEAL DIALYSIS	199.00	刪除
BC24831221	CAPD/DPCA 18 SOLUTION FOR PERITONEAL DIALYSIS	0.00	BC24831221	CAPD/DPCA 18 SOLUTION FOR PERITONEAL DIALYSIS	282.00	刪除
BC24839100	ACTOSMET 15/850MG FILM COATED TABLETS	8.70	BC24839100	ACTOSMET 15/850MG FILM COATED TABLETS	9.80	調價
BC24844255	Fluconazole Infusion	274.00	BC24844255	Fluconazole Infusion	301.00	調價
BC24846209	GEMITA FOR I.V. LYOPHILIZED INJECTION	2854.00	BC24846209	GEMITA FOR I.V. LYOPHILIZED INJECTION	3369.00	調價
BC24846263	GEMITA FOR I.V. LYOPHILIZED INJECTION	598.00	BC24846263	GEMITA FOR I.V. LYOPHILIZED INJECTION	703.00	調價
BC248491C5	SERETIDE 50/500 ACCUHALER, INHALATION POWDER	1048.00	BC248491C5	SERETIDE 50/500 ACCUHALER, INHALATION POWDER	1090.00	調價
BC24850248	OXALIPLATINE-MYLAN 5MG/ML POWDER FOR SOLUTION FOR INFUSION	1336.00	BC24850248	OXALIPLATINE-MYLAN 5MG/ML POWDER FOR SOLUTION FOR INFUSION	1635.00	調價
BC24850255	OXALIPLATINE-MYLAN 5MG/ML POWDER FOR SOLUTION FOR INFUSION	4420.00	BC24850255	OXALIPLATINE-MYLAN 5MG/ML POWDER FOR SOLUTION FOR INFUSION	5237.00	調價
BC24853297	TORISEL CONCENTRATE AND DILUENT FOR SOLUTION FOR INFUSION	28261.00	BC24853297	TORISEL CONCENTRATE AND DILUENT FOR SOLUTION FOR INFUSION	28628.00	調價
BC24855100	ACERTIL FILM-COATED TABLETS 10 MG	0.00	BC24855100	ACERTIL FILM-COATED TABLETS 10 MG	0.00	異常確認_5

BC24856100	VOMIZ 8 TABLETS	115.00	BC24856100	VOMIZ 8 TABLETS	120.00	調價
BC24874255	Alimta for Injection 100mg	6192.00	BC24874255	Alimta for Injection 100mg	6729.00	調價
BC248774FK	AVAMYS NASAL SPRAY	220.00	BC248774FK	AVAMYS NASAL SPRAY	227.00	調價
BC24884100	RASILEZ FILM-COATED TABLET 150MG	19.80	BC24884100	RASILEZ FILM-COATED TABLET 150MG	21.80	調價
BC24885100	SEROQUEL XR TM 400 MG EXTENDED-RELEASE TABLETS	65.00	BC24885100	SEROQUEL XR TM 400 MG EXTENDED-RELEASE TABLETS	70.00	調價
BC24886100	SEROQUEL XR TM 300 MG EXTENDED-RELEASE TABLETS	42.40	BC24886100	SEROQUEL XR TM 300 MG EXTENDED-RELEASE TABLETS	47.30	調價
BC24887100	SEROQUEL XR TM 200 MG EXTENDED-RELEASE TABLETS	35.80	BC24887100	SEROQUEL XR TM 200 MG EXTENDED-RELEASE TABLETS	38.70	調價
BC24894100	ADVAGRAF 0.5MG PROLONGED-RELEASE HARD CAPSULES	51.00	BC24894100	ADVAGRAF 0.5MG PROLONGED-RELEASE HARD CAPSULES	53.00	調價
BC24895100	ADVAGRAF 5MG PROLONGED-RELEASE HARD CAPSULES	433.00	BC24895100	ADVAGRAF 5MG PROLONGED-RELEASE HARD CAPSULES	441.00	調價
BC24896100	ADVAGRAF 1MG PROLONGED-RELEASE HARD CAPSULES	98.00	BC24896100	ADVAGRAF 1MG PROLONGED-RELEASE HARD CAPSULES	100.00	調價
BC248992BH	NUTRIFLEX LIPID PERI 1875ML(依仿單含熱量1435KCAL)	949.00	BC248992BH	NUTRIFLEX LIPID PERI 1875ML(依仿單含熱量1435KCAL)	951.00	調價
BC249012A5	NUTRIFLEX LIPID SPECIAL 1250ML(依仿單含熱量1475KCAL)	889.00	BC249012A5	NUTRIFLEX LIPID SPECIAL 1250ML(依仿單含熱量1475KCAL)	912.00	調價
BC24919255	LIPOPLUS 20%	163.00	BC24919255	LIPOPLUS 20%	175.00	調價
BC24919265	LIPOPLUS 20%	163.00	BC24919265	LIPOPLUS 20%	175.00	調價
BC24926355	PENTASA ENEMAS 1G/100ML	100.00	BC24926355	PENTASA ENEMAS 1G/100ML	104.00	調價
BC24929100	SEVIKAR 5/20MG FILM COATED TABLETS	9.60	BC24929100	SEVIKAR 5/20MG FILM COATED TABLETS	10.50	調價
BC24934319	NEUPRO TRANSDERMAL PATCH 4MG/24H	67.00	BC24934319	NEUPRO TRANSDERMAL PATCH 4MG/24H	70.00	調價
BC24935323	NEUPRO TRANSDERMAL PATCH 6MG/24H	93.00	BC24935323	NEUPRO TRANSDERMAL PATCH 6MG/24H	96.00	調價
BC24936326	NEUPRO TRANSDERMAL PATCH 8MG/24H	103.00	BC24936326	NEUPRO TRANSDERMAL PATCH 8MG/24H	108.00	調價

BC24961109	PENTASA SACHET, PROLONGED RELEASE GRANULES, 1G	16.80	BC24961109	PENTASA SACHET, PROLONGED RELEASE GRANULES, 1G	17.80	調價
BC24962112	PENTASA SACHET, PROLONGED RELEASE GRANULES, 2G	32.70	BC24962112	PENTASA SACHET, PROLONGED RELEASE GRANULES, 2G	34.40	調價
BC24967100	Carvedilol HEXAL Tablets 25mg	3.19	BC24967100	Carvedilol HEXAL Tablets 25mg	3.64	調價
BC24976100	Mirtazapine Sandoz 30 mg Orodispersible Tablets	8.90	BC24976100	Mirtazapine Sandoz 30 mg Orodispersible Tablets	10.60	調價
BC24977414	Mikelan LA Ophthalmic Solution 2%	177.00	BC24977414	Mikelan LA Ophthalmic Solution 2%	180.00	調價
BC24995100	LYRICA HARD CAPSULE 75MG	17.40	BC24995100	LYRICA HARD CAPSULE 75MG	18.70	調價
BC24998100	OTSUKA ABILIFY DISCMELT 15MG ORALLY DISINTEGRATING TABLETS	47.30	BC24998100	OTSUKA ABILIFY DISCMELT 15MG ORALLY DISINTEGRATING TABLETS	56.00	調價
BC25001100	SEROQUEL XR TM 50 MG EXTENDED-RELEASE TABLETS	19.00	BC25001100	SEROQUEL XR TM 50 MG EXTENDED-RELEASE TABLETS	20.40	調價
BC25005100	OLMETEC FILM COATED TABLETS 40MG	13.60	BC25005100	OLMETEC FILM COATED TABLETS 40MG	15.90	調價
BC25006321	Bencort Cream	0.00	BC25006321	Bencort Cream	23.80	刪除
BC25006329	Bencort Cream	0.00	BC25006329	Bencort Cream	26.50	刪除
BC25006335	Bencort Cream	38.50	BC25006335	Bencort Cream	39.60	調價
BC25021100	MINIRIN MELT 60 UG	37.90	BC25021100	MINIRIN MELT 60 UG	39.20	調價
BC25033161	SPIRIVA RESPIMAT 2.5MCG, SOLUTION FOR INHALATION	1564.00	BC25033161	SPIRIVA RESPIMAT 2.5MCG, SOLUTION FOR INHALATION	1580.00	調價
BC25034100	APO-CLOPIDOGREL 75MG FILM-COATED TABLET	32.10	BC25034100	APO-CLOPIDOGREL 75MG FILM-COATED TABLET	34.40	調價
BC25041100	JANUMET 50/850 MG FILM-COATED TABLETS	12.00	BC25041100	JANUMET 50/850 MG FILM-COATED TABLETS	12.50	調價
BC25043100	JANUMET 50/500 MG FILM-COATED TABLETS	11.70	BC25043100	JANUMET 50/500 MG FILM-COATED TABLETS	12.10	調價
BC25045100	PRETERAX 2.5 MG/0.625 MG	0.00	BC25045100	PRETERAX 2.5 MG/0.625 MG	7.00	刪除
BC25046100	ACERTIL PLUS 5 MG/1.25 MG	5.90	BC25046100	ACERTIL PLUS 5 MG/1.25 MG	7.00	調價
BC25053235	IXEMPRA for Injection	9242.00			#NULL!	新增

BC25065100	Topiramate Sandoz FC Tablets 100mg	23.20	BC25065100	Topiramate Sandoz FC Tablets 100mg	26.10	調價
BC25066265	FINIBAX FOR INJECTION 0.25G	271.00	BC25066265	FINIBAX FOR INJECTION 0.25G	319.00	調價
BC25068255	LEVOX IV SOLUTION FOR INFUSION	601.00	BC25068255	LEVOX IV SOLUTION FOR INFUSION	656.00	調價
BC25072100	Exforge film-coated tablet 5/160mg	16.40	BC25072100	Exforge film-coated tablet 5/160mg	17.80	調價
BC25074100	LEXAPRO FILM-COATED TABLETS 20MG	15.50	BC25074100	LEXAPRO FILM-COATED TABLETS 20MG	20.00	調價
BC25075255	FLUCONAZOLE INJECTION	0.00	BC25075255	FLUCONAZOLE INJECTION	301.00	刪除
BC25075263	FLUCONAZOLE INJECTION	0.00	BC25075263	FLUCONAZOLE INJECTION	1009.00	刪除
BC25080277	TETRASPAN 6% SOLUTION FOR INFUSION	176.00	BC25080277	TETRASPAN 6% SOLUTION FOR INFUSION	180.00	調價
BC25090100	LEPAX FILM-COATED TABLETS 10MG	9.70	BC25090100	LEPAX FILM-COATED TABLETS 10MG	11.90	調價
BC25091277	VOLULYTE 6% SOLUTION FOR INFUSION	176.00	BC25091277	VOLULYTE 6% SOLUTION FOR INFUSION	188.00	調價
BC250921FL	FOSTER	708.00	BC250921FL	FOSTER	740.00	調價
BC25095100	BLOPRESS TABLETS 16 MG	8.70	BC25095100	BLOPRESS TABLETS 16 MG	9.60	調價
BC25103321	TAMICORT CREAM	0.00	BC25103321	TAMICORT CREAM	16.30	刪除
BC25103329	TAMICORT CREAM	35.00	BC25103329	TAMICORT CREAM	36.30	調價
BC25103336	TAMICORT CREAM	53.00	BC25103336	TAMICORT CREAM	54.00	調價
BC25103338	TAMICORT CREAM	84.00	BC25103338	TAMICORT CREAM	89.00	調價
BC25106100	Wellbutrin XL 150 mg Tablet “Canada”	11.70	BC25106100	Wellbutrin XL 150 mg Tablet “Canada”	13.60	調價
BC25114100	Clopidogrel Sandoz 75 mg Film-coated Tablets	32.10	BC25114100	Clopidogrel Sandoz 75 mg Film-coated Tablets	34.40	調價
BC25115421	Azarga Eye drops, suspension	288.00	BC25115421	Azarga Eye drops, suspension	314.00	調價
BC25118100	REQUIP PD 2MG PROLONGED RELEASE TABLET	15.20	BC25118100	REQUIP PD 2MG PROLONGED RELEASE TABLET	16.10	調價
BC25119100	REQUIP PD 4MG PROLONGED RELEASE TABLET	30.40	BC25119100	REQUIP PD 4MG PROLONGED RELEASE TABLET	32.40	調價
BC25120100	REQUIP PD 8MG PROLONGED RELEASE TABLET	55.00	BC25120100	REQUIP PD 8MG PROLONGED RELEASE TABLET	59.00	調價

BC25126206	ARIXTRA 2.5MG/0.5ML SOLUTION FOR INJECTION ,PRE-FILLED SYRINGE	278.00	BC25126206	ARIXTRA 2.5MG/0.5ML SOLUTION FOR INJECTION ,PRE-FILLED SYRINGE	285.00	調價
BC25129100	Xarelto film-coated tablets 10mg	58.00	BC25129100	Xarelto film-coated tablets 10mg	59.00	調價
BC25143100	TROZET FILM-COATED TABLETS 2.5 MG	38.70	BC25143100	TROZET FILM-COATED TABLETS 2.5 MG	41.00	調價
BC25144100	Topiramate Sandoz FC Tablets 25mg	5.50	BC25144100	Topiramate Sandoz FC Tablets 25mg	6.10	調價
BC25145100	Topiramate Sandoz FC Tablets 50mg	11.80	BC25145100	Topiramate Sandoz FC Tablets 50mg	13.50	調價
BC251502FF	SMOFKABIVEN PERIPHERAL EMULSION FOR INFUSION(依仿單含熱量1300KCAL)	782.00	BC251502FF	SMOFKABIVEN PERIPHERAL EMULSION FOR INFUSION(依仿單含熱量1300KCAL)	834.00	調價
BC251502FN	SMOFKABIVEN PERIPHERAL EMULSION FOR INFUSION(依仿單含熱量1000KCAL)	601.00	BC251502FN	SMOFKABIVEN PERIPHERAL EMULSION FOR INFUSION(依仿單含熱量1000KCAL)	641.00	調價
BC25158100	INVEGA EXTENDED RELEASE TABLETS 9MG	133.00	BC25158100	INVEGA EXTENDED RELEASE TABLETS 9MG	139.00	調價
BC25159343	XAMIOL GEL	536.00	BC25159343	XAMIOL GEL	546.00	調價
BC25161100	CO-RASILEZ 150/25MG FILM-COATED TABLETS	19.80	BC25161100	CO-RASILEZ 150/25MG FILM-COATED TABLETS	21.80	調價
BC25162100	CO-RASILEZ 150/12.5MG FILM-COATED TABLETS	0.00	BC25162100	CO-RASILEZ 150/12.5MG FILM-COATED TABLETS	21.80	刪除
BC25163100	CO-RASILEZ 300/12.5MG FILM-COATED TABLETS	0.00	BC25163100	CO-RASILEZ 300/12.5MG FILM-COATED TABLETS	38.90	刪除
BC25164100	CO-RASILEZ 300/25MG FILM-COATED TABLETS	0.00	BC25164100	CO-RASILEZ 300/25MG FILM-COATED TABLETS	38.90	刪除
BC25165100	AFINITOR 5MG TABLETS	563.00	BC25165100	AFINITOR 5MG TABLETS	572.00	調價
BC25166100	AFINITOR 10MG TABLETS	0.00	BC25166100	AFINITOR 10MG TABLETS	1111.00	刪除
BC25172265	AMINOPLASMAL NEO 5% E	100.00	BC25172265	AMINOPLASMAL NEO 5% E	102.00	調價
BC25172277	AMINOPLASMAL NEO 5% E	104.00	BC25172277	AMINOPLASMAL NEO 5% E	107.00	調價
BC25179209	BFLUID INJECTION	306.00	BC25179209	BFLUID INJECTION	321.00	調價
BC25179277	BFLUID INJECTION	198.00	BC25179277	BFLUID INJECTION	201.00	調價

BC25183209	DBL GEMCITABINE FOR INJECTION	0.00	BC25183209	DBL GEMCITABINE FOR INJECTION	3369.00	刪除
BC251932CN	LEUPLIN DEPOT 3M 11.25MG S.C. INJECTION	8601.00	BC251932CN	LEUPLIN DEPOT 3M 11.25MG S.C. INJECTION	9025.00	調價
BC25197100	TAREG 160MG FILM COATED TABLETS	7.30	BC25197100	TAREG 160MG FILM COATED TABLETS	8.20	調價
BC25199100	Amlodipine Sandoz 5 mg Tablets	3.84	BC25199100	Amlodipine Sandoz 5 mg Tablets	4.30	調價
BC252032BJ	SMOFKABIVEN EMULSION FOR INFUSION(依仿單含熱量2700KCAL)	0.00	BC252032BJ	SMOFKABIVEN EMULSION FOR INFUSION(依仿單含熱量2700KCAL)	1644.00	刪除
BC252032FB	SMOFKABIVEN EMULSION FOR INFUSION(依仿單含熱量1100KCAL)	629.00	BC252032FB	SMOFKABIVEN EMULSION FOR INFUSION(依仿單含熱量1100KCAL)	670.00	調價
BC252032FC	SMOFKABIVEN EMULSION FOR INFUSION(依仿單含熱量1600KCAL)	916.00	BC252032FC	SMOFKABIVEN EMULSION FOR INFUSION(依仿單含熱量1600KCAL)	974.00	調價
BC252032FD	SMOFKABIVEN EMULSION FOR INFUSION(依仿單含熱量2200KCAL)	1259.00	BC252032FD	SMOFKABIVEN EMULSION FOR INFUSION(依仿單含熱量2200KCAL)	1340.00	調價
BC25206100	BYPRO FILM-COATED TABLETS 50 MG	75.00	BC25206100	BYPRO FILM-COATED TABLETS 50 MG	87.00	調價
BC25207100	CO-TAREG FILM COATED TABLETS 80/12.5MG	6.00	BC25207100	CO-TAREG FILM COATED TABLETS 80/12.5MG	6.80	調價
BC25210100	TAREG 80MG FILM COATED TABLETS	6.00	BC25210100	TAREG 80MG FILM COATED TABLETS	6.80	調價
BC25211100	ZYSIM 10 TABLETS	2.97	BC25211100	ZYSIM 10 TABLETS	3.23	調價
BC25214100	REVLIMID CAPSULES 25MG	4154.00	BC25214100	REVLIMID CAPSULES 25MG	4273.00	調價
BC25215100	REVLIMID CAPSULES 15MG	4154.00	BC25215100	REVLIMID CAPSULES 15MG	4273.00	調價
BC25216100	REVLIMID CAPSULES 10MG	4154.00	BC25216100	REVLIMID CAPSULES 10MG	4273.00	調價
BC25217100	REVLIMID CAPSULES 5MG	1952.00	BC25217100	REVLIMID CAPSULES 5MG	2016.00	調價
BC25220100	ONGLYZA FILM-COATED TABLETS 2.5MG	14.20	BC25220100	ONGLYZA FILM-COATED TABLETS 2.5MG	15.10	調價
BC25221100	ONGLYZA FILM-COATED TABLETS 5MG	21.40	BC25221100	ONGLYZA FILM-COATED TABLETS 5MG	22.50	調價
BC25224100	MULTAQ 400MG FILM-COATED TABLETS	48.30	BC25224100	MULTAQ 400MG FILM-COATED TABLETS	50.00	調價

BC252251G0	REMETHAN 25 EC TABLETS(鋁箔/膠箔)	0.00	BC252251G0	REMETHAN 25 EC TABLETS(鋁箔/膠箔)	2.00	刪除
BC25227221	Dopamine HCl-Fresenius 200mg/5ml Infusion	19.90	BC25227221	Dopamine HCl-Fresenius 200mg/5ml Infusion	20.70	調價
BC25232100	ZYVERIN 200MG CAPSULES	0.00	BC25232100	ZYVERIN 200MG CAPSULES	10.80	刪除
BC252343FA	EXELON PATCH 5	62.00	BC252343FA	EXELON PATCH 5	65.00	調價
BC25242100	TS-1 CAPSULES 25MG	168.00	BC25242100	TS-1 CAPSULES 25MG	170.00	調價
BC25243100	TS-1 CAPSULES 20MG	148.00	BC25243100	TS-1 CAPSULES 20MG	150.00	調價
BC25244100	HYCAMTIN CAPSULES 0.25MG	392.00	BC25244100	HYCAMTIN CAPSULES 0.25MG	405.00	調價
BC25245100	HYCAMTIN CAPSULES 1MG	1553.00	BC25245100	HYCAMTIN CAPSULES 1MG	1592.00	調價
BC25246243	TAKEPRON INTRAVENOUS 30MG	182.00	BC25246243	TAKEPRON INTRAVENOUS 30MG	204.00	調價
BC25251100	AREMED 1 FC TABLETS	45.30	BC25251100	AREMED 1 FC TABLETS	51.00	調價
BC25253100	MIRAPEX 0.75MG PROLONGED-RELEASE TABLETS	25.60	BC25253100	MIRAPEX 0.75MG PROLONGED-RELEASE TABLETS	27.60	調價
BC25258100	MIRAPEX 0.375MG PROLONGED-RELEASE TABLETS	15.10	BC25258100	MIRAPEX 0.375MG PROLONGED-RELEASE TABLETS	15.90	調價
BC25260100	MIRAPEX 1.5MG PROLONGED-RELEASE TABLETS	46.70	BC25260100	MIRAPEX 1.5MG PROLONGED-RELEASE TABLETS	49.30	調價
BC25262100	Venlafaxine Sandoz 150mg prolonged release Capsules	0.00	BC25262100	Venlafaxine Sandoz 150mg prolonged release Capsules	58.00	刪除
BC25278212	Pancuronium Bromide-Fresenius 4mg/2ml Injection	0.00	BC25278212	Pancuronium Bromide-Fresenius 4mg/2ml Injection	60.00	刪除
BC25282443	Onbrez Breezhaler 150 mcg inhalation powder, hard capsule	832.00	BC25282443	Onbrez Breezhaler 150 mcg inhalation powder, hard capsule	853.00	調價
BC25289209	TAXOTERE 20MG/ML CONCENTRATE FOR SOLUTION FOR INFUSION	3199.00	BC25289209	TAXOTERE 20MG/ML CONCENTRATE FOR SOLUTION FOR INFUSION	3489.00	調價
BC25289219	TAXOTERE 20MG/ML CONCENTRATE FOR SOLUTION FOR INFUSION	10751.00	BC25289219	TAXOTERE 20MG/ML CONCENTRATE FOR SOLUTION FOR INFUSION	11800.00	調價

BC25294416	LUMIGAN OPHTHALMIC SOLUTION 0.01%	431.00	BC25294416	LUMIGAN OPHTHALMIC SOLUTION 0.01%	443.00	調價
BC25296100	SAMSCA TABLETS 15MG	543.00	BC25296100	SAMSCA TABLETS 15MG	545.00	調價
BC25302166	DUPHALAC ORAL SOLUTION	105.00	BC25302166	DUPHALAC ORAL SOLUTION	116.00	調價
BC25302177	DUPHALAC ORAL SOLUTION	161.00	BC25302177	DUPHALAC ORAL SOLUTION	176.00	調價
BC25306100	GALVUS TABLETS 50MG	10.10	BC25306100	GALVUS TABLETS 50MG	10.80	調價
BC25311100	CURAM 1000MG DISPERSIBLE TABLETS	7.20	BC25311100	CURAM 1000MG DISPERSIBLE TABLETS	7.50	調價
BC25316221	KEPPRA CONCENTRATE FOR SOLUTION FOR INFUSION 100MG/ML	333.00	BC25316221	KEPPRA CONCENTRATE FOR SOLUTION FOR INFUSION 100MG/ML	351.00	調價
BC25321100	MYCOPHENOLATE SANDOZ 500 MG FILM-COATED TABLETS	0.00	BC25321100	MYCOPHENOLATE SANDOZ 500 MG FILM-COATED TABLETS	89.00	刪除
BC25322219	LEVOPHED INJECTION	100.00	BC25322219	LEVOPHED INJECTION	108.00	調價
BC25326100	COPLAVIX FILM COATED TABLETS 75MG/100MG	32.10	BC25326100	COPLAVIX FILM COATED TABLETS 75MG/100MG	34.40	調價
BC25332100	RITALIN LA CAPSULES 10MG	17.70	BC25332100	RITALIN LA CAPSULES 10MG	17.90	調價
BC25333100	RITALIN LA CAPSULES 20MG	29.90	BC25333100	RITALIN LA CAPSULES 20MG	30.00	調價
BC25334100	RITALIN LA CAPSULES 30MG	42.70	BC25334100	RITALIN LA CAPSULES 30MG	43.10	調價
BC25335100	RITALIN LA CAPSULES 40MG	50.00	BC25335100	RITALIN LA CAPSULES 40MG	52.00	調價
BC25336100	Venlafaxine Sandoz 75mg prolonged release Capsules	0.00	BC25336100	Venlafaxine Sandoz 75mg prolonged release Capsules	11.60	刪除
BC25342100	ZYDUS IRBESARTAN TABLETS USP 150 MG	5.40	BC25342100	ZYDUS IRBESARTAN TABLETS USP 150 MG	6.00	調價
BC25350100	LIVALO TABLETS 2MG	13.10	BC25350100	LIVALO TABLETS 2MG	14.30	調價
BC25351100	Mezavant XL, 1200mg gastro-resistant, prolonged release tablets	30.50	BC25351100	Mezavant XL, 1200mg gastro-resistant, prolonged release tablets	31.30	調價
BC25352100	Madopar 125 Capsules “Italy”	3.34	BC25352100	Madopar 125 Capsules “Italy”	3.41	調價

BC25360200	OZURDEX (DEXAMETHASONE INTRAVITREAL IMPLANT) 0.7MG	33350.00	BC25360200	OZURDEX (DEXAMETHASONE INTRAVITREAL IMPLANT) 0.7MG	34117.00	調價
BC25364100	APO-ALENDRONATE 70MG TABLETS	152.00	BC25364100	APO-ALENDRONATE 70MG TABLETS	166.00	調價
BC25377414	TAFLOTAN OPHTHALMIC SOLUTION	303.00	BC25377414	TAFLOTAN OPHTHALMIC SOLUTION	350.00	調價
BC25386221	PRISMASOL 4MMOL/LPOTASSIUM,SOLUTION FOR HAEMOFILTRATION AND HAEMODIALYSIS	289.00	BC25386221	PRISMASOL 4MMOL/LPOTASSIUM, SOLUTION FOR HAEMOFILTRATION AND HAEMODIALYSIS	290.00	調價
BC25387221	PRISMASOL B0,SOLUTION FOR HAEMOFILTRATION AND HAEMODIALYSIS	289.00	BC25387221	PRISMASOL B0,SOLUTION FOR HAEMOFILTRATION AND HAEMODIALYSIS	290.00	調價
BC25388221	PRISMASOL 2MMOL/LPOTASSIUM,SOLUTION FOR HAEMOFILTRATION AND HAEMODIALYSIS	289.00	BC25388221	PRISMASOL 2MMOL/LPOTASSIUM, SOLUTION FOR HAEMOFILTRATION AND HAEMODIALYSIS	290.00	調價
BC25391100	CATAPRES TABLETS 75 μg	1.83	BC25391100	CATAPRES TABLETS 75 μg	1.89	調價
BC25394206	INVEGA SUSTENNA PROLONGED RELEASE SUSPENSION FOR INTRAMUSCULAR INJECTION 100MG/ML	3524.00	BC25394206	INVEGA SUSTENNA PROLONGED RELEASE SUSPENSION FOR INTRAMUSCULAR INJECTION 100MG/ML	3810.00	調價
BC25394207	INVEGA SUSTENNA PROLONGED RELEASE SUSPENSION FOR INTRAMUSCULAR INJECTION 100MG/ML	6873.00	BC25394207	INVEGA SUSTENNA PROLONGED RELEASE SUSPENSION FOR INTRAMUSCULAR INJECTION 100MG/ML	7156.00	調價
BC25394209	INVEGA SUSTENNA PROLONGED RELEASE SUSPENSION FOR INTRAMUSCULAR INJECTION 100MG/ML	8365.00	BC25394209	INVEGA SUSTENNA PROLONGED RELEASE SUSPENSION FOR INTRAMUSCULAR INJECTION 100MG/ML	8563.00	調價

BC25394210	INVEGA SUSTENNA PROLONGED RELEASE SUSPENSION FOR INTRAMUSCULAR INJECTION 100MG/ML	8670.00	BC25394210	INVEGA SUSTENNA PROLONGED RELEASE SUSPENSION FOR INTRAMUSCULAR INJECTION 100MG/ML	8883.00	調價
BC25401255	Innomustine Injection	8567.00	BC25401255	Innomustine Injection	8942.00	調價
BC25413100	HARNALIDGE OCAS PROLONGED RELEASE TABLETS 0.4 MG	14.50	BC25413100	HARNALIDGE OCAS PROLONGED RELEASE TABLETS 0.4 MG	15.30	調價
BC25414221	SUCROFER INJECTION	65.00	BC25414221	SUCROFER INJECTION	62.00	調價
BC25416100	TRAMAZAC XL 200 TABLETS	10.00	BC25416100	TRAMAZAC XL 200 TABLETS	10.10	調價
BC25419100	Exforge HCT Film Coated Tablets 5/160/12.5 mg	14.50	BC25419100	Exforge HCT Film Coated Tablets 5/160/12.5 mg	15.30	調價
BC25421100	Exforge HCT Film Coated Tablets 10/160/25 mg	18.60	BC25421100	Exforge HCT Film Coated Tablets 10/160/25 mg	19.00	調價
BC25423100	DUODART CAPSULES	31.90	BC25423100	DUODART CAPSULES	35.30	調價
BC25427100	FEBURIC 80 MG FILM COATED TABLETS	17.40	BC25427100	FEBURIC 80 MG FILM COATED TABLETS	18.80	調價
BC25433100	Votrient (Pazopanib HCl) film-coated tablets 200mg	590.00	BC25433100	Votrient (Pazopanib HCl) film-coated tablets 200mg	609.00	調價
BC25442100	RAPAMUNE TABLETS 0.5 MG	69.00	BC25442100	RAPAMUNE TABLETS 0.5 MG	71.00	調價
BC25446100	TWYNSTA TABLETS 80/5 MG	11.60	BC25446100	TWYNSTA TABLETS 80/5 MG	13.10	調價
BC25451100	VALDOXAN FILM-COATED TABLETS 25MG	35.30	BC25451100	VALDOXAN FILM-COATED TABLETS 25MG	35.60	調價
BC25452100	Apo-Tramadol/ Acet 37.5/ 325mg tablets	3.32	BC25452100	Apo-Tramadol/ Acet 37.5/ 325mg tablets	3.79	調價
BC25453100	KOMBIGLYZE XR TABLETS 5MG/1000MG	17.80	BC25453100	KOMBIGLYZE XR TABLETS 5MG/1000MG	18.40	調價
BC25458100	PRADAXA CAPSULES 150 MG	41.70	BC25458100	PRADAXA CAPSULES 150 MG	42.50	調價
BC25459100	PRADAXA CAPSULES 110 MG	41.70	BC25459100	PRADAXA CAPSULES 110 MG	42.50	調價
BC25472238	EVOLTRA CONCENTRATE FOR SOLUTION FOR INFUSION	37676.00	BC25472238	EVOLTRA CONCENTRATE FOR SOLUTION FOR INFUSION	38315.00	調價

BC25480100	Galvus Met 50/500 film-coated tablets	10.10	BC25480100	Galvus Met 50/500 film-coated tablets	10.80	調價
BC25481100	Galvus Met 50/850 film-coated tablets	10.10	BC25481100	Galvus Met 50/850 film-coated tablets	10.80	調價
BC25482100	Galvus Met 50/1000 film-coated tablets	10.10	BC25482100	Galvus Met 50/1000 film-coated tablets	10.80	調價
BC25489209	VINELBINE INJECTION	1075.00	BC25489209	VINELBINE INJECTION	1165.00	調價
BC25489221	VINELBINE INJECTION	0.00	BC25489221	VINELBINE INJECTION	6159.00	刪除
BC25492100	SEVIKAR HCT 20/5/12.5MG	9.60	BC25492100	SEVIKAR HCT 20/5/12.5MG	10.50	調價
BC25494100	SEVIKAR HCT 40/5/12.5MG	16.80	BC25494100	SEVIKAR HCT 40/5/12.5MG	18.50	調價
BC25509100	TEMAZO CAPSULES 20MG	539.00	BC25509100	TEMAZO CAPSULES 20MG	538.00	調價
BC25510100	TEMAZO CAPSULES 250MG	0.00	BC25510100	TEMAZO CAPSULES 250MG	5921.00	刪除
BC25522261	EMEND IV 150MG POWDER FOR INJECTION	1543.00	BC25522261	EMEND IV 150MG POWDER FOR INJECTION	1645.00	調價
BC25537100	TRAJENTA 5MG FILM-COATED TABLETS	16.70	BC25537100	TRAJENTA 5MG FILM-COATED TABLETS	17.60	調價
BC25551229	DBL OXALIPLATIN CONCENTRATE FOR INFUSION	1336.00	BC25551229	DBL OXALIPLATIN CONCENTRATE FOR INFUSION	1635.00	調價
BC25551238	DBL OXALIPLATIN CONCENTRATE FOR INFUSION	4420.00	BC25551238	DBL OXALIPLATIN CONCENTRATE FOR INFUSION	5237.00	調價
BC255532A5	NUTRIFLEX OMEGA SPECIAL(依仿單含熱量1475KCAL)	0.00	BC255532A5	NUTRIFLEX OMEGA SPECIAL(依仿單含熱量1475KCAL)	912.00	刪除
BC25557229	GLYPRESSIN 0.1MG/ML SOLUTION FOR INJECTION	805.00	BC25557229	GLYPRESSIN 0.1MG/ML SOLUTION FOR INJECTION	868.00	調價
BC25558212	Docetaxel “Ebewe” 10 mg/ml Concentrate for Solution for Infusion	0.00	BC25558212	Docetaxel “Ebewe” 10 mg/ml Concentrate for Solution for Infusion	3489.00	刪除
BC25558226	Docetaxel “Ebewe” 10 mg/ml Concentrate for Solution for Infusion	0.00	BC25558226	Docetaxel “Ebewe” 10 mg/ml Concentrate for Solution for Infusion	11800.00	刪除
BC25594100	LIPANTHYL PENTA 145 MG FILM-COATED TABLET	3.92	BC25594100	LIPANTHYL PENTA 145 MG FILM-COATED TABLET	4.32	調價

BC25603221	CYTARINE INJECTION	0.00	BC25603221	CYTARINE INJECTION	295.00	刪除
BC25605100	Copegus film-coated tablets 200 mg	0.00	BC25605100	Copegus film-coated tablets 200 mg	10.80	刪除
BC25607333	Hirudoid Cream 300mg/100g	0.00	BC25607333	Hirudoid Cream 300mg/100g	37.50	刪除
BC25624100	"Apo-Citalopram Tablets 20mg ""Etobicoke"""	7.10	BC25624100	"Apo-Citalopram Tablets 20mg ""Etobicoke"""	8.40	調價
BC25626235	Carboplatin "Ebewe" 10mg/ml concentrate for solution for infusion	0.00	BC25626235	Carboplatin "Ebewe" 10mg/ml concentrate for solution for infusion	1712.00	刪除
BC256262AP	Carboplatin "Ebewe" 10mg/ml concentrate for solution for infusion	0.00	BC256262AP	Carboplatin "Ebewe" 10mg/ml concentrate for solution for infusion	3567.00	刪除
BC25631229	OXITAN INJECTION	1336.00	BC25631229	OXITAN INJECTION	1635.00	調價
BC25631238	OXITAN INJECTION	0.00	BC25631238	OXITAN INJECTION	5237.00	刪除
BC25647100	Xarelto Film-coated Tablets 20 mg	58.00	BC25647100	Xarelto Film-coated Tablets 20 mg	59.00	調價
BC25648100	Xarelto Film-coated Tablets 15 mg	58.00	BC25648100	Xarelto Film-coated Tablets 15 mg	59.00	調價
BC25674100	Carvedilol HEXAL Tablets 6.25mg	2.39	BC25674100	Carvedilol HEXAL Tablets 6.25mg	2.65	調價
BC25681209	GEMITA LYOPHILIZED FOR INJECTION	2854.00	BC25681209	GEMITA LYOPHILIZED FOR INJECTION	3369.00	調價
BC25681263	GEMITA LYOPHILIZED FOR INJECTION	598.00	BC25681263	GEMITA LYOPHILIZED FOR INJECTION	703.00	調價
BC25690100	FLUCOZYD CAPSULES 150MG	52.00	BC25690100	FLUCOZYD CAPSULES 150MG	54.00	調價
BC25691100	BRILINTA FILM-COATED TABLETS 90 MG	28.40	BC25691100	BRILINTA FILM-COATED TABLETS 90 MG	29.00	調價
BC25699100	Moxiclav 1G F.C. Tablets	7.20	BC25699100	Moxiclav 1G F.C. Tablets	7.50	調價
BC25706209	GRANISETRON KABI 1MG/ML, CONCENTRATE FOR SOLUTION FOR INJECTION/INFUSION	0.00	BC25706209	GRANISETRON KABI 1MG/ML, CONCENTRATE FOR SOLUTION FOR INJECTION/INFUSION	218.00	刪除

BC25706216	GRANISETRON KABI 1MG/ML, CONCENTRATE FOR SOLUTION FOR INJECTION/INFUSION	0.00	BC25706216	GRANISETRON KABI 1MG/ML, CONCENTRATE FOR SOLUTION FOR INJECTION/INFUSION	414.00	刪除
BC25708209	NEOPAREN NO.1 INJECTION 1L	0.00	BC25708209	NEOPAREN NO.1 INJECTION 1L	362.00	刪除
BC25708210	NEOPAREN NO.1 INJECTION 1.5L	0.00	BC25708210	NEOPAREN NO.1 INJECTION 1.5L	517.00	刪除
BC25708212	NEOPAREN NO.1 INJECTION 2L	0.00	BC25708212	NEOPAREN NO.1 INJECTION 2L	625.00	刪除
BC25713100	Lendormin (R) 0.25mg Tablets	3.60	BC25713100	Lendormin (R) 0.25mg Tablets	3.65	調價
BC25728212	IRINOTECAN BIOPRO 20MG/ML, CONCENTRATE FOR SOLUTION FOR INFUSION	0.00	BC25728212	IRINOTECAN BIOPRO 20MG/ML, CONCENTRATE FOR SOLUTION FOR INFUSION	1831.00	刪除
BC25728221	IRINOTECAN BIOPRO 20MG/ML, CONCENTRATE FOR SOLUTION FOR INFUSION	2975.00	BC25728221	IRINOTECAN BIOPRO 20MG/ML, CONCENTRATE FOR SOLUTION FOR INFUSION	3607.00	調價
BC25729148	Bisolvon (R) Solution 2mg/ml	49.30	BC25729148	Bisolvon (R) Solution 2mg/ml	49.60	調價
BC25746100	MOBIC (R) TABLETS 7.5MG	1.72	BC25746100	MOBIC (R) TABLETS 7.5MG	1.80	調價
BC25747100	MOBIC (R) TABLETS 15MG	4.07	BC25747100	MOBIC (R) TABLETS 15MG	4.84	調價
BC25754100	AZAMUN FILM COATED TABLETS 50MG	9.60	BC25754100	AZAMUN FILM COATED TABLETS 50MG	15.20	調價
BC25756100	EDARBI TABLETS 40MG	10.40	BC25756100	EDARBI TABLETS 40MG	11.10	調價
BC25765212	IRINOTECAN SANDOZ 20MG/ML CONCENTRATE FOR SOLUTION FOR INFUSION	0.00	BC25765212	IRINOTECAN SANDOZ 20MG/ML CONCENTRATE FOR SOLUTION FOR INFUSION	1831.00	刪除
BC25765221	IRINOTECAN SANDOZ 20MG/ML CONCENTRATE FOR SOLUTION FOR INFUSION	0.00	BC25765221	IRINOTECAN SANDOZ 20MG/ML CONCENTRATE FOR SOLUTION FOR INFUSION	3607.00	刪除
BC25766100	VALAZYD 160 TABLETS	7.30	BC25766100	VALAZYD 160 TABLETS	8.20	調價
BC25781255	VIDAZA POWDER FOR SUSPENSION FOR INJECTION	12227.00	BC25781255	VIDAZA POWDER FOR SUSPENSION FOR INJECTION	12729.00	調價

BC25782248	FLUDARABINE BIOPRO 25MG/ML, POWDER FOR SOLUTION FOR INJECTION/INFUSION	0.00	BC25782248	FLUDARABINE BIOPRO 25MG/ML, POWDER FOR SOLUTION FOR INJECTION/INFUSION	5706.00	刪除
BC25783100	APO-PANTOPRAZOLE 40MG ENTERIC COATED TABLETS	10.10	BC25783100	APO-PANTOPRAZOLE 40MG ENTERIC COATED TABLETS	11.70	調價
BC25789100	Apo-Citalopram Tablets 40mg	16.00	BC25789100	Apo-Citalopram Tablets 40mg	18.60	調價
BC25791209	Topotecan Sandoz 1mg/ml Concentrate for Solution for Infusion	0.00	BC25791209	Topotecan Sandoz 1mg/ml Concentrate for Solution for Infusion	2034.00	刪除
BC25791216	Topotecan Sandoz 1mg/ml Concentrate for Solution for Infusion	0.00	BC25791216	Topotecan Sandoz 1mg/ml Concentrate for Solution for Infusion	5923.00	刪除
BC25791219	Topotecan Sandoz 1mg/ml Concentrate for Solution for Infusion	6546.00	BC25791219	Topotecan Sandoz 1mg/ml Concentrate for Solution for Infusion	7007.00	調價
BC25792100	TRAJENTA DUO 2.5/850MG FILM-COATED TABLETS	12.50	BC25792100	TRAJENTA DUO 2.5/850MG FILM-COATED TABLETS	13.00	調價
BC25804100	APO-ESOMEPRAZOLE ENTERIC COATED TABLET 40MG	6.10	BC25804100	APO-ESOMEPRAZOLE ENTERIC COATED TABLET 40MG	6.50	調價
BC25807100	PHAROXIFENE (RALOXIFENE) FILM-COATED TABLETS 60MG	34.00	BC25807100	PHAROXIFENE (RALOXIFENE) FILM-COATED TABLETS 60MG	35.50	調價
BC25808221	DOXORUBICIN MYLAN	399.00	BC25808221	DOXORUBICIN MYLAN	417.00	調價
BC25817100	MONTEZYD TABLETS 5MG (MONTELUKAST CHEWABLE TABLETS 5MG)	9.30	BC25817100	MONTEZYD TABLETS 5MG (MONTELUKAST CHEWABLE TABLETS 5MG)	10.70	調價
BC258203FP	Sancuso transdermal patch 3.1mg/24hours	1872.00	BC258203FP	Sancuso transdermal patch 3.1mg/24hours	1932.00	調價
BC25829100	SINLUE CHEWABLE TABLETS 5MG	9.30	BC25829100	SINLUE CHEWABLE TABLETS 5MG	10.70	調價
BC25830100	SINLUE CHEWABLE TABLETS 4MG	9.10	BC25830100	SINLUE CHEWABLE TABLETS 4MG	10.50	調價
BC25840221	ADRIM INJECTION	0.00	BC25840221	ADRIM INJECTION	417.00	刪除

BC25856414	Latanoprost Ophthalmic Solution 0.005%	439.00	BC25856414	Latanoprost Ophthalmic Solution 0.005%	452.00	調價
BC25877100	DAFIRO 5/160MG FILM-COATED TABLETS	14.50	BC25877100	DAFIRO 5/160MG FILM-COATED TABLETS	15.60	調價
BC25879100	Irbesartan Sandoz 150mg Film Coated Tablets	5.40	BC25879100	Irbesartan Sandoz 150mg Film Coated Tablets	6.00	調價
BC25882253	FIRMAGON 80MG, POWDER AND SOLVENT FOR SOLUTION FOR INJECTION	4259.00	BC25882253	FIRMAGON 80MG, POWDER AND SOLVENT FOR SOLUTION FOR INJECTION	4384.00	調價
BC25883257	FIRMAGON 120MG, POWDER AND SOLVENT FOR SOLUTION FOR INJECTION	4259.00	BC25883257	FIRMAGON 120MG, POWDER AND SOLVENT FOR SOLUTION FOR INJECTION	4384.00	調價
BC25887100	DEXILANT DELAYED RELEASE CAPSULES 60MG	15.90	BC25887100	DEXILANT DELAYED RELEASE CAPSULES 60MG	16.80	調價
BC25893100	APO-PRAMIPEXOLE 0.25MG TABLETS	9.00	BC25893100	APO-PRAMIPEXOLE 0.25MG TABLETS	9.50	調價
BC25897100	Irbesartan Sandoz 300mg Film Coated Tablets	9.10	BC25897100	Irbesartan Sandoz 300mg Film Coated Tablets	10.30	調價
BC25899221	Gemcitabine Sandoz 40mg/ml Concentrate for Solution for Infusion	598.00	BC25899221	Gemcitabine Sandoz 40mg/ml Concentrate for Solution for Infusion	703.00	調價
BC25899240	Gemcitabine Sandoz 40mg/ml Concentrate for Solution for Infusion	2854.00	BC25899240	Gemcitabine Sandoz 40mg/ml Concentrate for Solution for Infusion	3369.00	調價
BC25899248	Gemcitabine Sandoz 40mg/ml Concentrate for Solution for Infusion	0.00	BC25899248	Gemcitabine Sandoz 40mg/ml Concentrate for Solution for Infusion	8108.00	刪除
BC25900100	APO-OLANZAPINE ODT 5MG	39.50	BC25900100	APO-OLANZAPINE ODT 5MG	45.30	調價
BC25901100	APO-OLANZAPINE ODT 10MG	65.00	BC25901100	APO-OLANZAPINE ODT 10MG	76.00	調價
BC25902209	NEOPAREN NO.2 INJECTION 1L	0.00	BC25902209	NEOPAREN NO.2 INJECTION 1L	367.00	刪除
BC25902210	NEOPAREN NO.2 INJECTION 1.5L	0.00	BC25902210	NEOPAREN NO.2 INJECTION 1.5L	524.00	刪除

BC25902212	NEOPAREN NO.2 INJECTION 2L	0.00	BC25902212	NEOPAREN NO.2 INJECTION 2L	657.00	刪除
BC25913100	DAFIRO 5/80MG FILM-COATED TABLETS	8.40	BC25913100	DAFIRO 5/80MG FILM-COATED TABLETS	9.60	調價
BC25923100	Utrogestan soft capsule 100mg	6.30	BC25923100	Utrogestan soft capsule 100mg	8.10	調價
BC25924100	MONTEZYD TABLETS 4MG	9.10	BC25924100	MONTEZYD TABLETS 4MG	10.50	調價
BC259342AA	Leuplin Depot 1M 3.75mg S.C. Injection	3807.00	BC259342AA	Leuplin Depot 1M 3.75mg S.C. Injection	3950.00	調價
BC25936245	Pantoprazole Sandoz 40mg powder for solution for injection	119.00	BC25936245	Pantoprazole Sandoz 40mg powder for solution for injection	131.00	調價
BC25937100	Montelukast Sandoz 5mg chewable Tablets	9.30	BC25937100	Montelukast Sandoz 5mg chewable Tablets	10.70	調價
BC25965100	CONVERIUM 300MG TABLETS	9.10	BC25965100	CONVERIUM 300MG TABLETS	10.30	調價
BC25967209	Vancomycin Sandoz powder for solution for injection	179.00	BC25967209	Vancomycin Sandoz powder for solution for injection	204.00	調價
BC25967277	Vancomycin Sandoz powder for solution for injection	76.00	BC25967277	Vancomycin Sandoz powder for solution for injection	80.00	調價
BC25972100	ZYDUS LANS DR 30	10.00	BC25972100	ZYDUS LANS DR 30	11.50	調價
BC25980100	SINLUE F.C. TABLET 10MG	12.30	BC25980100	SINLUE F.C. TABLET 10MG	14.30	調價
BC25993100	PLETAAL OD TABLETS 100MG	11.30	BC25993100	PLETAAL OD TABLETS 100MG	12.30	調價
BC25994100	PLETAAL OD TABLETS 50MG	5.50	BC25994100	PLETAAL OD TABLETS 50MG	6.10	調價
BC26002421	DORZOSTILL EYE-DROPS 2%	235.00	BC26002421	DORZOSTILL EYE-DROPS 2%	249.00	調價
BC26028100	LIPISTAD 20	16.60	BC26028100	LIPISTAD 20	18.90	調價
BC260293C8	EXELON PATCH 10	64.00	BC260293C8	EXELON PATCH 10	67.00	調價
BC26043100	Zelboraf film-coated tablets 240mg (vemurafenib)	736.00	BC26043100	Zelboraf film-coated tablets 240mg (vemurafenib)	790.00	調價
BC26045100	APO-DONEPEZIL FILM TABLETS 5MG	55.00	BC26045100	APO-DONEPEZIL FILM TABLETS 5MG	60.00	調價
BC26046100	APO-DONEPEZIL TABLETS 10MG	57.00	BC26046100	APO-DONEPEZIL TABLETS 10MG	61.00	調價
BC26048100	Losartan Sandoz Comp Film Coated Tablet 50/12.5 mg	0.00	BC26048100	Losartan Sandoz Comp Film Coated Tablet 50/12.5 mg	4.82	刪除

BC26050229	Oxaliplatin Sandoz 5mg/ml concentrate for solution for infusion	0.00	BC26050229	Oxaliplatin Sandoz 5mg/ml concentrate for solution for infusion	1635.00	刪除
BC26050238	Oxaliplatin Sandoz 5mg/ml concentrate for solution for infusion	0.00	BC26050238	Oxaliplatin Sandoz 5mg/ml concentrate for solution for infusion	5237.00	刪除
BC26051100	Montelukast Sandoz 4mg chewable Tablets	9.10	BC26051100	Montelukast Sandoz 4mg chewable Tablets	10.50	調價
BC26064100	Utrogestan soft capsule 200mg	12.50	BC26064100	Utrogestan soft capsule 200mg	16.50	調價
BC26074271	Teicoplanin Sandoz powder for injection	0.00	BC26074271	Teicoplanin Sandoz powder for injection	1243.00	刪除
BC26082100	ACC 600 Effervescent Tablets	5.40	BC26082100	ACC 600 Effervescent Tablets	5.60	調價
BC26090100	PHARACETAM FILM-COATED TABLET 1000MG	38.20	BC26090100	PHARACETAM FILM-COATED TABLET 1000MG	38.40	調價
BC26097100	CORALAN FILM-COATED TABLETS 5 MG	23.60	BC26097100	CORALAN FILM-COATED TABLETS 5 MG	23.80	調價
BC26098100	CORALAN FILM-COATED TABLETS 7.5 MG	23.60	BC26098100	CORALAN FILM-COATED TABLETS 7.5 MG	23.80	調價
BC26104100	Pantoprazol Sandoz 40mg gastro-resistant tablets	10.10	BC26104100	Pantoprazol Sandoz 40mg gastro-resistant tablets	11.70	調價
BC26105100	Montelukast Sandoz 10mg film-coated Tablets	12.30	BC26105100	Montelukast Sandoz 10mg film-coated Tablets	14.30	調價
BC26124100	ELIQUIS FILM-COATED TABLET 2.5MG	29.60	BC26124100	ELIQUIS FILM-COATED TABLET 2.5MG	30.50	調價
BC26128100	ZYDUS LANS DR 15	8.30	BC26128100	ZYDUS LANS DR 15	9.60	調價
BC26133100	ELIQUIS FILM-COATED TABLET 5MG	29.60	BC26133100	ELIQUIS FILM-COATED TABLET 5MG	30.50	調價
BC26136100	FOSAMAX PLUS TABLETS 70MG/5600 IU	152.00	BC26136100	FOSAMAX PLUS TABLETS 70MG/5600 IU	166.00	調價
BC26139100	ZYTIGA TABLETS 250MG	483.00	BC26139100	ZYTIGA TABLETS 250MG	490.00	調價
BC26140212	HALAVEN 0.5MG/ML SOLUTION FOR INJECTION	11092.00	BC26140212	HALAVEN 0.5MG/ML SOLUTION FOR INJECTION	11376.00	調價

BC26147100	FLUVASTATIN XL FILM-COATED TABLETS 80MG	10.20	BC26147100	FLUVASTATIN XL FILM-COATED TABLETS 80MG	11.30	調價
BC26157400	Seebri Breezhaler 50 microgram, inhalation powder hard capsules	982.00	BC26157400	Seebri Breezhaler 50 microgram, inhalation powder hard capsules	1055.00	調價
BC26169100	PRAVAFEN 40MG/160MG HARD CAPSULES	16.40	BC26169100	PRAVAFEN 40MG/160MG HARD CAPSULES	17.20	調價
BC26171335	VIZOMET CREAM 0.1%	65.00	BC26171335	VIZOMET CREAM 0.1%	74.00	調價
BC26179100	UNISIA 8MG/5MG TABLETS	8.10	BC26179100	UNISIA 8MG/5MG TABLETS	8.90	調價
BC26185238	Propofol-Lipuro 1%	37.40	BC26185238	Propofol-Lipuro 1%	41.80	調價
BC26188100	PHAVIR FILM-COATED TABLETS 500MG	52.00	BC26188100	PHAVIR FILM-COATED TABLETS 500MG	57.00	調價
BC26193100	APO-ATOMOXETINE CAPSULES 25MG	54.00	BC26193100	APO-ATOMOXETINE CAPSULES 25MG	58.00	調價
BC26194100	APO-ATOMOXETINE CAPSULES 10MG	54.00	BC26194100	APO-ATOMOXETINE CAPSULES 10MG	58.00	調價
BC26195100	APO-ATOMOXETINE CAPSULES 18MG	54.00	BC26195100	APO-ATOMOXETINE CAPSULES 18MG	58.00	調價
BC26196100	APO-ATOMOXETINE CAPSULES 40MG	54.00	BC26196100	APO-ATOMOXETINE CAPSULES 40MG	58.00	調價
BC26197100	APO-ATOMOXETINE CAPSULES 60NG	54.00	BC26197100	APO-ATOMOXETINE CAPSULES 60NG	58.00	調價
BC26198100	BICALUTAMIDE-TEVA FILM-COATED TABLETS 50MG	75.00	BC26198100	BICALUTAMIDE-TEVA FILM-COATED TABLETS 50MG	87.00	調價
BC26214100	Esomeprazol Sandoz 40mg Gastro Resistant Tablets	6.10	BC26214100	Esomeprazol Sandoz 40mg Gastro Resistant Tablets	6.50	調價
BC26216100	BETMIGA PROLONGED-RELEASE TABLETS 50MG	36.00	BC26216100	BETMIGA PROLONGED-RELEASE TABLETS 50MG	36.30	調價
BC26217100	BETMIGA PROLONGED-RELEASE TABLETS 25MG	36.00	BC26217100	BETMIGA PROLONGED-RELEASE TABLETS 25MG	36.30	調價
BC26222229	NICARDIPINE AGUETTANT 10MG/10ML SOLUTION FOR INJECTION	141.00	BC26222229	NICARDIPINE AGUETTANT 10MG/10ML SOLUTION FOR INJECTION	160.00	調價
BC26225100	ABAMAT	0.00	BC26225100	ABAMAT	131.00	刪除

BC26233100	PRADAXA CAPSULES 75MG	21.20	BC26233100	PRADAXA CAPSULES 75MG	21.70	調價
BC26239100	Bicalutamide "Alvogen" Film Coated Tablets 50mg	75.00	BC26239100	Bicalutamide "Alvogen" Film Coated Tablets 50mg	87.00	調價
BC26240209	Vaxcel Ceftriaxone-1g Injection	0.00	BC26240209	Vaxcel Ceftriaxone-1g Injection	100.00	刪除
BC26244100	PHARODINE IR FILM-COATED TABLETS 2MG	7.60	BC26244100	PHARODINE IR FILM-COATED TABLETS 2MG	8.40	調價
BC26246100	WAKA-OLANZAPINE ODT 10	65.00	BC26246100	WAKA-OLANZAPINE ODT 10	76.00	調價
BC26247100	WAKA-OLANZAPINE ODT 5	39.50	BC26247100	WAKA-OLANZAPINE ODT 5	45.30	調價
BC26252100	NOKLOT 75 (CLOPIDOGREL TABLETS USP 75MG)	32.10	BC26252100	NOKLOT 75 (CLOPIDOGREL TABLETS USP 75MG)	34.40	調價
BC262604CR	LUMIGAN PF EYE DROPS	18.00	BC262604CR	LUMIGAN PF EYE DROPS	18.60	調價
BC26262220	ALVOTAZ POWDER FOR SOLUTION FOR INJECTION	226.00	BC26262220	ALVOTAZ POWDER FOR SOLUTION FOR INJECTION	260.00	調價
BC262622CX	ALVOTAZ POWDER FOR SOLUTION FOR INJECTION	136.00	BC262622CX	ALVOTAZ POWDER FOR SOLUTION FOR INJECTION	152.00	調價
BC26270100	BICALUTAMIDE-ACEPHARM FILM COATED TABLETS 50MG	75.00	BC26270100	BICALUTAMIDE-ACEPHARM FILM COATED TABLETS 50MG	87.00	調價
BC26272100	WALKIN 35MG FILM-COATED TABLET	152.00	BC26272100	WALKIN 35MG FILM-COATED TABLET	156.00	調價
BC26273429	Vidisic, eye gel	102.00	BC26273429	Vidisic, eye gel	106.00	調價
BC26274100	NIFEDIPINE EXTENDED RELEASE TABLETS(OROS) 30MG "SUNYET"	5.10	BC26274100	NIFEDIPINE EXTENDED RELEASE TABLETS(OROS) 30MG "SUNYET"	5.70	調價
BC26283238	VIMPAT 10MG/ML SOLUTION FOR INFUSION	1083.00	BC26283238	VIMPAT 10MG/ML SOLUTION FOR INFUSION	1130.00	調價
BC26284100	VIMPAT 50MG FILM-COATED TABLETS	28.80	BC26284100	VIMPAT 50MG FILM-COATED TABLETS	30.20	調價
BC26285100	VIMPAT 100MG FILM-COATED TABLETS	52.00	BC26285100	VIMPAT 100MG FILM-COATED TABLETS	54.00	調價
BC26286100	VIMPAT 150MG FILM-COATED TABLETS	82.00	BC26286100	VIMPAT 150MG FILM-COATED TABLETS	86.00	調價

BC26287100	VIMPAT 200MG FILM-COATED TABLETS	100.00	BC26287100	VIMPAT 200MG FILM-COATED TABLETS	104.00	調價
BC26289100	WAKA-QUETIAPINE XR 200	0.00	BC26289100	WAKA-QUETIAPINE XR 200	35.80	刪除
BC26290100	WAKA-QUETIAPINE XR 300	0.00	BC26290100	WAKA-QUETIAPINE XR 300	43.80	刪除
BC26292443	STRIVERDI RESPIMAT 2.5 MICROGRAM SOLUTION FOR INHALATION	923.00	BC26292443	STRIVERDI RESPIMAT 2.5 MICROGRAM SOLUTION FOR INHALATION	943.00	調價
BC26298100	NESINA TABLETS 25MG	18.70	BC26298100	NESINA TABLETS 25MG	20.20	調價
BC26301443	Ultibro Breezhaler 110/50 microgram, inhalation powder hard capsules	1245.00	BC26301443	Ultibro Breezhaler 110/50 microgram, inhalation powder hard capsules	1267.00	調價
BC26302321	AXCEL ACYCLOVIR CREAM	41.10	BC26302321	AXCEL ACYCLOVIR CREAM	41.20	調價
BC26304225	ELIGARD 7.5 MG, POWDER AND SOLVENT FOR SOLUTION FOR INJECTION	3807.00	BC26304225	ELIGARD 7.5 MG, POWDER AND SOLVENT FOR SOLUTION FOR INJECTION	3950.00	調價
BC263052FQ	ELIGARD 22.5 MG, POWDER AND SOLVENT FOR SOLUTION FOR INJECTION	8601.00	BC263052FQ	ELIGARD 22.5 MG, POWDER AND SOLVENT FOR SOLUTION FOR INJECTION	9025.00	調價
BC26307209	TOPOTECAN BIOPRO POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION	0.00	BC26307209	TOPOTECAN BIOPRO POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION	2034.00	刪除
BC26307219	TOPOTECAN BIOPRO POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION	6546.00	BC26307219	TOPOTECAN BIOPRO POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION	7007.00	調價
BC26308100	Voriconazole Sandoz Film-Coated Tablets 50mg	0.00	BC26308100	Voriconazole Sandoz Film-Coated Tablets 50mg	329.00	刪除
BC26309100	Voriconazole Sandoz Film-Coated Tablets 200mg	1117.00	BC26309100	Voriconazole Sandoz Film-Coated Tablets 200mg	1143.00	調價
BC26310100	ZETLAM	44.80	BC26310100	ZETLAM	53.00	調價

BC26313100	LETERO FILM COATING TABLET 2.5MG	38.70	BC26313100	LETERO FILM COATING TABLET 2.5MG	41.00	調價
BC26315143	ANORO ELLIPTA 55/22 MCG INHALATION POWDER	1271.00	BC26315143	ANORO ELLIPTA 55/22 MCG INHALATION POWDER	1299.00	調價
BC26318143	RELVAR ELLIPTA 92/22 MCG INHALATION POWDER	800.00	BC26318143	RELVAR ELLIPTA 92/22 MCG INHALATION POWDER	818.00	調價
BC26321100	LOSARTAN JUBILANT FILM-COATED TABLET 50MG	4.11	BC26321100	LOSARTAN JUBILANT FILM-COATED TABLET 50MG	4.82	調價
BC26328100	FYCOMPA FILM-COATED TABLETS 2MG	57.00	BC26328100	FYCOMPA FILM-COATED TABLETS 2MG	58.00	調價
BC26329100	FYCOMPA FILM-COATED TABLETS 4MG	111.00	BC26329100	FYCOMPA FILM-COATED TABLETS 4MG	114.00	調價
BC26331100	LAMIDUS 25 TABLETS	0.00	BC26331100	LAMIDUS 25 TABLETS	7.30	刪除
BC26334209	DAXOTEL INJECTION CONCENTRATE 20MG/ML	3199.00	BC26334209	DAXOTEL INJECTION CONCENTRATE 20MG/ML	3489.00	調價
BC26334219	DAXOTEL INJECTION CONCENTRATE 20MG/ML	10751.00	BC26334219	DAXOTEL INJECTION CONCENTRATE 20MG/ML	11800.00	調價
BC26337100	VORICONAZOLE MYLAN 200MG	1117.00	BC26337100	VORICONAZOLE MYLAN 200MG	1143.00	調價
BC26345157	Flutiform 125/5mcg per actuation Pressurised, Inhalation, Suspension	651.00	BC26345157	Flutiform 125/5mcg per actuation Pressurised, Inhalation, Suspension	690.00	調價
BC26346277	CEFTRIAXONE KABI 0.5G POWDER FOR SOLUTION FOR INJECTION	54.00	BC26346277	CEFTRIAXONE KABI 0.5G POWDER FOR SOLUTION FOR INJECTION	63.00	調價
BC26347209	CEFTRIAXONE KABI 1G POWDER FOR SOLUTION FOR INJECTION	82.00	BC26347209	CEFTRIAXONE KABI 1G POWDER FOR SOLUTION FOR INJECTION	100.00	調價
BC26349297	Alvoclav powder for solution for injection 1000mg/200mg	74.00	BC26349297	Alvoclav powder for solution for injection 1000mg/200mg	85.00	調價
BC26350100	LIPISTAD 10	9.00	BC26350100	LIPISTAD 10	10.70	調價

BC26367100	APO-ROSUVASTATIN TABLET 20MG	22.20	BC26367100	APO-ROSUVASTATIN TABLET 20MG	23.10	調價
BC26368100	APO-ROSUVASTATIN TABLET 10MG	13.40	BC26368100	APO-ROSUVASTATIN TABLET 10MG	13.10	調價
BC26369100	TELCARD 80	11.60	BC26369100	TELCARD 80	13.10	調價
BC26376100	POSANOL TABLETS 100MG	594.00	BC26376100	POSANOL TABLETS 100MG	617.00	調價
BC26383100	VATIVIO FILM-COATED TABLETS 100MG	0.00	BC26383100	VATIVIO FILM-COATED TABLETS 100MG	565.00	刪除
BC26385255	ZOLDRIA 4MG/100ML SOLUTION FOR INFUSION	0.00	BC26385255	ZOLDRIA 4MG/100ML SOLUTION FOR INFUSION	6028.00	刪除
BC26387235	Caxatin Solution for Intravenous Infusion 10mg/ml	1448.00	BC26387235	Caxatin Solution for Intravenous Infusion 10mg/ml	1712.00	調價
BC26396100	RABEPRAZOLE SODIUM GASTRO RESISTANT MYLAN 20MG	8.70	BC26396100	RABEPRAZOLE SODIUM GASTRO RESISTANT MYLAN 20MG	9.70	調價
BC26397100	MYCOPHENOLATE MOFETIL TEVA HARD CAPSULES 250MG	41.30	BC26397100	MYCOPHENOLATE MOFETIL TEVA HARD CAPSULES 250MG	42.80	調價
BC26405100	JARDIANCE 25MG FILM-COATED TABLETS	29.30	BC26405100	JARDIANCE 25MG FILM-COATED TABLETS	30.30	調價
BC26406100	JARDIANCE 10MG FILM-COATED TABLETS	29.30	BC26406100	JARDIANCE 10MG FILM-COATED TABLETS	30.30	調價
BC26415100	LERCANIDIPINE MYLAN 10MG	5.50	BC26415100	LERCANIDIPINE MYLAN 10MG	6.00	調價
BC26419209	FOLOTYN (PRALATREXATE INJECTION) SOLUTION FOR INTRAVENOUS INJECTION	21993.00	BC26419209	FOLOTYN (PRALATREXATE INJECTION) SOLUTION FOR INTRAVENOUS INJECTION	22192.00	調價
BC26442100	Tecta 40mg enteric coated tablet	10.10	BC26442100	Tecta 40mg enteric coated tablet	11.70	調價
BC26447100	PRAMIPEXOLE DIHYDROCHLRODIE TABLETS MYLAN 0.25MG	9.00	BC26447100	PRAMIPEXOLE DIHYDROCHLRODIE TABLETS MYLAN 0.25MG	9.50	調價
BC26453100	PMS-DESMOPRESSIN TABLETS 0.1MG	37.90	BC26453100	PMS-DESMOPRESSIN TABLETS 0.1MG	39.20	調價
BC26455100	VALACYCLOVIR MYLAN 500MG	52.00	BC26455100	VALACYCLOVIR MYLAN 500MG	57.00	調價

BC26465100	DAFIRO HCT 5/160/12.5MG FILM-COATED TABLETS	14.50	BC26465100	DAFIRO HCT 5/160/12.5MG FILM-COATED TABLETS	15.60	調價
BC26467100	DAFIRO HCT 10/160/12.5MG FILM-COATED TABLETS	20.00	BC26467100	DAFIRO HCT 10/160/12.5MG FILM-COATED TABLETS	20.90	調價
BC26468100	DAFIRO HCT 10/160/25MG FILM-CATED TABLETS	20.00	BC26468100	DAFIRO HCT 10/160/25MG FILM-CATED TABLETS	20.90	調價
BC26472100	ZYSAR 8 (CANDESARTAN CILEXETIL TABLETS 8MG)	6.90	BC26472100	ZYSAR 8 (CANDESARTAN CILEXETIL TABLETS 8MG)	7.50	調價
BC26475100	FORXIGA FILM-COATED TABLETS 5MG	28.10	BC26475100	FORXIGA FILM-COATED TABLETS 5MG	28.60	調價
BC26476100	FORXIGA FILM-COATED TABLETS 10MG	28.10	BC26476100	FORXIGA FILM-COATED TABLETS 10MG	28.60	調價
BC26484255	ABRAXANE FOR INJECTABLE SUSPENSION	7812.00	BC26484255	ABRAXANE FOR INJECTABLE SUSPENSION	7854.00	調價
BC26485100	AZICINE CAPSULES 250MG	17.50	BC26485100	AZICINE CAPSULES 250MG	20.80	調價
BC26491100	MOXETERO (MOXIFLOXACIN HCL TABLETS 400MG)	80.00	BC26491100	MOXETERO (MOXIFLOXACIN HCL TABLETS 400MG)	86.00	調價
BC26496100	CANDESARTAN AND HYDROCHLOROTHIAZIDE MYLAN 16MG/12.5MG	8.70	BC26496100	CANDESARTAN AND HYDROCHLOROTHIAZIDE MYLAN 16MG/12.5MG	9.60	調價
BC26497100	ROSUVASTATIN MYLAN 10MG	13.40	BC26497100	ROSUVASTATIN MYLAN 10MG	12.90	調價
BC26500143	INCRUSE ELLIPTA 55 MCG INHALATION POWDER	1112.00	BC26500143	INCRUSE ELLIPTA 55 MCG INHALATION POWDER	1135.00	調價
BC26503100	TELCARD 40	6.90	BC26503100	TELCARD 40	7.70	調價
BC26514100	PMS-PREGABALIN CAPSULES 75MG	15.90	BC26514100	PMS-PREGABALIN CAPSULES 75MG	16.70	調價
BC26520100	SEVIKAR 5/40MG FILM COATED TABLETS	16.80	BC26520100	SEVIKAR 5/40MG FILM COATED TABLETS	18.50	調價
BC26526209	Meropenem "U-NEURON" Powder for Solution for IV Injection	525.00	BC26526209	Meropenem "U-NEURON" Powder for Solution for IV Injection	588.00	調價

BC26526277	Meropenem "U-NEURON" Powder for Solution for IV Injection	284.00	BC26526277	Meropenem "U-NEURON" Powder for Solution for IV Injection	305.00	調價
BC26527100	JUBILANT DONEPEZIL 10MG FILM-COATED TABLETS	57.00	BC26527100	JUBILANT DONEPEZIL 10MG FILM-COATED TABLETS	61.00	調價
BC26541221	CISATRACURIUM KABI 2MG/ML SOLUTION FOR INJECTION/INFUSION	56.00	BC26541221	CISATRACURIUM KABI 2MG/ML SOLUTION FOR INJECTION/INFUSION	57.00	調價
BC26543100	Alvostat film coated tablets 10mg	13.40	BC26543100	Alvostat film coated tablets 10mg	13.00	調價
BC26544100	Alvostat film coated tablets 20mg	22.20	BC26544100	Alvostat film coated tablets 20mg	24.40	調價
BC26552100	Ezetimibe Sandoz 10mg Tablets	6.60	BC26552100	Ezetimibe Sandoz 10mg Tablets	9.20	調價
BC26557100	TELCARD 20	5.00	BC26557100	TELCARD 20	5.10	調價
BC26564100	FEMAPLEX FILM COATED TABLET 2.5MG	0.00	BC26564100	FEMAPLEX FILM COATED TABLET 2.5MG	41.00	刪除
BC26565100	BINOSTO (ALENDRONATE SODIUM) EFFERVESCENT TABLETS FOR ORAL SOLUTION, 70 MG	152.00	BC26565100	BINOSTO (ALENDRONATE SODIUM) EFFERVESCENT TABLETS FOR ORAL SOLUTION, 70 MG	166.00	調價
BC26566100	BICATERO 50	75.00	BC26566100	BICATERO 50	87.00	調價
BC265702E2	POSANOL 18MG/ML CONCENTRATE FOR SOLUTION FOR INFUSION	7731.00	BC265702E2	POSANOL 18MG/ML CONCENTRATE FOR SOLUTION FOR INFUSION	7982.00	調價
BC26571100	PMS-METHYLPHENIDATE ER 36MG TABLETS	0.00	BC26571100	PMS-METHYLPHENIDATE ER 36MG TABLETS	47.50	刪除
BC26572221	"BIOADAMANT" DOXOTIL SOLUTION FOR INJECTION 2MG/ML	0.00	BC26572221	"BIOADAMANT" DOXOTIL SOLUTION FOR INJECTION 2MG/ML	417.00	刪除
BC26572240	"BIOADAMANT" DOXOTIL SOLUTION FOR INJECTION 2MG/ML	0.00	BC26572240	"BIOADAMANT" DOXOTIL SOLUTION FOR INJECTION 2MG/ML	2458.00	刪除
BC26578100	Tafinlar Capsules 50mg	672.00			#NULL!	新增
BC26579100	Tafinlar Capsules 75mg	908.00			#NULL!	新增

BC26581100	LETROZOLE-ACEPHARM F.C. TABLETS 2.5MG	0.00	BC26581100	LETROZOLE-ACEPHARM F.C. TABLETS 2.5MG	41.00	刪除
BC26582100	AMLODIPINE BESYLATE AND ATORVASTATIN MYLAN 10MG/10MG	7.60	BC26582100	AMLODIPINE BESYLATE AND ATORVASTATIN MYLAN 10MG/10MG	10.10	調價
BC26591221	SETROVEL INJECTION 5MG/5ML	0.00	BC26591221	SETROVEL INJECTION 5MG/5ML	370.00	刪除
BC26593100	ZYDUS ARIPIPRAZOLE TABLET 15MG	47.30	BC26593100	ZYDUS ARIPIPRAZOLE TABLET 15MG	47.10	調價
BC26597100	ZYDUS ARIPIPRAZOLE TABLETS 5MG	33.00	BC26597100	ZYDUS ARIPIPRAZOLE TABLETS 5MG	31.50	調價
BC26598100	WONTRAN ER	9.20	BC26598100	WONTRAN ER	9.50	調價
BC26599100	LIXIANA F.C. TABLETS 60MG	73.00	BC26599100	LIXIANA F.C. TABLETS 60MG	75.00	調價
BC26600100	LIXIANA F.C. TABLETS 30MG	73.00	BC26600100	LIXIANA F.C. TABLETS 30MG	75.00	調價
BC26601100	LIXIANA F.C. TABLETS 15MG	73.00	BC26601100	LIXIANA F.C. TABLETS 15MG	75.00	調價
BC26604100	STADNEX 40 CAP	6.10	BC26604100	ESOMEPRAZOL STADA 40MG	6.50	調價
BC26611280	ZINFORO 600 MG POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION	1423.00	BC26611280	ZINFORO 600 MG POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION	1485.00	調價
BC26612100	WAKA MEMO 10	0.00	BC26612100	WAKA MEMO 10	8.20	刪除
BC26615405	TAFLOTAN-S OPHTHALMIC SOLUTION	13.80	BC26615405	TAFLOTAN-S OPHTHALMIC SOLUTION	15.20	調價
BC26622100	PANTOPRAZOLE 40MG GASTRO RESISTANT TABLET	10.10	BC26622100	PANTOPRAZOLE 40MG GASTRO RESISTANT TABLET	11.70	調價
BC26625100	"BIOADAMANT" BICAMIDE FILM COATED TABLETS 150MG	0.00	BC26625100	"BIOADAMANT" BICAMIDE FILM COATED TABLETS 150MG	191.00	刪除
BC26626100	"BIOADAMANT" BICAMIDE FILM COATED TABLETS 50MG	0.00	BC26626100	"BIOADAMANT" BICAMIDE FILM COATED TABLETS 50MG	87.00	刪除
BC266272AF	DBL GEMCITABINE FOR INJECTION	598.00	BC266272AF	DBL GEMCITABINE FOR INJECTION	703.00	調價
BC266272FS	DBL GEMCITABINE FOR INJECTION	2854.00	BC266272FS	DBL GEMCITABINE FOR INJECTION	3369.00	調價
BC26631100	DICETEL 100MG FILM COATED TABLETS	5.30	BC26631100	DICETEL 100MG FILM COATED TABLETS	6.20	調價
BC26633414	XALANOL EYE DROP	542.00	BC26633414	XALANOL EYE DROP	557.00	調價

BC26634100	XTANDI SOFT CAPSULES 40 MG	645.00	BC26634100	XTANDI SOFT CAPSULES 40 MG	659.00	調價
BC26637100	METSAFE 1000 ER	1.89	BC26637100	METSAFE 1000 ER	1.98	調價
BC266371G0	METSAFE 1000 ER(鋁箔/膠箔)	2.00			#NULL!	新增
BC26640414	XALAPROST EYE DROPS	439.00	BC26640414	XALAPROST EYE DROPS	452.00	調價
BC26641100	EXEMESTANE/GENEPHARM FILM COATED TABLETS 25MG	0.00	BC26641100	EXEMESTANE/GENEPHARM FILM COATED TABLETS 25MG	47.90	刪除
BC26643100	ATOZET F.C. TABLETS 10/10MG	17.30	BC26643100	ATOZET F.C. TABLETS 10/10MG	21.00	調價
BC26653100	COVERAM 5MG / 5MG	9.40	BC26653100	COVERAM 5MG / 5MG	9.50	調價
BC26655229	ONIVYDE TM (IRINOTECAN LIPOSOME INJECTION) 5MG/ML	23734.00	BC26655229	ONIVYDE TM (IRINOTECAN LIPOSOME INJECTION) 5MG/ML	25917.00	調價
BC26656100	Imbruvica Capsules 140mg	1922.00	BC26656100	Imbruvica Capsules 140mg	2260.00	調價
BC266571E7	SYMBICORT RAPIHALER 160/4.5UG/DOSE	969.00	BC266571E7	SYMBICORT RAPIHALER 160/4.5UG/DOSE	1005.00	調價
BC26658100	Azithromycin Sandoz Film-coated Tablets 250mg	17.50	BC26658100	Azithromycin Sandoz Film-coated Tablets 250mg	20.80	調價
BC26659100	TELSAR 80 (TELMISARTAN TABLETS 80MG)	11.60	BC26659100	TELSAR 80 (TELMISARTAN TABLETS 80MG)	13.10	調價
BC26667100	LATUDA (LURASIDONE HYDROCHLORIDE) 80 MG TABLET	92.00	BC26667100	LATUDA (LURASIDONE HYDROCHLORIDE) 80 MG TABLET	94.00	調價
BC26668100	LATUDA (LURASIDONE HYDROCHLORIDE) 40 MG TABLET	47.20	BC26668100	LATUDA (LURASIDONE HYDROCHLORIDE) 40 MG TABLET	50.00	調價
BC26670100	ENTRESTO 50mg film-coated tablets	59.00	BC26670100	ENTRESTO 50mg film-coated tablets	76.00	調價
BC26671100	ENTRESTO 200mg film-coated tablets	59.00	BC26671100	ENTRESTO 200mg film-coated tablets	76.00	調價
BC26672100	ENTRESTO 100mg film-coated tablets	59.00	BC26672100	ENTRESTO 100mg film-coated tablets	76.00	調價
BC26676229	BW-FLUCIL 50MG/ML SOLUTION FOR INJECTION	0.00	BC26676229	BW-FLUCIL 50MG/ML SOLUTION FOR INJECTION	57.00	刪除

BC26676238	BW-FLUCIL 50MG/ML SOLUTION FOR INJECTION	0.00	BC26676238	BW-FLUCIL 50MG/ML SOLUTION FOR INJECTION	115.00	刪除
BC26676255	BW-FLUCIL 50MG/ML SOLUTION FOR INJECTION	0.00	BC26676255	BW-FLUCIL 50MG/ML SOLUTION FOR INJECTION	414.00	刪除
BC26678414	IZBA 30 ug/ml Eye Drops, Solution	426.00	BC26678414	IZBA 30 ug/ml Eye Drops, Solution	448.00	調價
BC26681100	OSENI TABLETS 12.5MG/15MG	0.00	BC26681100	OSENI TABLETS 12.5MG/15MG	17.70	刪除
BC26682100	OSENI TABLETS 12.5MG/30MG	0.00	BC26682100	OSENI TABLETS 12.5MG/30MG	19.90	刪除
BC26683100	OSENI TABLETS 25MG/30MG	22.80	BC26683100	OSENI TABLETS 25MG/30MG	23.90	調價
BC26698263	Voriconazole Sandoz Lyophilized Powder for Injection	3914.00	BC26698263	Voriconazole Sandoz Lyophilized Powder for Injection	4009.00	調價
BC26699221	CIAZIL SOLUTION FOR INJECTION 2MG/ML	0.00	BC26699221	CIAZIL SOLUTION FOR INJECTION 2MG/ML	458.00	刪除
BC26699240	CIAZIL SOLUTION FOR INJECTION 2MG/ML	0.00	BC26699240	CIAZIL SOLUTION FOR INJECTION 2MG/ML	2554.00	刪除
BC26700100	NEBILET 5 MG	4.41	BC26700100	NEBILET 5 MG	4.74	調價
BC26701100	FLOXSAFE 400 (MOXIFLOXACIN TABLETS 400MG)	80.00	BC26701100	FLOXSAFE 400 (MOXIFLOXACIN TABLETS 400MG)	86.00	調價
BC26702209	CEFTAZIDIME KABI 1G, POWDER FOR SOLUTION FOR INJECTION	39.20	BC26702209	CEFTAZIDIME KABI 1G, POWDER FOR SOLUTION FOR INJECTION	43.30	調價
BC26703212	CEFTAZIDIME KABI 2G, POWDER FOR SOLUTION FOR INJECTION OR INFUSION	199.00	BC26703212	CEFTAZIDIME KABI 2G, POWDER FOR SOLUTION FOR INJECTION OR INFUSION	235.00	調價
BC267042AA	Pamorelin 3.75mg, Powder for Suspension for Injection	3311.00	BC267042AA	Pamorelin 3.75mg, Powder for Suspension for Injection	3431.00	調價
BC267052CN	PAMORELIN 11.25MG, POWDER FOR SUSPENSION FOR INJECTION	10406.00	BC267052CN	PAMORELIN 11.25MG, POWDER FOR SUSPENSION FOR INJECTION	10753.00	調價
BC267062FQ	PAMORELIN 22.5MG, POWDER FOR SUSPENSION FOR INJECTION	20553.00	BC267062FQ	PAMORELIN 22.5MG, POWDER FOR SUSPENSION FOR INJECTION	20566.00	調價
BC26714100	Valgovir 450 F.C. Tablets	401.00	BC26714100	Valgovir 450 F.C. Tablets	432.00	調價

BC26715209	VAXCEL CEFEPIME 1G IV INJECTION	242.00	BC26715209	VAXCEL CEFEPIME 1G IV INJECTION	283.00	調價
BC26716100	HEPWIN F.C. TABLETS 1MG	132.00	BC26716100	HEPWIN F.C. TABLETS 1MG	138.00	調價
BC26717100	HEPWIN F.C. TABLETS 0.5MG	94.00	BC26717100	HEPWIN F.C. TABLETS 0.5MG	103.00	調價
BC26719100	LATUDA (LURASIDONE HYDROCHLORIDE) 20 MG TABLET	24.30	BC26719100	LATUDA (LURASIDONE HYDROCHLORIDE) 20 MG TABLET	25.90	調價
BC26722100	Nykob 5mg Orodispersible Tablets	0.00	BC26722100	Nykob 5mg Orodispersible Tablets	45.30	刪除
BC26723100	Nykob 10mg Orodispersible Tablets	0.00	BC26723100	Nykob 10mg Orodispersible Tablets	76.00	刪除
BC26727212	RAMGIC (TRAMADOL HCL INJECTION 50MG/ML)	25.90	BC26727212	RAMGIC (TRAMADOL HCL INJECTION 50MG/ML)	28.50	調價
BC26734100	PIRESPA TABLETS 200 MG	129.00	BC26734100	PIRESPA TABLETS 200 MG	134.00	調價
BC26737209	Meropenem Kabi Powder for Solution for injection or infusion 500 mg, 1g	525.00	BC26737209	Meropenem Kabi Powder for Solution for injection or infusion 500 mg, 1g	588.00	調價
BC26737277	Meropenem Kabi Powder for Solution for injection or infusion 500 mg, 1g	284.00	BC26737277	Meropenem Kabi Powder for Solution for injection or infusion 500 mg, 1g	305.00	調價
BC26741277	Imipenem/Cilastatin Kabi 500mg/500mg Powder for Solution for Infusion	275.00	BC26741277	Imipenem/Cilastatin Kabi 500mg/500mg Powder for Solution for Infusion	316.00	調價
BC26747277	KLARICID IV 500MG	351.00	BC26747277	KLARICID IV 500MG	364.00	調價
BC26751100	PMS-METHYLPHENIDATE ER 18MG TABLETS	0.00	BC26751100	PMS-METHYLPHENIDATE ER 18MG TABLETS	26.70	刪除
BC26752100	ARIMAC 10	57.00	BC26752100	ARIMAC 10	61.00	調價
BC26753414	XALAPROST EYE DROPS SOLUTION 50MCG/ML	439.00	BC26753414	XALAPROST EYE DROPS SOLUTION 50MCG/ML	452.00	調價
BC26762100	NUCOXIA 60 (ETORICOXIB TABLETS 60MG)	4.13	BC26762100	NUCOXIA 60 (ETORICOXIB TABLETS 60MG)	5.70	調價

BC26765209	CEFEPIME KABI 1G, POWDER FOR SOLUTION FOR INJECTION OR INFUSION	242.00	BC26765209	CEFEPIME KABI 1G, POWDER FOR SOLUTION FOR INJECTION OR INFUSION	283.00	調價
BC26770405	TAPCOM-S OPHTHALMIC SOLUTION	15.50	BC26770405	TAPCOM-S OPHTHALMIC SOLUTION	17.70	調價
BC26772100	LEVIN-500 (LEVOFLOXACIN TABLETS 500MG)	20.90	BC26772100	LEVIN-500 (LEVOFLOXACIN TABLETS 500MG)	25.10	調價
BC26777100	Inovelon Film-coated Tablets 200 mg	38.10	BC26777100	Inovelon Film-coated Tablets 200 mg	38.90	調價
BC26778100	Inovelon Film-coated Tablets 400 mg	66.00	BC26778100	Inovelon Film-coated Tablets 400 mg	69.00	調價
BC26783138	MEGEX-I SUSPENSION	131.00	BC26783138	MEGEX-I SUSPENSION	133.00	調價
BC26783164	MEGEX-I SUSPENSION	1735.00	BC26783164	MEGEX-I SUSPENSION	1872.00	調價
BC26785100	MONTE-H 5 (MONTELUKAST CHEWABLE TABLETS 5MG)	9.30	BC26785100	MONTE-H 5 (MONTELUKAST CHEWABLE TABLETS 5MG)	10.70	調價
BC26791100	EXEMESTANE-ACEPHARM 25MG F.C. TABLETS	0.00	BC26791100	EXEMESTANE-ACEPHARM 25MG F.C. TABLETS	47.90	刪除
BC26799265	ALVOLES LYOPHILIZED FOR INJECTION 250MG	0.00	BC26799265	ALVOLES LYOPHILIZED FOR INJECTION 250MG	334.00	刪除
BC268161FL	FOSTER NEXTHALER	708.00	BC268161FL	FOSTER NEXTHALER	740.00	調價
BC26817100	Mekinist Film-Coated Tablets 0.5mg	1010.00			#NULL!	新增
BC26818100	Mekinist Film-Coated Tablets 2mg	3636.00			#NULL!	新增
BC26820100	HETLOSAR 50 (LOSARTAN TABLETS 50MG)	4.11	BC26820100	HETLOSAR 50 (LOSARTAN TABLETS 50MG)	4.82	調價
BC26830100	HETLOSAR 100 (LOSARTAN TABLETS 100MG)	5.80	BC26830100	HETLOSAR 100 (LOSARTAN TABLETS 100MG)	6.60	調價
BC26837100	LEVIN-250 (LEVOFLOXACIN TABLETS 250MG)	11.30	BC26837100	LEVIN-250 (LEVOFLOXACIN TABLETS 250MG)	12.20	調價
BC26839100	POMALYST 4mg capsules	9047.00	BC26839100	POMALYST 4mg capsules	9215.00	調價
BC26840100	POMALYST 3mg capsules	9047.00	BC26840100	POMALYST 3mg capsules	9215.00	調價
BC26841100	POMALYST 2mg capsules	9047.00	BC26841100	POMALYST 2mg capsules	9215.00	調價

BC26842100	POMALYST 1mg capsules	9047.00	BC26842100	POMALYST 1mg capsules	9215.00	調價
BC26843414	XALAMOL EYE DROPS SOLUTION 50MCG+5MG/ML	542.00	BC26843414	XALAMOL EYE DROPS SOLUTION 50MCG+5MG/ML	557.00	調價
BC26853100	CELEXIB CAPSULE 200MG	4.66	BC26853100	CELEXIB CAPSULE 200MG	3.98	調價
BC26858245	ALPANZOLE 40MG LYOPHILIZED FOR INJECTION	119.00	BC26858245	ALPANZOLE 40MG LYOPHILIZED FOR INJECTION	131.00	調價
BC26860221	Variquel 0.2mg/ml Solution for Injection	805.00	BC26860221	Variquel 0.2mg/ml Solution for Injection	868.00	調價
BC26869100	RYTMONORM SR 225MG CAPSULES	8.80	BC26869100	RYTMONORM SR 225MG CAPSULES	9.00	調價
BC26870100	RYTMONORM SR 325MG CAPSULES	11.00	BC26870100	RYTMONORM SR 325MG CAPSULES	11.60	調價
BC26871100	RYTMONORM SR 425MG CAPSULES	14.70	BC26871100	RYTMONORM SR 425MG CAPSULES	15.60	調價
BC26876100	DONEPEZIL MYLAN 5MG	55.00	BC26876100	DONEPEZIL MYLAN 5MG	60.00	調價
BC26900100	ZYROVA 20 (ROSUVASTATIN TABLETS 20MG)	22.20	BC26900100	ZYROVA 20 (ROSUVASTATIN TABLETS 20MG)	24.20	調價
BC26914100	Capecitabine Alvogen 500mg Film-Coated Tablets	90.00	BC26914100	Capecitabine Alvogen 500mg Film-Coated Tablets	97.00	調價
BC26915229	VAXCEL ACYCLOVIR 25MG/ML IV INFUSION	287.00	BC26915229	VAXCEL ACYCLOVIR 25MG/ML IV INFUSION	334.00	調價
BC26921255	DBL PEMETREXED (AS DISODIUM) POWDER FOR INJECTION	0.00	BC26921255	DBL PEMETREXED (AS DISODIUM) POWDER FOR INJECTION	5782.00	刪除
BC26921277	DBL PEMETREXED (AS DISODIUM) POWDER FOR INJECTION	0.00	BC26921277	DBL PEMETREXED (AS DISODIUM) POWDER FOR INJECTION	26226.00	刪除
BC26933100	LENVIMA CAPSULES 4 MG	971.00	BC26933100	LENVIMA CAPSULES 4 MG	1214.00	調價
BC26934100	LENVIMA CAPSULES 10 MG	971.00	BC26934100	LENVIMA CAPSULES 10 MG	1214.00	調價
BC269353BP	TRANSTEC 35UG/H, TRANSDERMAL PATCH	114.00	BC269353BP	TRANSTEC 35UG/H, TRANSDERMAL PATCH	118.00	調價
BC269363BQ	TRANSTEC 52.5UG/H, TRANSDERMAL PATCH	157.00	BC269363BQ	TRANSTEC 52.5UG/H, TRANSDERMAL PATCH	162.00	調價

BC269422EW	INVEGA TRINZA PROLONGED-RELEASE SUSPENSION FOR INJECTION	23938.00	BC269422EW	INVEGA TRINZA PROLONGED-RELEASE SUSPENSION FOR INJECTION	24573.00	調價
BC269422FV	INVEGA TRINZA PROLONGED-RELEASE SUSPENSION FOR INJECTION	11402.00	BC269422FV	INVEGA TRINZA PROLONGED-RELEASE SUSPENSION FOR INJECTION	12086.00	調價
BC269422FW	INVEGA TRINZA PROLONGED-RELEASE SUSPENSION FOR INJECTION	17773.00	BC269422FW	INVEGA TRINZA PROLONGED-RELEASE SUSPENSION FOR INJECTION	19016.00	調價
BC269422FX	INVEGA TRINZA PROLONGED-RELEASE SUSPENSION FOR INJECTION	26582.00	BC269422FX	INVEGA TRINZA PROLONGED-RELEASE SUSPENSION FOR INJECTION	27260.00	調價
BC26944100	Tecavir 1	133.00	BC26944100	Tecavir 1	140.00	調價
BC26945100	Tecavir 0.5	94.00	BC26945100	Tecavir 0.5	102.00	調價
BC26946421	SIMBRINZA* 10mg/ml + 2mg/ml eye drops, suspension	325.00	BC26946421	SIMBRINZA* 10mg/ml + 2mg/ml eye drops, suspension	346.00	調價
BC26950100	CANAGLU TABLETS 100MG	27.90	BC26950100	CANAGLU TABLETS 100MG	28.50	調價
BC26960100	CAPECITABINE TEVA FILM-COATED TABLETS 500MG	90.00	BC26960100	CAPECITABINE TEVA FILM-COATED TABLETS 500MG	97.00	調價
BC26961100	PHARACETAM FILM-COATED TABLETS 500MG	22.30	BC26961100	PHARACETAM FILM-COATED TABLETS 500MG	20.40	調價
BC26963100	KETOROLAC TABLET, 10MG	4.13	BC26963100	KETOROLAC TABLET, 10MG	4.40	調價
BC26967100	CANDESARTAN MYLAN 8MG	6.90	BC26967100	CANDESARTAN MYLAN 8MG	7.50	調價
BC26968100	TAGRISSO FILM-COATED TABLETS 80 MG	3635.00	BC26968100	TAGRISSO FILM-COATED TABLETS 80 MG	5649.00	調價
BC26969100	TAGRISSO FILM-COATED TABLETS 40 MG	3635.00	BC26969100	TAGRISSO FILM-COATED TABLETS 40 MG	5649.00	調價
BC26985266	ABILIFY MAINTENA (ARIPIPRAZOLE) FOR EXTENDED-RELEASE INJECTABLE SUSPENSION, 300MG/PRE-FILLED DUAL CHAMBER SYRINGE	7954.00	BC26985266	ABILIFY MAINTENA (ARIPIPRAZOLE) FOR EXTENDED-RELEASE INJECTABLE SUSPENSION, 300MG/PRE-FILLED DUAL CHAMBER SYRINGE	8212.00	調價

BC26987271	ABILIFY MAINTENA (ARIPIPRAZOLE) FOR EXTENDED-RELEASE INJECTABLE SUSPENSION, 400MG/PRE-FILLED DUAL CHAMBER SYRINGE	7954.00	BC26987271	ABILIFY MAINTENA (ARIPIPRAZOLE) FOR EXTENDED-RELEASE INJECTABLE SUSPENSION, 400MG/PRE-FILLED DUAL CHAMBER SYRINGE	8212.00	調價
BC26989100	TELCARD H 80/25	11.60	BC26989100	TELCARD H 80/25	13.10	調價
BC26991100	VIACORAM 7MG/5MG	0.00	BC26991100	VIACORAM 7MG/5MG	9.50	刪除
BC26992100	VALETERO 320 (VALSARTAN TABLETS 320MG)	28.20	BC26992100	VALETERO 320 (VALSARTAN TABLETS 320MG)	30.50	調價
BC26995100	BRINTELLIX FILM-COATED TABLETS 5MG	16.50	BC26995100	BRINTELLIX FILM-COATED TABLETS 5MG	16.60	調價
BC27002100	LIVALO OD TABLETS 2MG	13.10	BC27002100	LIVALO OD TABLETS 2MG	14.30	調價
BC27006100	CORTIMENT MMX 9MG PROLONGED RELEASE TABLETS	93.00	BC27006100	CORTIMENT MMX 9MG PROLONGED RELEASE TABLETS	98.00	調價
BC27011100	MEGAZON PROLONGED-RELEASE TABLETS 50MG	16.10	BC27011100	MEGAZON PROLONGED-RELEASE TABLETS 50MG	17.20	調價
BC27012100	MEGAZON PROLONGED-RELEASE TABLETS 200MG	30.60	BC27012100	MEGAZON PROLONGED-RELEASE TABLETS 200MG	32.90	調價
BC27013100	MEGAZON PROLONGED-RELEASE TABLETS 400MG	58.00	BC27013100	MEGAZON PROLONGED-RELEASE TABLETS 400MG	61.00	調價
BC27014100	TELMISARTAN/HYDROCHLOROTHIAZIDE MYLAN 80MG/12.5MG	11.60	BC27014100	TELMISARTAN/HYDROCHLOROTHIAZIDE MYLAN 80MG/12.5MG	13.10	調價
BC27015100	ANASTROZOLE 1MG FILM-COATED TABLETS "CYH"	45.30	BC27015100	ANASTROZOLE 1MG FILM-COATED TABLETS "CYH"	51.00	調價
BC27022100	REOSTEO 150MG TABLETS	661.00	BC27022100	REOSTEO 150MG TABLETS	702.00	調價
BC27025100	MEGAZON PROLONGED-RELEASE TABLETS 300MG	37.70	BC27025100	MEGAZON PROLONGED-RELEASE TABLETS 300MG	41.00	調價
BC27028100	ALECENSA 150MG CAPSULES	390.00	BC27028100	ALECENSA 150MG CAPSULES	415.00	調價
BC27029100	Visanne 2 mg tablet	44.90	BC27029100	Visanne 2 mg tablet	45.60	調價
BC27033100	OTSUKA ABILIFY TABLETS 2MG	14.10	BC27033100	OTSUKA ABILIFY TABLETS 2MG	14.50	調價

BC27034143	RELVAR ELLIPTA 184/22 MCG INHALATION POWDER	1234.00	BC27034143	RELVAR ELLIPTA 184/22 MCG INHALATION POWDER	1269.00	調價
BC27035100	JARDIANCE DUO 5/500MG FILM-COATED TABLETS	15.40	BC27035100	JARDIANCE DUO 5/500MG FILM-COATED TABLETS	15.50	調價
BC27036100	JARDIANCE DUO 5/850MG FILM-COATED TABLETS	15.40	BC27036100	JARDIANCE DUO 5/850MG FILM-COATED TABLETS	15.50	調價
BC27037100	JARDIANCE DUO 5/1000MG FILM-COATED TABLETS	15.40	BC27037100	JARDIANCE DUO 5/1000MG FILM-COATED TABLETS	15.50	調價
BC27038100	JARDIANCE DUO 12.5/500MG FILM-COATED TABLETS	15.40	BC27038100	JARDIANCE DUO 12.5/500MG FILM-COATED TABLETS	15.50	調價
BC27039100	JARDIANCE DUO 12.5/850MG FILM-COATED TABLETS	15.40	BC27039100	JARDIANCE DUO 12.5/850MG FILM-COATED TABLETS	15.50	調價
BC27040100	JARDIANCE DUO 12.5/1000MG FILM-COATED TABLETS	15.40	BC27040100	JARDIANCE DUO 12.5/1000MG FILM-COATED TABLETS	15.50	調價
BC27042100	RICOVIR F.C. TABLETS	95.00	BC27042100	RICOVIR F.C. TABLETS	115.00	調價
BC27043100	PROBALIN 75MG CAPSULES	15.50	BC27043100	PROBALIN 75MG CAPSULES	16.30	調價
BC27044100	CRESTATIN 10MG TABLETS	13.40	BC27044100	CRESTATIN 10MG TABLETS	13.10	調價
BC27053100	MEGAZON PROLONGED-RELEASE TABLETS 150MG	27.80	BC27053100	MEGAZON PROLONGED-RELEASE TABLETS 150MG	29.20	調價
BC27054100	PREGABALINA KERN PHARMA 75MG CAPSULE	13.20	BC27054100	PREGABALINA KERN PHARMA 75MG CAPSULE	13.70	調價
BC27065100	ARITERO 5 (ARIPIPRAZOLE TABLETS 5MG)	33.00	BC27065100	ARITERO 5 (ARIPIPRAZOLE TABLETS 5MG)	30.60	調價
BC27066255	PEMETREXED FOR INJECTION 100MG/VIAL	5307.00	BC27066255	PEMETREXED FOR INJECTION 100MG/VIAL	5712.00	調價
BC27073100	Glyxambi Film-Coated Tablets 25/5 mg	34.90	BC27073100	Glyxambi Film-Coated Tablets 25/5 mg	35.10	調價
BC27074100	Glyxambi Film-Coated Tablets 10/5 mg	34.90	BC27074100	Glyxambi Film-Coated Tablets 10/5 mg	35.10	調價
BC27082229	OXALIPLATIN MYLAN	1336.00	BC27082229	OXALIPLATIN MYLAN	1635.00	調價
BC27082238	OXALIPLATIN MYLAN	4420.00	BC27082238	OXALIPLATIN MYLAN	5237.00	調價

BC27082245	OXALIPLATIN MYLAN	9681.00	BC27082245	OXALIPLATIN MYLAN	9859.00	調價
BC27083235	CARBOPLATIN MYLAN	1448.00	BC27083235	CARBOPLATIN MYLAN	1712.00	調價
BC270832AP	CARBOPLATIN MYLAN	3058.00	BC270832AP	CARBOPLATIN MYLAN	3567.00	調價
BC27087210	Zerbaxa for Injection	1792.00			#NULL!	新增
BC27093100	AMLOSIN 10 (AMLODIPINE TABLETS 10MG)	3.84	BC27093100	AMLOSIN 10 (AMLODIPINE TABLETS 10MG)	4.30	調價
BC27102100	IBRANCE CAPSULES 75 MG	3054.00	BC27102100	IBRANCE CAPSULES 75 MG	3215.00	調價
BC27103100	IBRANCE CAPSULES 100 MG	3054.00	BC27103100	IBRANCE CAPSULES 100 MG	3215.00	調價
BC27104100	IBRANCE CAPSULES 125 MG	3054.00	BC27104100	IBRANCE CAPSULES 125 MG	3215.00	調價
BC27106209	GEMCITABINE MYLAN	2854.00	BC27106209	GEMCITABINE MYLAN	3369.00	調價
BC27106263	GEMCITABINE MYLAN	598.00	BC27106263	GEMCITABINE MYLAN	703.00	調價
BC27108100	DONEPEZIL FILM-COATED TABLETS 10MG "EGIS"	0.00	BC27108100	DONEPEZIL FILM-COATED TABLETS 10MG "EGIS"	61.00	刪除
BC27111100	STACYTINE 600	5.40	BC27111100	STACYTINE 600	5.60	調價
BC27114100	Xigduo XR Extended-Release Tablets 5mg/500mg	28.10	BC27114100	Xigduo XR Extended-Release Tablets 5mg/500mg	28.60	調價
BC27115100	Xigduo XR Extended-Release Tablets 5mg/1000mg	28.10	BC27115100	Xigduo XR Extended-Release Tablets 5mg/1000mg	28.60	調價
BC27116100	Xigduo XR Extended-Release Tablets 10mg/500mg	28.10	BC27116100	Xigduo XR Extended-Release Tablets 10mg/500mg	28.60	調價
BC27117100	Xigduo XR Extended-Release Tablets 10mg/1000mg	28.10	BC27117100	Xigduo XR Extended-Release Tablets 10mg/1000mg	28.60	調價
BC27122100	EPNONE 50 (EPLERENONE TABLETS 50MG)	28.10	BC27122100	EPNONE 50 (EPLERENONE TABLETS 50MG)	28.40	調價
BC27125277	AMINOVEN 15% SOLUTION FOR INFUSION	305.00	BC27125277	AMINOVEN 15% SOLUTION FOR INFUSION	310.00	調價
BC27138206	DOCETAXEL MYLAN	3199.00	BC27138206	DOCETAXEL MYLAN	3489.00	調價
BC27138212	DOCETAXEL MYLAN	10751.00	BC27138212	DOCETAXEL MYLAN	11800.00	調價
BC27139100	AMLOSIN 5 (AMLODIPINE TABLETS 5MG)	3.84	BC27139100	AMLOSIN 5 (AMLODIPINE TABLETS 5MG)	4.30	調價

BC27147100	JUBIUM (ESOMEPRAZOLE GASTRO RESISTANT TABLETS 40MG)	6.10	BC27147100	JUBIUM (ESOMEPRAZOLE GASTRO RESISTANT TABLETS 40MG)	6.50	調價
BC27149100	ARITERO 10 (ARIPIPRAZOLE TABLETS 10MG)	47.30	BC27149100	ARITERO 10 (ARIPIPRAZOLE TABLETS 10MG)	47.50	調價
BC27155219	LEVOPHED SF 1MG/ML CONCENTRATE SOLUTION FOR IV INFUSION	100.00	BC27155219	LEVOPHED SF 1MG/ML CONCENTRATE SOLUTION FOR IV INFUSION	108.00	調價
BC27156100	LINETERO (LINEZOLID TABLETS 600MG)	464.00	BC27156100	LINETERO (LINEZOLID TABLETS 600MG)	492.00	調價
BC27166100	CAPEDA 500MG FILM-COATED TABLETS	90.00	BC27166100	CAPEDA 500MG FILM-COATED TABLETS	97.00	調價
BC27175100	PHARNOMIDE FILM-COATED TABLETS 10MG	26.60	BC27175100	PHARNOMIDE FILM-COATED TABLETS 10MG	29.70	調價
BC27176100	PHARNOMIDE FILM-COATED TABLETS 20MG	35.20	BC27176100	PHARNOMIDE FILM-COATED TABLETS 20MG	38.70	調價
BC27180265	MOXIFLOXACIN KABI 400MG SOLUTION FOR INFUSION	624.00	BC27180265	MOXIFLOXACIN KABI 400MG SOLUTION FOR INFUSION	660.00	調價
BC27182100	CLOPIDOGREL FILM-COATED TABLETS 75MG "EGIS"	32.10	BC27182100	CLOPIDOGREL FILM-COATED TABLETS 75MG "EGIS"	34.40	調價
BC27223405	Ikervis 1mg/1mL eye drops, emulsion	41.50	BC27223405	Ikervis 1mg/1mL eye drops, emulsion	43.20	調價
BC27228100	Linezolid Sandoz 600mg Film-Coated Tablets	0.00	BC27228100	Linezolid Sandoz 600mg Film-Coated Tablets	492.00	刪除
BC27229100	KAPETRAL 500MG FILM-COATED TABLETS	90.00	BC27229100	KAPETRAL 500MG FILM-COATED TABLETS	97.00	調價
BC27233100	AKYNZEO CAPSULES	1871.00	BC27233100	AKYNZEO CAPSULES	1902.00	調價
BC27253100	WAKA CANDI TABLETS 8MG	6.90	BC27253100	WAKA CANDI TABLETS 8MG	7.50	調價
BC27255100	EPNONE 25 (EPLERENONE TABLETS 25MG)	14.50	BC27255100	EPNONE 25 (EPLERENONE TABLETS 25MG)	15.10	調價
BC27256100	ATORVASTATIN "EGIS" 10MG FILM-COATED TABLETS	0.00	BC27256100	ATORVASTATIN "EGIS" 10MG FILM-COATED TABLETS	10.70	刪除
BC27257100	KEAMINE FILM COATED TABLETS	15.50	BC27257100	KEAMINE FILM COATED TABLETS	16.30	調價

BC27258100	CELOFEN 200 (CELECOXIB CAPSULES 200MG)	4.66	BC27258100	CELOFEN 200 (CELECOXIB CAPSULES 200MG)	3.98	調價
BC27283100	ATOZET F.C. TABLETS 10/20MG	17.30	BC27283100	ATOZET F.C. TABLETS 10/20MG	21.00	調價
BC27291100	ZYTIGA FILM-COATED TABLETS 500MG	966.00	BC27291100	ZYTIGA FILM-COATED TABLETS 500MG	980.00	調價
BC27303240	ORIMUSTINE	2218.00	BC27303240	ORIMUSTINE	2350.00	調價
BC27303255	ORIMUSTINE	8255.00	BC27303255	ORIMUSTINE	8818.00	調價
BC27311100	EZZICAD (EZETIMIBE) 10MG TABLETS	6.40	BC27311100	EZZICAD (EZETIMIBE) 10MG TABLETS	8.90	調價
BC27318100	ARIPIPRAZOL KERN PHARMA ODT TABLETS 10MG	47.30	BC27318100	ARIPIPRAZOL KERN PHARMA ODT TABLETS 10MG	46.80	調價
BC27320100	KISQALI 200MG FILM-COATED TABLETS	1100.00	BC27320100	KISQALI? 200mg Film-Coated Tablets	1129.00	調價
BC27332100	AZILECT TABLETS	68.00	BC27332100	AZILECT TABLETS	76.00	調價
BC27333221	ZOLEDRONIC ACID HOSPIRA CONCENTRATE FOR SOLUTION FOR INFUSION 4MG/5ML	0.00	BC27333221	ZOLEDRONIC ACID HOSPIRA CONCENTRATE FOR SOLUTION FOR INFUSION 4MG/5ML	5739.00	刪除
BC27339100	ATORVASTATIN "EGIS" 40MG FILM-COATED TABLETS	0.00	BC27339100	ATORVASTATIN "EGIS" 40MG FILM-COATED TABLETS	22.60	刪除
BC27341100	JINARC TABLETS 15MG	408.00	BC27341100	JINARC TABLETS 15MG	410.00	調價
BC27342100	Jinarc Tablets 30mg	408.00	BC27342100	Jinarc Tablets 30mg	410.00	調價
BC27343100	Jinarc Tablets 45mg	408.00	BC27343100	Jinarc Tablets 45mg	410.00	調價
BC27344100	Jinarc Tablets 60mg	408.00	BC27344100	Jinarc Tablets 60mg	410.00	調價
BC27345100	Jinarc Tablets 90mg	408.00	BC27345100	Jinarc Tablets 90mg	410.00	調價
BC27347277	PEMETREXED "KABI" FOR INJECTION 500MG/VIAL	23707.00	BC27347277	PEMETREXED "KABI" FOR INJECTION 500MG/VIAL	25330.00	調價
BC27348100	DUROTINE 60 (DULOXETINE HYDROCHLORIDE CAPSULES 60MG)	29.50	BC27348100	DUROTINE 60 (DULOXETINE HYDROCHLORIDE CAPSULES 60MG)	28.40	調價
BC27354266	LINEZOLID 2MG/ML SOLUTION FOR INFUSION "KABI"	723.00	BC27354266	LINEZOLID 2MG/ML SOLUTION FOR INFUSION "KABI"	790.00	調價
BC27357100	Venclexta Film-Coated Tablets 10mg	143.00	BC27357100	Venclexta Film-Coated Tablets 10mg	186.00	調價

BC27358100	Venclexta Film-Coated Tablets 50mg	716.00	BC27358100	Venclexta Film-Coated Tablets 50mg	931.00	調價
BC27359100	Venclexta Film-Coated Tablets 100mg	1344.00	BC27359100	Venclexta Film-Coated Tablets 100mg	1676.00	調價
BC27361100	EFIENT F.C. TABLETS 3.75 MG	37.40	BC27361100	EFIENT F.C. TABLETS 3.75 MG	38.10	調價
BC27362100	EFIENT F.C. TABLETS 5 MG	42.70	BC27362100	EFIENT F.C. TABLETS 5 MG	45.00	調價
BC27366100	REXULTI (BREXPIPRAZOLE) TABLETS 2MG	74.00	BC27366100	REXULTI (BREXPIPRAZOLE) TABLETS 2MG	75.00	調價
BC27367100	REXULTI (BREXPIPRAZOLE) TABLETS 3MG	74.00	BC27367100	REXULTI (BREXPIPRAZOLE) TABLETS 3MG	75.00	調價
BC27368100	REXULTI (BREXPIPRAZOLE) TABLETS 4MG	74.00	BC27368100	REXULTI (BREXPIPRAZOLE) TABLETS 4MG	75.00	調價
BC27372100	IMAREM 100MG FILM-COATED TABLETS	524.00	BC27372100	IMAREM 100MG FILM-COATED TABLETS	565.00	調價
BC27373100	IMAREM 400MG FILM-COATED TABLETS	1441.00	BC27373100	IMAREM 400MG FILM-COATED TABLETS	1585.00	調價
BC27375100	TENOF (TENOFOVIR DISOPROXIL FUMARATE TABLETS)	95.00	BC27375100	TENOF (TENOFOVIR DISOPROXIL FUMARATE TABLETS)	115.00	調價
BC27377100	Solifenacin Sandoz 5mg Film-coated Tablets	9.20	BC27377100	Solifenacin Sandoz 5mg Film-coated Tablets	12.60	調價
BC27416263	Alvoazole 200mg Lyophilized Powder for Solution for Infusion	3914.00	BC27416263	Alvoazole 200mg Lyophilized Powder for Solution for Infusion	4009.00	調價
BC27426100	RYDAPT 25MG SOFT CAPSULE	3178.00	BC27426100	RYDAPT 25MG SOFT CAPSULE	3829.00	調價
BC27432217	MYZOMIB	10539.00	BC27432217	MYZOMIB	13175.00	調價
BC27433100	OLMETERO 40 F.C. TABLETS	13.60	BC27433100	OLMETERO 40 F.C. TABLETS	13.10	調價
BC27434221	Paclitaxel Injection 6mg/ml Sandoz	662.00	BC27434221	Paclitaxel Injection 6mg/ml Sandoz	785.00	調價
BC27434240	Paclitaxel Injection 6mg/ml Sandoz	3724.00	BC27434240	Paclitaxel Injection 6mg/ml Sandoz	4521.00	調價
BC27434248	Paclitaxel Injection 6mg/ml Sandoz	16418.00	BC27434248	Paclitaxel Injection 6mg/ml Sandoz	20393.00	調價

BC27434296	Paclitaxel Injection 6mg/ml Sandoz	6528.00	BC27434296	Paclitaxel Injection 6mg/ml Sandoz	7016.00	調價
BC274342E2	Paclitaxel Injection 6mg/ml Sandoz	1711.00	BC274342E2	Paclitaxel Injection 6mg/ml Sandoz	2111.00	調價
BC27435221	Fluorouracil Injection 50mg/ml Sandoz	0.00	BC27435221	Fluorouracil Injection 50mg/ml Sandoz	25.60	刪除
BC27435229	Fluorouracil Injection 50mg/ml Sandoz	0.00	BC27435229	Fluorouracil Injection 50mg/ml Sandoz	57.00	刪除
BC27435238	Fluorouracil Injection 50mg/ml Sandoz	0.00	BC27435238	Fluorouracil Injection 50mg/ml Sandoz	115.00	刪除
BC27435248	Fluorouracil Injection 50mg/ml Sandoz	0.00	BC27435248	Fluorouracil Injection 50mg/ml Sandoz	230.00	刪除
BC27435255	Fluorouracil Injection 50mg/ml Sandoz	0.00	BC27435255	Fluorouracil Injection 50mg/ml Sandoz	414.00	刪除
BC27440100	Telmisartan Sandoz Tablets 80mg	11.60	BC27440100	Telmisartan Sandoz Tablets 80mg	13.10	調價
BC27441100	Telmisartan Sandoz Tablets 40mg	6.90	BC27441100	Telmisartan Sandoz Tablets 40mg	7.70	調價
BC27448100	FEMOLET	38.70	BC27448100	FEMOLET	41.00	調價
BC27449263	Teicoplanin Sandoz Powder for Injection 200mg	0.00	BC27449263	Teicoplanin Sandoz Powder for Injection 200mg	563.00	刪除
BC27458100	STEGLATRO 5MG F.C. TABLETS	28.20	BC27458100	STEGLATRO 5MG F.C. TABLETS	29.00	調價
BC27463100	STEGLUJAN 5/100 MG F.C. TABLETS	34.30	BC27463100	STEGLUJAN 5/100 MG F.C. TABLETS	34.80	調價
BC27467100	QTERN 5MG/10MG FILM-COATED TABLETS	34.30	BC27467100	QTERN 5MG/10MG FILM-COATED TABLETS	34.80	調價
BC27468209	Gemtero (Gemcitabine for injection)	2854.00	BC27468209	Gemtero (Gemcitabine for injection)	3369.00	調價
BC27468263	GEMTERO (GEMCITABINE FOR INJECTION)	598.00	BC27468263	GEMTERO (GEMCITABINE FOR INJECTION)	703.00	調價
BC27469240	"IUAN" BENDAMUSTINE HYDROCHLORIDE LYOPHILIZED POWDER FOR SOLUTION FOR INJECTION	2241.00	BC27469240	"IUAN" BENDAMUSTINE HYDROCHLORIDE LYOPHILIZED POWDER FOR SOLUTION FOR INJECTION	2350.00	調價

BC27469255	"IUAN" BENDAMUSTINE HYDROCHLORIDE LYOPHILIZED POWDER FOR SOLUTION FOR INJECTION	8340.00	BC27469255	"IUAN" BENDAMUSTINE HYDROCHLORIDE LYOPHILIZED POWDER FOR SOLUTION FOR INJECTION	8932.00	調價
BC27472119	PENTASA SACHET, PROLONGED RELEASE GRANULES, 4G	60.00	BC27472119	PENTASA SACHET, PROLONGED RELEASE GRANULES, 4G	62.00	調價
BC27473100	ARICEPT EVESS 10MG ORODISPERSIBLE TABLETS	57.00	BC27473100	ARICEPT EVESS 10MG ORODISPERSIBLE TABLETS	61.00	調價
BC27482221	ZOLEDRONIC ACID-HAMELN CONCENTRATE FOR SOLUTION FOR INFUSION 4MG/5ML	5433.00	BC27482221	ZOLEDRONIC ACID-HAMELN CONCENTRATE FOR SOLUTION FOR INFUSION 4MG/5ML	5739.00	調價
BC27490243	KYPROLIS FOR INJECTION 30MG	14154.00	BC27490243	KYPROLIS FOR INJECTION 30MG	14307.00	調價
BC27491209	MIDAZOLAM-HAMELN 5MG/ML INJECTION	17.70	BC27491209	MIDAZOLAM-HAMELN 5MG/ML INJECTION	18.70	調價
BC27491216	MIDAZOLAM-HAMELN 5MG/ML INJECTION	23.50	BC27491216	MIDAZOLAM-HAMELN 5MG/ML INJECTION	26.30	調價
BC27503100	ALZER 10 (DONEPEZIL HYDROCHLORIDE TABLETS USP 10MG)	57.00	BC27503100	ALZER 10 (DONEPEZIL HYDROCHLORIDE TABLETS USP 10MG)	61.00	調價
BC27504221	PACLITERO (PACLITAXEL INJECTION 6MG/ML)	662.00	BC27504221	PACLITERO (PACLITAXEL INJECTION 6MG/ML)	785.00	調價
BC27504248	PACLITERO (PACLITAXEL INJECTION 6MG/ML)	16418.00	BC27504248	PACLITERO (PACLITAXEL INJECTION 6MG/ML)	20393.00	調價
BC275042E2	PACLITERO (PACLITAXEL INJECTION 6MG/ML)	1711.00	BC275042E2	PACLITERO (PACLITAXEL INJECTION 6MG/ML)	2111.00	調價
BC27511100	CABOMETYX FILM-COATED TABLET 20MG	4395.00	BC27511100	CABOMETYX FILM-COATED TABLET 20MG	5494.00	調價
BC27512100	CABOMETYX FILM-COATED TABLET 40MG	4395.00	BC27512100	CABOMETYX FILM-COATED TABLET 40MG	5494.00	調價
BC27513100	CABOMETYX FILM-COATED TABLET 60MG	4395.00	BC27513100	CABOMETYX FILM-COATED TABLET 60MG	5494.00	調價

BC27525209	TAXOHOPE-N 20MG/ML CONCENTRATE FOR SOLUTION FOR INFUSION	3199.00	BC27525209	TAXOHOPE-N 20MG/ML CONCENTRATE FOR SOLUTION FOR INFUSION	3489.00	調價
BC27525219	TAXOHOPE-N 20MG/ML CONCENTRATE FOR SOLUTION FOR INFUSION	10751.00	BC27525219	TAXOHOPE-N 20MG/ML CONCENTRATE FOR SOLUTION FOR INFUSION	11800.00	調價
BC27532255	PEMETREXED LYOPHILIZED POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION "CYH"	5116.00	BC27532255	PEMETREXED LYOPHILIZED POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION "CYH"	5497.00	調價
BC27532277	PEMETREXED LYOPHILIZED POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION "CYH"	23436.00	BC27532277	PEMETREXED LYOPHILIZED POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION "CYH"	24968.00	調價
BC27534100	SimvaEZ Tablets 10/20mg	11.00	BC27534100	SimvaEZ Tablets 10/20mg	13.90	調價
BC27535100	SimvaEZ Tablets 10/10mg	11.00	BC27535100	SimvaEZ Tablets 10/10mg	11.30	調價
BC27555100	PREVYMIS F.C. TABLETS 240MG	5480.00	BC27555100	PREVYMIS F.C. TABLETS 240MG	6319.00	調價
BC27559230	PREVYMIS CONCENTRATE FOR SOLUTION FOR INFUSION 20MG/ML	6521.00	BC27559230	PREVYMIS CONCENTRATE FOR SOLUTION FOR INFUSION 20MG/ML	7424.00	調價
BC27562100	Quetiapine Sandoz Prolonged Release Tablets 400mg	55.00	BC27562100	Quetiapine Sandoz Prolonged Release Tablets 400mg	57.00	調價
BC27563100	Quetiapine Sandoz Prolonged Release Tablets 300mg	35.40	BC27563100	Quetiapine Sandoz Prolonged Release Tablets 300mg	38.70	調價
BC27564100	Quetiapine Sandoz Prolonged Release Tablets 200mg	29.70	BC27564100	Quetiapine Sandoz Prolonged Release Tablets 200mg	31.70	調價
BC27565100	Quetiapine Sandoz Prolonged Release Tablets 50mg	15.70	BC27565100	Quetiapine Sandoz Prolonged Release Tablets 50mg	16.60	調價
BC27582161	QUETRA 100MG/ML ORAL SOLUTION	670.00	BC27582161	QUETRA 100MG/ML ORAL SOLUTION	684.00	調價
BC27582166	QUETRA 100MG/ML ORAL SOLUTION	1285.00	BC27582166	QUETRA 100MG/ML ORAL SOLUTION	1292.00	調價

BC27592100	VALGAN-450 (VALGANCICLOVIR TABLETS 450MG)	401.00	BC27592100	VALGAN-450 (VALGANCICLOVIR TABLETS 450MG)	432.00	調價
BC27593238	FRESOFOL 1% MCT/LCT INJECTION (SWEDEN)	37.40	BC27593238	FRESOFOL 1% MCT/LCT INJECTION (SWEDEN)	41.80	調價
BC27596100	Erleada Film-Coated Tablets 60mg	519.00			#NULL!	新增
BC27602217	"ITALY" VELCADE POWDER FOR SOLUTION FOR INJECTION	13175.00			#NULL!	新增
BC27614100	DUROTINE 30 (DULOXETINE HYDROCHLORIDE CAPSULES 30MG)	16.60	BC27614100	DUROTINE 30 (DULOXETINE HYDROCHLORIDE CAPSULES 30MG)	15.60	調價
BC27615221	PALONOSETRON 250 MICROGRAMS SOLUTION FOR INJECTION FRESENIUS KABI	561.00	BC27615221	PALONOSETRON 250 MICROGRAMS SOLUTION FOR INJECTION FRESENIUS KABI	579.00	調價
BC27672457	TRIMBOW	1699.00	BC27672457	TRIMBOW	1770.00	調價
BC27673219	"WOCKHARDT" VALPROATE SODIUM 100MG/ML SOLUTION FOR INJECTION OR INFUSION	296.00	BC27673219	"WOCKHARDT" VALPROATE SODIUM 100MG/ML SOLUTION FOR INJECTION OR INFUSION	305.00	調價
BC27678255	LEVOFLOXACIN-HAMELN IV SOLUTION FOR INFUSION 5MG/ML	601.00	BC27678255	LEVOFLOXACIN-HAMELN IV SOLUTION FOR INFUSION 5MG/ML	656.00	調價
BC27691100	LORVIQUA FILM-COATED TABLETS 25MG	1256.00	BC27691100	LORVIQUA FILM-COATED TABLETS 25MG	1600.00	調價
BC27692100	LORVIQUA FILM-COATED TABLETS 100MG	4525.00	BC27692100	LORVIQUA FILM-COATED TABLETS 100MG	5935.00	調價
BC27700100	ENTECAVIR SANDOZ FILM COATED TABLETS 0.5MG	92.00	BC27700100	ENTECAVIR SANDOZ FILM COATED TABLETS 0.5MG	100.00	調價
BC27701100	ENTECAVIR SANDOZ FILM COATED TABLETS 1MG	129.00	BC27701100	ENTECAVIR SANDOZ FILM COATED TABLETS 1MG	134.00	調價
BC27704221	IDARUBICIN SANDOZ CONCENTRATE FOR SOLUTION FOR INFUSION 1MG/ML	0.00	BC27704221	IDARUBICIN SANDOZ CONCENTRATE FOR SOLUTION FOR INFUSION 1MG/ML	3618.00	刪除

BC27705214	ZAVICEFTA 2 G/0.5 G POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION	3389.00	BC27705214	ZAVICEFTA 2 G/0.5 G POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION	3392.00	調價
BC27712209	DOCETAXEL STADA	3199.00	BC27712209	DOCETAXEL STADA	3489.00	調價
BC27712219	DOCETAXEL STADA	10751.00	BC27712219	DOCETAXEL STADA	11800.00	調價
BC27720255	PEMGEM100	5228.00	BC27720255	PEMGEM100	5497.00	調價
BC27721277	PEMGEM500	23968.00	BC27721277	PEMGEM500	24968.00	調價
BC27729100	LETRAM 1000 (LEVETIRACETAM F.C. TABLETS 1000MG)	38.20	BC27729100	LETRAM 1000 (LEVETIRACETAM F.C. TABLETS 1000MG)	38.40	調價
BC27730100	ALUNBRIG FILM-COATED TABLETS 30MG	920.00	BC27730100	ALUNBRIG FILM-COATED TABLETS 30MG	934.00	調價
BC27731100	ALUNBRIG FILM-COATED TABLETS 90MG	2793.00	BC27731100	ALUNBRIG FILM-COATED TABLETS 90MG	2803.00	調價
BC27732100	ALUNBRIG FILM-COATED TABLETS 180MG	4999.00	BC27732100	ALUNBRIG FILM-COATED TABLETS 180MG	5046.00	調價
BC27733100	XARELTO FILM-COATED TABLETS 10MG "ITALY"	58.00	BC27733100	XARELTO FILM-COATED TABLETS 10MG "ITALY"	59.00	調價
BC27734100	XARELTO FILM-COATED TABLETS 15MG "ITALY"	58.00	BC27734100	XARELTO FILM-COATED TABLETS 15MG "ITALY"	59.00	調價
BC27735100	XARELTO FILM-COATED TABLETS 20MG "ITALY"	58.00	BC27735100	XARELTO FILM-COATED TABLETS 20MG "ITALY"	59.00	調價
BC27744277	MYPREXIN	23968.00	BC27744277	MYPREXIN	24968.00	調價
BC27750100	XARELTO FILM-COATED TABLETS 2.5MG	22.00			#NULL!	新增
BC27752100	Rasteride 0.5mg soft capsule	13.00	BC27752100	Rasteride 0.5mg soft capsule	13.40	調價
BC27755100	Alvoazole Film-Coated Tablets 200mg	1117.00	BC27755100	Alvoazole Film-Coated Tablets 200mg	1143.00	調價
BC27758100	Alvoazole Film-Coated Tablets 50mg	326.00	BC27758100	Alvoazole Film-Coated Tablets 50mg	329.00	調價
BC27762229	Cisplatin Taxo Injection 1mg/mL Concentrate Solution for Infusion	0.00	BC27762229	Cisplatin Taxo Injection 1mg/mL Concentrate Solution for Infusion	70.00	刪除
BC27762248	Cisplatin Taxo Injection 1mg/mL Concentrate Solution for Infusion	0.00	BC27762248	Cisplatin Taxo Injection 1mg/mL Concentrate Solution for Infusion	350.00	刪除

BC27767157	SEROFLO 250 INHALER (CFC free)	1048.00	BC27767157	SEROFLO 250 INHALER (CFC free)	1090.00	調價
BC27780209	Aminomix Peripheral Solution for Infusion	342.00			#NULL!	新增
BC27781100	Zyrova 10 (Rosuvastatin Tablets 10mg)	13.40	BC27781100	Zyrova 10 (Rosuvastatin Tablets 10mg)	12.60	調價
BC27782100	Zyrova 5 (Rosuvastatin Tablets 5mg)	9.60	BC27782100	Zyrova 5 (Rosuvastatin Tablets 5mg)	9.50	調價
BC27786209	Docetaxel HerngShan 20mg/ml Concentrate for Solution for Infusion	3199.00	BC27786209	Docetaxel HerngShan 20mg/ml Concentrate for Solution for Infusion	3489.00	調價
BC27786219	Docetaxel HerngShan 20mg/ml Concentrate for Solution for Infusion	10751.00	BC27786219	Docetaxel HerngShan 20mg/ml Concentrate for Solution for Infusion	11800.00	調價
BC27787100	ACCORD PREGABALIN 150 (PREGABALIN CAPSULES 150MG)	26.60	BC27787100	ACCORD PREGABALIN 150 (PREGABALIN CAPSULES 150MG)	26.70	調價
BC27788100	Redistra	524.00	BC27788100	Redistra	565.00	調價
BC27795100	CRESEMBA 100 mg capsules	1325.00			#NULL!	新增
BC27796263	CRESEMBA 200 mg powder for concentrate for solution for infusion	9883.00			#NULL!	新增
BC27798238	Glycophos, Concentrate for Solution for Infusion	180.00			#NULL!	新增
BC27801100	Talzenna Capsules 0.25 mg	1600.00			#NULL!	新增
BC27802100	Talzenna Capsules 1 mg	6400.00			#NULL!	新增
BC27808221	Gemcitabine Taxo 40mg/ml Concentrate Solution for Infusion	0.00	BC27808221	Gemcitabine Taxo 40mg/ml Concentrate Solution for Infusion	703.00	刪除

BC27808240	Gemcitabine Taxo 40mg/ml Concentrate Solution for Infusion	0.00	BC27808240	Gemcitabine Taxo 40mg/ml Concentrate Solution for Infusion	3369.00	刪除
BC27808248	Gemcitabine Taxo 40mg/ml Concentrate Solution for Infusion	0.00	BC27808248	Gemcitabine Taxo 40mg/ml Concentrate Solution for Infusion	8108.00	刪除
BC27809100	PREGAPAIN CAPSULE 75MG	13.50	BC27809100	PREGAPAIN CAPSULE 75MG	13.70	調價
BC27822277	"HETERO" PEMETREXED FOR INJECTION 500MG/VIAL	23577.00	BC27822277	"HETERO" PEMETREXED FOR INJECTION 500MG/VIAL	24445.00	調價
BC27825421	Vyzulta 0.024%, solution	904.00			#NULL!	新增
BC27829100	Apo-Tenofovir F.C. Tablets 300mg	95.00	BC27829100	Apo-Tenofovir F.C. Tablets 300mg	115.00	調價
BC27833100	BISOCOR TABLET 5MG	2.15	BC27833100	BISOCOR TABLET 5MG	2.36	調價
BC27847100	BISOSTAD 5 FILM-COATED TABLET	2.15	BC27847100	BISOSTAD 5 FILM-COATED TABLET	2.36	調價
BC27856100	Smyraf film-coated Tablets 50mg	276.00			#NULL!	新增
BC27857100	Smyraf film-coated Tablets 100mg	552.00			#NULL!	新增
BC27865100	Rozlytrek 200mg hard capsules	1599.00			#NULL!	新增
BC27876100	LENANGIO 25	3418.00			#NULL!	新增
BC27877100	LENANGIO 15	3418.00			#NULL!	新增
BC27878100	LENANGIO 10	3418.00			#NULL!	新增
BC27879100	Lenangio 5	1612.00			#NULL!	新增
BC27886229	DOXLOX	12181.00	BC27886229	DOXLOX	12226.00	調價
BC27888167	FYCOMPA 0.5 MG/ML ORAL SUSPENSION	2231.00			#NULL!	新增
BC27902100	RINVOQ Extended-Release Tablets 15 mg	844.00			#NULL!	新增
BC27908100	ZYCEL 200 (CELECOXIB CAPSULES 200MG)	4.66	BC27908100	ZYCEL 200 (CELECOXIB CAPSULES 200MG)	3.98	調價
BC27920100	DUTASTERIDE 0.5MG DOUGLAS SOFT CAPSULES	13.00	BC27920100	DUTASTERIDE 0.5MG DOUGLAS SOFT CAPSULES	13.40	調價
BC27936100	NUBEQA F.C. TABLETS 300 MG	519.00			#NULL!	新增
BC27952100	Ongentys 50mg Hard Capsules	98.00			#NULL!	新增

BC27954116	FLUIMUCIL 600MG GRANULES FOR ORAL SOLUTION	6.00			#NULL!	新增
BC27957212	DEXMEDETOMIDINE EVER PHARMA 100UG/ML CONCENTRATE FOR SOLUTION FOR INFUSION	470.00			#NULL!	新增
BC27957219	DEXMEDETOMIDINE EVER PHARMA 100UG/ML CONCENTRATE FOR SOLUTION FOR INFUSION	846.00			#NULL!	新增
BC27957229	DEXMEDETOMIDINE EVER PHARMA 100UG/ML CONCENTRATE FOR SOLUTION FOR INFUSION	2116.00			#NULL!	新增
BC27972100	REDISTRA (Imatinib Mesylate Tablets 100mg)	524.00			#NULL!	新增
BC27973100	REDISTRA (Imatinib Mesylate Tablets 400mg)	1441.00			#NULL!	新增
BC28016414	LATANOPROST Ophthalmic Solution 0.005% "KYORIN"	439.00			#NULL!	新增
BC28020100	LIPOZOL TABLETS 2MG	11.10			#NULL!	新增
BC28023100	Alvoceva film-coated tablets 100mg	504.00			#NULL!	新增
BC28024100	Alvoceva film-coated tablets 150mg	619.00			#NULL!	新增
BC28032100	Jedoxred 500 (Deferasirox Dispersible tablets 500mg)	540.00			#NULL!	新增
BC28035157	SIRDUPLA 25 MICROGRAM/ 250 MICROGRAM, PER METERED DOSE PRESSURISED INHALATION, SUSPENSION	1048.00			#NULL!	新增

BC28036157	SIRDUPLA 25 MICROGRAM/ 125 MICROGRAM, PER METERED DOSE PRESSURISED INHALATION, SUSPENSION	792.00			#NULL!	新增
BC28039100	Jedoxred 125 (Deferasirox Dispersible tablets 125mg)	150.00			#NULL!	新增
BC28041100	Jedoxred 250 (Deferasirox Dispersible tablets 250mg)	270.00			#NULL!	新增
BC28043100	GEFITINIB SANDOZ FILM-COATED TABLETS 250MG	640.00			#NULL!	新增
HCVDAA0002	VIEKIRAX + EXVIERA治療基因型1B型，無肝硬化或具代償性肝硬化12週療程	0.00	HCVDAA0002	VIEKIRAX + EXVIERA治療基因型1B型，無肝硬化或具代償性肝硬化12週療程	2140.00	調價，其價格為每日藥費
HCVDAA0003	VIEKIRAX + EXVIERA + RIBAVIRIN治療基因型1A型，無肝硬化12週療程	0.00	HCVDAA0003	VIEKIRAX + EXVIERA + RIBAVIRIN治療基因型1A型，無肝硬化12週療程	2140.00	調價，其價格為每日藥費
HCVDAA0004	VIEKIRAX + EXVIERA + RIBAVIRIN治療基因型1A型，代償性肝硬化24週療程	0.00	HCVDAA0004	VIEKIRAX + EXVIERA + RIBAVIRIN治療基因型1A型，代償性肝硬化24週療程	1070.00	調價，其價格為每日藥費
HCVDAA0017	VOSEVI治療基因型第1、2、3、4、5或6型，12週療程	2140.00			#NULL!	新增，其價格為每日藥費
K000700220	ROFERON-A （ SOLUTION FOR INJECTION ）	0.00	K000700220	ROFERON-A （ SOLUTION FOR INJECTION ）	621.00	刪除
K000700223	ROFERON-A （ SOLUTION FOR INJECTION ）	0.00	K000700223	ROFERON-A （ SOLUTION FOR INJECTION ）	830.00	刪除
KC00428299	BERIATE	0.00	KC00428299	BERIATE	18.30	刪除
KC00439209	HAEMOCOMPLETTAN P	0.00	KC00439209	HAEMOCOMPLETTAN P	2058.00	刪除
KC00580216	EPREX INJECTION 10000IU/ML	555.00	KC00580216	EPREX INJECTION 10000IU/ML	601.00	調價
KC00580219	EPREX INJECTION 10000IU/ML	555.00	KC00580219	EPREX INJECTION 10000IU/ML	601.00	調價
KC00582212	EPREX INJECTION 4000IU/ML	287.00	KC00582212	EPREX INJECTION 4000IU/ML	313.00	調價
KC00595266	HUMALOG MIX 25 100IU/ML (3ML)	231.00	KC00595266	HUMALOG MIX 25 100IU/ML (3ML)	235.00	調價

KC00596266	HUMALOG MIX 50 100IU/ML (3ML)	231.00	KC00596266	HUMALOG MIX 50 100IU/ML (3ML)	235.00	調價
KC00601265	BETAFERON (INTERFERON BETA-1B)	1820.00	KC00601265	BETAFERON (INTERFERON BETA-1B)	1860.00	調價
KC00615239	SAIZEN 8MG CLICK EASY	0.00	KC00615239	SAIZEN 8MG CLICK EASY	3159.00	刪除
KC00653209	HUMULIN 70/30 100 IU/ML	282.00	KC00653209	HUMULIN 70/30 100 IU/ML	286.00	調價
KC00657209	HUMULIN N (NPH HUMAN INSULIN RECOMBINANT DNA ORIGIN) ISOPHANE SUSPENSION) 100I.U.//ML	282.00	KC00657209	HUMULIN N (NPH HUMAN INSULIN RECOMBINANT DNA ORIGIN) ISOPHANE SUSPENSION) 100I.U.//ML	286.00	調價
KC00663209	HUMULIN R (REGULAR HUMAN INSULIN RECOMBINANT DNA ORIGIN INJECTION) 100 I.U./ML	282.00	KC00663209	HUMULIN R (REGULAR HUMAN INSULIN RECOMBINANT DNA ORIGIN INJECTION) 100 I.U./ML	286.00	調價
KC00670282	FILGRASTIM INJECTION M300,300?g/0.7ML	1745.00	KC00670282	FILGRASTIM INJECTION M300,300?g/0.7ML	1804.00	調價
KC00677243	NORDITROPIN NORDIFLEX 10MG/1.5ML	5131.00	KC00677243	NORDITROPIN NORDIFLEX 10MG/1.5ML	5573.00	調價
KC00683236	GENOTROPIN 5.3MG	1895.00	KC00683236	GENOTROPIN 5.3MG	2009.00	調價
KC00700216	ROFERON-A (SOLUTION FOR INJECTION)	0.00	KC00700216	ROFERON-A (SOLUTION FOR INJECTION)	440.00	刪除
KC00711280	FILGRASTIM INJECTION 150 μG/0.6ML	1383.00	KC00711280	FILGRASTIM INJECTION 150 μG/0.6ML	1442.00	調價
KC00712266	FILGRASTIM INJECTION 75 μG/0.3ML	610.00	KC00712266	FILGRASTIM INJECTION 75 μG/0.3ML	623.00	調價
KC00713240	ENBREL (ETANERCEPT) 25MG	3338.00	KC00713240	ENBREL (ETANERCEPT) 25MG	3430.00	調價
KC00728266	LANTUS 100U/ML, SOLUTION FOR INJECTION	416.00	KC00728266	LANTUS 100U/ML, SOLUTION FOR INJECTION	418.00	調價
KC00729266	NOVORAPID PENFILL 3ML 100U/ML	238.00	KC00729266	NOVORAPID PENFILL 3ML 100U/ML	239.00	調價
KC00739209	ACTRAPID 100 IU/ML	282.00	KC00739209	ACTRAPID 100 IU/ML	286.00	調價
KC00743248	ACTILYSE INJECTION	18272.00	KC00743248	ACTILYSE INJECTION	18559.00	調價

KC00745209	LANTUS 100 UNITS/ML SOLUTION FOR INJECTION, 10ML VIAL	1144.00	KC00745209	LANTUS 100 UNITS/ML SOLUTION FOR INJECTION, 10ML VIAL	1150.00	調價
KC00756265	GRANOCYTE 250	1782.00	KC00756265	GRANOCYTE 250	1861.00	調價
KC00757255	GRANOCYTE 100	678.00	KC00757255	GRANOCYTE 100	712.00	調價
KC00760209	INSULATARD	282.00	KC00760209	INSULATARD	286.00	調價
KC00787216	FORTEO FOR INJECTION	13357.00	KC00787216	FORTEO FOR INJECTION	13498.00	調價
KC00788277	PEGASYS PREFILLED SYRINGES 135MCG/0.5ML	2185.00	KC00788277	PEGASYS PREFILLED SYRINGES 135MCG/0.5ML	2639.00	調價
KC00789277	PEGASYS PREFILLED SYRINGES 180MCG/0.5ML	2205.00	KC00789277	PEGASYS PREFILLED SYRINGES 180MCG/0.5ML	2400.00	調價
KC00795266	HUMALOG U-100	231.00	KC00795266	HUMALOG U-100	235.00	調價
KC00803266	APIDRA 100 U/ML SOLUTION FOR INJECTION	158.00	KC00803266	APIDRA 100 U/ML SOLUTION FOR INJECTION	168.00	調價
KC00807219	AVASTIN INJECTION	8770.00	KC00807219	AVASTIN INJECTION	8921.00	調價
KC00810266	LEVEMIR FLEX PEN	414.00	KC00810266	LEVEMIR FLEX PEN	425.00	調價
KC00820266	NOVOMIX 30 FLEXPEN	238.00	KC00820266	NOVOMIX 30 FLEXPEN	239.00	調價
KC00823266	NOVORAPID FLEXPEN	238.00	KC00823266	NOVORAPID FLEXPEN	239.00	調價
KC00835261	Xolair 150 mg powder and solvent for solution for injection	14569.00	KC00835261	Xolair 150 mg powder and solvent for solution for injection	14873.00	調價
KC00845244	GENOTROPIN 12 MG	6371.00	KC00845244	GENOTROPIN 12 MG	6805.00	調價
KC00846248	ENBREL 50MG SOLUTION FOR INJECTION IN PRE-FILLED SYRINGE	6530.00	KC00846248	ENBREL 50MG SOLUTION FOR INJECTION IN PRE-FILLED SYRINGE	6622.00	調價
KC00851240	ENBREL 25MG SOLUTION FOR INJECTION IN PRE-FILLED SYRINGE	3338.00	KC00851240	ENBREL 25MG SOLUTION FOR INJECTION IN PRE-FILLED SYRINGE	3430.00	調價
KC00853299	XYNTHA 250 IU	0.00	KC00853299	XYNTHA 250 IU	23.20	刪除
KC00857244	HUMATROPE FOR INJECTION 12 MG(36 IU)	6371.00	KC00857244	HUMATROPE FOR INJECTION 12 MG(36 IU)	6805.00	調價

KC00867295	Mircera solution for injection in pre-filled syringe 75 mcg/0.3ml	3303.00	KC00867295	Mircera solution for injection in pre-filled syringe 75 mcg/0.3ml	3461.00	調價
KC00868248	Mircera solution for injection in pre-filled syringe 50 mcg/0.3ml	1961.00	KC00868248	Mircera solution for injection in pre-filled syringe 50 mcg/0.3ml	2250.00	調價
KC00869255	Mircera solution for injection in pre-filled syringe 100 mcg/0.3ml	3203.00	KC00869255	Mircera solution for injection in pre-filled syringe 100 mcg/0.3ml	3901.00	調價
KC00870299	DYSPORT, POWDER FOR INJECTION	16.40	KC00870299	DYSPORT, POWDER FOR INJECTION	16.60	調價
KC00875221	Recormon solution for injection in pre-filled syringe 5000IU	659.00	KC00875221	Recormon solution for injection in pre-filled syringe 5000IU	723.00	調價
KC00876212	Recormon solution for injection in pre-filled syringe 2000IU	274.00	KC00876212	Recormon solution for injection in pre-filled syringe 2000IU	302.00	調價
KC00877238	ERBITUX 5MG/ML SOLUTION FOR INFUSION	5855.00	KC00877238	ERBITUX 5MG/ML SOLUTION FOR INFUSION	5910.00	調價
KC00879205	Lucentis 10mg/ml solution for injection	19879.00	KC00879205	Lucentis 10mg/ml solution for injection	20203.00	調價
KC008792FM	Lucentis 10mg/ml solution for injection	19879.00	KC008792FM	Lucentis 10mg/ml solution for injection	20203.00	調價
KC00894214	RABIPUR PCEC RABIES VACCINES BEHRING POWDER AND SOLVENT FOR SOLUTION FOR INJECTION	0.00	KC00894214	RABIPUR PCEC RABIES VACCINES BEHRING POWDER AND SOLVENT FOR SOLUTION FOR INJECTION	1263.00	刪除
KC00896243	Omnitrope 10mg/1.5mL Solution for Injection	5131.00	KC00896243	Omnitrope 10mg/1.5mL Solution for Injection	5573.00	調價
KC00897265	ORENCIA LYOPHILIZED POWDER FOR IV INFUSION 250MG	7421.00	KC00897265	ORENCIA LYOPHILIZED POWDER FOR IV INFUSION 250MG	7826.00	調價
KC00898266	HUMALOG MIX 25 100U/ML KWIKPEN	231.00	KC00898266	HUMALOG MIX 25 100U/ML KWIKPEN	235.00	調價

KC00899266	HUMALOG MIX 50 100U/ML KWIKPEN	231.00	KC00899266	HUMALOG MIX 50 100U/ML KWIKPEN	235.00	調價
KC00900266	HUMALOG 100U/ML KWIKPEN	231.00	KC00900266	HUMALOG 100U/ML KWIKPEN	235.00	調價
KC00905261	Ilaris 150 mg powder for solution for injection	408996.00	KC00905261	Ilaris 150 mg powder for solution for injection	415987.00	調價
KC00907219	Actemra Solution for Infusion	3783.00	KC00907219	Actemra Solution for Infusion	3933.00	調價
KC00907229	Actemra Solution for Infusion	8874.00	KC00907229	Actemra Solution for Infusion	9131.00	調價
KC00907238	Actemra Solution for Infusion	18398.00	KC00907238	Actemra Solution for Infusion	18967.00	調價
KC00908266	NOVOMIX 50 FLEXPEN	238.00	KC00908266	NOVOMIX 50 FLEXPEN	239.00	調價
KC00911206	SIMPONI TM (GOLIMUMAB),SOLUTION FOR INJECTION	30190.00	KC00911206	SIMPONI TM (GOLIMUMAB),SOLUTION FOR INJECTION	30692.00	調價
KC00911209	SIMPONI TM (GOLIMUMAB),SOLUTION FOR INJECTION	30190.00	KC00911209	SIMPONI TM (GOLIMUMAB),SOLUTION FOR INJECTION	30692.00	調價
KC00914216	VICTOZA	1371.00	KC00914216	VICTOZA	1458.00	調價
KC00918209	PROLIA	6039.00	KC00918209	PROLIA	6060.00	調價
KC00919280	Neulasta	17490.00	KC00919280	Neulasta	18158.00	調價
KC00920206	STELARA SOLUTION FOR INJECTION	94140.00	KC00920206	STELARA SOLUTION FOR INJECTION	94791.00	調價
KC00920209	STELARA SOLUTION FOR INJECTION	94140.00	KC00920209	STELARA SOLUTION FOR INJECTION	94791.00	調價
KC009242FO	XGEVA	9246.00	KC009242FO	XGEVA	9270.00	調價
KC00928229	Mabthera solution for IV Infusion	7967.00	KC00928229	Mabthera solution for IV Infusion	7968.00	調價
KC00928248	Mabthera solution for IV Infusion	38106.00	KC00928248	Mabthera solution for IV Infusion	38107.00	調價
KC00932244	SAIZEN 12 MG(36IU) SOLUTION FOR INJECTION	6371.00	KC00932244	SAIZEN 12 MG(36IU) SOLUTION FOR INJECTION	6805.00	調價
KC00941221	VECTIBIX SOLUTION FOR INFUSION	9355.00	KC00941221	VECTIBIX SOLUTION FOR INFUSION	9691.00	調價
KC00942233	Perjeta Vial 420mg	62620.00	KC00942233	Perjeta Vial 420mg	62883.00	調價

KC00945258	ORENCIA (ABATACEPT) INJECTION FOR SUBCUTANEOUS USE 125MG PER SYRINGE(125MG/ML)	4716.00	KC00945258	ORENCIA (ABATACEPT) INJECTION FOR SUBCUTANEOUS USE 125MG PER SYRINGE(125MG/ML)	4925.00	調價
KC00949255	KADCYLA	36597.00			#NULL!	新增
KC009492AX	KADCYLA	52700.00			#NULL!	新增
KC00952206	NESP Injection Plastic Syringe 60 mcg/0.5 ml	2753.00	KC00952206	NESP Injection Plastic Syringe 60 mcg/0.5 ml	2781.00	調價
KC00955206	NESP Injection Plastic Syringe 20 mcg/0.5 ml	796.00	KC00955206	NESP Injection Plastic Syringe 20 mcg/0.5 ml	842.00	調價
KC00957206	STELARA SOLUTION FOR INJECTION	94140.00	KC00957206	STELARA SOLUTION FOR INJECTION	94791.00	調價
KC00957209	STELARA SOLUTION FOR INJECTION	94140.00	KC00957209	STELARA SOLUTION FOR INJECTION	94791.00	調價
KC009612B5	Herceptin Vial 440mg	43844.00	KC009612B5	Herceptin Vial 440mg	46894.00	調價
KC00964248	ADCETRIS 50 mg powder for concentrate for solution for infusion	118324.00	KC00964248	ADCETRIS 50 mg powder for concentrate for solution for infusion	119372.00	調價
KC00969214	VERORAB POWDER AND SOLVENT FOR SUSPENSION FOR INJECTION	1134.00	KC00969214	VERORAB POWDER AND SOLVENT FOR SUSPENSION FOR INJECTION	1139.00	調價
KC00973245	GAZYVA SOLUTION FOR INFUSION	99911.00	KC00973245	GAZYVA SOLUTION FOR INFUSION	105170.00	調價
KC00977208	Actemra 162mg for SC Injection	8307.00	KC00977208	Actemra 162mg for SC Injection	8527.00	調價
KC00978206	TRULICITY INJECTION 1.5MG/0.5ML	897.00	KC00978206	TRULICITY INJECTION 1.5MG/0.5ML	924.00	調價
KC00979206	TRULICITY INJECTION 0.75MG/0.5ML	897.00	KC00979206	TRULICITY INJECTION 0.75MG/0.5ML	924.00	調價
KC00980255	Remicade powder for concentrate for solution for infusion	9924.00	KC00980255	Remicade powder for concentrate for solution for infusion	10694.00	調價
KC00990288	Lucentis solution for injection 10mg/mL in pre-filled syringe	19879.00	KC00990288	Lucentis solution for injection 10mg/mL in pre-filled syringe	20203.00	調價
KC00999229	CYRAMZA injection	9292.00			#NULL!	新增
KC00999248	CYRAMZA injection	41816.00			#NULL!	新增

KC01010206	SYNAGIS 100MG/ML SOLUTION FOR INJECTION	14486.00	KC01010206	SYNAGIS 100MG/ML SOLUTION FOR INJECTION	14628.00	調價
KC01011272	TOUJEO 300 UNITS/ML SOLUTION FOR INJECTION	566.00	KC01011272	TOUJEO 300 UNITS/ML SOLUTION FOR INJECTION	569.00	調價
KC01013229	OPDIVO (nivolumab) Injection 10mg/mL	41642.00	KC01013229	OPDIVO (nivolumab) Injection 10mg/mL	44150.00	調價
KC01015255	NUCALA POWDER FOR SOLUTION FOR INJECTION	32811.00	KC01015255	NUCALA POWDER FOR SOLUTION FOR INJECTION	33247.00	調價
KC01024209	CIMZIA 200 MG/ML SOLUTION FOR INJECTION	12210.00	KC01024209	CIMZIA 200 MG/ML SOLUTION FOR INJECTION	13962.00	調價
KC01025219	KEYTRUDA INJECTION	67859.00	KC01025219	KEYTRUDA INJECTION	71523.00	調價
KC01033209	REPATHA SOLUTION FOR INJECTION	4582.00	KC01033209	REPATHA SOLUTION FOR INJECTION	4588.00	調價
KC01034266	ENTYVIO POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION	54933.00	KC01034266	ENTYVIO POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION	56395.00	調價
KC01035255	Remsima	8765.00	KC01035255	Remsima	9512.00	調價
KC01039271	HUMIRA 40MG SOLUTION FOR INJECTION(針筒裝注射劑，筆型注射器(內含單次使用預充填式注射器))	13116.00	KC01039271	HUMIRA 40MG SOLUTION FOR INJECTION(針筒裝注射劑，筆型注射器(內含單次使用預充填式注射器))	13361.00	調價
KC01040296	BLINCYTO FOR INJECTION	60898.00	KC01040296	BLINCYTO FOR INJECTION	60942.00	調價
KC01053216	RYZODEG FLEXTOUCH	483.00	KC01053216	RYZODEG FLEXTOUCH	492.00	調價
KC01054266	TRESIBA FLEXTOUCH	483.00	KC01054266	TRESIBA FLEXTOUCH	492.00	調價
KC01056221	DARZALEX CONCENTRATE FOR SOLUTION FOR INFUSION 20MG/ML	11801.00	KC01056221	DARZALEX CONCENTRATE FOR SOLUTION FOR INFUSION 20MG/ML	11930.00	調價
KC01056238	DARZALEX CONCENTRATE FOR SOLUTION FOR INFUSION 20MG/ML	47698.00	KC01056238	DARZALEX CONCENTRATE FOR SOLUTION FOR INFUSION 20MG/ML	47723.00	調價
KC01062209	Xolair Solution for injection, 150mg/mL in pre-filled syringe	14569.00			#NULL!	新增
KC01063209	TALTZ INJECTION	29644.00	KC01063209	TALTZ INJECTION	30415.00	調價

KC01065221	Herceptin solution for injection	35713.00	KC01065221	Herceptin solution for injection	38196.00	調價
KC010762DA	LUMICEF Subcutaneous Injection 210mg Syringe	16718.00	KC010762DA	LUMICEF Subcutaneous Injection 210mg Syringe	16785.00	調價
KC01077209	TREMFYA SOLUTION FOR INJECTION	69540.00	KC01077209	TREMFYA SOLUTION FOR INJECTION	71062.00	調價
KC01080216	Soliqua solution for injection 100 units+50μg	910.00	KC01080216	Soliqua solution for injection 100 units+50μg	1206.00	調價
KC01081209	BESPONSA 1 MG POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION	372418.00	KC01081209	BESPONSA 1 MG POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION	372763.00	調價
KC01085229	BAVENCIO 20MG/ML CONCENTRATE FOR SOLUTION FOR INFUSION	27703.00	KC01085229	BAVENCIO 20MG/ML CONCENTRATE FOR SOLUTION FOR INFUSION	31183.00	調價
KC01101209	FASENRA SOLUTION FOR INJECTION 30MG	64667.00	KC01101209	FASENRA SOLUTION FOR INJECTION 30MG	65215.00	調價
KC01108280	FULPHILA	15229.00	KC01108280	FULPHILA	15722.00	調價
KC01113209	EMGALITY INJECTION	11226.00			#NULL!	新增
KC01129299	Refixia powder and solvent for solution for injection 500 IU	41.30			#NULL!	新增
KC01130299	Refixia powder and solvent for solution for injection 1000 IU	41.30			#NULL!	新增
KC01131299	Refixia powder and solvent for solution for injection 2000 IU	41.30			#NULL!	新增
KC01132255	IXIFI POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION	8633.00			#NULL!	新增
KC011362B5	Trazimera Powder for Concentrate for Solution for infusion 440 mg	34460.00			#NULL!	新增
KC011372BN	EVENITY Solution for Injection	6922.00			#NULL!	新增
KC01139206	Erelzi Solution for Injection	2452.00			#NULL!	新增
KC01139209	Erelzi Solution for Injection	4254.00			#NULL!	新增

KC01144209	Nucala Solution for Injection 100mg/mL	32811.00			#NULL!	新增
KC01146219	Zirabev Concentrate for Solution for Infusion	6723.00			#NULL!	新增
KC01153283	IDACIO 40MG/0.8ML SOLUTION FOR INJECTION, VIAL KIT	8884.00			#NULL!	新增
KC01154283	IDACIO 40MG/0.8ML SOLUTION FOR INJECTION, PRE-FILLED SYRINGE/PRE-FILLED PEN	7437.00			#NULL!	新增
N000608100	DESTRINALIS CAPSULES "KINGDOM"	1.02	N000608100	DESTRINALIS CAPSULES "KINGDOM"	1.03	調價
N001500100	MEDICON TABLETS 15MG	0.60	N001500100	MEDICON TABLETS 15MG	0.64	調價
N001585238	AMINOL INJECTION	0.00	N001585238	AMINOL INJECTION	8.10	刪除
N001682221	VITACICOL INJECTION 500MG	0.00	N001682221	VITACICOL INJECTION 500MG	5.40	刪除
N001816100	MAGNESIUM HYDROXIDE TABLETS 324MG "JOHNSON"	0.00	N001816100	MAGNESIUM HYDROXIDE TABLETS 324MG "JOHNSON"	0.23	刪除
N001849100	DELCOPAN TABLETS 10MG "JOHNSON"	0.43	N001849100	DELCOPAN TABLETS 10MG "JOHNSON"	0.44	調價
N001934209	UABASIN INJECTION	0.00	N001934209	UABASIN INJECTION	6.30	刪除
N002253100	URSOCID TABLETS "T.F."	1.74	N002253100	URSOCID TABLETS "T.F."	1.77	調價
N002266265	AMPOLIN INJECTION	0.00	N002266265	AMPOLIN INJECTION	5.90	刪除
N002332212	RUBOLIN INJECTION 2.5%	0.00	N002332212	RUBOLIN INJECTION 2.5%	18.20	刪除
N002355277	YEIAMIN-2 INJECTION	0.00	N002355277	YEIAMIN-2 INJECTION	65.00	刪除
N003061212	SINTOMIN INJECTION	0.00	N003061212	SINTOMIN INJECTION	3.40	刪除
N003061221	SINTOMIN INJECTION	0.00	N003061221	SINTOMIN INJECTION	4.68	刪除
N004968100	DECOTON TABLETS "N.C.P."	0.00	N004968100	DECOTON TABLETS "H.L."	0.69	刪除
N004979100	HIRMAZINE TABLETS 25MG “H.L.”	0.00	N004979100	HIRMAZINE TABLETS 25MG “H.L.”	1.60	刪除
N0052451G0	COLSIN 5MG TABLETS "F.Y."(21粒/瓶.84粒/瓶)(鋁箔/膠箔)	0.00	N0052451G0	COLSIN 5MG TABLETS "F.Y."(21粒/瓶.84粒/瓶)(鋁箔/膠箔)	1.50	刪除

N005337277	50% GLUCOS INJECTION "CHI SHENG"	0.00	N005337277	50% GLUCOS INJECTION "CHI SHENG"	39.90	刪除
N005438100	TRANKINSON TABLETS "N.C.P."	0.00	N005438100	TRANKINSON TABLETS "H.L."	0.73	刪除
N005854100	PRENIN TABLETS "N.C.P."	0.00	N005854100	PRENIN TABLETS "H.L."	0.90	刪除
N005894343	DIBUTON ANESTHETIC OINTMENT	0.00	N005894343	DIBUTON ANESTHETIC OINTMENT	24.10	刪除
N006186100	SINDILIUM TABLETS "H.L."	0.00	N006186100	SINDILIUM TABLETS "H.L."	0.80	刪除
N006235100	LUMBELLA TABLETS	0.00	N006235100	LUMBELLA TABLETS	0.19	刪除
N006516212	STRONG VITA-B INJECTION	0.00	N006516212	STRONG VITA-B INJECTION	4.48	刪除
N006517238	TICANIN INJECTION	0.00	N006517238	TICANIN INJECTION	4.00	刪除
N006732209	COMYCIN INJECTION	0.00	N006732209	COMYCIN INJECTION	15.00	刪除
N007755429	SUPER SALOON EYE LOTION	23.70	N007755429	SUPER SALOON EYE LOTION	24.80	調價
N009208100	CHOZINE TABLETS (METRONIDAZOLE) "N.C.P."	1.02	N009208100	CHOZINE TABLETS (METRONIDAZOLE) "N.C.P."	1.03	調價
N009940238	LACT SALINE INJECTION	0.00	N009940238	LACT SALINE INJECTION	3.62	刪除
N010577321	RINDERON-V CREAM 0.06%	29.20	N010577321	RINDERON-V CREAM 0.06%	30.20	調價
N010755157	SEDACOUGH	0.00	N010755157	SEDACOUGH	23.30	刪除
N011747155	COUGH SYRUP WITH CODEINE "CBC"	0.00	N011747155	COUGH SYRUP WITH CODEINE "CBC"	26.10	刪除
N012090100	CHOMOZIN S.C. TABLETS 250MG "JEN SHENG"	1.02	N012090100	CHOMOZIN S.C. TABLETS 250MG "JEN SHENG"	1.03	調價
N013617243	YINGAN CA INJECTION	0.00	N013617243	YINGAN CA INJECTION	16.90	刪除
N013999100	GEEL S.C. TABLETS	1.02	N013999100	GEEL S.C. TABLETS	1.03	調價
N015357155	COUTHY SYRUP	0.00	N015357155	COUTHY SYRUP	23.80	刪除
N015357159	COUTHY SYRUP	0.00	N015357159	COUTHY SYRUP	23.80	刪除
N0161401G0	DIAZEPAM TABLETS 5 MG “KINGDOM”(鋁箔)	0.00	N0161401G0	DIAZEPAM TABLETS 5 MG “KINGDOM”(鋁箔)	1.50	刪除
N016524100	ENITOL F.C. TABLETS	0.00	N016524100	ENITOL F.C. TABLETS	0.83	刪除
N0165281G0	NOSCAPINE TABLETS"LITA"(鋁箔/膠箔)	1.08	N0165281G0	NOSCAPINE TABLETS"LITA"(鋁箔/膠箔)	1.17	調價
N016598212	DAIBINAL INJECTION	0.00	N016598212	DAIBINAL INJECTION	5.00	刪除
N016598221	DAIBINAL INJECTION	0.00	N016598221	DAIBINAL INJECTION	5.00	刪除

NC00588210	SODIUM CHLORIDE INJECTION "ASTAR."	40.90	NC00588210	SODIUM CHLORIDE INJECTION "ASTAR."	41.30	調價
NC00588212	"SODIUM CHLORIDE INJECTION ""ASTAR.""	0.00	NC00588212	"SODIUM CHLORIDE INJECTION ""ASTAR.""	72.00	刪除
NC00588216	SODIUM CHLORIDE INJECTION "ASTAR."	0.00	NC00588216	SODIUM CHLORIDE INJECTION "ASTAR."	86.00	刪除
NC01204157	COUSIN SYRUP	25.80	NC01204157	COUSIN SYRUP	26.20	調價
NC01752100	FRONIL S.C. TABLETS "JOHNSON"	1.55	NC01752100	FRONIL S.C. TABLETS "JOHNSON"	1.58	調價
NC01757221	CANBIN -C INJECTION	0.00	NC01757221	CANBIN -C INJECTION	15.00	刪除
NC01811100	METROZOLE ORAL S.C. TABLETS "JOHNSON"	1.52	NC01811100	METROZOLE ORAL S.C. TABLETS "JOHNSON"	1.53	調價
NC01817100	NOSCOTIN TABLETS 20MG "JOHNSON"	0.94	NC01817100	NOSCOTIN TABLETS 20MG "JOHNSON"	0.99	調價
NC024731G0	INDOME CAPSULES 25MG "F.Y."(鋁箔/膠箔)	2.00			#NULL!	新增
NC03659100	IMIPRAMINE CAPSULES "H.L"	1.55	NC03659100	IMIPRAMINE CAPSULES "H.L"	1.58	調價
NC04968100	DECOTON TABLETS "N.C.P."	1.50			#NULL!	新增
NC05014100	PREDNISOLONE 5MG TABLETS "WELCAN"	1.50			#NULL!	新增
NC050141G0	PREDNISOLONE 5MG TABLETS "WELCAN"(鋁箔/膠箔)	2.00			#NULL!	新增
NC05219100	TRICON S.C. TABLETS "F.Y."	1.52	NC05219100	TRICON S.C. TABLETS "F.Y."	1.53	調價
NC052451G0	COLSIN 5MG TABLETS "F.Y."(鋁箔/膠箔)	2.00			#NULL!	新增
NC052451G1	COLSIN 5MG TABLETS "F.Y."(21粒/瓶裝)	2.00			#NULL!	新增
NC052451G5	COLSIN 5MG TABLETS "F.Y."(84粒/瓶裝)	2.00			#NULL!	新增
NC05328229	DEXAROID INJECTION 4 MG "CHI SHENG"	20.00	NC05328229	DEXAROID INJECTION 4 MG "CHI SHENG"	20.40	調價
NC05334238	INJECTION DEXTROSIET SODII CHLORIDI "CHI SHENG"	0.00	NC05334238	INJECTION DEXTROSIET SODII CHLORIDI "CHI SHENG"	15.00	刪除
NC05438100	TRANKINSON TABLETS "N.C.P."	1.50			#NULL!	新增
NC05854100	PRENIN TABLETS "N.C.P."	1.50			#NULL!	新增
NC06066255	VITAGEN INJECTION 5%	0.00	NC06066255	VITAGEN INJECTION 5%	22.00	刪除

NC06066265	VITAGEN INJECTION 5%	0.00	NC06066265	VITAGEN INJECTION 5%	22.00	刪除
NC07755421	SUPER SALOON EYE LOTION	12.10	NC07755421	SUPER SALOON EYE LOTION	12.20	調價
NC07870100	PROCIL TABLETS	1.90	NC07870100	PROCIL TABLETS	1.50	調價
NC08800229	DEXAMESONE INJECTION 4MG/ML "T.F."	20.00	NC08800229	DEXAMESONE INJECTION 4MG/ML "T.F."	20.40	調價
NC11133417	NEOBACIN OPHTHALMIC OINTMENT	25.90	NC11133417	NEOBACIN OPHTHALMIC OINTMENT	26.90	調價
NC11269100	DOLTON E.S.C. TABLETS 5MG(BISACODYL)	1.50			#NULL!	新增
NC112691G0	DOLTON E.S.C. TABLETS 5MG(BISACODYL)(鋁箔/膠箔)	2.00			#NULL!	新增
NC11357229	DEXARON INJECTION	20.00	NC11357229	DEXARON INJECTION	20.40	調價
NC11950100	KEETOMIN S.C. TABLETS "CBC"	0.00	NC11950100	KEETOMIN S.C. TABLETS "CBC"	1.50	刪除
NC12342421	LIXAMIN EYE DROPS	12.20	NC12342421	LIXAMIN EYE DROPS	12.30	調價
NC12380221	POTASSIUM CHLORIDE INJECTION "SINTONG"	0.00	NC12380221	POTASSIUM CHLORIDE INJECTION "SINTONG"	15.00	刪除
NC12714100	DOMISUI-N TABLETS 5MG "CBC"	0.00	NC12714100	DOMISUI-N TABLETS 5MG "CBC"	1.50	刪除
NC13247157	ANTICO SYRUP WITH CODEINE	25.80	NC13247157	ANTICO SYRUP WITH CODEINE	26.20	調價
NC13507329	PRESOLON OINTMENT	0.00	NC13507329	PRESOLON OINTMENT	18.50	刪除
NC13508345	BIOMYCIN OINTMENT "CBC"	44.10	NC13508345	BIOMYCIN OINTMENT "CBC"	44.90	調價
NC14793155	BROCIN CODEINE SYRUP	25.80	NC14793155	BROCIN CODEINE SYRUP	26.20	調價
NC15951157	CODECOL SYRUP	25.80	NC15951157	CODECOL SYRUP	26.20	調價
NC16157100	IMINE S.C. TABLETS	1.55	NC16157100	IMINE S.C. TABLETS	1.58	調價
NC16430421	TETRACYCLINE HCL OPHTHALMIC OINTMENT 1% "KINGDOM"	16.60	NC16430421	TETRACYCLINE HCL OPHTHALMIC OINTMENT 1% "KINGDOM"	16.80	調價
NC16654421	MING MEI EYE DROPS "Y.Y."	12.20	NC16654421	MING MEI EYE DROPS "Y.Y."	12.30	調價
TPN0101209	CPN-A	0.00	TPN0101209	CPN-A	0.37	刪除
TPN0102297	CPN-B	0.00	TPN0102297	CPN-B	0.50	刪除
TPN0103209	CPN-C	0.00	TPN0103209	CPN-C	0.47	刪除
TPN0104297	CPN-D	0.00	TPN0104297	CPN-D	0.63	刪除
TPN0105277	TPN-1	0.00	TPN0105277	TPN-1	0.70	刪除

TPN01062D3	CPN-A2	0.00	TPN01062D3	CPN-A2	0.46	刪除
TPN01072D4	CPN-B2	0.00	TPN01072D4	CPN-B2	0.55	刪除
TPN01082D3	CPN-C2	0.00	TPN01082D3	CPN-C2	0.55	刪除
TPN01092D4	CPN-D2	0.00	TPN01092D4	CPN-D2	0.69	刪除
TPN01102D3	CPN-E	0.00	TPN01102D3	CPN-E	0.48	刪除
TPN01112D4	CPN-F	0.00	TPN01112D4	CPN-F	0.56	刪除
TPN01122D4	CPN-G	0.00	TPN01122D4	CPN-G	0.69	刪除
TPN01132D5	CPN-G2	0.00	TPN01132D5	CPN-G2	0.82	刪除
TPN01142D4	CPN-H	0.00	TPN01142D4	CPN-H	0.70	刪除
TPN01152D5	CPN-H2	0.00	TPN01152D5	CPN-H2	0.84	刪除
TPN0203209	TCVH3	0.00	TPN0203209	TCVH3	0.54	刪除
TPN04012C0	TPAI-1	0.00	TPN04012C0	TPAI-1	0.64	刪除
TPN04022A5	TPAI-2	0.00	TPN04022A5	TPAI-2	0.76	刪除
TPN04032CP	TPAI-3	0.00	TPN04032CP	TPAI-3	0.38	刪除
TPN0404209	TPAI-4	0.00	TPN0404209	TPAI-4	0.72	刪除
TPN0405209	TPAI-5	0.00	TPN0405209	TPAI-5	0.49	刪除
TPN04062CQ	TPPI-1	0.00	TPN04062CQ	TPPI-1	0.68	刪除
TPN04072CR	TPPI-2	0.00	TPN04072CR	TPPI-2	0.83	刪除
TPN04082CR	TPPI-3	0.00	TPN04082CR	TPPI-3	0.86	刪除
TPN0409299	TPNA-1（1224ML） 署立新竹醫院	0.00	TPN0409299	TPNA-1（1224ML）署立新竹醫院	0.56	刪除
TPN0410299	TPNA-2（1019ML） 署立新竹醫院	0.00	TPN0410299	TPNA-2（1019ML）署立新竹醫院	0.64	刪除
TPN0411299	TPNA-3（1524ML） 署立新竹醫院	0.00	TPN0411299	TPNA-3（1524ML）署立新竹醫院	0.62	刪除
TPN0412299	TPNA-4（1160ML） 署立新竹醫院	0.00	TPN0412299	TPNA-4（1160ML）署立新竹醫院	0.73	刪除
TPN0413299	TPNA-5（1229ML） 署立新竹醫院	0.00	TPN0413299	TPNA-5（1229ML）署立新竹醫院	0.64	刪除
TPN0414299	TPNA-6（1924ML） 署立新竹醫院	0.00	TPN0414299	TPNA-6（1924ML）署立新竹醫院	0.48	刪除
TPN0415299	TPNA-7（1924ML） 署立新竹醫院	0.00	TPN0415299	TPNA-7（1924ML）署立新竹醫院	0.46	刪除
TPN0416299	KNO2（1000ML） 署立新竹醫院	0.00	TPN0416299	KNO2（1000ML） 署立新竹醫院	0.54	刪除
TPN0417299	KNO4（1000ML） 署立新竹醫院	0.00	TPN0417299	KNO4（1000ML） 署立新竹醫院	0.73	刪除
TPN0418299	KR01（1000ML） 署立新竹醫院	0.00	TPN0418299	KR01（1000ML） 署立新竹醫院	0.53	刪除
TPN0419299	TPPI-4（126ML） 署立新竹醫院	0.00	TPN0419299	TPPI-4（126ML）署立新竹醫院	0.33	刪除
TPN0420299	TPPI-5（106ML） 署立新竹醫院	0.00	TPN0420299	TPPI-5（106ML）署立新竹醫院	0.47	刪除
TPN0421299	TPPI-6（106ML） 署立新竹醫院	0.00	TPN0421299	TPPI-6（106ML）署立新竹醫院	0.50	刪除
TPN0505297	TPN-H	0.00	TPN0505297	TPN-H	0.72	刪除
TPN0509299	TPN-H（臺安醫院）1200ML	0.00	TPN0509299	TPN-H（臺安醫院）1200ML	0.55	刪除
TPN0510299	TPN-RHD（臺安醫院）1009ML	0.00	TPN0510299	TPN-RHD（臺安醫院） 1009ML	0.70	刪除
TPN0601211	TPNA	0.00	TPN0601211	TPNA	0.48	刪除
TPN0602211	TPNB	0.00	TPN0602211	TPNB	0.42	刪除
TPN0603211	TPNC	0.00	TPN0603211	TPNC	0.46	刪除

TPN0604211	TPND	0.00	TPN0604211	TPND	0.46	刪除
TPN0605211	TPNE	0.00	TPN0605211	TPNE	0.45	刪除
TPN0606211	TPNF	0.00	TPN0606211	TPNF	0.56	刪除
TPN07012CV	TPN-1	0.00	TPN07012CV	TPN-1	0.76	刪除
TPN0702297	TPN-2	0.00	TPN0702297	TPN-2	0.83	刪除
TPN07032CW	TPN-3	0.00	TPN07032CW	TPN-3	0.86	刪除
TPN07042CX	TPN-4	0.00	TPN07042CX	TPN-4	0.38	刪除
TPN07052A6	TPN-5	0.00	TPN07052A6	TPN-5	0.65	刪除
TPN0901209	TPN-A	0.00	TPN0901209	TPN-A	0.34	刪除
TPN0902209	TPN-C	0.00	TPN0902209	TPN-C	0.38	刪除
TPN09072D2	TPN-PED4	0.00	TPN09072D2	TPN-PED4	1.27	刪除
TPN0908299	TPNF 1300ML/BOT.	0.00	TPN0908299	TPNF 1300ML/BOT.	0.38	刪除
TPN1001209	TPN-A	0.00	TPN1001209	TPN-A	0.44	刪除
TPN1004209	TPN-D	0.00	TPN1004209	TPN-D	0.65	刪除
TPN1005209	TPN-E	0.00	TPN1005209	TPN-E	0.67	刪除
TPN1007209	TPN-G	0.00	TPN1007209	TPN-G	0.71	刪除
TPN1010299	TPN N SOLN 1000ML/BAG	0.00	TPN1010299	TPN N SOLN 1000ML/BAG	0.39	刪除
TPN1011299	TPN 1（奇美醫院）	0.00	TPN1011299	TPN 1（奇美醫院）	0.60	刪除
TPN1012299	TPN J（奇美醫院）	0.00	TPN1012299	TPN J（奇美醫院）	0.77	刪除
TPN1014299	TPN L(奇美醫院)	0.00	TPN1014299	TPN L(奇美醫院)	1.02	刪除
TPN1101209	TPNA	0.00	TPN1101209	TPNA	0.48	刪除
TPN1102209	TPNB	0.00	TPN1102209	TPNB	0.75	刪除
TPN1103209	TPNC	0.00	TPN1103209	TPNC	0.80	刪除
TPN1104209	TPND	0.00	TPN1104209	TPND	0.81	刪除
TPN1105209	TPNE	0.00	TPN1105209	TPNE	0.82	刪除
TPN1106209	TPNF	0.00	TPN1106209	TPNF	0.83	刪除
TPN1201209	TPNA-20	0.00	TPN1201209	TPNA-20	0.34	刪除
TPN1206209	TPNA-50	0.00	TPN1206209	TPNA-50	0.53	刪除
TPN1207209	TPNR-20	0.00	TPN1207209	TPNR-20	0.48	刪除
TPN1208209	TPNR-30	0.00	TPN1208209	TPNR-30	0.59	刪除
TPN1209209	TPNR-35	0.00	TPN1209209	TPNR-35	0.66	刪除
TPN1210209	TPNR-40	0.00	TPN1210209	TPNR-40	0.73	刪除
TPN1211209	TPNR-45	0.00	TPN1211209	TPNR-45	0.80	刪除
TPN1212209	TPNR-50	0.00	TPN1212209	TPNR-50	0.87	刪除
TPN1213209	TPNH-20	0.00	TPN1213209	TPNH-20	0.55	刪除
TPN1217209	TPNH-45	0.00	TPN1217209	TPNH-45	0.97	刪除
TPN1218209	TPNH-50	0.00	TPN1218209	TPNH-50	1.06	刪除
TPN1302209	TPN-B	0.00	TPN1302209	TPN-B	0.59	刪除
TPN1304209	TPN-D	0.00	TPN1304209	TPN-D	0.56	刪除
TPN1305209	TPN-E	0.00	TPN1305209	TPN-E	0.52	刪除
TPN1306209	TPN-F	0.00	TPN1306209	TPN-F	0.70	刪除
TPN1309209	TPN-I	0.00	TPN1309209	TPN-I	0.57	刪除
TPN1412209	15%ADULT TPN 1000ML/BOT	0.00	TPN1412209	15%ADULT TPN 1000ML/BOT	0.48	刪除
TPN1414209	25%ADULT TPN 1000ML/BOT	0.00	TPN1414209	25%ADULT TPN 1000ML/BOT	0.49	刪除
TPN1417297	20%ADULT TPN 1200ML/BOT	0.00	TPN1417297	20%ADULT TPN 1200ML/BOT	0.60	刪除
TPN1418209	LOW-PROTEIN 5%	0.00	TPN1418209	LOW-PROTEIN 5%	0.15	刪除
TPN1419209	LOW-PROTEIN 7.5%	0.00	TPN1419209	LOW-PROTEIN 7.5%	0.16	刪除
TPN1420209	LOW-PROTEIN 10%	0.00	TPN1420209	LOW-PROTEIN 10%	0.16	刪除
TPN1421209	LOW-PROTEIN 12.5%	0.00	TPN1421209	LOW-PROTEIN 12.5%	0.16	刪除

TPN1422209	LOW-PROTEIN 20%	0.00	TPN1422209	LOW-PROTEIN 20%	0.17	刪除
TPN1423209	LOW-PROTEIN ADULT PTN	0.00	TPN1423209	LOW-PROTEIN ADULT PTN	0.47	刪除
TPN1424209	HEPATIC FAILURE TPN	0.00	TPN1424209	HEPATIC FAILURE TPN	0.72	刪除
TPN1425209	RENAL FAILURE 20% TPN	0.00	TPN1425209	RENAL FAILURE 20% TPN	0.79	刪除
TPN16012D8	TPN-A	0.00	TPN16012D8	TPN-A	0.71	刪除
TPN16022D8	TPN-B	0.00	TPN16022D8	TPN-B	0.71	刪除
TPN17012E3	TPN-A SOLUTION	0.00	TPN17012E3	TPN-A SOLUTION	0.29	刪除
TPN17072E4	PEDIATRIC TPN-A SOLUTION	0.00	TPN17072E4	PEDIATRIC TPN-A SOLUTION	0.35	刪除
TPN17082E4	PEDIATRIC TPN-B SOLUTION	0.00	TPN17082E4	PEDIATRIC TPN-B SOLUTION	0.43	刪除
TPN17092E4	PEDIATRIC TPN-C SOLUTION	0.00	TPN17092E4	PEDIATRIC TPN-C SOLUTION	0.32	刪除
TPN17102E4	PEDIATRIC TPN-D SOLUTION	0.00	TPN17102E4	PEDIATRIC TPN-D SOLUTION	0.30	刪除
TPN1711299	PEDIATRIC TPN-A SOLUTION	0.00	TPN1711299	PEDIATRIC TPN-A SOLUTION	0.64	刪除
TPN1712299	PEDIATRIC TPN-B SOLUTION	0.00	TPN1712299	PEDIATRIC TPN-B SOLUTION	0.79	刪除
TPN1713299	PEDIATRIC TPN-C SOLUTION	0.00	TPN1713299	PEDIATRIC TPN-C SOLUTION	0.52	刪除
TPN1714299	PEDIATRIC TPN-D SOLUTION	0.00	TPN1714299	PEDIATRIC TPN-D SOLUTION	0.52	刪除
TPN1718299	PEDIATRIC TPN-C SOLUTION（新光醫院）	0.00	TPN1718299	PEDIATRIC TPN-C SOLUTION（新光醫院）	0.51	刪除
TPN18032E7	TPN-3	0.00	TPN18032E7	TPN-3	0.38	刪除
TPN18042E7	TPN-4	0.00	TPN18042E7	TPN-4	0.38	刪除
TPN18062E6	TPN-6	0.00	TPN18062E6	TPN-6	0.60	刪除
TPN18092F1	TPN-9	0.00	TPN18092F1	TPN-9	0.81	刪除
TPN1811299	TPN-11（沙鹿童綜合醫院）	0.00	TPN1811299	TPN-11（沙鹿童綜合醫院）	0.41	刪除
TPN1812299	TPN-12 童綜合醫院	0.00	TPN1812299	TPN-12 童綜合醫院	0.47	刪除
TPN1813299	TPN-13童綜合醫院	0.00	TPN1813299	TPN-13童綜合醫院	0.41	刪除
TPN1814299	TPN-14童綜合醫院	0.00	TPN1814299	TPN-14童綜合醫院	1.50	刪除
TPN1901209	T15	0.00	TPN1901209	T15	0.40	刪除
TPN2004255	NPN1	0.00	TPN2004255	NPN1	0.41	刪除
TPN20052AV	NPN2	0.00	TPN20052AV	NPN2	0.55	刪除
TPN2006257	NPN3	0.00	TPN2006257	NPN3	0.66	刪除
TPN20072AW	NPN4	0.00	TPN20072AW	NPN4	0.76	刪除
TPN2008265	NPN5	0.00	TPN2008265	NPN5	0.75	刪除
TPN2117212	CSM 2040	0.00	TPN2117212	CSM 2040	0.73	刪除
TPN2117277	CSM 2040	0.00	TPN2117277	CSM 2040	0.73	刪除
TPN2118299	CSM 0815 2000ML/BTL	0.00	TPN2118299	CSM 0815 2000ML/BTL	0.27	刪除
TPN2119299	CSM 1015 2000ML/BTL	0.00	TPN2119299	CSM 1015 2000ML/BTL	0.28	刪除
TPN2120299	CSM 1220 2000ML/BTL	0.00	TPN2120299	CSM 1220 2000ML/BTL	0.34	刪除

TPN2121299	CSM 1520 2000ML/BTL	0.00	TPN2121299	CSM 1520 2000ML/BTL	0.34	刪除
TPN2122299	CSM 1730 2000ML/BTL	0.00	TPN2122299	CSM 1730 2000ML/BTL	0.46	刪除
TPN2123299	CSM 2030 2000ML/BTL	0.00	TPN2123299	CSM 2030 2000ML/BTL	0.47	刪除
TPN2124299	CSR 2515 2000ML/BTL	0.00	TPN2124299	CSR 2515 2000ML/BTL	0.36	刪除
TPN2125299	CSH 2020 2000ML/BTL	0.00	TPN2125299	CSH 2020 2000ML/BTL	0.43	刪除
TPN2126299	CSP 0515 500ML/BTL	0.00	TPN2126299	CSP 0515 500ML/BTL	0.76	刪除
TPN2127299	CSP 0815 500ML/BTL	0.00	TPN2127299	CSP 0815 500ML/BTL	0.76	刪除
TPN2128299	CSP 1015 500ML/BTL	0.00	TPN2128299	CSP 1015 500ML/BTL	0.77	刪除
TPN2129299	CSP 1020 500ML/BTL	0.00	TPN2129299	CSP 1020 500ML/BTL	0.99	刪除
TPN2130299	CSP 1220 500ML/BTL	0.00	TPN2130299	CSP 1220 500ML/BTL	0.99	刪除
TPN2131299	CSP 1530 500ML/BTL	0.00	TPN2131299	CSP 1530 500ML/BTL	0.99	刪除
TPN2132299	CSP 1730 500ML/BTL	0.00	TPN2132299	CSP 1730 500ML/BTL	1.43	刪除
TPN2133299	CSP 2030 500ML/BTL	0.00	TPN2133299	CSP 2030 500ML/BTL	1.43	刪除
TPN2134299	CSM1530 2000ML/BTL	0.00	TPN2134299	CSM1530 2000ML/BTL	0.47	刪除
TPN2135299	CSM2530 2000ML/BTL	0.00	TPN2135299	CSM2530 2000ML/BTL	0.48	刪除
TPN2136299	CSM2540 2000ML/BTL	0.00	TPN2136299	CSM2540 2000ML/BTL	0.60	刪除
TPN2137299	CSM2040 2000ML/BTL	0.00	TPN2137299	CSM2040 2000ML/BTL	0.59	刪除
TPN2138299	CSM 1030PPN 517.3ML （孫中山先生紀念醫院）	0.00	TPN2138299	CSM 1030PPN 517.3ML （孫中山先生紀念醫院）	0.95	刪除
TPN2139299	CSM1335START 621.1ML （孫中山先生紀念醫院）	0.00	TPN2139299	CSM1335START 621.1ML （孫中山先生紀念醫院）	0.90	刪除
TPN2140299	CSM2540NORMAL 931.1ML （孫中山先生紀念醫院）	0.00	TPN2140299	CSM2540NORMAL 931.1ML （孫中山先生紀念醫院）	0.71	刪除
TPN2143299	CSM2535NORMAL 881.1ML （孫中山先生紀念醫院）	0.00	TPN2143299	CSM2535NORMAL 881.1ML （孫中山先生紀念醫院）	0.67	刪除
TPN2146299	CSM1070HP 931.1ML (孫中山先生紀念醫院)	0.00	TPN2146299	CSM1070HP 931.1ML (孫中山先生紀念醫院)	1.07	刪除
TPN2147299	CSM1170HP 951.1ML (孫中山先生紀念醫院)	0.00	TPN2147299	CSM1170HP 951.1ML (孫中山先生紀念醫院)	1.04	刪除

TPN2155299	CSR2530NHD 927.1ML (孫中山先生紀念醫院)	0.00	TPN2155299	CSR2530NHD 927.1ML (孫中山先生紀念醫院)	0.60	刪除
TPN2156299	CSR2825NHD 930.2ML (孫中山先生紀念醫院)	0.00	TPN2156299	CSR2825NHD 930.2ML (孫中山先生紀念醫院)	0.53	刪除
TPN2159299	CSP2030 358.6ML (孫中山先生紀念醫院)	0.00	TPN2159299	CSP2030 358.6ML (孫中山先生紀念醫院)	1.41	刪除
TPN2164299	CSN2030 43.2ML (孫中山先生紀念醫院)	0.00	TPN2164299	CSN2030 43.2ML (孫中山先生紀念醫院)	1.07	刪除
TPN2165299	CSN1530 34.2ML (孫中山先生紀念醫院)	0.00	TPN2165299	CSN1530 34.2ML (孫中山先生紀念醫院)	1.35	刪除
TPN2166299	CSN1330 30.2ML (孫中山先生紀念醫院)	0.00	TPN2166299	CSN1330 30.2ML (孫中山先生紀念醫院)	1.52	刪除
TPN2167299	CSN1225 28.2ML (孫中山先生紀念醫院)	0.00	TPN2167299	CSN1225 28.2ML (孫中山先生紀念醫院)	1.62	刪除
TPN2168299	CSN1220 28.2ML (孫中山先生紀念醫院)	0.00	TPN2168299	CSN1220 28.2ML (孫中山先生紀念醫院)	1.62	刪除
TPN2201209	TPN-A	0.00	TPN2201209	TPN-A	0.30	刪除
TPN2203209	TPN-C	0.00	TPN2203209	TPN-C	0.46	刪除
TPN2205263	PED. TPN-A	0.00	TPN2205263	PED. TPN-A	0.34	刪除
TPN2206263	PED. TPN-B	0.00	TPN2206263	PED. TPN-B	0.35	刪除
TPN2207263	PED. TPN-C	0.00	TPN2207263	PED. TPN-C	0.44	刪除
TPN2208263	PED. TPN-D	0.00	TPN2208263	PED. TPN-D	0.54	刪除
TPN23012F2	TPN	0.00	TPN23012F2	TPN	0.34	刪除
TPN23022F3	TPN	0.00	TPN23022F3	TPN	0.42	刪除
TPN23032F4	TPN	0.00	TPN23032F4	TPN	0.68	刪除
TPN2308299	TPN 8	0.00	TPN2308299	TPN 8	0.58	刪除
TPN2309299	TPN 9	0.00	TPN2309299	TPN 9	0.54	刪除
TPN2310299	TPN 10	0.00	TPN2310299	TPN 10	0.63	刪除
TPN2311299	TPN 11	0.00	TPN2311299	TPN 11	0.54	刪除
TPN2401209	TPN-NORMAL 1000ML/BOT	0.00	TPN2401209	TPN-NORMAL 1000ML/BOT	0.50	刪除
TPN2402209	TPN	0.00	TPN2402209	TPN	0.64	刪除
TPN2403209	TPN	0.00	TPN2403209	TPN	0.33	刪除
TPN25012F2	TPN	0.00	TPN25012F2	TPN	0.53	刪除
TPN25022F3	TPN	0.00	TPN25022F3	TPN	0.67	刪除
TPN25032F5	TPN	0.00	TPN25032F5	TPN	0.78	刪除
TPN25052F6	TPN	0.00	TPN25052F6	TPN	0.56	刪除
TPN25062F3	TPN	0.00	TPN25062F3	TPN	0.62	刪除
TPN25072F6	TPN	0.00	TPN25072F6	TPN	0.62	刪除
TPN25082F4	TPN	0.00	TPN25082F4	TPN	0.37	刪除
TPN25092F4	TPN	0.00	TPN25092F4	TPN	0.43	刪除
TPN25102F7	TPN	0.00	TPN25102F7	TPN	0.38	刪除
TPN26012F8	TPN-A	0.00	TPN26012F8	TPN-A	0.60	刪除
TPN26022F8	TPN-B	0.00	TPN26022F8	TPN-B	0.60	刪除
TPN27032FA		0.00	TPN27032FA		0.93	刪除

TPN27042FA	TPN	0.00	TPN27042FA	TPN	0.93	删除
TPN27062FK	TPN-N	0.00	TPN27062FK	TPN-N	0.84	删除
TPN27072FL	TPN-I	0.00	TPN27072FL	TPN-I	0.71	删除
TPN27082FM	TPN-T	0.00	TPN27082FM	TPN-T	0.61	删除
TPN27092FN	TPN-C	0.00	TPN27092FN	TPN-C	0.55	删除
TPN27102G9	TPN-P1 447.55ML/BOT	0.00	TPN27102G9	TPN-P1 447.55ML/BOT	0.83	删除
TPN27112GA	TPN-P2 748.5ML/BOT	0.00	TPN27112GA	TPN-P2 748.5ML/BOT	0.79	删除
TPN27122GB	TPN-P3 1501.65ML/BOT	0.00	TPN27122GB	TPN-P3 1501.65ML/BOT	0.79	删除
TPN27132GC	TPN-P4 2295.7ML/BOT	0.00	TPN27132GC	TPN-P4 2295.7ML/BOT	0.63	删除
TPN27142GD	TPN-P5 3166.25ML/BOT	0.00	TPN27142GD	TPN-P5 3166.25ML/BOT	0.68	删除
TPN27152GE	TPN	0.00	TPN27152GE	TPN	0.75	删除
TPN27162GF	TPN-P7 5049.7ML/BOT	0.00	TPN27162GF	TPN-P7 5049.7ML/BOT	0.79	删除
TPN27172GG	TPN-P8 6463.5ML/BOT	0.00	TPN27172GG	TPN-P8 6463.5ML/BOT	0.81	删除
TPN2718299	TPN-P9 222.55ML/BOT	0.00	TPN2718299	TPN-P9 222.55ML/BOT	1.54	删除
TPN2719299	TPN-P10 373.5ML/BOT	0.00	TPN2719299	TPN-P10 373.5ML/BOT	1.52	删除
TPN2720299	TPN-P11 751.65ML/BOT	0.00	TPN2720299	TPN-P11 751.65ML/BOT	1.51	删除
TPN2721299	TPN-P12 1295.7ML/BOT	0.00	TPN2721299	TPN-P12 1295.7ML/BOT	1.48	删除
TPN2722299	TPN-P13 1916.25ML/BOT	0.00	TPN2722299	TPN-P13 1916.25ML/BOT	1.06	删除
TPN2723299	TPN-P14 2506.2ML/BOT	0.00	TPN2723299	TPN-P14 2506.2ML/BOT	1.13	删除
TPN2724299	TPN-P15 3049.7ML/BOT	0.00	TPN2724299	TPN-P15 3049.7ML/BOT	1.27	删除
TPN2725299	TPN-P16 3963.5ML/BOT	0.00	TPN2725299	TPN-P16 3963.5ML/BOT	1.28	删除
TPN2728299	CPN-7 601ML/BOT	0.00	TPN2728299	CPN-7 601ML/BOT	0.65	删除
TPN2729299	CPN-8 602ML/BOT	0.00	TPN2729299	CPN-8 602ML/BOT	0.67	删除
TPN2730299	CPN-9 501ML/BOT	0.00	TPN2730299	CPN-9 501ML/BOT	0.61	删除
TPN2731299	CPN-10 502ML/BOT	0.00	TPN2731299	CPN-10 502ML/BOT	0.62	删除
TPN2732299	CPN-11 601ML/BOT	0.00	TPN2732299	CPN-11 601ML/BOT	0.71	删除
TPN2733299	CPN-12 602ML/BOT	0.00	TPN2733299	CPN-12 602ML/BOT	0.72	删除
TPN28012FB	TPN-A	0.00	TPN28012FB	TPN-A	0.71	删除
TPN28022FC	TPN-B	0.00	TPN28022FC	TPN-B	0.64	删除
TPN28032FD	TPN-C	0.00	TPN28032FD	TPN-C	0.54	删除
TPN28042FE	TPN-D	0.00	TPN28042FE	TPN-D	0.51	删除
TPN28052FF	TPN-E	0.00	TPN28052FF	TPN-E	0.48	删除
TPN28062FB	TPN-F	0.00	TPN28062FB	TPN-F	0.47	删除
TPN2807209	PPN-A	0.00	TPN2807209	PPN-A	0.37	删除
TPN2808209	PPN-B	0.00	TPN2808209	PPN-B	0.37	删除
TPN2809209	PPN-C	0.00	TPN2809209	PPN-C	0.37	删除
TPN2810209	PPN-D	0.00	TPN2810209	PPN-D	0.37	删除
TPN28112AV	PPN-E	0.00	TPN28112AV	PPN-E	0.51	删除

TPN2812209	PPN-F	0.00	TPN2812209	PPN-F	0.40	刪除
TPN2813209	PPN-G	0.00	TPN2813209	PPN-G	0.40	刪除
TPN2814209	PPN-H	0.00	TPN2814209	PPN-H	0.40	刪除
TPN2815209	PPN-I	0.00	TPN2815209	PPN-I	0.40	刪除
TPN28162AV	PPN-J	0.00	TPN28162AV	PPN-J	0.54	刪除
TPN28172AV	PPN-K	0.00	TPN28172AV	PPN-K	0.54	刪除
TPN2901209	TPN A	0.00	TPN2901209	TPN A	0.74	刪除
TPN2902209	TPN B	0.00	TPN2902209	TPN B	0.79	刪除
TPN2903209	TPN C	0.00	TPN2903209	TPN C	0.74	刪除
TPN2904209	TPN D	0.00	TPN2904209	TPN D	0.80	刪除
TPN2905209	TPN E	0.00	TPN2905209	TPN E	0.66	刪除
TPN2906209	TPN F	0.00	TPN2906209	TPN F	0.67	刪除
TPN2907209	TPN G	0.00	TPN2907209	TPN G	0.75	刪除
TPN2908209	TPN H	0.00	TPN2908209	TPN H	0.58	刪除
TPN2909209	TPN I	0.00	TPN2909209	TPN I	0.71	刪除
TPN2910209	TPN J	0.00	TPN2910209	TPN J	0.74	刪除
TPN3004299	FORMULAL 1 台北醫學大學附醫	0.00	TPN3004299	FORMULAL 1 台北醫學大學附醫	0.79	刪除
TPN3006299	FORMULAL 3 台北醫學大學附醫	0.00	TPN3006299	FORMULAL 3 台北醫學大學附醫	0.77	刪除
TPN3009299	FORMULAL 6 台北醫學大學附醫	0.00	TPN3009299	FORMULAL 6 台北醫學大學附醫	0.92	刪除
TPN32012F0	PN-P1 1518ML/BOT	0.00	TPN32012F0	PN-P1 1518ML/BOT	0.79	刪除
TPN32022F0	PN-P2 1518ML/BOT	0.00	TPN32022F0	PN-P2 1518ML/BOT	0.80	刪除
TPN32032F0	PN-P3 1518ML/BOT	0.00	TPN32032F0	PN-P3 1518ML/BOT	0.83	刪除
TPN32042FP	PN-P4 1768/BOT	0.00	TPN32042FP	PN-P4 1768/BOT	0.88	刪除
TPN32052FQ	PN-P5 2728ML/BOT	0.00	TPN32052FQ	PN-P5 2728ML/BOT	0.69	刪除
TPN32062FQ	PN-P6 2728ML/BOT	0.00	TPN32062FQ	PN-P6 2728ML/BOT	0.70	刪除
TPN32072FQ	PN-P7 2728ML/BOT	0.00	TPN32072FQ	PN-P7 2728ML/BOT	0.71	刪除
TPN32082FR	PN-P8 2978ML/BOT	0.00	TPN32082FR	PN-P8 2978ML/BOT	0.75	刪除
TPN32092FS	PN-A1 1318ML/BOT	0.00	TPN32092FS	PN-A1 1318ML/BOT	0.80	刪除
TPN32102FS	PN-A2 1318ML/BOT	0.00	TPN32102FS	PN-A2 1318ML/BOT	0.86	刪除
TPN32112FT	PN-A3 1568ML/BOT	0.00	TPN32112FT	PN-A3 1568ML/BOT	0.93	刪除
TPN32122FU	PN-A4 2328ML/BOT	0.00	TPN32122FU	PN-A4 2328ML/BOT	0.68	刪除
TPN32132FU	PN-A5 2328ML/BOT	0.00	TPN32132FU	PN-A5 2328ML/BOT	0.71	刪除
TPN32142FW	PN-A6 2578ML/BOT	0.00	TPN32142FW	PN-A6 2578ML/BOT	0.77	刪除
TPN32152FS	PN-N1 1318ML/BOT	0.00	TPN32152FS	PN-N1 1318ML/BOT	0.69	刪除
TPN32162FU	PN-N2 2328ML/BOT	0.00	TPN32162FU	PN-N2 2328ML/BOT	0.56	刪除
TPN32172FX	PN-L1 1618ML/BOT	0.00	TPN32172FX	PN-L1 1618ML/BOT	0.82	刪除
TPN32182FY	PN-L2 1868ML/BOT	0.00	TPN32182FY	PN-L2 1868ML/BOT	0.91	刪除
TPN32192FZ	PN-L3 2428ML/BOT	0.00	TPN32192FZ	PN-L3 2428ML/BOT	0.62	刪除
TPN32202G1	PN-L4 2678ML/BOT	0.00	TPN32202G1	PN-L4 2678ML/BOT	0.70	刪除
TPN32212FX	PN-L5 1618ML/BOT	0.00	TPN32212FX	PN-L5 1618ML/BOT	0.80	刪除
TPN32222FY	PN-L6 1868ML/BOT	0.00	TPN32222FY	PN-L6 1868ML/BOT	0.91	刪除
TPN32232FZ	PN-L7 2428ML/BOT	0.00	TPN32232FZ	PN-L7 2428ML/BOT	0.61	刪除
TPN32242G1	PN-L8 2678ML/BOT	0.00	TPN32242G1	PN-L8 2678ML/BOT	0.70	刪除
TPN32252G2	PN-R1 1368ML/BOT	0.00	TPN32252G2	PN-R1 1368ML/BOT	0.75	刪除
TPN32262FY	PN-R2 1868ML/BOT	0.00	TPN32262FY	PN-R2 1868ML/BOT	0.92	刪除
TPN32272FZ	PN-R3 2428ML/BOT	0.00	TPN32272FZ	PN-R3 2428ML/BOT	0.64	刪除
TPN32282G1	PN-R4 2678ML/BOT	0.00	TPN32282G1	PN-R4 2678ML/BOT	0.71	刪除
TPN32292G3	PN-C1 1218ML/BOT	0.00	TPN32292G3	PN-C1 1218ML/BOT	0.83	刪除
TPN32302G4	PN-T1 918ML/BOT	0.00	TPN32302G4	PN-T1 918ML/BOT	0.76	刪除
TPN32312G4	PN-T2 918ML/BOT	0.00	TPN32312G4	PN-T2 918ML/BOT	0.78	刪除
TPN32322G5	PN-T3 2128ML/BOT	0.00	TPN32322G5	PN-T3 2128ML/BOT	0.50	刪除

TPN32332G5	PN-T4 2128ML/BOT	0.00	TPN32332G5	PN-T4 2128ML/BOT	0.51	刪除
TPN32342G6	PN-T5 818ML/BOT	0.00	TPN32342G6	PN-T5 818ML/BOT	0.85	刪除
TPN32352G6	PN-T6 818ML/BOT	0.00	TPN32352G6	PN-T6 818ML/BOT	0.88	刪除
TPN32362FU	PN-T7 2328ML/BOT	0.00	TPN32362FU	PN-T7 2328ML/BOT	0.54	刪除
TPN32372FU	PN-T8 2328ML/BOT	0.00	TPN32372FU	PN-T8 2328ML/BOT	0.55	刪除
TPN3238299	TPN 1	0.00	TPN3238299	TPN 1	0.81	刪除
TPN3239299	TPN 2	0.00	TPN3239299	TPN 2	0.80	刪除
TPN3240299	TPN 3	0.00	TPN3240299	TPN 3	1.04	刪除
TPN3241299	TPN 4	0.00	TPN3241299	TPN 4	0.92	刪除
TPN3243299	TPN 6	0.00	TPN3243299	TPN 6	1.09	刪除
TPN3244299	TPN 7	0.00	TPN3244299	TPN 7	1.82	刪除
TPN3245299	TPN 8	0.00	TPN3245299	TPN 8	1.42	刪除
TPN34012G7	TPN-A1904ML/BAG	0.00	TPN34012G7	TPN-A1904ML/BAG	0.41	刪除
TPN34022G7	TPN-B1904ML/BAG	0.00	TPN34022G7	TPN-B1904ML/BAG	0.41	刪除
TPN34032G7	TPN-C1904ML/BAG	0.00	TPN34032G7	TPN-C1904ML/BAG	0.47	刪除
TPN34042G7	TPND1904ML/BAG	0.00	TPN34042G7	TPND1904ML/BAG	0.47	刪除
TPN34052G8	TPN-E1804ML/BAG	0.00	TPN34052G8	TPN-E1804ML/BAG	0.54	刪除
TPN34062G8	TPN-F1804ML/BAG	0.00	TPN34062G8	TPN-F1804ML/BAG	0.54	刪除
TPN34072G8	TPN-G1804ML/BAG	0.00	TPN34072G8	TPN-G1804ML/BAG	0.47	刪除
TPN3408299	TPN-G1 1816ML（台北市立仁愛醫院）	0.00	TPN3408299	TPN-G1 1816ML（台北市立仁愛醫院）	0.54	刪除
TPN3409299	TPN-G2 1816ML（台北市立仁愛醫院）	0.00	TPN3409299	TPN-G2 1816ML（台北市立仁愛醫院）	0.49	刪除
TPN3410299	TPN-A 1916ML（台北市立仁愛醫院）	0.00	TPN3410299	TPN-A 1916ML（台北市立仁愛醫院）	0.46	刪除
TPN3411299	TPN-B 1916ML（台北市立仁愛醫院）	0.00	TPN3411299	TPN-B 1916ML（台北市立仁愛醫院）	0.40	刪除
TPN3412299	TPN-C 1914ML（台北市立仁愛醫院）	0.00	TPN3412299	TPN-C 1914ML（台北市立仁愛醫院）	0.45	刪除
TPN3413299	TPN-D 1914ML（台北市立仁愛醫院）	0.00	TPN3413299	TPN-D 1914ML（台北市立仁愛醫院）	0.39	刪除
TPN3414299	TPN-E 1814ML（台北市立仁愛醫院）	0.00	TPN3414299	TPN-E 1814ML（台北市立仁愛醫院）	0.51	刪除
TPN3415299	TPN-F 1814ML（台北市立仁愛醫院）	0.00	TPN3415299	TPN-F 1814ML（台北市立仁愛醫院）	0.45	刪除
TPN3501280	TPN A 600ML/BOT	0.00	TPN3501280	TPN A 600ML/BOT	0.57	刪除
TPN3502280	TPN B 600ML/BOT	0.00	TPN3502280	TPN B 600ML/BOT	0.57	刪除
TPN3503299	START（豐原醫院）	0.00	TPN3503299	START（豐原醫院）	0.88	刪除
TPN3504299	NORMAL（豐原醫院）	0.00	TPN3504299	NORMAL（豐原醫院）	0.83	刪除
TPN3505299	HP（豐原醫院）	0.00	TPN3505299	HP（豐原醫院）	1.07	刪除
TPN3506299	PPN（豐原醫院）	0.00	TPN3506299	PPN（豐原醫院）	0.90	刪除
TPN3507299	HEPAIC（豐原醫院）	0.00	TPN3507299	HEPAIC（豐原醫院）	0.91	刪除
TPN3508299	HD（豐原醫院）	0.00	TPN3508299	HD（豐原醫院）	0.97	刪除

TPN3509299	NHD（豐原醫院）	0.00	TPN3509299	NHD（豐原醫院）	0.62	刪除
TPN3510299	NHO（豐原醫院）	0.00	TPN3510299	NHO（豐原醫院）	2.40	刪除
TPN3511299	PED（豐原醫院）	0.00	TPN3511299	PED（豐原醫院）	2.98	刪除
TPN3516299	TPN 5（豐原醫院）	0.00	TPN3516299	TPN 5（豐原醫院）	0.60	刪除
TPN3601209	TPN-1-A 1000ML/BAG	0.00	TPN3601209	TPN-1-A 1000ML/BAG	0.76	刪除
TPN3602210	TPN-2 1500ML/BAG	0.00	TPN3602210	TPN-2 1500ML/BAG	0.55	刪除
TPN3603210	TPN-3 1500ML/BAG	0.00	TPN3603210	TPN-3 1500ML/BAG	0.66	刪除
TPN3604210	TPN-4 1500ML/BAG	0.00	TPN3604210	TPN-4 1500ML/BAG	0.67	刪除
TPN3605210	TPN-5 1500ML/BAG	0.00	TPN3605210	TPN-5 1500ML/BAG	0.78	刪除
TPN3606210	TPN-6 1500ML/BAG	0.00	TPN3606210	TPN-6 1500ML/BAG	0.79	刪除
TPN3607210	TPN-7 1500ML/BAG	0.00	TPN3607210	TPN-7 1500ML/BAG	0.80	刪除
TPN3608210	TPN-8 1500ML/BAG	0.00	TPN3608210	TPN-8 1500ML/BAG	0.97	刪除
TPN3609210	TPN I-B 1500ML/BAG	0.00	TPN3609210	TPN I-B 1500ML/BAG	0.72	刪除
TPN3610212	TPN-9 2000ML/BAG	0.00	TPN3610212	TPN-9 2000ML/BAG	0.70	刪除
TPN3611212	TPN-10 2000ML/BAG	0.00	TPN3611212	TPN-10 2000ML/BAG	0.71	刪除
TPN3612212	TPN-C 2000ML/BAG	0.00	TPN3612212	TPN-C 2000ML/BAG	0.70	刪除
TPN3614212	TPN II-B 2000ML/BAG	0.00	TPN3614212	TPN II-B 2000ML/BAG	0.45	刪除
TPN3615299	FORMULA 1 (????????????????)	0.00	TPN3615299	FORMULA 1 (????????????????)	0.41	刪除
TPN3617299	FORMULA 3 (????????????????)	0.00	TPN3617299	FORMULA 3 (????????????????)	0.41	刪除
TPN3618299	FORMULA 4 (????????????????)	0.00	TPN3618299	FORMULA 4 (????????????????)	0.36	刪除
TPN3619299	FORMULA 5 (????????????????)	0.00	TPN3619299	FORMULA 5 (????????????????)	0.68	刪除
TPN3701299	ADULT-A 1000ML/BAG	0.00	TPN3701299	ADULT-A 1000ML/BAG	0.55	刪除
TPN3702299	ADULT-B 1000ML/BAG	0.00	TPN3702299	ADULT-B 1000ML/BAG	0.62	刪除
TPN3703299	ADULT-C 1000ML/BAG	0.00	TPN3703299	ADULT-C 1000ML/BAG	0.74	刪除
TPN3704299	ADULT-D 1000ML/BAG	0.00	TPN3704299	ADULT-D 1000ML/BAG	0.63	刪除
TPN3705299	ADULT-E 1000ML/BAG	0.00	TPN3705299	ADULT-E 1000ML/BAG	0.59	刪除
TPN3706299	ADULT-F 1000ML/BAG	0.00	TPN3706299	ADULT-F 1000ML/BAG	0.57	刪除
TPN3707299	CHILD-A 1000ML/BAG	0.00	TPN3707299	CHILD-A 1000ML/BAG	0.32	刪除
TPN3708299	CHILD-B 1000ML/BAG	0.00	TPN3708299	CHILD-B 1000ML/BAG	0.45	刪除
TPN3709299	CHILD-C 1000ML/BAG	0.00	TPN3709299	CHILD-C 1000ML/BAG	0.52	刪除
TPN3710299	CHILD-D 1000ML/BAG	0.00	TPN3710299	CHILD-D 1000ML/BAG	0.53	刪除

TPN3711299	CHILD-E 1000ML/BAG	0.00	TPN3711299	CHILD-E 1000ML/BAG	0.54	删除
TPN3712299	CHILD-F 1000ML/BAG	0.00	TPN3712299	CHILD-F 1000ML/BAG	0.55	删除
TPN3801299	TPN I 1004ML/BAG	0.00	TPN3801299	TPN I 1004ML/BAG	0.47	删除
TPN3802299	TPN II 1204ML/BAG	0.00	TPN3802299	TPN II 1204ML/BAG	0.60	删除
TPN3803299	TPN III 1204ML/BAG	0.00	TPN3803299	TPN III 1204ML/BAG	0.60	删除
TPN3804299	TPN IV 1204ML/BAG	0.00	TPN3804299	TPN IV 1204ML/BAG	0.61	删除
TPN3805299	TPN V 889ML/BAG	0.00	TPN3805299	TPN V 889ML/BAG	0.84	删除
TPN3806299	TPN VI 739ML/BAG	0.00	TPN3806299	TPN VI 739ML/BAG	1.01	删除
TPN3807299	TPN VII 889ML/BAG	0.00	TPN3807299	TPN VII 889ML/BAG	0.85	删除
TPN3808299	TPN VIII 739ML/BAG	0.00	TPN3808299	TPN VIII 739ML/BAG	1.02	删除
TPN3809299	TPN 1X 342.5ML/BAG	0.00	TPN3809299	TPN 1X 342.5ML/BAG	0.66	删除
TPN3810299	TPN X 342.5ML/BAG	0.00	TPN3810299	TPN X 342.5ML/BAG	1.00	删除
TPN3811299	TPN XI 342.5ML/BAG	0.00	TPN3811299	TPN XI 342.5ML/BAG	0.98	删除
TPN3812299	TPN 1	0.00	TPN3812299	TPN 1	0.47	删除
TPN3813299	TPN 2	0.00	TPN3813299	TPN 2	0.60	删除
TPN3814299	TPN 3	0.00	TPN3814299	TPN 3	0.51	删除
TPN3815299	TPN 5	0.00	TPN3815299	TPN 5	0.60	删除
TPN3816299	TPN 6	0.00	TPN3816299	TPN 6	0.73	删除
TPN3901299	TPNS1 1405ML/PKG	0.00	TPN3901299	TPNS1 1405ML/PKG	0.64	删除
TPN3902299	TPNS2 2005ML/PKG	0.00	TPN3902299	TPNS2 2005ML/PKG	0.60	删除
TPN3903299	TPNS3 2605ML/PKG	0.00	TPN3903299	TPNS3 2605ML/PKG	0.57	删除
TPN3904299	TPNH1 1555ML/PKG	0.00	TPN3904299	TPNH1 1555ML/PKG	0.80	删除
TPN3905299	TPNH2 1955ML/PKG	0.00	TPN3905299	TPNH2 1955ML/PKG	0.66	删除
TPN3906299	TPNH3 2355ML/PKG	0.00	TPN3906299	TPNH3 2355ML/PKG	0.57	删除
TPN3907299	TPNR1 1455ML/PKG	0.00	TPN3907299	TPNR1 1455ML/PKG	0.77	删除
TPN3908299	TPNR2 2055ML/PKG	0.00	TPN3908299	TPNR2 2055ML/PKG	0.66	删除
TPN3909299	TPNR3 2055ML/PKG	0.00	TPN3909299	TPNR3 2055ML/PKG	0.62	删除
TPN3910299	TPN HN1 1655ML/PKG	0.00	TPN3910299	TPN HN1 1655ML/PKG	0.82	删除
TPN3911299	TPN HN2 2255ML/PKG	0.00	TPN3911299	TPN HN2 2255ML/PKG	0.74	删除
TPN3912299	TPN PED-1 226ML/PKG	0.00	TPN3912299	TPN PED-1 226ML/PKG	0.72	删除
TPN3913299	TPNS1 1461ML/PKG	0.00	TPN3913299	TPNS1 1461ML/PKG	0.78	删除
TPN3914299	TPNS2 2061ML/PKG	0.00	TPN3914299	TPNS2 2061ML/PKG	0.70	删除
TPN3915299	TPNS3 2661ML/PKG	0.00	TPN3915299	TPNS3 2661ML/PKG	0.66	删除
TPN3916299	TPNH1 1561ML/PKG	0.00	TPN3916299	TPNH1 1561ML/PKG	0.81	删除
TPN3917299	TPNH2 1961ML/PKG	0.00	TPN3917299	TPNH2 1961ML/PKG	0.68	删除
TPN3918299	TPNH3 2361ML/PKG	0.00	TPN3918299	TPNH3 2361ML/PKG	0.59	删除
TPN3919299	TPN R1 1461ML/PKG	0.00	TPN3919299	TPN R1 1461ML/PKG	0.78	删除
TPN3920299	TPN R2 2061ML/PKG	0.00	TPN3920299	TPN R2 2061ML/PKG	0.71	删除

TPN3921299	TPN R3 2661ML/PKG	0.00	TPN3921299	TPN R3 2661ML/PKG	0.66	刪除
TPN3922299	TPN H1 1661ML/PKG	0.00	TPN3922299	TPN H1 1661ML/PKG	0.83	刪除
TPN3923299	TPN H2 2261ML/PKG	0.00	TPN3923299	TPN H2 2261ML/PKG	0.75	刪除
TPN3924299	TPN PED-1	0.00	TPN3924299	TPN PED-1	0.83	刪除
TPN3925299	TPN S1 1461ML	0.00	TPN3925299	TPN S1 1461ML	0.77	刪除
TPN3926299	TPN S2 2061ML	0.00	TPN3926299	TPN S2 2061ML	0.70	刪除
TPN3927299	TPN S3 2661ML	0.00	TPN3927299	TPN S3 2661ML	0.65	刪除
TPN3928299	TPN H1 1561ML	0.00	TPN3928299	TPN H1 1561ML	0.80	刪除
TPN3929299	TPN H2 1961ML	0.00	TPN3929299	TPN H2 1961ML	0.67	刪除
TPN3930299	TPN H3 2361ML	0.00	TPN3930299	TPN H3 2361ML	0.58	刪除
TPN3931299	TPN R1 1461ML	0.00	TPN3931299	TPN R1 1461ML	0.77	刪除
TPN3932299	TPN R2 2061ML	0.00	TPN3932299	TPN R2 2061ML	0.69	刪除
TPN3933299	TPN HN1 1261ML	0.00	TPN3933299	TPN HN1 1261ML	0.75	刪除
TPN3934299	TPN HN2 1761ML	0.00	TPN3934299	TPN HN2 1761ML	0.62	刪除
TPN3935299	TPN HN3 2261ML	0.00	TPN3935299	TPN HN3 2261ML	0.49	刪除
TPN4005299	TPNA5 1085ML/BAG.	0.00	TPN4005299	TPNA5 1085ML/BAG.	0.44	刪除
TPN4006299	TPNB1 1015ML/BAG.	0.00	TPN4006299	TPNB1 1015ML/BAG.	0.72	刪除
TPN4007299	TPNP1 109ML/BAG.	0.00	TPN4007299	TPNP1 109ML/BAG.	1.27	刪除
TPN4101299	TPN-A 1200ML/PKG	0.00	TPN4101299	TPN-A 1200ML/PKG	0.57	刪除
TPN4102299	TPN-B 1300ML/PKG	0.00	TPN4102299	TPN-B 1300ML/PKG	0.63	刪除
TPN4104299	TPN-D 1600ML/PKG	0.00	TPN4104299	TPN-D 1600ML/PKG	0.74	刪除
TPN4105299	TPNE（阮綜合醫院）	0.00	TPN4105299	TPNE（阮綜合醫院）	0.41	刪除
TPN4107299	TPN-2 1914ML（阮綜合醫院）	0.00	TPN4107299	TPN-2 1914ML（阮綜合醫院）	0.47	刪除
TPN4109299	TPN-4 1914ML（阮綜合醫院）	0.00	TPN4109299	TPN-4 1914ML（阮綜合醫院）	0.41	刪除
TPN4110299	TPN-5 1243ML（阮綜合醫院）	0.00	TPN4110299	TPN-5 1243ML（阮綜合醫院）	0.69	刪除
TPN4201299	TPN-A 607ML/PKG	0.00	TPN4201299	TPN-A 607ML/PKG	0.67	刪除
TPN4202299	TPN-B 600ML/PKG	0.00	TPN4202299	TPN-B 600ML/PKG	0.57	刪除
TPN4203299	TPN-C 957ML/PKG	0.00	TPN4203299	TPN-C 957ML/PKG	0.42	刪除
TPN4204299	TPN-D 950ML/PKG	0.00	TPN4204299	TPN-D 950ML/PKG	0.36	刪除
TPN4205299	TPN-E 657ML/PKG	0.00	TPN4205299	TPN-E 657ML/PKG	0.69	刪除
TPN4206299	TPN-F 650ML/PKG	0.00	TPN4206299	TPN-F 650ML/PKG	0.60	刪除
TPN4207299	TPN-G 607ML/PKG	0.00	TPN4207299	TPN-G 607ML/PKG	0.67	刪除
TPN4208299	TPN-H 600ML/PKG	0.00	TPN4208299	TPN-H 600ML/PKG	0.57	刪除
TPN4209299	TPNI 950ML/BOT	0.00	TPN4209299	TPNI 950ML/BOT	0.36	刪除
TPN4210299	TPNJ 1007ML/BOT	0.00	TPN4210299	TPNJ 1007ML/BOT	0.40	刪除
TPN4211299	TPN-K （南雲醫院） 500ML	0.00	TPN4211299	TPN-K （南雲醫院） 500ML	0.62	刪除
TPN4212299	TPN-L （南雲醫院） 600ML	0.00	TPN4212299	TPN-L （南雲醫院） 600ML	0.53	刪除
TPN4213299	TPN-M （南雲醫院） 600ML	0.00	TPN4213299	TPN-M （南雲醫院） 600ML	0.53	刪除
TPN4214299	TPN-N （南雲醫院） 550ML	0.00	TPN4214299	TPN-N （南雲醫院） 550ML	0.52	刪除

TPN4215299	TPN-O （南雲醫院） 650ML	0.00	TPN4215299	TPN-O （南雲醫院） 650ML	0.45	刪除
TPN4216299	TPN-P （南雲醫院） 650ML	0.00	TPN4216299	TPN-P （南雲醫院） 650ML	0.45	刪除
TPN4217299	TPN-Q （南雲醫院） 600ML	0.00	TPN4217299	TPN-Q （南雲醫院） 600ML	0.48	刪除
TPN4218299	TPN-R （南雲醫院） 600ML	0.00	TPN4218299	TPN-R （南雲醫院） 600ML	0.48	刪除
TPN4301299	TPN S1 1500ML/PKG	0.00	TPN4301299	TPN S1 1500ML/PKG	0.51	刪除
TPN4302299	TPN S2 2100ML/PKG	0.00	TPN4302299	TPN S2 2100ML/PKG	0.49	刪除
TPN4303299	TPN H1 1300ML/PKG	0.00	TPN4303299	TPN H1 1300ML/PKG	0.62	刪除
TPN4304299	TPN H2 2050ML/PKG	0.00	TPN4304299	TPN H2 2050ML/PKG	0.56	刪除
TPN4305299	TPN R1 1800ML/PKG	0.00	TPN4305299	TPN R1 1800ML/PKG	0.43	刪除
TPN4306299	TPN R2 950ML/PKG	0.00	TPN4306299	TPN R2 950ML/PKG	0.35	刪除
TPN4307299	TPN HNI 2000ML/PKG	0.00	TPN4307299	TPN HNI 2000ML/PKG	0.62	刪除
TPN4308299	TPN PPNI 1200ML/PKG	0.00	TPN4308299	TPN PPNI 1200ML/PKG	0.41	刪除
TPN4404299	TPN C 1842ML/PKG	0.00	TPN4404299	TPN C 1842ML/PKG	0.91	刪除
TPN4405299	TPN E1 1542ML/PKG	0.00	TPN4405299	TPN E1 1542ML/PKG	1.00	刪除
TPN4406299	TPN E2 2042ML/PKG	0.00	TPN4406299	TPN E2 2042ML/PKG	0.91	刪除
TPN4504299	TPN-H.N	0.00	TPN4504299	TPN-H.N	0.61	刪除
TPN4506299	TPN-2	0.00	TPN4506299	TPN-2	1.21	刪除
TPN4601299	TPNA 2007ML/BOT	0.00	TPN4601299	TPNA 2007ML/BOT	0.71	刪除
TPN4602299	TPNB 2257ML/BOT	0.00	TPN4602299	TPNB 2257ML/BOT	0.58	刪除
TPN4603299	TPNC 2257ML/BOT	0.00	TPN4603299	TPNC 2257ML/BOT	0.71	刪除
TPN4604299	TPNCHF 1507ML/BOT	0.00	TPN4604299	TPNCHF 1507ML/BOT	0.73	刪除
TPN4605299	TPNRF 1507ML/BOT	0.00	TPN4605299	TPNRF 1507ML/BOT	0.52	刪除
TPN4606299	TPNL 1507ML/BOT	0.00	TPN4606299	TPNL 1507ML/BOT	0.67	刪除
TPN4610299	PPN 1 803ML/BOT	0.00	TPN4610299	PPN 1 803ML/BOT	1.21	刪除
TPN4611299	PPN C 1503ML/BOT	0.00	TPN4611299	PPN C 1503ML/BOT	0.92	刪除
TPN4706299	TPN F 620ML	0.00	TPN4706299	TPN F 620ML	0.60	刪除
TPN4707299	TPN G 620ML	0.00	TPN4707299	TPN G 620ML	0.60	刪除
TPN4708299	TPN G 620ML	0.00	TPN4708299	TPN G 620ML	0.60	刪除
TPN4709299	TPN I 520ML	0.00	TPN4709299	TPN I 520ML	0.74	刪除
TPN4712299	TPN H(新樓醫院)	0.00	TPN4712299	TPN H(新樓醫院)	0.60	刪除
TPN4715299	TPN K(新樓醫院)	0.00	TPN4715299	TPN K(新樓醫院)	0.41	刪除
TPN4716299	TPNP（新樓醫院）	0.00	TPN4716299	TPNP（新樓醫院）	0.53	刪除
TPN4717299	TPN-1（新樓醫院） 1218ML	0.00	TPN4717299	TPN-1（新樓醫院） 1218ML	0.64	刪除
TPN4718299	TPN-2（新樓醫院） 1916ML	0.00	TPN4718299	TPN-2（新樓醫院） 1916ML	0.49	刪除
TPN4719299	TPN-3（新樓醫院） 1218ML	0.00	TPN4719299	TPN-3（新樓醫院） 1218ML	0.59	刪除

TPN4720299	TPN-4（新樓醫院）1916ML	0.00	TPN4720299	TPN-4（新樓醫院）1916ML	0.43	刪除
TPN4721299	TPN-5（新樓醫院）1243ML	0.00	TPN4721299	TPN-5（新樓醫院）1243ML	0.59	刪除
TPN4723299	TPN-7（2012ML）新樓醫院	0.00	TPN4723299	TPN-7（2012ML）新樓醫院	0.35	刪除
TPN4801299	TPN A	0.00	TPN4801299	TPN A	0.58	刪除
TPN4802299	TPN B	0.00	TPN4802299	TPN B	0.58	刪除
TPN4803299	TPN C	0.00	TPN4803299	TPN C	0.75	刪除
TPN4804299	TPN H	0.00	TPN4804299	TPN H	0.61	刪除
TPN4805299	TPN R	0.00	TPN4805299	TPN R	0.41	刪除
TPN4901299	FORMULA 1	0.00	TPN4901299	FORMULA 1	0.82	刪除
TPN4902299	FORMULA 2	0.00	TPN4902299	FORMULA 2	0.64	刪除
TPN4903299	FORMULA 3	0.00	TPN4903299	FORMULA 3	0.50	刪除
TPN4904299	FORMULA 4	0.00	TPN4904299	FORMULA 4	0.73	刪除
TPN4905299	FORMULA 5	0.00	TPN4905299	FORMULA 5	0.85	刪除
TPN4906299	FORMULA 6	0.00	TPN4906299	FORMULA 6	0.66	刪除
TPN4907299	FORMULA 7	0.00	TPN4907299	FORMULA 7	0.67	刪除
TPN4908299	FORMULA 8	0.00	TPN4908299	FORMULA 8	0.72	刪除
TPN4909299	FORMULA 9	0.00	TPN4909299	FORMULA 9	0.88	刪除
TPN4910299	FORMULA 10	0.00	TPN4910299	FORMULA 10	0.83	刪除
TPN4911299	FORMULA 11	0.00	TPN4911299	FORMULA 11	0.36	刪除
TPN4912299	FORMULA 12	0.00	TPN4912299	FORMULA 12	0.64	刪除
TPN4913299	FORMULA 13	0.00	TPN4913299	FORMULA 13	0.40	刪除
TPN4914299	FORMULA 14	0.00	TPN4914299	FORMULA 14	0.61	刪除
TPN5001299	TPN A（為恭）	0.00	TPN5001299	TPN A（為恭）	0.38	刪除
TPN5002299	TPN B （為恭）	0.00	TPN5002299	TPN B （為恭）	0.38	刪除
TPN5003299	TPN C （為恭）	0.00	TPN5003299	TPN C （為恭）	0.68	刪除
TPN5004299	TPN D（為恭）	0.00	TPN5004299	TPN D（為恭）	0.57	刪除
TPN5005299	TPN E （為恭）	0.00	TPN5005299	TPN E （為恭）	0.37	刪除
TPN5006299	TPN P （為恭）	0.00	TPN5006299	TPN P （為恭）	0.57	刪除
TPN5007299	CPN 1（為恭）	0.00	TPN5007299	CPN 1（為恭）	0.60	刪除
TPN5008299	CPN 2 （為恭）	0.00	TPN5008299	CPN 2 （為恭）	0.68	刪除
TPN5009299	CPN 3 （為恭）	0.00	TPN5009299	CPN 3 （為恭）	0.69	刪除
TPN5010299	CPN 4 （為恭）	0.00	TPN5010299	CPN 4 （為恭）	0.72	刪除
TPN5011299	CPN 5 （為恭）	0.00	TPN5011299	CPN 5 （為恭）	0.44	刪除
TPN5201299	TPNA-1000 （慈濟大林綜合醫院）999.05ML	0.00	TPN5201299	TPNA-1000 （慈濟大林綜合醫院）999.05ML	0.60	刪除
TPN5203299	TPNC-1000 （慈濟大林綜合醫院）1006ML	0.00	TPN5203299	TPNC-1000 （慈濟大林綜合醫院）1006ML	0.44	刪除
TPN5301299	TPN-A （1104ML） 屏東基督教醫院	0.00	TPN5301299	TPN-A （1104ML） 屏東基督教醫院	0.47	刪除
TPN5302299	TPN-B（1214ML） 屏東基督教醫院	0.00	TPN5302299	TPN-B（1214ML） 屏東基督教醫院	0.55	刪除
TPN5303299	TPN-C（1214ML） 屏東基督教醫院	0.00	TPN5303299	TPN-C（1214ML） 屏東基督教醫院	0.51	刪除
TPN5304299	TPN-D（1914ML） 屏東基督教醫院	0.00	TPN5304299	TPN-D（1914ML） 屏東基督教醫院	0.44	刪除
TPN5305299	TPN-E（1914ML） 屏東基督教醫院	0.00	TPN5305299	TPN-E（1914ML） 屏東基督教醫院	0.42	刪除

TPN5306299	TPN-F（1514ML） 屏東基督教醫院	0.00	TPN5306299	TPN-F（1514ML）屏東基督教醫院	0.55	刪除
TPN5307299	TPN-G（2014ML） 屏東基督教醫院	0.00	TPN5307299	TPN-G（2014ML）屏東基督教醫院	0.53	刪除
TPN5308299	TPN-H（1136ML） 屏東基督教醫院	0.00	TPN5308299	TPN-H（1136ML）屏東基督教醫院	0.40	刪除
TPN5309299	TPN-N（1070ML） 屏東基督教醫院	0.00	TPN5309299	TPN-N（1070ML）屏東基督教醫院	0.66	刪除
TPN5401299	TPNA-1 1229ML（伍倫綜合醫院）	0.00	TPN5401299	TPNA-1 1229ML（伍倫綜合醫院）	0.64	刪除
TPN5402299	TPNA-2 1229ML（伍倫綜合醫院）	0.00	TPN5402299	TPNA-2 1229ML（伍倫綜合醫院）	0.60	刪除
TPN5403299	TPNA-3 1024ML（伍倫綜合醫院）	0.00	TPN5403299	TPNA-3 1024ML（伍倫綜合醫院）	0.69	刪除
TPN5404299	TPNA-4 1524ML（伍倫綜合醫院）	0.00	TPN5404299	TPNA-4 1524ML（伍倫綜合醫院）	0.62	刪除
TPN5405299	TPNA-5 1924ML（伍倫綜合醫院）	0.00	TPN5405299	TPNA-5 1924ML（伍倫綜合醫院）	0.48	刪除
TPN5406299	TPNA-6 1924ML（伍倫綜合醫院）	0.00	TPN5406299	TPNA-6 1924ML（伍倫綜合醫院）	0.42	刪除
TPN5407299	TPNA-7 1254ML（伍倫綜合醫院）	0.00	TPN5407299	TPNA-7 1254ML（伍倫綜合醫院）	0.58	刪除
TPN5501299	TPN-1 1226ML （署立雲林醫院）	0.00	TPN5501299	TPN-1 1226ML（署立雲林醫院）	0.62	刪除
TPN5502299	TPN-2 1226ML （署立雲林醫院）	0.00	TPN5502299	TPN-2 1226ML（署立雲林醫院）	0.58	刪除
TPN5503299	TPN-3 1914ML （署立雲林醫院）	0.00	TPN5503299	TPN-3 1914ML（署立雲林醫院）	0.44	刪除
TPN5504299	TPN-4 1914ML （署立雲林醫院）	0.00	TPN5504299	TPN-4 1914ML（署立雲林醫院）	0.39	刪除
TPN5505299	TPN-5 1144ML （署立雲林醫院）	0.00	TPN5505299	TPN-5 1144ML （署立雲林醫院）	0.61	刪除
TPN5506299	TPN-6 1016ML （署立雲林醫院）	0.00	TPN5506299	TPN-6 1016ML （署立雲林醫院）	0.61	刪除
TPN5601299	TPN-1 1231ML 東港安泰醫院	0.00	TPN5601299	TPN-1 1231ML 東港安泰醫院	0.65	刪除
TPN5602299	TPN-2 1231ML 東港安泰醫院	0.00	TPN5602299	TPN-2 1231ML 東港安泰醫院	0.61	刪除
TPN5603299	TPN-3 1019ML 東港安泰醫院	0.00	TPN5603299	TPN-3 1019ML 東港安泰醫院	0.65	刪除
TPN5604299	TPN-4 1524ML 東港安泰醫院	0.00	TPN5604299	TPN-4 1524ML 東港安泰醫院	0.62	刪除
TPN5605299	TPN-5 2024ML 東港安泰醫院	0.00	TPN5605299	TPN-5 2024ML 東港安泰醫院	0.59	刪除
TPN5606299	TPN-6 1926ML 東港安泰醫院	0.00	TPN5606299	TPN-6 1926ML 東港安泰醫院	0.48	刪除
TPN5607299	TPN-7 1926ML 東港安泰醫院	0.00	TPN5607299	TPN-7 1926ML 東港安泰醫院	0.47	刪除
TPN5608299	TPN-8 1256ML 東港安泰醫院	0.00	TPN5608299	TPN-8 1256ML 東港安泰醫院	0.67	刪除
TPN5609299	TPN-9 946ML 東港安泰醫院	0.00	TPN5609299	TPN-9 946ML 東港安泰醫院	0.49	刪除

TPN5610299	TPN-10 1026ML 東港安泰醫院	0.00	TPN5610299	TPN-10 1026ML 東港安泰醫院	0.57	刪除
TPN5611299	TPN-11 1526ML 東港安泰醫院	0.00	TPN5611299	TPN-11 1526ML 東港安泰醫院	0.48	刪除
TPN5612299	TPN-12 1323ML 東港安泰醫院	0.00	TPN5612299	TPN-12 1323ML 東港安泰醫院	0.62	刪除
TPN5613299	TPN-13 1066ML 東港安泰醫院	0.00	TPN5613299	TPN-13 1066ML 東港安泰醫院	0.56	刪除
TPN5614299	TPN-14 1926ML 東港安泰醫院	0.00	TPN5614299	TPN-14 1926ML 東港安泰醫院	0.51	刪除
TPN5701299	TPN-1	0.00	TPN5701299	TPN-1	0.56	刪除
TPN5702299	TPN-2	0.00	TPN5702299	TPN-2	0.45	刪除
TPN5704299	TPN-4	0.00	TPN5704299	TPN-4	0.44	刪除
TPN5705299	TPN-5	0.00	TPN5705299	TPN-5	0.49	刪除
TPN5706299	TPN-6	0.00	TPN5706299	TPN-6	0.42	刪除
TPN5707299	TPN-7	0.00	TPN5707299	TPN-7	0.60	刪除
TPN5708299	TPN-8	0.00	TPN5708299	TPN-8	0.42	刪除
TPN5709299	TPN-9	0.00	TPN5709299	TPN-9	0.50	刪除
TPN5710299	TPN-10	0.00	TPN5710299	TPN-10	0.50	刪除
TPN5801299	TPN-A1	0.00	TPN5801299	TPN-A1	0.71	刪除
TPN5802299	TPN-A2	0.00	TPN5802299	TPN-A2	0.71	刪除
TPN5803299	TPN-B1	0.00	TPN5803299	TPN-B1	0.66	刪除
TPN5804299	TPN-B2	0.00	TPN5804299	TPN-B2	0.67	刪除
TPN5805299	TPN-C	0.00	TPN5805299	TPN-C	0.71	刪除
TPN5806299	TPN-D	0.00	TPN5806299	TPN-D	0.55	刪除
TPN5807299	TPN-E	0.00	TPN5807299	TPN-E	0.69	刪除
TPN5808299	TPN-F	0.00	TPN5808299	TPN-F	0.69	刪除
TPN5810299	TPN-M	0.00	TPN5810299	TPN-M	0.51	刪除
TPN5811299	TPN-H	0.00	TPN5811299	TPN-H	0.75	刪除
TPN5814299	TPN-K1	0.00	TPN5814299	TPN-K1	0.69	刪除
TPN5815299	TPN-R	0.00	TPN5815299	TPN-R	0.73	刪除
TPN5817299	TPN-KR	0.00	TPN5817299	TPN-KR	0.71	刪除
TPN5818299	TPN-KH	0.00	TPN5818299	TPN-KH	0.71	刪除
TPN5819299	TPN-1	0.00	TPN5819299	TPN-1	0.68	刪除
TPN5820299	TPN-2	0.00	TPN5820299	TPN-2	0.52	刪除
TPN5821299	TPN-3	0.00	TPN5821299	TPN-3	0.44	刪除
TPN5822299	TPN-4	0.00	TPN5822299	TPN-4	1.01	刪除
TPN5823299	TPN-5	0.00	TPN5823299	TPN-5	0.96	刪除
TPN5901299	TPN-STD1 1012ML	0.00	TPN5901299	TPN-STD1 1012ML	0.49	刪除
TPN5903299	TPN-STD3 1412ML	0.00	TPN5903299	TPN-STD3 1412ML	0.48	刪除
TPN5908299	TPN-2 1500ML	0.00	TPN5908299	TPN-2 1500ML	0.28	刪除
TPN6001299	TPN-1 1219ML	0.00	TPN6001299	TPN-1 1219ML	0.61	刪除
TPN6002299	TPN-2 1911ML	0.00	TPN6002299	TPN-2 1911ML	0.43	刪除
TPN6003299	TPN-3 1219ML	0.00	TPN6003299	TPN-3 1219ML	0.57	刪除
TPN6004299	TPN-4 1911ML	0.00	TPN6004299	TPN-4 1911ML	0.38	刪除
TPN6005299	TPN-5 1238.4ML	0.00	TPN6005299	TPN-5 1238.4ML	0.60	刪除
TPN6006299	TPN-6 1519ML	0.00	TPN6006299	TPN-6 1519ML	0.62	刪除
TPN6007299	TPN-7 2019ML	0.00	TPN6007299	TPN-7 2019ML	0.59	刪除
TPN6106299	HN 938ML	0.00	TPN6106299	HN 938ML	0.93	刪除
TPN6118299	CTPNS2	0.00	TPN6118299	CTPNS2	0.34	刪除
TPN6303299	TPN C	0.00	TPN6303299	TPN C	0.65	刪除

TPN7001299	TPN A	0.00	TPN7001299	TPN A	0.53	刪除
TPN7002299	TPN B	0.00	TPN7002299	TPN B	0.40	刪除
TPN7003299	TPN C	0.00	TPN7003299	TPN C	0.40	刪除
TPN7004299	TPN D	0.00	TPN7004299	TPN D	0.49	刪除
TPN7005299	TPN E	0.00	TPN7005299	TPN E	0.34	刪除
TPN7006299	TPN 6	0.00	TPN7006299	TPN 6	0.45	刪除
TPN7007299	TPN 8	0.00	TPN7007299	TPN 8	0.35	刪除
TPN7008299	TPN 9	0.00	TPN7008299	TPN 9	0.38	刪除
TPN7009299	TPN X	0.00	TPN7009299	TPN X	0.41	刪除
TPN7010299	TPN N	0.00	TPN7010299	TPN N	0.40	刪除
VC00001129	STIMOL ORAL SOLUTION 1GM/10ML	39.00	VC00001129	STIMOL ORAL SOLUTION 1GM/10ML	39.40	調價
VC00002100	DIMAVAL CAPSULES	282.00	VC00002100	DIMAVAL CAPSULES	304.00	調價
VC00003221	DIMAVAL INJECTION SOLUTION	1447.00	VC00003221	DIMAVAL INJECTION SOLUTION	1568.00	調價
VC00006100	CARNITENE 1G CHEWABLE TABLETS	131.00	VC00006100	CARNITENE 1G CHEWABLE TABLETS	132.00	調價
VC00007100	AGRYLIN 0.5MG CAPSULES	154.00	VC00007100	AGRYLIN 0.5MG CAPSULES	161.00	調價
VC00012100	TRACLEER FILM COATED TABLETS 62.5MG	1433.00	VC00012100	TRACLEER FILM COATED TABLETS 62.5MG	1557.00	調價
VC00013100	TRACLEER FILM COATED TABLETS 125MG	1241.00	VC00013100	TRACLEER FILM COATED TABLETS 125MG	1510.00	調價
VC00024100	VOLIBRIS FILM-COATED TABLETS 5MG	3460.00	VC00024100	VOLIBRIS FILM-COATED TABLETS 5MG	3473.00	調價
VC00026100	XENAZINE 25MG	59.00	VC00026100	XENAZINE 25MG	68.90	調價
VC00034100	OPSUMIT FILM-COATED TABLETS 10MG	2965.00	VC00034100	OPSUMIT FILM-COATED TABLETS 10MG	3500.00	調價
VC00035209	COPAXONE 40MG/ML, PRE-FILLED SYRINGE FOR INJECTION	1975.00	VC00035209	COPAXONE 40MG/ML, PRE-FILLED SYRINGE FOR INJECTION	1989.00	調價
VC00062100	Analide 0.5mg Capsule	154.00			#NULL!	新增
VC00064100	MAYZENT 2MG FILM COATED TABLETS	1832.00			#NULL!	新增
VC00065100	MAYZENT 0.25MG FILM COATED TABLETS	303.00			#NULL!	新增
W000009100	WILIZIN CAPSULES 50MG	48.70	W000009100	WILIZIN CAPSULES 50MG	54.00	調價
WC00001100	PURE SODIUM BENZOATE CAP. 250MG	24.10	WC00001100	PURE SODIUM BENZOATE CAP. 250MG	28.00	調價
WC00007100	ZINCA CAPSULES 50MG	48.70	WC00007100	ZINCA CAPSULES 50MG	54.00	調價
WC00011100	DIMERSU CAPSULES 200 MG	417.00	WC00011100	DIMERSU CAPSULES 200 MG	419.00	調價

WC00017100	"EXCELSIOR" BH4 TABLETS 10 MG	73.00	WC00017100	"EXCELSIOR" BH4 TABLETS 10 MG	86.00	調價
WC00021216	Icanticure Injection	64527.00			#NULL!	新增
X000067162	CYSTADANE POWDER FOR ORAL SOL N 1GM/SCOOPFUL (BETAINE ANHYDROUS)(ORPHAN MEDICAL,INC.)	22067.00	X000067162	CYSTADANE POWDER FOR ORAL SOL N 1GM/SCOOPFUL (BETAINE ANHYDROUS)(ORPHAN MEDICAL,INC.)	24041.00	調價
X000071110	PROGLYCEM 50MG/ML 30ML/BOT	1317.00	X000071110	PROGLYCEM 50MG/ML 30ML/BOT	958.00	調價
X000083121	TOBI NEBULIZER SOLUTION (TOBRAMYCIN) 300MG/5ML/AMP	2154.00	X000083121	TOBI NEBULIZER SOLUTION (TOBRAMYCIN) 300MG/5ML/AMP	1591.00	調價
X000179123	KONSYL	0.00	X000179123	KONSYL	8.40	刪除
X000188100	FLORINEF ACETAAT 0.1MG	0.00	X000188100	FLORINEF ACETAAT 0.1MG	7.40	刪除
X000191248	MELPHALAN FOR INJECTION BP 50MG	0.00	X000191248	MELPHALAN FOR INJECTION BP 50MG	1961.00	刪除
X000192100	ZITHROMAX 250MG TABLETS	0.00	X000192100	ZITHROMAX 250MG TABLETS	20.80	刪除
X000196223	XOFIGO SOLUTION FOR INJECTION	0.00	X000196223	XOFIGO SOLUTION FOR INJECTION	143771.00	刪除
X000204100	CHLORAMINOPHENE CAPSULES 2MG	0.00	X000204100	CHLORAMINOPHENE CAPSULES 2MG	41.90	刪除
X000205235	VISUDYNE POWDER FOR SOLUTION FOR INFUSION 15MG/VIAL	0.00	X000205235	VISUDYNE POWDER FOR SOLUTION FOR INFUSION 15MG/VIAL	38264.00	刪除
X000210100	TROLOVOL 300MG FILM-COATED TABLET	27.80			#NULL!	新增
X000211100	HYDREA CAPSULES 500MG	15.20			#NULL!	新增
X000212216	FERONSURE,RECOMBINANT HUMAN INTERFERON ALFA-2A 3 MIU	728.00			#NULL!	新增
X000213248	ALKERAN INJECTION MELPHALAN 50MG	1961.00			#NULL!	新增
X000214545	SII-ONCO-BCG CONTAINING 1-19.2X10^8 CFU(BACILLUS CALMETTE-GUERIN)40MG	1517.00			#NULL!	新增
X000215219	ACTEMRA 80 MG SOLUTION FOR INFUSION	3783.00			#NULL!	新增
X000216238	ACTEMRA 400 MG SOLUTION FOR INFUSION	18398.00			#NULL!	新增

X000217209	VINOREL SOLUTION FOR INJECTION (VINORELBINE 10MG/VIAL)	1384.00			#NULL!	新增
X000218100	NAVELBINE ORAL 20MG(VINORELBINE TARTRATE)	2292.00			#NULL!	新增
X000219280	ENOXAPARIN SODIUM INJECTION	137.00			#NULL!	新增
X000220206	BIO-TT；SUSPENSION FOR INJECTION 0.5ML/AMP	84.00			#NULL!	新增
X000221255	ABRAXANE(PACLITAXEL 100MG/VIAL)	7812.00			#NULL!	新增
X000222206	SYNAGIS 100MG/ML SOLUTION FOR INJECTION	14486.00			#NULL!	新增
X000222255	ABRAXANE POWDER FOR SUSPENSION FOR INFUSION (PACLITAXEL 100MG/VIAL)	7812.00			#NULL!	新增
X000223235	VISUDYNE (VERTEPORFIN FOR INFUSION)15MG/VIAL	38264.00			#NULL!	新增
XC00166265	FIBROGAMMIN 250IU	0.00	XC00166265	FIBROGAMMIN 250IU	6000.00	删除
XC00195100	XARELTO FILM-COATED TABLETS 10MG	0.00	XC00195100	XARELTO FILM-COATED TABLETS 10MG	59.00	删除
XC00199100	VIMPAT (LACOSAMIDE) 100MG FILM-COATED TABLETS	0.00	XC00199100	VIMPAT (LACOSAMIDE) 100MG FILM-COATED TABLETS	54.00	删除
XC00200100	VIMPAT (LACOSAMIDE) 200MG FILM-COATED TABLETS	0.00	XC00200100	VIMPAT (LACOSAMIDE) 200MG FILM-COATED TABLETS	104.00	删除
XC00202100	LORBRENA FILM-COATED TABLETS 25MG	0.00	XC00202100	LORBRENA FILM-COATED TABLETS 25MG	1600.00	删除
XC00203100	SABRIL FILM-COATED TABLETS 500MG	0.00	XC00203100	SABRIL FILM-COATED TABLETS 500MG	25.20	删除
XC00208123	KOCEL POWDER	8.40			#NULL!	新增
Y000014235	Tysabri concentrate for solution for infusion 300mg	55756.00	Y000014235	Tysabri concentrate for solution for infusion 300mg	67764.00	調價
YC00004217	REPLAGAL 1MG/ML CONCENTRATION FOR SOLUTION FOR INFUSION	72095.00	YC00004217	REPLAGAL 1MG/ML CONCENTRATION FOR SOLUTION FOR INFUSION	80290.00	調價

YC00005296	FABRAZYME 35MG INJ.	175190.00	YC00005296	FABRAZYME 35MG INJ.	175193.00	調價
YC00015271	CEREZYME 400U	66655.00	YC00015271	CEREZYME 400U	66663.00	調價
YC00016243	SOLIRIS 300 MG CONCENTRATE FOR SOLUTION FOR INFUSION	153256.00	YC00016243	SOLIRIS 300 MG CONCENTRATE FOR SOLUTION FOR INFUSION	155822.00	調價
YC00022263	ELELYSO LYOPHILIZED POWDER FOR INJECTION 200 UNITS	27361.00	YC00022263	ELELYSO LYOPHILIZED POWDER FOR INJECTION 200 UNITS	28921.00	調價

第八十三條附件六修正對照表

修正規定-(111/01)	現行規定-(110/01)	說明
說明：本規定係依本標準第四條第八項規定公告一百一十一年一月份之內容；如有異動，以保險人最新公告為主。	說明：本規定係依本標準第四條第八項規定公告一百十年一月份之內容；如有異動，以保險人最新公告為主。	一、增修保險人暫予公告之藥品給付規定於本標準附件六。 二、本附件修正包括通則及第一節至第十節及第十三節、第十四節，同時修正附表二十四之一及新增附表二十四之四。
通則 一、本保險醫事服務機構申報之藥品，以收載於本標準者為限。 二、本保險醫療用藥，由保險人就各醫事服務機構已申報之藥品品項及其藥價審查之。但因急救使用未經報備之藥品，可事後再報保險人備查。 三、本保險處方用藥，醫師得按保險對象病情需要，每次開給七日以內之藥量。保險人指定之慢性疾病得一次給予三十日以內之用藥量。住院治療之保險對象於出院必須攜回藥品時，其給藥量規定同上。 四、注射藥品之使用原則： （一）注射藥品使用時機，應以經醫師診斷後，判斷病情需要且病人不能口服，或口服仍不能期待其有治療效果，記明於病歷表者，方得為之。(86/1/1) （二）因病情需要，經醫師指導使用方法由病人持回注射之藥品包括： 1. 治療糖尿病之 insulin 及 GLP-1 受體促效劑。(109/12/1)	通則 一、本保險醫事服務機構申報之藥品，以收載於本標準者為限。 二、本保險醫療用藥，由保險人就各醫事服務機構已申報之藥品品項及其藥價審查之。但因急救使用未經報備之藥品，可事後再報保險人備查。 三、本保險處方用藥，醫師得按保險對象病情需要，每次開給七日以內之藥量。保險人指定之慢性疾病得一次給予三十日以內之用藥量。住院治療之保險對象於出院必須攜回藥品時，其給藥量規定同上。 四、注射藥品之使用原則： （一）注射藥品使用時機，應以經醫師診斷後，判斷病情需要且病人不能口服，或口服仍不能期待其有治療效果，記明於病歷表者，方得為之。(86/1/1) （二）因病情需要，經醫師指導使用方法由病人持回注射之藥品包括： 1. 治療糖尿病之 insulin 及 GLP-1 受體促效劑。(109/12/1)	

2.CAPD 使用之透析液。 3.CAPD 使用之抗生素及抗凝血劑（至多攜回二週）。 4.Desferrioxamine（如 Desferal）。 5.慢性腎臟功能衰竭，使用紅血球生成素（至多攜回二週，如因特殊病情需要，需敘明理由，得以臨床實際需要方式給藥，惟一個月不超過 20,000U（如 Eprex、Recormon）或 100mcg（如 Aranesp、Mircera）為原則）。(98/9/1) 6.治療白血病使用之 α-interferon（至多攜回二週）。 7.G-CSF(如 filgrastim；lenograstim)（至多攜回六天）。(98/11/1) 8.生長激素 (human growth hormone)（至多攜回一個月）。 9.門診之血友病人得攜回二~三劑量(至多攜回一個月)第八、第九凝血因子、繞徑治療藥物、第十三凝血因子備用，繼續治療時，比照化療以「療程」方式處理，並查驗上次治療紀錄（如附表十八之一—全民健康保險血友病患者使用第八、第九凝血因子在家治療紀錄等）及申報費用時上傳上述治療紀錄表電子檔。醫療機構、醫師開立使用血液製劑時，應依血液製劑條例之規定辦理。（86/9/1、92/5/1、	2.CAPD 使用之透析液。 3.CAPD 使用之抗生素及抗凝血劑（至多攜回二週）。 4.Desferrioxamine（如 Desferal）。 5.慢性腎臟功能衰竭，使用紅血球生成素（至多攜回二週，如因特殊病情需要，需敘明理由，得以臨床實際需要方式給藥，惟一個月不超過 20,000U（如 Eprex、Recormon）或 100mcg（如 Aranesp、Mircera）為原則）。(98/9/1) 6.治療白血病使用之 α-interferon（至多攜回二週）。 7.G-CSF（如 filgrastim；lenograstim）（至多攜回六天）。(98/11/1) 8.生長激素 (human growth hormone)（至多攜回一個月）。 9.門診之血友病人得攜回二~三劑量(至多攜回一個月)第八、第九凝血因子、繞徑治療藥物、第十三凝血因子備用，繼續治療時，比照化療以「療程」方式處理，並查驗上次治療紀錄（如附表十八之一—全民健康保險血友病患者使用第八、第九凝血因子在家治療紀錄等）及申報費用時上傳上述治療紀錄表電子檔。醫療機構、醫師開立使用血液製劑時，應依血液製劑條例之規定辦	

100/4/1 、 108/10/1 、 109/2/1)	理。(86/9/1、92/5/1、100/4/1 、 108/10/1 、 109/2/1)	
10.於醫院內完成調配之靜脈營養輸液(TPN)，或不需調配之靜脈營養輸液，可攜回使用。(85/10/1、93/12/1、111/1/1)	10.於醫院內完成調配之靜脈營養輸液 (TPN)，可攜回使用 。 (85/10/1 、 93/12/1)	
11.肢端肥大症病人使用之 octreotide 、 lanreotide (如 Sandostatin 、 Somatuline 等) 至多攜回一個月，另 octreotide (如 Sandostatin 等)需個案事前報 准 (93/12/1) 。 lanreotide inj 30 mg (如 Somatuline) 每次注射間隔兩週 (88/6/1)，octreotide LAR (如 Sandostatin LAR Microspheres for Inj.) 每次注射間隔四週 (89/7/1)。	11.肢端肥大症病人使用之 octreotide 、 lanreotide (如 Sandostatin 、 Somatuline 等) 至多攜回一個月，另 octreotide (如 Sandostatin 等)需個案事前報准 (93/12/1)。 lanreotide inj 30 mg (如 Somatuline) 每次注射間隔兩週 (88/6/1)， octreotide LAR (如 Sandostatin LAR Microspheres for Inj.) 每次注射間隔四週 (89/7/1)。	
12. 結核病病人持回之 streptomycin、kanamycin 及 enviomycin 注射劑(至多攜回二週)。(86/9/1)	12. 結核病病人持回之 streptomycin、kanamycin 及 enviomycin 注射劑(至多攜回二週)。(86/9/1)	
13.抗精神病長效針劑(至多攜回三個月)。(87/4/1、109/6/1)	13.抗精神病長效針劑(至多攜回三個月)。(87/4/1、109/6/1)	
14.低分子量肝凝素注射劑：金屬瓣膜置換後之懷孕病患，可准予攜回低分子量肝凝素注射劑自行注射，但至多攜回兩週。(90/11/1)	14.低分子量肝凝素注射劑：金屬瓣膜置換後之懷孕病患，可准予攜回低分子量肝凝素注射劑自行注射，但至多攜回兩週。(90/11/1)	
15.Apomorphine hydrochloride 10mg/mL (如	15.Apomorphine hydrochloride 10mg/mL	

Apo-Go Pen）：限使用於巴金森氏病後期產生藥效波動（on-and-off）現象，且經使用其他治療方式無法改善之病患使用，每人每月使用量不得超過 20 支。（91/2/1、99/11/1）	（如 Apo-Go Pen）：限使用於巴金森氏病後期產生藥效波動（on-and-off）現象，且經使用其他治療方式無法改善之病患使用，每人每月使用量不得超過 20 支。（91/2/1、99/11/1）	
16.罹患惡性貧血（pernicious anemia）及維生素 B12 缺乏病患，如不能口服者或口服不能吸收者，得攜回維生素 B12 注射劑，每次以一個月為限，且每三個月應追蹤一次。(91/4/1)	16.罹患惡性貧血（pernicious anemia）及維生素 B12 缺乏病患，如不能口服者或口服不能吸收者，得攜回維生素 B12 注射劑，每次以一個月為限，且每三個月應追蹤一次。(91/4/1)	
17.患者初次使用 aldesleukin（如 Proleukin Inj）治療期間（第一療程），應每週發藥，俾回診觀察是否有無嚴重之副作用發生。第一療程使用若未發生嚴重副作用，在第二療程以後可攜回兩週之處方量。(91/12/1)	17.患者初次使用 aldesleukin（如 Proleukin Inj）治療期間（第一療程），應每週發藥，俾回診觀察是否有無嚴重之副作用發生。第一療程使用若未發生嚴重副作用，在第二療程以後可攜回兩週之處方量。(91/12/1)	
18.慢性病毒性 B 型肝炎、慢性病毒性 C 型肝炎所使用之長效型干擾素或短效型干擾素，至多攜回四週之使用量。(92/10/1)	18.慢性病毒性 B 型肝炎、慢性病毒性 C 型肝炎所使用之長效型干擾素或短效型干擾素，至多攜回四週之使用量。(92/10/1)	
19.類風濕關節炎、僵直性脊椎炎、乾癬、乾癬性周邊關節炎、乾癬性脊椎病變與克隆氏症病患使用 etanercept、adalimumab、abatacept、tocilizumab、opinercept、certolizumab、brodalumab 等生物製劑皮下注射劑，經事前審查核准後，在醫師指導下，至多可攜回四週之使用量。(93/8/1、109/10/1)	19.類風濕關節炎、僵直性脊椎炎、乾癬、乾癬性周邊關節炎、乾癬性脊椎病變與克隆氏症病患使用 etanercept、adalimumab、abatacept、tocilizumab、opinercept、certolizumab、brodalumab 等生物製劑皮下注射劑，經事前審查核	

	准後，在醫師指導下，至多可攜回四週之使用量。(93/8/1、109/10/1)	
20.(刪除)(109/12/1)	20.(刪除)(109/12/1)	
21.(刪除)(109/12/1)	21.(刪除)(109/12/1)	
22.含 teriparatide 成分注射劑。(103/9/1)	22.含 teriparatide 成分注射劑。(103/9/1)	
23.含 interferon beta-1a 成分注射劑。(103/9/1)	23.含 interferon beta-1a 成分注射劑。(103/9/1)	
24.含 interferon beta-1b 成分注射劑。(103/9/1)	24.含 interferon beta-1b 成分注射劑。(103/9/1)	
25.含glatiramer成分注射劑。(103/9/1)	25.含glatiramer成分注射劑。(103/9/1)	
（三）電解質及營養靜脈補充輸液之使用，應說明理由並有明確需要，以積極治療為目的，始得為之。	（三）電解質及營養靜脈補充輸液之使用，應說明理由並有明確需要，以積極治療為目的，始得為之。	
（四）癌症病人使用之 morphine 及化學治療藥品，於院內經醫師或藥師完成調劑作業後，亦可由病人攜回使用。(85/10/1)	（四）癌症病人使用之 morphine 及化學治療藥品，於院內經醫師或藥師完成調劑作業後，亦可由病人攜回使用。(85/10/1)	
五、使用抗微生物製劑，應優先選用全民健康保險醫療常用第一線抗微生物製劑品名表（附表一）所列者為限。但經微生物培養及藥物敏感試驗確實有效或病情需要者，依本保險規定之抗微生物製劑使用原則用藥。	五、使用抗微生物製劑，應優先選用全民健康保險醫療常用第一線抗微生物製劑品名表（附表一）所列者為限。但經微生物培養及藥物敏感試驗確實有效或病情需要者，依本保險規定之抗微生物製劑使用原則用藥。	
六、維生素、荷爾蒙及白蛋白製劑等類藥品之使用，門診以附表三-A 及三-B 所列醫治病症，住院以特殊病症或施行大手術後必須積極治療者為原則，凡作一般營養補給者，不予給	六、維生素、荷爾蒙及白蛋白製劑等類藥品之使用，門診以附表三-A 及三-B 所列醫治病症，住院以特殊病症或施行大手術後必須積極治療者為原則，凡作一般營養補給者，不予給	

付。 七、本保險處方用藥，需符合主管機關核准藥品許可證登載之適應症，並應依病情治療所需劑量，處方合理之含量或規格藥品。（85/1/1、86/1/1、94/6/1） 八、內服液劑之使用原則：(94/11/1、97/3/1、97/12/1) （一）12 歲(含)以下兒童得使用內服液劑(97/3/1)。 （二）不適合服用固型製劑之病人，如施行管灌飲食等，得依病情需要使用內服液劑(97/12/1)。 （三）非為兒童或吞嚥困難患者所設計之內服液劑，得依病情需要使用(97/12/1)。 九、本保險處方用藥有下列情況者視為重複用藥，不予給付(87/4/1)： （一）為達相同之治療目的，使用兩種以上同一治療類別（或作用機轉）之藥品，視為重複用藥。 （二）為達相同之治療目的，使用兩種以上不同治療類別（或作用機轉）之藥品，而未能增加療效；或其併用不符合一般醫學學理，且無文獻佐證者。 （三）但下列情形除外： 1. 長短效的藥品搭配使用或不同劑型配合使用，且其使用方法符合各項藥品藥動學或藥理性質之特色者。	付。 七、本保險處方用藥，需符合主管機關核准藥品許可證登載之適應症，並應依病情治療所需劑量，處方合理之含量或規格藥品。（85/1/1、86/1/1、94/6/1） 八、內服液劑之使用原則：(94/11/1、97/3/1、97/12/1) （一）12 歲(含)以下兒童得使用內服液劑(97/3/1)。 （二）不適合服用固型製劑之病人，如施行管灌飲食等，得依病情需要使用內服液劑(97/12/1)。 （三）非為兒童或吞嚥困難患者所設計之內服液劑，得依病情需要使用(97/12/1)。 九、本保險處方用藥有下列情況者視為重複用藥，不予給付(87/4/1)： （一）為達相同之治療目的，使用兩種以上同一治療類別（或作用機轉）之藥品，視為重複用藥。 （二）為達相同之治療目的，使用兩種以上不同治療類別（或作用機轉）之藥品，而未能增加療效；或其併用不符合一般醫學學理，且無文獻佐證者。 （三）但下列情形除外： 1. 長短效之藥品搭配使用或不同劑型配合使用，且其使用方法符合各項藥品藥動學或藥理性質之特色者。	

2.緊急傷病情況下之合併使用者，且其併用符合一般醫學學理。 3.本標準藥品給付規定有特別規定者。 十、下列藥品為本保險界定之「無積極療效藥品」，不建議使用： （一）無藥品許可證，或許可證過期，或經主管機關再評估後未通過者。 （二）醫學專科教科書未列舉，或載明不適用者。 （三）醫學專科治療手冊未列舉，或載明不適用者。 （四）對藥品療效之原始文獻(primary data)之評論未收載於「臨床醫學電腦資訊系統」(Computer Clinical Information System)，或未給予正面評價者。	2.緊急傷病情況下之合併使用者，且其併用符合一般醫學學理。 3.本標準藥品給付規定有特別規定者。 十、下列藥品為本保險界定之「無積極療效藥品」，不建議使用： （一）無藥品許可證，或許可證過期，或經主管機關再評估後未通過者。 （二）醫學專科教科書未列舉，或載明不適用者。 （三）醫學專科治療手冊未列舉，或載明不適用者。 （四）對藥品療效之原始文獻(primary data)之評論未收載於「臨床醫學電腦資訊系統」(Computer Clinical Information System)，或未給予正面評價者。	
第1節　神經系統藥物 Drugs acting on the nervous system	第 1 節 神經系統藥物 Drugs acting on the nervous system	
1.1.疼痛解除劑 Drugs used for pain relief 1.1.1.非類固醇抗發炎劑外用製劑：(88/9/1、92/2/1、94/9/1、109/2/1) 1.外用非類固醇抗發炎軟膏，不得同時併用口服或其他外用非類固醇發炎製劑，每 4 週至多以處方 40gm 為限(94/9/1、109/2/1)。 2.Flurbiprofen 40mg patch (如 Flur Di Fen Patch)：限同時符合下列條件之病患	1.1.疼痛解除劑 Drugs used for pain relief 1.1.1.非類固醇抗發炎劑外用製劑：(88/9/1、92/2/1、94/9/1、109/2/1) 1.外用非類固醇抗發炎軟膏，不得同時併用口服或其他外用非類固醇發炎製劑，每 4 週至多以處方 40gm 為限(94/9/1、109/2/1)。 2.Flurbiprofen 40mg patch (如 Flur Di Fen Patch)：限同時符合下列條件之病患使	

使用：(92/2/1、109/2/1) (1)單一關節（部位）或軟組織風濕症。 (2)不適合口服非類固醇抗發炎製劑者。 (3)不得同時併用口服或其他外用非類固醇發炎製劑，亦不得開立慢性連續處方箋(109/2/1)。 (4)每 4 週限處方 16 片以內(109/2/1)。 1.1.2. 非類固醇抗發炎劑(NSAIDs) 之注射劑：(88/12/1、97/7/1) 1. 非類固醇抗發炎劑(NSAIDs) 之注射劑（ketorolac 成分之注射劑除外）： (1)限不能口服，且不能使用肛門栓劑之病患使用。 (2)本類藥品不可作為急性上呼吸道感染之例行或長期性使用。 (3)使用本類藥品，每次不可連續超過五天。 2.Ketorolac 成分之注射劑：(97/7/1) 限用於無法口服之病人且為手術後中重度急性疼痛之短期治療（治療期間為≦5天），惟禁止使用於產科止痛。 1.1.3.Tramadol (87/4/1) 限 1.癌症病例使用。 2.用於非癌症慢性頑固性疼痛（疼痛期超過六個月）之病人，需同時符合下述條件：(1)需為服用 NSAIDs 仍無法控制疼痛或有嚴重副作用	用：(92/2/1、109/2/1) (1)單一關節（部位）或軟組織風濕症。 (2)不適合口服非類固醇抗發炎製劑者。 (3)不得同時併用口服或其他外用非類固醇發炎製劑，亦不得開立慢性連續處方箋(109/2/1)。 (4)每 4 週限處方 16 片以內(109/2/1)。 1.1.2. 非類固醇抗發炎劑(NSAIDs) 之注射劑：(88/12/1、97/7/1) 1.非類固醇抗發炎劑 (NSAIDs)之注射劑（ketorolac 成分之注射劑除外）： (1)限不能口服，且不能使用肛門栓劑之病患使用。 (2)本類藥品不可作為急性上呼吸道感染之例行或長期性使用。 (3)使用本類藥品，每次不可連續超過五天。 2.Ketorolac 成分之注射劑：(97/7/1) 限用於無法口服之病人且為手術後中重度急性疼痛之短期治療（治療期間為≦5天），惟禁止使用於產科止痛。 1.1.3.Tramadol (87/4/1) 限 1.癌症病例使用。 2.用於非癌症慢性頑固性疼痛（疼痛期超過六個月）之病人，需同時符合下述條件：(1)需為服用 NSAIDs 仍無法控制疼痛或有嚴重	

者。(2)需檢附疼痛評估報告，內容需包括疼痛強度及疼痛緩解的 VAS 與 VRS (Visual Analogue Scale 和 Verbal Rating Scale)。	副作用者。(2)需檢附疼痛評估報告，內容需包括疼痛強度及疼痛緩解的 VAS 與 VRS (Visual Analogue Scale 和 Verbal Rating Scale)。	
1.1.4.Tramadol HCl + acetaminophen (如 Ultracet Tablets) (93/7/1、95/5/1) 限用於中度至嚴重性疼痛之病人，需符合下述條件： 1.經其他止痛藥、或非類固醇抗發炎藥物（NSAIDs）治療後仍無法控制疼痛或有嚴重副作用者。 2.非癌症病患使用超過五天時，需檢附疼痛評估報告，並每隔三個月再評估乙次，內容需包括疼痛強度及疼痛緩解的 VAS 與 VRS (Visual Analogue Scale 和 Verbal Rating Scale)。	1.1.4.Tramadol HCl + acetaminophen (如 Ultracet Tablets) (93/7/1、95/5/1) 限用於中度至嚴重性疼痛之病人，需符合下述條件： 1.經其他止痛藥、或非類固醇抗發炎藥物（NSAIDs）治療後仍無法控制疼痛或有嚴重副作用者。 2.非癌症病患使用超過五天時，需檢附疼痛評估報告，並每隔三個月再評估乙次，內容需包括疼痛強度及疼痛緩解的 VAS 與 VRS (Visual Analogue Scale 和 Verbal Rating Scale)。	
1.1.5.非類固醇抗發炎劑（NSAIDs）藥品，屬下列成分之口服製劑：celecoxib、nabumetone、meloxicam、etodolac、nimesulide (90/7/1、97/9/1)、etoricoxib (96/1/1、99/10/1)、含 naproxen 及 esomeprazole 複方製劑 (101/10/1) (106/12/1) 1.本類製劑之使用需符合下列條件之一者(99/10/1)： (1)年齡大於等於六十歲之骨關節炎病患。(celecoxib 可用於年齡大於等於五十歲之骨	1.1.5.非類固醇抗發炎劑（NSAIDs）藥品，屬下列成分之口服製劑：celecoxib、nabumetone、meloxicam、etodolac、nimesulide (90/7/1、97/9/1)、etoricoxib (96/1/1、99/10/1)、含 naproxen 及 esomeprazole 複方製劑 (101/10/1) (106/12/1) 1.本類製劑之使用需符合下列條件之一者(99/10/1)： (1)年齡大於等於六十歲之骨關節炎病患。(celecoxib 可用於年齡大於等於五十歲	

關節炎病患)(106/12/1)	之骨關節炎病患)(106/12/1)	
(2)類風濕性關節炎、僵直性脊髓炎、乾癬性關節炎等慢性病發炎性關節病變，需長期使用非類固醇抗發炎劑者。	(2)類風濕性關節炎、僵直性脊髓炎、乾癬性關節炎等慢性病發炎性關節病變，需長期使用非類固醇抗發炎劑者。	
(3)合併有急性嚴重創傷、急性中風及急性心血管事件者(97/2/1)	(3)合併有急性嚴重創傷、急性中風及急性心血管事件者(97/2/1)	
(4)同時併有腎上腺類固醇之患者。	(4)同時併有腎上腺類固醇之患者。	
(5)曾有消化性潰瘍、上消化道出血或胃穿孔病史者。	(5)曾有消化性潰瘍、上消化道出血或胃穿孔病史者。	
(6)同時併有抗擬血劑者。	(6)同時併有抗擬血劑者。	
(7)肝硬化患者。	(7)肝硬化患者。	
2.使用本類製劑之病患不得預防性併用乙型組織胺受體阻斷劑、氫離子幫浦阻斷劑及其他消化性潰瘍用藥，亦不得合併使用前列腺素劑（如misoprostol）	2.使用本類製劑之病患不得預防性併用乙型組織胺受體阻斷劑、氫離子幫浦阻斷劑及其他消化性潰瘍用藥，亦不得合併使用前列腺素劑（如misoprostol）	
3.Nimesulide限用於急性疼痛緩解，其連續處方不得超過15日(97/9/1)。	3.Nimesulide 限用於急性疼痛緩解，其連續處方不得超過15日(97/9/1)。	
4.含naproxen及esomeprazole複方製劑不得作為急性疼痛的初始治療。(101/10/1)	4.含naproxen及esomeprazole複方製劑不得作為急性疼痛的初始治療。(101/10/1)	
1.6.Gabapentin、lidocaine貼片劑（97/12/1、98/4/1、98/9/1、101/2/1、101/5/1、102/2/1、110/5/1）	1.1.6.Gabapentin、lidocaine貼片劑（97/12/1、98/4/1、98/9/1、101/2/1、101/5/1、102/2/1）	
限使用於帶狀疱疹皮膚病灶後神經痛，並符合下列條件：	限使用於帶狀疱疹皮膚病灶後神經痛，並符合下列條件：	
1.使用其他止痛劑或非類固醇抗發炎劑（NSAIDs）藥品治	1.使用其他止痛劑或非類固醇抗發炎劑（NSAIDs）藥品	

療後仍無法控制疼痛或有嚴重副作用者。(97/12/1、98/4/1) 2.Gabapentin成分口服製劑，限每日最大劑量為3,600mg，且日劑量超過2,400mg 時，需於病歷記載理由。臨床症狀改善，應逐步調低劑量。 (97/12/1、98/4/1、98/9/1、101/5/1) 3.Lidocaine 貼片劑：(98/9/1、110/5/1) (1)限每日最大劑量為 3 片，且日劑量超過 2 片時，需於病歷記載理由。臨床症狀改善，應逐步調低劑量。(98/9/1、110/5/1) (2) Lidocaine 貼片劑不得與 gabapentin 或 pregabalin 成分口服製劑併用。(101/2/1、110/5/1) 1.1.7.Pregabalin (101/2/1、102/2/1 、 105/1/1 、106/3/1、109/5/1) 1. 使用於帶狀疱疹皮膚病灶後神經痛，並符合下列條件： (1)經使用其他止痛劑或非類固醇抗發炎劑(NSAIDs)藥品治療後仍無法控制疼痛或有嚴重副作用者。(97/12/1、98/4/1) (2)每日最大劑量為600mg。 2. 使用於纖維肌痛(fibromyalgia) (1)需符合 American College of Rheumatology (ACR)及臨床試驗實證纖維肌痛診斷	治療後仍無法控制疼痛或有嚴重副作用者。(97/12/1、98/4/1) 2. Gabapentin成分口服製劑，限每日最大劑量為3,600mg，且日劑量超過2,400mg 時，需於病歷記載理由。臨床症狀改善，應逐步調低劑量。(97/12/1 、 98/4/1 、98/9/1、101/5/1) 3.Lidocaine 貼片劑(限使用 Lidopat Patch)：(98/9/1) (1)限每日最大劑量為 3 片，且日劑量超過 2 片時，需於病歷記載理由。臨床症狀改善，應逐步調低劑量。限使用 Lidopat Patch。(98/9/1) (2)Lidopat 貼片劑不得與 gabapentin 或 pregabalin 成分口服製劑併用。(101/2/1) 1.1.7.Pregabalin (101/2/1、102/2/1 、 105/1/1 、106/3/1、109/5/1) 1.使用於帶狀疱疹皮膚病灶後神經痛，並符合下列條件： (1)經使用其他止痛劑或非類固醇抗發炎劑(NSAIDs)藥品治療後仍無法控制疼痛或有嚴重副作用者。(97/12/1、98/4/1) (2)每日最大劑量為600mg。 2. 使用於纖維肌痛(fibromyalgia) (1)需符合 American College	

標準： Ⅰ.WPI(wide spread pain index)≧7 、 Symptom severity (SS)≧5 且 pain rating scale≧6 分或 WPI 3-6、SS scale≧9 且 pain rating scale≧6 分。 Ⅱ.症狀持續超過三個月。 Ⅲ.應排除其他疾病因素，並於病歷詳載。 (2)限風濕免疫科、神經內科、復健科、疼痛專科及精神科醫師使用，不得併用同適應症之它類藥品。(106/3/1) (3)如使用 3 個月後 pain rating scale 未減少 2 分以上應予停藥。 (4)病歷每 3 個月應記載一次評估結果，每日最大劑量為 450mg。 3.使用於糖尿病併發周邊神經病變並具有臨床神經疼痛(neuropathic pain)，且符合以下條件(105/1/1): (1)經神經科專科醫師診斷或經神經傳導(NCV) 檢查證實之多發性神經病變(polyneuropathy)。 (2)Pain rating scale≧4 分。 (3)不得併用同類適應症之藥品。 (4)使用後應每 3 個月評估一次，並於病歷中記載評估結果，倘 Pain rating scale 較前一次評估之數值未改善或未持續改善，應予停止使用。 (5)每日最大劑量為 300 mg。 4.使用於脊髓損傷所引起的神	of Rheumatology (ACR)及臨床試驗實證纖維肌痛診斷標準： Ⅰ.WPI(wide spread pain index) ≧ 7 、 Symptom severity (SS)≧5 且 pain rating scale≧6 分或 WPI 3-6、SS scale≧9 且 pain rating scale≧6 分。 Ⅱ.症狀持續超過三個月。 Ⅲ.應排除其他疾病因素，並於病歷詳載。 (2)限風濕免疫科、神經內科、復健科、疼痛專科及精神科醫師使用，不得併用同適應症之它類藥品。(106/3/1) (3)如使用 3 個月後 pain rating scale 未減少 2 分以上應予停藥。 (4)病歷每 3 個月應記載一次評估結果，每日最大劑量為 450mg。 3.使用於糖尿病併發周邊神經病變並具有臨床神經疼痛(neuropathic pain)，且符合以下條件(105/1/1): (1)經神經科專科醫師診斷或經神經傳導(NCV) 檢查證實之多發性神經病變(polyneuropathy)。 (2)Pain rating scale≧4 分。 (3)不得併用同類適應症之藥品。 (4)使用後應每 3 個月評估一次，並於病歷中記載評估結果，倘 Pain rating scale 較前一次評估之數值未改善或未持續改善，應予停止使用。	

經性疼痛(不包括 Lyrica、Tirica、Phudialin、Suculin、Bergalin、Pregabalin "C.C.P.C."、PMS-Pregabalin、Probalin 等藥品)，且符合以下條件(109/5/1): (1)經使用其他止痛劑或非類固醇抗發炎劑治療後無法控制疼痛(pain rating scale≧4)或有嚴重副作用。 (2)每日最大劑量為 600mg。 (3)不得併用同類適應症之藥品。 (4)每 3 個月評估一次並於病例中記載評估結果，倘 pain rating scale 較前次評估數值未改善或未持續改善，應予停止使用。 1.1.8.Duloxetine（如 Cymbalta）：(102/8/1、105/2/1) 1.使用於糖尿病併發周邊神經病變並具有臨床神經疼痛(neuropathic pain)，且符合以下條件: (1)經神經科專科醫師診斷或經神經傳導(NCV) 檢查證實之多發性神經病變(polyneuropathy)。 (2)Pain rating scale≧4 分。 (3)不得併用同類適應症之藥品。 (4)使用後應每 3 個月評估一次，並於病歷中記載評估結果，倘Pain rating scale 較前一次評估之數值未改善或未持續改善，應予停止使	(5)每日最大劑量為 300 mg。 4.使用於脊髓損傷所引起的神經性疼痛(不包括 Lyrica、Tirica、Phudialin、Suculin、Bergalin、Pregabalin "C.C.P.C."、PMS-Pregabalin、Probalin 等藥品)，且符合以下條件(109/5/1): (1)經使用其他止痛劑或非類固醇抗發炎劑治療後無法控制疼痛(pain rating scale≧4)或有嚴重副作用。 (2)每日最大劑量為 600mg。 (3)不得併用同類適應症之藥品。 (4)每 3 個月評估一次並於病例中記載評估結果，倘 pain rating scale 較前次評估數值未改善或未持續改善，應予停止使用。 1.1.8.Duloxetine（如 Cymbalta）：(102/8/1、105/2/1) 1.使用於糖尿病併發周邊神經病變並具有臨床神經疼痛(neuropathic pain)，且符合以下條件: (1)經神經科專科醫師診斷或經神經傳導(NCV) 檢查證實之多發性神經病變(polyneuropathy)。 (2)Pain rating scale≧4 分。 (3)不得併用同類適應症之藥品。 (4)使用後應每 3 個月評估一次，並於病歷中記載評估結果，倘 Pain rating	

用。 (5)每日最大劑量為 60 mg。 2. 使用於纖維肌痛(fibromyalgia)(105/2/1) (1)需符合 American College of Rheumatology (ACR)及臨床試驗實證纖維肌痛診斷標準： Ⅰ.WPI(wide spread pain index)≧7 、 Symptom severity (SS)≧5 且 pain rating scale≧6 分或 WPI 3-6、SS scale≧9 且 pain rating scale≧6 分。 Ⅱ.症狀持續超過三個月。 Ⅲ.應排除其他疾病因素，並於病歷詳載。 (2)限風濕免疫科、神經內科、復健科、疼痛專科及精神科醫師使用，不得併用同適應症之它類藥品。 (3)如使用 3 個月後 pain rating scale 未減少 2 分以上應予停藥。 (4)病歷每 3 個月應記載一次評估結果，每日最大劑量為 60mg。 1.1.9. Fentanyl citrate 口頰溶片或口頰錠(108/10/1) 1. 限用於突發性疼痛(breakthrough pain)，並已接受過口服 morphine 至少 60mg/day、oxycodone 至少 30mg/day 、hydromorphone 至少 8mg/day、或 fentanyl 貼片劑至少 25/mcg/hr 或其他等止痛劑量之類鴉片藥物達一星期(含)以上之 18 歲(含)以上癌症患者。	scale 較前一次評估之數值未改善或未持續改善，應予停止使用。 (5)每日最大劑量為 60 mg。 2. 使用於纖維肌痛(fibromyalgia)(105/2/1) (1)需符合 American College of Rheumatology (ACR)及臨床試驗實證纖維肌痛診斷標準： Ⅰ.WPI(wide spread pain index) ≧ 7 、 Symptom severity (SS)≧5 且 pain rating scale≧6 分或 WPI 3-6、SS scale≧9 且 pain rating scale≧6 分。 Ⅱ.症狀持續超過三個月。 Ⅲ.應排除其他疾病因素，並於病歷詳載。 (2)限風濕免疫科、神經內科、復健科、疼痛專科及精神科醫師使用，不得併用同適應症之它類藥品。 (3)如使用 3 個月後 pain rating scale 未減少 2 分以上應予停藥。 (4)病歷每 3 個月應記載一次評估結果，每日最大劑量為 60mg。 1.1.9. Fentanyl citrate 口頰溶片或口頰錠(108/10/1) 1. 限用於突發性疼痛(breakthrough pain)，並已接受過口服 morphine 至少 60mg/day、oxycodone 至少 30mg/day 、hydromorphone 至少 8mg/day、或 fentanyl 貼片劑至少 25/mcg/hr 或其他等止痛劑量之類鴉片藥	

2.不得用於急性或術後疼痛之處置。 1.2. 精神治療劑 Psychotherapeutic drugs 1.2.1.選擇性血清促進素再吸收抑制劑 (SSRI)、血清促進素及正腎上腺素再吸收抑制劑 (SNRI)及其他抗憂鬱劑 (fluvoxamine maleate、fluoxetine、paroxetine、sertraline、venlafaxine、milnacipran、mirtazapine、citalopram、escitalopram、duloxetine、agomelatine、vortioxetine 等製劑)：(88/12/1、89/10/1、91/5/1、92/6/1、93/5/1、94/2/1、94/12/1、99/10/1、101/7/1、107/3/1) 使用時病歷上應詳細註明診斷依據及使用理由。 1.2.1.1.Bupropion HCL：(92/1/1、99/10/1) 作為戒菸治療者不予給付。 1.2.2. 抗精神病劑 Antipsychotics 1.2.2.1.Clozapine (如 Clozaril) 1.限精神科專科醫師使用。 2.前 18 週使用時，每週需作白血球檢驗，每次處方以七日為限，使用 18 週後，每月作一次白血球檢驗。 3.申報費用時，應檢附白血球	物達一星期(含)以上之 18 歲(含)以上癌症患者。 2.不得用於急性或術後疼痛之處置。 1.2. 精神治療劑 Psychotherapeutic drugs 1.2.1.選擇性血清促進素再吸收抑制劑 (SSRI)、血清促進素及正腎上腺素再吸收抑制劑 (SNRI)及其他抗憂鬱劑 (fluvoxamine maleate、fluoxetine、paroxetine、sertraline、venlafaxine、milnacipran、mirtazapine、citalopram、escitalopram、duloxetine、agomelatine、vortioxetine 等製劑)：(88/12/1、89/10/1、91/5/1、92/6/1、93/5/1、94/2/1、94/12/1、99/10/1、101/7/1、107/3/1) 使用時病歷上應詳細註明診斷依據及使用理由。 1.2.1.1.Bupropion HCL：(92/1/1、99/10/1) 作為戒菸治療者不予給付。 1.2.2. 抗精神病劑 Antipsychotics 1.2.2.1.Clozapine (如 Clozaril) 1.限精神科專科醫師使用。 2.前 18 週使用時，每週需作白血球檢驗，每次處方以七日為限，使用 18 週後，每	

檢驗報告。 1.2.2.2.Second generation antipsychotics（簡稱第二代抗精神病藥品，如clozapine、olanzapine、risperidone、quetiapine、amisulpride、ziprasidone、aripiprazole、paliperidone、lurasidone、brexpiprazole 等）：(91/9/1、92/1/1、92/7/1、94/1/1、95/10/1、97/5/1、99/10/1、106/1/1、109/1/1、109/6/1) 1.本類製劑之使用需符合下列條件(95/10/1、97/5/1、99/10/1、106/1/1、109/1/1)： (1)開始使用「第二代抗精神病藥品」時需於病歷記載：醫療理由或診斷，以及臨床整體評估表（Clinical Global Impression，簡稱CGI）之分數。 (2)經規則使用六至八週後，需整體評估其療效，並於病歷記載：臨床整體評估表之分數。 (3)日劑量超過下列治療劑量時，需於病歷記載理由： clozapine 400 mg/day risperidone 6 mg/day olanzapine 20 mg/day quetiapine 600 mg/day amisulpride 800mg/day (92/1/1)	月作一次白血球檢驗。 3.申報費用時，應檢附白血球檢驗報告。 1.2.2.2.Second generation antipsychotics（簡稱第二代抗精神病藥品，如clozapine、olanzapine、risperidone、quetiapine、amisulpride、ziprasidone、aripiprazole、paliperidone、lurasidone、brexpiprazole 等）：(91/9/1、92/1/1、92/7/1、94/1/1、95/10/1、97/5/1、99/10/1、106/1/1、109/1/1、109/6/1) 1.本類製劑之使用需符合下列條件(95/10/1、97/5/1、99/10/1、106/1/1、109/1/1)： (1)開始使用「第二代抗精神病藥品」時需於病歷記載：醫療理由或診斷，以及臨床整體評估表（Clinical Global Impression，簡稱CGI）之分數。 (2)經規則使用六至八週後，需整體評估其療效，並於病歷記載：臨床整體評估表之分數。 (3)日劑量超過下列治療劑量時，需於病歷記載理由： clozapine 400 mg/day risperidone 6 mg/day olanzapine 20 mg/day quetiapine 600 mg/day	

ziprasidone 120mg/day (92/7/1) aripiprazole 15mg/day (94/1/1) paliperidone 12mg/day (97/5/1) lurasidone 120mg/day (106/1/1) brexpiprazole 4mg/day (109/1/1) 2.本類藥品除 quetiapine 緩釋劑型及 lurasidone 外，不得使用於雙極性疾患之鬱症發作。(95/10/1、109/6/1) 3.Olanzapine 用於預防雙極性疾患復發時，限 lithium、carbamazepine、valproate 等藥品至少使用兩種以上，治療無效或無法耐受副作用時使用。(95/10/1) 1.2.3.Zaleplon、zolpidem、zopiclone 及 eszopiclone (98/1/1、98/5/1、98/10/1、102/11/1) 1.使用安眠藥物，病歷應詳載病人發生睡眠障礙的情形，並作適當的評估和診斷，探討可能的原因，並提供衛教建立良好睡眠習慣。(98/5/1) 2.非精神科醫師、神經科專科醫師若需開立本類藥品，每日不宜超過一顆，連續治療期間不宜超過 6 個月。若因病情需長期使用，病歷應載明原因，必要時轉精神科、神經科專科醫師評估其繼續	amisulpride 800mg/day (92/1/1) ziprasidone 120mg/day (92/7/1) aripiprazole 15mg/day (94/1/1) paliperidone 12mg/day (97/5/1) lurasidone 120mg/day (106/1/1) brexpiprazole 4mg/day (109/1/1) 2.本類藥品除 quetiapine 緩釋劑型及 lurasidone 外，不得使用於雙極性疾患之鬱症發作。(95/10/1、109/6/1) 3.Olanzapine 用於預防雙極性疾患復發時，限 lithium、carbamazepine、valproate 等藥品至少使用兩種以上，治療無效或無法耐受副作用時使用。(95/10/1) 1.2.3.Zaleplon、zolpidem、zopiclone 及 eszopiclone (98/1/1、98/5/1、98/10/1、102/11/1) 1.使用安眠藥物，病歷應詳載病人發生睡眠障礙的情形，並作適當的評估和診斷，探討可能的原因，並提供衛教建立良好睡眠習慣。(98/5/1) 2.非精神科醫師、神經科專科醫師若需開立本類藥品，每日不宜超過一顆，連續治療期間不宜超過 6 個月。若因病情需長期使	

使用的適當性。(98/5/1、98/10/1) 3.精神科、神經科專科醫師應針對必須連續使用本藥的個案，提出合理的診斷，並在病歷上詳細記錄。(98/5/1、98/10/1) 4.依一般使用指引不建議各種安眠藥併用，應依睡眠障礙型態處方安眠藥，若需不同半衰期之藥物併用應有明確之睡眠障礙型態描述紀錄，且應在合理劑量範圍內。(98/5/1) 5.對於首次就診尚未建立穩定醫病關係之病患，限處方 7 日內安眠藥管制藥品。(98/5/1) 6.zaleplon成分藥品用於治療難以入睡之失眠病人，僅適用於嚴重，病人功能障礙或遭受極度壓力之失眠症患者，用於 65 歲以上病患時，起始劑量為每日 5mg (98/1/1、98/10/1) 7.成人病患使用 eszopiclone 成分藥品之起始劑量為睡前1mg，最高劑量為睡前3mg，65歲以上病患之最高劑量為2mg。(102/11/1) 1.3.神經藥物 Neurologic drugs 1.3.1.骨骼肌鬆弛劑 Skeletal muscle relaxants 1.3.1.1.Tizanidine HCl (如 Sirdalud tab)：(90/10/1) 限下列病患使用 1.神經系統疾病引起痙攣症狀	用，病歷應載明原因，必要時轉精神科、神經科專科醫師評估其繼續使用的適當性。(98/5/1、98/10/1) 3.精神科、神經科專科醫師應針對必須連續使用本藥的個案，提出合理的診斷，並在病歷上詳細記錄。(98/5/1、98/10/1) 4.依一般使用指引不建議各種安眠藥併用，應依睡眠障礙型態處方安眠藥，若需不同半衰期之藥物併用應有明確之睡眠障礙型態描述紀錄，且應在合理劑量範圍內。(98/5/1) 5.對於首次就診尚未建立穩定醫病關係之病患，限處方 7 日內安眠藥管制藥品。(98/5/1) 6.zaleplon 成分藥品用於治療難以入睡之失眠病人，僅適用於嚴重，病人功能障礙或遭受極度壓力之失眠症患者，用於65歲以上病患時，起始劑量為每日 5mg (98/1/1、98/10/1) 7.成人病患使用eszopiclone成分藥品之起始劑量為睡前1mg，最高劑量為睡前3mg，65 歲以上病患之最高劑量為 2mg。(102/11/1) 1.3.神經藥物 Neurologic drugs 1.3.1.骨骼肌鬆弛劑 Skeletal muscle relaxants 1.3.1.1.Tizanidine HCl (如 Sirdalud tab)：	

之病例。 2.急性疼痛性肌肉痙攣病例。 1.3.2.抗癲癇劑 Antiepileptic drugs 1.3.2.1.Sodium valproate 注射劑（如 Depakine Lyophilized Injection)(89/7/1、93/2/1、93/6/1、102/10/1) 限癲癇症病患使用，且符合以下其中之一項者使用： 1.對 phenytoin 注射劑無效或無法忍受 phenytoin 副作用且無法口服 valproic acid 之病患。 2.癲癇連續發作（Seizure clusters）之病患。 3.癲癇重積狀態（Status epilepticus）之病患。 1.3.2.2.Gabapentin（如 Neurontin）、vigabatrin（如 Sabril）、tiagabine（如 Gabitril）、pregabalin(如 Lyrica)：(89/9/1、89/2/1、93/6/1、96/3/1、97/1/1、97/10/1、101/2/1、102/1/1、104/6/1、104/11/1、107/8/1、110/5/1) 限用於其他抗癲癇藥物無法有效控制之局部癲癇發作之輔助性治療（add on therapy）。 1.3.2.3.Topiramate(如 Topamax、Trokendi)：(90/9/1、92/11/1、93/6/1、	(90/10/1) 限下列病患使用 1.神經系統疾病引起痙攣症狀之病例。 2.急性疼痛性肌肉痙攣病例。 1.3.2.抗癲癇劑 Antiepileptic drugs 1.3.2.1.Sodium valproate 注射劑（如 Depakine Lyophilized Injection)(89/7/1、93/2/1、93/6/1、102/10/1) 限癲癇症病患使用，且符合以下其中之一項者使用： 1.對phenytoin注射劑無效或無法忍受 phenytoin 副作用且無法口服valproic acid 之病患。 2.癲癇連續發作（Seizure clusters）之病患。 3.癲癇重積狀態（Status epilepticus）之病患。 1.3.2.2.Gabapentin（如 Neurontin）、vigabatrin（如 Sabril）、tiagabine（如 Gabitril）、pregabalin(如 Lyrica)、perampanel(如 Fycompa)：(89/9/1、89/2/1、93/6/1、96/3/1、97/1/1、97/10/1、101/2/1、102/1/1、104/6/1、104/11/1、107/8/1) 限用於其他抗癲癇藥物無法有效控制之局部癲癇發作之輔助性治療（add on therapy）。 2.3.2.3. Topiramate	

94/3/1、94/9/1、95/1/1、99/5/1、99/10/1、107/11/1、110/12/1) 1.限用於其他抗癲癇藥物無法有效控制之局部癲癇發作之輔助治療(add on therapy)或作為第二線之單一藥物治療。 2.用於預防偏頭痛之治療：(94/3/1、94/9/1、95/1/1、99/5/1、99/10/1、110/12/1) (1)限符合國際頭痛協會偏頭痛診斷標準並有以下任一狀況之偏頭痛患者，且對現有預防藥物療效不佳或無法忍受副作用或有使用禁忌者使用。 Ⅰ.即使使用急性藥物，反覆發作偏頭痛已嚴重影響到患者的日常生活。 Ⅱ.特殊病例，如偏癱性偏頭痛、基底性偏頭痛、偏頭痛之前預兆時間過長或是偏頭痛梗塞等。 Ⅲ.偏頭痛發作頻繁，每星期 2 次(含)以上。 (2)Topiramate 每日治療劑量超過 100mg 時，需於病歷詳細記載使用理由。 1.3.2.4.Levetiracetam (101/6/1、102/10/1、108/5/1) 1.一般錠劑膠囊劑（如 Keppra Film-Coated Tablets）：(97/1/1、101/6/1) (1)限用於其他抗癲癇藥物無法	(90/9/1、92/11/1、93/6/1、94/3/1、94/9/1、95/1/1、99/5/1、99/10/1、107/11/1) 1.一般錠劑膠囊劑（如 Topamax) (1)限用於其他抗癲癇藥物無法有效控制之局部癲癇發作之輔助治療(add on therapy)或作為第二線之單一藥物治療。 (2)用於預防偏頭痛之治療： I.限符合國際頭痛協會偏頭痛診斷標準並有以下任一狀況之偏頭痛患者，且對現有預防藥物療效不佳或無法忍受副作用或有使用禁忌者使用。 i.即使使用急性藥物，反覆發作偏頭痛已嚴重影響到患者的日常生活。 ii.特殊病例，如偏癱性偏頭痛、基底性偏頭痛、偏頭痛之前預兆時間過長或是偏頭痛梗塞等。 iii.偏頭痛發作頻繁，每星期 2 次(含)以上。 Ⅱ.Topiramate 每日治療劑量超過 100mg 時，需於病歷詳細記載使用理由。 2.緩釋膠囊劑(如 Trokendi)：(107/11/1) 限用於其他抗癲癇藥物無法有	

有效控制之局部癲癇發作之輔助性治療（add on therapy）或作為第二線之單一藥物治療。 (2)十二歲以上青少年與成人病患之肌抽躍性癲癇發作之輔助治療。 2. 緩釋錠劑膠囊劑：（101/6/1、108/5/1） 限使用於十二歲以上病患之局部癲癇發作之輔助治療。 3.口服液劑（如 Keppra Oral Solution）：（97/4/1） 限用於其他抗癲癇藥物無法有效控制之局部癲癇發作之輔助性治療（add on therapy）。 4.注射劑（如 Keppra 濃縮輸注液）：（101/3/1、102/10/1） 限癲癇症病患使用，且符合以下其中之一項者使用： (1)對 phenytoin 注射劑無效或無法忍受 phenytoin 副作用且無法口服 levetiracetam 之病患。 (2)癲癇連續發作（Seizure clusters）之病患。 (3)癲癇重積狀態(Status epilepticus)之病患。 1.3.2.5.Lamotrigine（如 Lamictal）（97/10/1） 限下列病患使用： 1.限用於其他抗癲癇藥物無法有效控制之局部癲癇發作之輔助性治療(add on therapy)或作為第二線之單一藥物治療。 2.限使用於 18 歲以上成人且	效控制之局部癲癇發作之輔助治療(add on therapy)或作為第二線之單一藥物治療。 1.3.2.4. Levetiracetam（101/6/1、102/10/1、108/5/1） 1.一般錠劑膠囊劑（如 Keppra Film-Coated Tablets）：（97/1/1、101/6/1） (1)限用於其他抗癲癇藥物無法有效控制之局部癲癇發作之輔助性治療（add on therapy）或作為第二線之單一藥物治療。 (2)十二歲以上青少年與成人病患之肌抽躍性癲癇發作之輔助治療。 2. 緩釋錠劑膠囊劑：（101/6/1、108/5/1） 限使用於十二歲以上病患之局部癲癇發作之輔助治療。 3.口服液劑（如 Keppra Oral Solution）：（97/4/1） 限用於其他抗癲癇藥物無法有效控制之局部癲癇發作之輔助性治療（add on therapy）。 4.注射劑（如 Keppra 濃縮輸注液）：（101/3/1、102/10/1） 限癲癇症病患使用，且符合以下其中之一項者使用： (1)對 phenytoin 注射劑無效或無法忍受 phenytoin 副作用且無法口服 levetiracetam 之病患。	

為雙極性疾患者，並依下列原則使用： (1)急性鬱期: 限使用於鋰鹽、carbamazepine、valproate 藥品治療療效不佳或治療後由鬱症轉為躁症之個案。 (2)雙極性疾患之鬱症預防: 限使用於鋰鹽、carbamazepine、valproate 藥品治療療效不佳或無法耐受其副作用者，單純用於躁症預防者不得使用。 (3)日劑量超過 200mg 時，需於病歷記載理由。 1.3.2.6 Carbamazepine (100/8/1) 1.使用於新病患： (1)處方使用 carbamazepine 成分藥品之前，應先檢查病患 IC 健保卡是否已註記曾檢測帶有 HLA-B 1502 基因，檢測結果為陽性者，不得開立 carbamazepine 成分藥品之處方。 (2) 醫師欲為病患處方 carbamazepine 成分藥品前，應先詢問病患是否對該藥品有過敏病史，若為不確認者或未檢測者，宜先行作 HLA-B 1502 基因檢測。 2.使用於舊病患： 若病患已服用 4 個月以上，且確認未曾出現喉嚨痛、嘴巴破或皮膚症狀（如分散的斑點或斑丘疹症狀）等類似 Steven-Johnson 症候群或其他不良反應時，可依病情繼	(2)癲癇連續發作 (Seizure clusters) 之病患。 (3) 癲癇重積狀態 (Status epilepticus) 之病患。 1.3.2.5.Lamotrigine (如 Lamictal) (97/10/1) 限下列病患使用： 1.限用於其他抗癲癇藥物無法有效控制之局部癲癇發作之輔助性治療(add on therapy)或作為第二線之單一藥物治療。 2.限使用於 18 歲以上成人且為雙極性疾患者，並依下列原則使用： (1)急性鬱期: 限使用於鋰鹽、carbamazepine、valproate 藥品治療療效不佳或治療後由鬱症轉為躁症之個案。 (2)雙極性疾患之鬱症預防:限使用於鋰鹽、carbamazepine、valproate 藥品治療療效不佳或無法耐受其副作用者，單純用於躁症預防者不得使用。 (3)日劑量超過 200mg 時，需於病歷記載理由。 1.3.2.6 Carbamazepine (100/8/1) 1.使用於新病患： (1)處方使用 carbamazepine 成分藥品之前，應先檢查病患 IC 健保卡是否已註記曾檢測帶有 HLA-B 1502 基因，檢測結果為陽性者，不得開立 carbamazepine 成分藥品之處方。 (2) 醫師欲為病患處方	

續處方治療，但仍需提醒病患注意上述症狀之發生。 3. 醫師為病患處方使用 carbamazepine 成分藥品，以日劑藥費申報者，應依規定詳實申報處方明細。 1.3.2.7.Rufinamide（如 Inovelon）（106/5/1、110/5/1） 限用於 1 歲以上病患之 Lennox-Gastaut 症候群相關癲癇發作之輔助治療，且使用 lamotrigine、topiramate 無效或無法耐受副作用者。 1.3.2.8.Zonisamide(如 Zonegran)（107/2/1） 限用於其他抗癲癇藥物無法有效控制之局部癲癇發作之輔助性治療(add on therapy)或作為新診斷成人局部癲癇發作之單一藥物治療。 1.3.2.9. Lacosamide (107/8/1) 1.一般錠劑膠囊劑(如 Vimpat film-coated tablets)：限用於其他抗癲癇藥物無法有效控制之局部癲癇發作之輔助性治療(add on therapy)。 2.注射劑(如 Vimpat solution for infusion)： 限癲癇症病患使用，且符合以下其中之一項者使用： (1)對 phenytoin 注射劑無效或無法忍受 phenytoin 副作用且無法口服 lacosamide 之病患。	carbamazepine 成分藥品前，應先詢問病患是否對該藥品有過敏病史，若為不確認者或未檢測者，宜先行作 HLA-B 1502 基因檢測。 2.使用於舊病患： 若病患已服用 4 個月以上，且確認未曾出現喉嚨痛、嘴巴破或皮膚症狀（如分散的斑點或斑丘疹症狀）等類似 Steven-Johnson 症候群或其他不良反應時，可依病情繼續處方治療，但仍需提醒病患注意上述症狀之發生。 3. 醫師為病患處方使用 carbamazepine 成分藥品，以日劑藥費申報者，應依規定詳實申報處方明細。 1.3.2.7.Rufinamide（如 Inovelon）(106/5/1) 限用於 4 歲以上病患之 Lennox-Gastaut 症候群相關癲癇發作之輔助治療，且使用 lamotrigine、topiramate 無效或無法耐受副作用者。 1.3.2.8.Zonisamide(如 Zonegran)（107/2/1） 限用於其他抗癲癇藥物無法有效控制之局部癲癇發作之輔助性治療(add on therapy)或作為新診斷成人局部癲癇發作之單一藥物治療。 1.3.2.9. Lacosamide (107/8/1) 1.一般錠劑膠囊劑(如 Vimpat	

(2)癲癇連續發作(Seizure clusters)之病患。 (3)癲癇重積狀態(Status epilepticus)之病患。 1.3.2.10. Brivaracetam(如 Briviact)(110/1/1) 1.限用於4歲以上經使用其他抗癲癇藥物後仍然無法有效控制之局部癲癇發作病人的單一療法或輔助性治療(addon therapy)。 2.每日限使用2粒。 1.3.2.11. Perampanel(如 Fycompa) 1.一般錠劑膠囊劑(如 Fycompa Film-coated Tablets):(104/6/1、110/5/1) 限用於其他抗癲癇藥物無法有效控制之局部癲癇發作之輔助性治療(add on therapy)。 2.口服液劑(如 Fycompa oral suspension):(110/5/1) (1)限用於其他抗癲癇藥物無法有效控制之局部癲癇發作之輔助性治療(add on therapy)。 (2)12歲以上成人及青少年患者原發型全身性強直陣攣癲癇發作併有原發性全身發作之輔助治療。 1.3.3.失智症治療藥品 1.限用於依 NINCDS-ADRDA 或 DSM 或 ICD 標準診斷為阿滋海默氏症或帕金森氏症之失智症病患。 2.臨床診斷為「血管性失智症」,或有嚴重心臟傳導阻	film-coated tablets):限用於其他抗癲癇藥物無法有效控制之局部癲癇發作之輔助性治療(add on therapy)。 2.注射劑(如 Vimpat solution for infusion): 限癲癇症病患使用,且符合以下其中之一項者使用: (1)對 phenytoin 注射劑無效或無法忍受 phenytoin 副作用且無法口服 lacosamide 之病患。 (2)癲癇連續發作(Seizure clusters)之病患。 (3)癲癇重積狀態(Status epilepticus)之病患。 1.3.2.10. Brivaracetam(如 Briviact)(110/1/1) 1. 限用於4歲以上經使用其他抗癲癇藥物後仍然無法有效控制之局部癲癇發作病人的單一療法或輔助性治療(addon therapy)。 2.每日限使用2粒。	

斷（heart block）之病患，不建議使用。(108/12/1) 3.初次使用者，需於病歷上記載以下資料：(106/10/1) (1)CT、MRI 或哈金斯氏量表（Hachinski lschemic Score）三項其中之任一結果報告。 (2)CBC, VDRL, BUN, Creatinine, GOT, GPT, T4, TSH 檢驗。 (3)MMSE 或 CDR 智能測驗報告。 4.依疾病別及嚴重度，另規定如下： (1)阿滋海默氏症之失智症由神經科或精神科醫師處方使用。 Ⅰ.輕度至中度失智症： 限使用 donepezil、rivastigmine 及 galantamine 口服製劑(90/10/1、92/1/1、95/6/1、100/3/1、102/8/1、106/10/1、108/5/1)： i.智能測驗結果為 MMSE 10~26 分或 CDR 1 級及 2 級之患者。 ii.使用前述三種藥品任一種後，三個月內，因副作用得換用本類另一種藥物，並於病歷上記載換藥理由。(93/4/1、102/8/1、106/10/1) iii. 使用後每一年需重新評估，追蹤 MMSE 或 CDR 智能測驗，並於病歷記錄，如 MMSE 較前一次治療時減少 2 分(不含)以上或 CDR 退步 1	1.3.3.失智症治療藥品 1.限用於依 NINDS-ADRDA 或 DSM 或 ICD 標準診斷為阿滋海默氏症或帕金森氏症之失智症病患。 2.臨床診斷為「血管性失智症」，或有嚴重心臟傳導阻斷（heart block）之病患，不建議使用。(108/12/1) 3.初次使用者，需於病歷上記載以下資料：(106/10/1) (1)CT、MRI 或哈金斯氏量表（Hachinski lschemic Score）三項其中之任一結果報告。 (2)CBC, VDRL, BUN, Creatinine, GOT, GPT, T4, TSH 檢驗。 (3)MMSE 或 CDR 智能測驗報告。 4.依疾病別及嚴重度，另規定如下： (1)阿滋海默氏症之失智症由神經科或精神科醫師處方使用。 Ⅰ.輕度至中度失智症： 限使用 donepezil、rivastigmine 及 galantamine 口服製劑(90/10/1、92/1/1、95/6/1、100/3/1、102/8/1、106/10/1、108/5/1)： i.智能測驗結果為 MMSE 10~26	

級，則應停用此類藥品。(98/1/1 、 99/5/1 、 102/8/1 、 106/10/1 、 108/5/1) iv.使用 rivastigmine 貼片劑（如 Exelon Patch），每日限用一片，且不得併用同成分之口服藥品(100/3/1)。 Ⅱ.中重度失智症： 限使用 memantine 口服製劑（ 95/6/1 、 99/10/1 、 102/8/1、106/10/1） i. 智能測驗結果為 10≦MMSE≦14 分或 CDR 2 級之患者。 ii. 曾使用過 donepezil, rivastig-mine, galantamine 其中任一種藥品之患者，若不再適用上述其中任一藥物，且 MMSE 或 CDR 智能測驗達標準(10≦MMSE≦14 分或 CDR 2 級)，得換用 memantine。惟 memantine 不得與前項三種藥品併用。(106/10/1) iii.使用後每一年需重新評估，追蹤 MMSE 或 CDR 智能測驗，並於病歷記錄，如 MMSE 較前一次治療時減少 2 分(不含)以上或 CDR 退步 1 級，則應停用此類藥品。惟 Ebixa Tablets 及 Evy Tablets 等 2 種藥品，使用後每一年需重新評估，追蹤 MMSE 或 CDR 智能測驗，並於病歷記錄，如 MMSE 較起步治療時減少 2 分(不含)以上或 CDR 退步 1 級，則應停用此類藥品。(98/1/1 、	分或 CDR 1 級及 2 級之患者。 ii.使用前述三種藥品任一種後，三個月內，因副作用得換用本類另一種藥物，並於病歷上記載換藥理由。(93/4/1、102/8/1、106/10/1) iii. 使用後每一年需重新評估，追蹤 MMSE 或 CDR 智能測驗，並於病歷記錄，如 MMSE 較前一次治療時減少 2 分(不含)以上或 CDR 退步 1 級，則應停用此類藥品。 (98/1/1、99/5/1、102/8/1 、 106/10/1 、 108/5/1) iv.使用 rivastigmine 貼片劑（如 Exelon Patch），每日限用一片，且不得併用同成分之口服藥品(100/3/1)。 Ⅱ.中重度失智症： 限使用 memantine 口服製劑（ 95/6/1 、 99/10/1 、 102/8/1、106/10/1） i. 智能測驗結果為 10≦MMSE≦14 分或 CDR 2 級之患者。 ii. 曾使用過 donepezil, rivastig-mine, galantamine 其中任一種藥品之患者，若不再適用上述其中任一藥物，且 MMSE 或 CDR 智能測驗達標準(10≦MMSE≦14 分或 CDR 2 級)，得換用 memantine。惟 memantine 不得與前項三種藥品併用。(106/10/1) iii.使用後每一年需重新評	

99/5/1 、 102/8/1 、106/10/1) Ⅲ.重度失智症：(99/10/1、102/8/1、108/5/1) 限使用 donepezil 及 memantine 口服製劑(102/8/1、108/5/1) i.智能測驗結果為 MMSE 5-9 分且 CDR 3 級之患者。 ii.臥床或無行動能力者不得使用。 iii. 曾使用過 memantine,donepezil, rivastigmine, galantamine 而不再適用者，不得使用。 iv.donepezil 及 memantine 二者不能併用。 v.使用後每一年需重新評估，追蹤 MMSE 智能測驗，如 MMSE 較前一次治療時減少 2 分(不含)以上,則應停用此類藥品。惟 Ebixa Tablets 及 Evy Tablets 等 2 種藥品，使用後每一年需重新評估，追蹤 MMSE 智能測驗，如 MMSE 較起步治療時減少 2 分(不含)以上，則應停用此類藥品。(99/10/1、102/8/1、108/5/1) (2)帕金森氏症之失智症(99/5/1 、 100/3/1 、102/8/1) 限神經科醫師診斷及處方使用於輕度至中度之失智症。 限使用 rivastigmine 口服製劑 (102/8/1) Ⅰ.智能測驗結果為 MMSE 10~26 分或 CDR 1 級及 2 級之患者。	估，追蹤 MMSE 或 CDR 智能測驗，並於病歷記錄，如 MMSE 較前一次治療時減少 2 分(不含)以上或 CDR 退步 1 級，則應停用此類藥品。惟 Ebixa Tablets 及 Evy Tablets 等 2 種藥品，使用後每一年需重新評估，追蹤 MMSE 或 CDR 智能測驗，並於病歷記錄，如 MMSE 較起步治療時減少 2 分(不含)以上或 CDR 退步 1 級，則應停用此類藥品。(98/1/1 、 99/5/1 、102/8/1、106/10/1) Ⅲ.重度失智症：(99/10/1、102/8/1、108/5/1) 限使用 donepezil 及 memantine 口服製劑 (102/8/1、108/5/1) i.智能測驗結果為 MMSE 5-9 分且 CDR 3 級之患者。 ii.臥床或無行動能力者不得使用。 iii. 曾使用過 memantine,donepezil, rivastigmine, galantamine 而不再適用者，不得使用。 iv.donepezil 及 memantine 二者不能併用。 v.使用後每一年需重新評估，追蹤 MMSE 智能測驗，如 MMSE 較前一次治療時減少 2 分(不含)以上,則應停用此類藥品。惟 Ebixa Tablets 及 Evy Tablets 等 2 種藥品，使用後每一年需重新評估，追蹤 MMSE 智能測驗，如 MMSE 較起步	

Ⅱ.失智症發生於帕金森氏症診斷至少一年以後。 Ⅲ.使用後每一年需重新評估，追蹤MMSE或CDR智能測驗，如 MMSE 較前一次治療時減少2分(不含)以上或CDR退步 1 級，則應停用此類藥品。(99/5/1、102/8/1) 備註: 起步治療定義:係指同組藥品第一次申請同意治療之評分 1.3.4.帕金森氏症治療藥品：(91/11/1 、 93/2/1 、 95/9/1、96/9/1、97/7/1、100/6/1 、 101/6/1 、 108/10/1、110/11/1) 1.如病人開始出現功能障礙，在使用 levodopa 之前或同時，得使用一種 dopamine agonist (ropinirole 、 pramipexole、pergolide、lisuride 及 rotigotine) ， 或 amantadine，或是levodopa併用 COMT 抑制劑（entacapone：如 Comtan film-coated tab. ；opicapone：如 Ongentys hard capsules ）。(110/11/1) 2. Levodopa ＋ carbidopa ＋ entacapone 三合一製劑（如 Stalevo）：限用於表現藥效終期運動功能波動現象，以左多巴/多巴脫羧基酶抑制劑無法達到穩定治療效果之巴金森氏症病人。(95/9/1) 3. 緩釋型 levodopa ＋ carbidopa (如Numient):	治療時減少 2 分(不含)以上，則應停用此類藥品。(99/10/1 、 102/8/1 、 108/5/1) (2) 帕金森氏症之失智症(99/5/1 、 100/3/1 、 102/8/1) 限神經科醫師診斷及處方使用於輕度至中度之失智症。 限使用 rivastigmine 口服製劑(102/8/1) Ⅰ.智能測驗結果為MMSE 10~26分或CDR 1級及2級之患者。 Ⅱ.失智症發生於帕金森氏症診斷至少一年以後。 Ⅲ.使用後每一年需重新評估，追蹤 MMSE 或 CDR 智能測驗，如MMSE較前一次治療時減少 2 分(不含)以上或CDR退步1級，則應停用此類藥品。(99/5/1 、 102/8/1) 備註: 起步治療定義:係指同組藥品第一次申請同意治療之評分 1.3.4.帕金森氏症治療藥品：(91/11/1 、 93/2/1 、 95/9/1 、 96/9/1 、 97/7/1 、 100/6/1 、 101/6/1、108/10/1) 1.如病人開始出現功能障礙，在使用 levodopa之前或同時，得使用一種 dopamine agonist (ropinirole 、 pramipexole 、 pergolide、lisuride 及 rotigotine) ， 或 amantadine ， 或 是 levodopa 併用 COMT 抑制	

(110/11/1) (1)限使用於病人表現藥效終期運動功能波動現象，並使用Levodopa＋ carbidopa＋entacapone三合一製劑或其他 levodopa 製劑合併 COMT 抑制劑後無效者，或是目前無其他積極治療的病人。 (2)每日至多可使用 4 粒。 4.若已同時使用上述藥物且達高劑量，仍無法達到滿意的 "on" state，或出現運動併發症（如異動症或肌強直），需合併使用多類藥物治療時，應於病歷上詳細記載理由。 5.Rasagiline ：(101/6/1 、108/10/1) (1)可單獨使用，每日最高劑量為 1 mg。 (2) 與 levodopa 或是其他抗帕金森藥物併用，rasagiline 每日最高劑量為 0.5 mg。 6.Pramipexole 及 ropinirole 用於治療原發性腿部躁動症時需先排除腎衰竭、鐵缺乏症及多發性神經病變，且不得與 dopamine agonist 及 levodopa 併用。(96/9/1、97/7/1) (1)pramipexole 每日最大劑量為 0.75mg。(96/9/1) (2)ropinirole 每日最大劑量為 4mg。(97/7/1) 7.Rotigotine 貼片劑（如 Neupro Patch），限用於原發性帕金森氏症，每日限用一片，且不得併用其他 dopamine agonist 之口服藥品(100/6/1)	劑（entacapone：如 Comtan film-coated tab.） 2.Levodopa ＋ carbidopa ＋ entacapone 三合一製劑（如 Stalevo Film-Coated Tablets 150/37.5/200mg 等 3 品項）： 限用於表現藥效終期運動功能波動現象，以左多巴/多巴脫羧基脢抑制劑無法達到穩定治療效果之巴金森氏症病人。(95/9/1) 2. 若已同時使用上述藥物且達高劑量，仍無法達到滿意的 "on" state，或出現運動併發症（如異動症或肌強直），需合併使用多類藥物治療時，應於病歷上詳細記載理由。 4.Rasagiline ：(101/6/1 、108/10/1) (1)可單獨使用，每日最高劑量為 1 mg。 (2) 與 levodopa 或是其他抗帕金森藥物併用，rasagiline 每日最高劑量為 0.5 mg。 5.Pramipexole 及 ropinirole	

1.3.5.Methylphenidate HCl 緩釋劑型（如 Concerta Extended Release Tablets、Methydur Sustained Release Capsules）；atomoxetine HCl（如 Strattera Hard capsules）（93/9/1、96/5/1、96/9/1、97/5/1、106/3/1、109/9/1） 1.限六歲至十八歲(含)，依 DSM 或 ICD 標準診斷為注意力不全過動症患者，並於病歷上詳細記載其症狀、病程及診斷。（96/9/1、106/3/1） 2.如符合前項規定且已使用本類藥品治療半年以上，而十八歲後仍需服用者，需於病歷上詳細記載以往病史及使用理由。（96/9/1） 3.Atomoxetine HCl 原則上每日限使用 1 粒，惟每日劑量需超過 60mg 時，應於病歷中記載理由，則每日至多可使用 2 粒，每日最大劑量為 100mg。（97/5/1） 4.Methydur 原則上每日限使用 1 粒，惟每日劑量需超過 33mg 時，應於病歷中記載理由，則每日至多可使用 2 粒，每日最大劑量為 44mg。(109/9/1) 1.3.6.Modafinil(如 Provigil Tablets 200mg)：(96/2/1、109/12/1、110/12/1) 同時需符合下列條件： 1.限猝睡症(narcolepsy)患者	用於治療原發性腿部躁動症時需先排除腎衰竭、鐵缺乏症及多發性神經病變，且不得與 dopamine agonist 及 levodopa 併用。（96/9/1、97/7/1） (1)pramipexole 每日最大劑量為 0.75mg。（96/9/1） (2)ropinirole 每日最大劑量為 4mg。（97/7/1） 6.Rotigotine 貼片劑（如 Neupro Patch），限用於原發性帕金森氏症，每日限用一片，且不得併用其他 dopamine agonist 之口服藥品(100/6/1) 1.3.5.Methylphenidate HCl 緩釋劑型（如 Concerta Extended Release Tablets、Methydur Sustained Release Capsules）；atomoxetine HCl（如 Strattera Hard capsules）（93/9/1、96/5/1、96/9/1、97/5/1、106/3/1、109/9/1） 1.限六歲至十八歲(含)，依 DSM 或 ICD 標準診斷為注意力不全過動症患者，並於病歷上詳細記載其症狀、病程及診斷。（96/9/1、106/3/1） 2.如符合前項規定且已使用本類藥品治療半年以上，而十八歲後仍需服用者，需於病歷上詳細記載以往病史及使用理由。（96/9/1） 3.Atomoxetine HCl 原則上每日	

有日間過度睡眠症狀。(109/12/1) 2.猝睡症之診斷需符合 ICSD-3 診斷準則（2014國際睡眠障礙分類標準）為Narcolepsy Type 1 及 Type 2，如下：(109/12/1) Ⅰ.病人必須出現 3 個月以上白天不可擋的嗜睡症狀。 Ⅱ.以下兩項至少出現一項以上。 (i)Type Ⅰ Narcolepsy 必須出現猝倒（cataplexy）及多次入睡睡眠檢查（Multiple Sleep Latency Test,MSLT）出現的平均入睡潛伏期（sleep latency）小於等於 8 分鐘，且有兩次以上的快速動眼期（SOREMPs）；或者前一晚多頻睡眠檢查(Polysomnography,PSG) 的快速動眼期潛伏期小於 15 分鐘，可取代一次白天的快速動眼期（SOREMP）。 Type 2 Narcolepsy 則沒有猝倒（cataplexy），但其多頻睡眠檢查(Polysomnography,PSG) 及多次入睡睡眠檢查（Multiple Sleep Latency Test,MSLT）準則如前述。 (ii)Type 1 Narcolepsy 病人腦脊髓液中的 Hypocretin-1 濃度低於 110pg/mL 或小於 1/3 正常人的平均濃度（是以 immunoreactivity 測定）。 Type 2 Narcolepsy 病人腦	限使用 1 粒，惟每日劑量需超過 60mg 時，應於病歷中記載理由，則每日至多可使用 2 粒，每日最大劑量為 100mg。（97/5/1） 4.Methydur 原則上每日限使用1粒，惟每日劑量需超過 33mg 時，應於病歷中記載理由，則每日至多可使用 2 粒，每日最大劑量為 44mg。(109/9/1) 1.3.6.Modafinil(如 Provigil Tablets 200mg)：(96/2/1、109/12/1) 同時需符合下列條件： 1.限猝睡症(narcolepsy)患者有日間過度睡眠症狀。(109/12/1) 2.猝睡症之診斷需符合 ICSD-3 診斷準則（2014 國際睡眠障礙分類標準）為 Narcolepsy Type 1 及 Type 2，如下：(109/12/1) Ⅰ.病人必須出現 3 個月以上白天不可擋的嗜睡症狀。 Ⅱ.以下兩項至少出現一項以上。 (i)Type Ⅰ Narcolepsy 必須出現猝倒（cataplexy）及多次入睡睡眠檢查（Multiple Sleep Latency Test,MSLT）出現的平均入睡潛伏期（sleep latency）小於等於 8 分鐘，且有兩次以上的快速動眼期（SOREMPs）；或者前一晚多頻睡眠檢查(Polysomnography,PSG)的快速動眼期潛伏期小於 15 分鐘，可取代一次白天的	

脊髓液中的 Hypocretin-1 是大於 110 pg/mL 或大於 1/3 正常人的平均濃度，亦或是無法檢測 Hypocretin-1。亦可參考血液 HLA-DQB1*0602 檢驗是否為 positive，來協助診斷或分類猝睡症類型。 2. 日間過度睡眠持續至少 3 個月以上，應有客觀評估，如成人的愛普沃斯嗜睡量表 ESS (Epworthsleepiness Scale)需高於 9 分，或兒童青少年日間嗜睡量表 PDSS(Pediatric daytime sleepiness Scale)或史丹福嗜睡評量表 SSS(Stanfordsleepiness scale)。病患嗜睡症狀及 MSLT 的結果必須排除其他原因，且需排除阻塞性睡眠呼吸障礙(obstructive sleep apnea)、週期性下肢抽動（Periodic leg movementdisorder）和睡眠相位後移症候群（Delayed sleep phase syndrome）等造成日間過度睡眠之可能性。(109/12/1) 4.限有睡眠實驗室之醫院之神經內科、精神科、胸腔內科、耳鼻喉科、兒童神經科及兒童胸腔科專科醫師使用。(110/12/1) 5.經事前審查核准後使用。首次申請時需檢附以下資料：1.病歷紀錄 2.ICSD II 診斷 3.PSG 報告 4.MSLT 報告	快速動眼期（SOREMP）。 Type 2 Narcolepsy 則沒有猝倒（cataplexy），但其多頻睡眠檢查(Polysomnography,PSG)及多次入睡睡眠檢查（Multiple Sleep Latency Test,MSLT）準則如前述。 (ii)Type 1 Narcolepsy 病人腦脊髓液中的 Hypocretin-1 濃度低於 110pg/mL 或小於 1/3 正常人的平均濃度（是以 immunoreactivity 測定）。 Type 2 Narcolepsy 病人腦脊髓液中的 Hypocretin-1 是大於 110 pg/mL 或大於 1/3 正常人的平均濃度，亦或是無法檢測 Hypocretin-1。亦可參考血液 HLA-DQB1*0602 檢驗是否為 positive，來協助診斷或分類猝睡症類型。 3.日間過度睡眠持續至少 3 個月以上，應有客觀評估，如成人的愛普沃斯嗜睡量表 ESS (Epworth sleepiness Scale)需高於 9 分，或兒童青少年日間嗜睡量表 PDSS (Pediatric daytime sleepiness Scale)或史丹福嗜睡評量表 SSS (Stanford sleepiness scale)。病患嗜睡症狀及 MSLT 的結果必須排除其他原因，且需排除阻塞性睡眠呼吸障礙(obstructive sleep apnea)、週期性下	

5.日間過度睡眠量表，如ESS、PDSS、SSS 等。使用後每3-6個月施測日間過量睡眠症狀量表 ESS、或PDSS、SSS，以評估療效。 6.使用期程：第1次申請獲准1年後，需重新進行MSLT檢查以評估客觀療效，並同時檢附過去 1 年之 ESS 或PDSS、SSS。連續 2 年申請，如病人服藥順從性高，且藥效確定，則可每次核准3 年。否則仍需每年申請 1次，若 ESS 或 MSLT 其中之一顯示療效不佳，應即停用。 7.限制每日最大劑量 200-400mg。(109/12/1) 1.4.麻醉劑 Drugs used in anesthesia 1.4.1.Propofol ：(91/2/1 、100/7/1、109/2/1) 1.限使用人工呼吸器治療且需要每日進行神智評估之病例使用(100/7/1)。 2.每次使用以不超過七十二小時為原則，依病程需要至多延長至七天。超過三天之使用需醫師評估病患在非重度鎮靜之輕、中度鎮靜狀態下使用，且需做相關預防Propofol 之併發症的評估(109/2/1)。 3.不得作為例行性使用。 1.4.2.Cis-atracurium 、atracurium ：(91/2/1 、100/7/1) 1.限使用人工呼吸器治療且肝或腎功能衰竭之病患使用	肢抽動（Periodic leg movementdisorder）和睡眠相位後移症候群（Delayed sleep phase syndrome）等造成日間過度睡眠之可能性。(109/12/1) 4.限有睡眠實驗室之醫院之神經內科、精神科、胸腔內科、耳鼻喉科專科醫師使用。 5.經事前審查核准後使用。首次申請時需檢附以下資料：1.病歷紀錄 2.ICSD II 診斷 3.PSG 報告 4.MSLT 報告 5.日間過度睡眠量表，如 ESS、PDSS、SSS 等。使用後每 3-6 個月施測日間過量睡眠症狀量表 ESS、或 PDSS、SSS，以評估療效。 6.使用期程：第1次申請獲准1年後，需重新進行MSLT檢查以評估客觀療效，並同時檢附過去 1 年之 ESS 或PDSS、SSS。連續 2 年申請，如病人服藥順從性高，且藥效確定，則可每次核准 3 年。否則仍需每年申請 1 次，若 ESS 或MSLT 其中之一顯示療效不佳，應即停用。 7.限制每日最大劑量 200-400mg。(109/12/1) 1.4.麻醉劑 Drugs used in anesthesia 1.4.1.Propofol ：(91/2/1 、100/7/1、109/2/1) 1.限使用人工呼吸器治療且需	

(100/7/1)。 2.每次使用以不超過七十二小時為原則。 3.不得作為例行性使用。 1.4.3.Vecuronium、rocuronium：(91/2/1、100/7/1) 1.限使用人工呼吸器治療之血液動力學不穩定之重症病患，且具有下述情形者(100/7/1)： (1)心臟功能不穩定者。 (2)心搏過速可能惡化者。 2.每次使用以不超過七十二小時為原則。 3.不得作為例行性使用。 1.4.4.局部麻醉劑(local anesthetics) Xylocaine 2 % jelly： 限直腸外科人工肛門造口病例需居家定期插入導管或脊椎畸型合併有神經功能障礙之病童需長期居家間歇導尿病例使用。 1.4.5.Dexmedetomidine（如Precedex）：(96/8/1、108/3/1) 1.限用於短期可拔管需鎮靜之18歲以上加護病房病人使用，連續使用不得超過24小時，再次使用需間隔6小時以上，每次住院最多使用3次。 2.申報費用時檢附病歷紀錄(資料)。 1.5.Parasympathomimetic (Cholinergic) Agents (93/8/1、94/2/1、96/7/1、97/5/1、102/2/1)	要每日進行神智評估之病例使用(100/7/1)。 2.每次使用以不超過七十二小時為原則，依病程需要至多延長至七天。超過三天之使用需醫師評估病患在非重度鎮靜之輕、中度鎮靜狀態下使用，且需做相關預防Propofol之併發症的評估(109/2/1)。 3.不得作為例行性使用。 1.4.2.Cis-atracurium、atracurium：(91/2/1、100/7/1) 1.限使用人工呼吸器治療且肝或腎功能衰竭之病患使用(100/7/1)。 2.每次使用以不超過七十二小時為原則。 3.不得作為例行性使用。 1.4.3.Vecuronium、rocuronium：(91/2/1、100/7/1) 1.限使用人工呼吸器治療之血液動力學不穩定之重症病患，且具有下述情形者(100/7/1)： (1)心臟功能不穩定者。 (2)心搏過速可能惡化者。 2.每次使用以不超過七十二小時為原則。 3.不得作為例行性使用。 1.4.4.局部麻醉劑(local anesthetics) Xylocaine 2 % jelly： 限直腸外科人工肛門造口病例需居家定期插入導管或脊椎畸型合併有神經功能障礙之病童需長期居家間歇導尿病例使用。	

1.5.1.Pilocarpine hydrochloride 口服劑型 1.使用於修格蘭氏症候群(Sjogren's syndrome)病人： (1)使用對象：需符合修格蘭氏症候群之診斷標準。 (2)使用時機：原發性或續發性修格蘭氏症候群病人具有口乾燥症狀者。 (3)治療期程及評量：使用後每半年需檢附 pilocarpine hydrochloride 口服劑型治療後症狀改善評量表（如附表十九）於病歷上，證明 pilocarpine hydrochloride 口服劑型治療有效方可繼續使用。（102/2/1） (4)使用劑量：每日三至四次，每次一錠（5mg/tab）依病人反映，可做劑量調整參考。 2.使用於頭頸部癌放射線治療病人 (1)使用對象：頭頸部癌放射線治療超過 26GY 之患者，造成唾腺功能減低而引起的口乾燥症狀。 (2)使用時機：適用於放射線治療期間及治療後所引起的口乾燥症狀需藥物控制時。 (3)治療期程及評量：每使用兩個月後，需以 pilocarpine hydrochloride 口服劑型治療後症狀改善評量表（如附表十九）評估，認定確有改善者達 10 分(含)以上者方可繼續使用。（96/7/1）	1.4.5.Dexmedetomidine（如 Precedex）：(96/8/1、108/3/1) 1.限用於短期可拔管需鎮靜之 18 歲以上加護病房病人使用，連續使用不得超過 24 小時，再次使用需間隔 6 小時以上，每次住院最多使用 3 次。 2.申報費用時檢附病歷紀錄(資料)。 1.5.Parasympathomimetic (Cholinergic) Agents（93/8/1、94/2/1、96/7/1、97/5/1、102/2/1） 1.5.1.Pilocarpine hydrochloride 口服劑型 1.使用於修格蘭氏症候群(Sjogren's syndrome)病人： (1)使用對象：需符合修格蘭氏症候群之診斷標準。 (2)使用時機：原發性或續發性修格蘭氏症候群病人具有口乾燥症狀者。 (3)治療期程及評量：使用後每半年需檢附 pilocarpine hydrochloride 口服劑型治療後症狀改善評量表（如附表十九）於病歷上，證明 pilocarpine hydrochloride 口服劑型治療有效方可繼續使用。（102/2/1） (4)使用劑量：每日三至四次，每次一錠（5mg/tab）依病人反映，可做劑量調整參考。 2.使用於頭頸部癌放射線治療	

(4)使用劑量：每日三至四次，每次一錠（5mg/tab）依病人反應，可做劑量調整參考。 備註：修格蘭氏症候群之診斷標準如下：【修格蘭氏症候群（Sjogren's syndrome)之診斷標準依據 2002 年修立之歐洲分類標準】 1.眼睛主觀症狀：至少符合下列問題之一： (1)是否有每天，持續性，令人困擾的乾眼症狀持續三個月以上？ (2)眼睛是否有反覆性的異物感？ (3)是否使用人工淚液一天大於三次？ 2.口腔主觀症狀：至少符合下列問題之一： (1)是否每天都覺得口乾症狀持續三個月以上？ (2)是否於成年後曾經有反覆性或持續性唾液腺體腫大的現象？ (3)是否經常使用流質來幫助吞食較乾的食物？ 3.眼睛客觀表現：兩項檢查之中至少有一項呈陽性反應： (1)Shirmer's 試驗：在無麻醉下測試，5 分鐘後小於或等於 5 公厘。 (2)Rose Bengal score 或其他眼睛染色之評分，大於或等於 4 分（依據 van Bijsterveld's 評分系	病人 (1)使用對象：頭頸部癌放射線治療超過 26GY 之患者，造成唾腺功能減低而引起的口乾燥症狀。 (2)使用時機：適用於放射線治療期間及治療後所引起的口乾燥症狀需藥物控制時。 (3)治療期程及評量：每使用兩個月後，需以 pilocarpine hydrochloride 口服劑型治療後症狀改善評量表（如附表十九）評估，認定確有改善者達 10 分(含)以上者方可繼續使用。（96/7/1） (4)使用劑量：每日三至四次，每次一錠（5mg/tab）依病人反應，可做劑量調整參考。 備註：修格蘭氏症候群之診斷標準如下：【修格蘭氏症候群（Sjogren's syndrome)之診斷標準依據 2002 年修立之歐洲分類標準】 1.眼睛主觀症狀：至少符合下列問題之一： (1)是否有每天，持續性，令人困擾的乾眼症狀持續三個月以上？ (2)眼睛是否有反覆性的異物感？ (3)是否使用人工淚液一天大於三次？ 2.口腔主觀症狀：至少符合下列問題之一： (1)是否每天都覺得口乾症狀持	

統)。 4.組織病理學：在 4mm^{2}的唾液腺組織切片中顯示腺體發炎而且≧1 focus 的淋巴球浸潤（1 Focus：≧50 個淋巴球聚集)。 5.唾液腺之侵犯：下列檢查之中至少有一項呈陽性反應： (1)無刺激下唾液的分泌總量減少（15 分鐘少於 1.5 cc） (2)腮腺唾液管 X 光照像呈現瀰漫性唾液腺管擴大（呈像為斑點狀，空洞狀或不規則狀）且無唾液管阻塞現象。 (3)唾液腺閃爍造影檢查呈現放射性同位元素之延遲顯影，低濃度以及/或排出延遲。 6.自體免疫抗體：出現以下自體抗體： (1)SSA 或 SSB 或兩者皆有 合乎修格蘭氏症候群診斷標準之判定： 1.原發性修格蘭氏症：無任何相關疾病且需合乎下述(1)或(2)項條件： (1)6 項條件中 4 項符合，其中需有第 4 項（組織病理）或第 6 項（血清檢查）條件符合。 (2)4 項客觀條件（即第 3、4、5、6 項）中，任 3 項條件符合。 2.次發性修格蘭氏症： 患者有潛在相關疾病（例如：任何明確結締組織疾病）而且存在有上述診斷標準中第 1 項條件，或第 2 條	續三個月以上？ (2)是否於成年後曾經有反覆性或持續性唾液腺體腫大的現象？ (3)是否經常使用流質來幫助吞食較乾的食物？ 3.眼睛客觀表現：兩項檢查之中至少有一項呈陽性反應： (1)Shirmer's 試驗：在無麻醉下測試，5 分鐘後小於或等於 5 公厘。 (2)Rose Bengal score 或其他眼睛染色之評分，大於或等於 4 分（依據 van Bijsterveld's 評分系統)。 4.組織病理學：在 4mm2 的唾液腺組織切片中顯示腺體發炎而且≧1 focus 的淋巴球浸潤（1 Focus：≧50 個淋巴球聚集)。 5.唾液腺之侵犯：下列檢查之中至少有一項呈陽性反應： (1)無刺激下唾液的分泌總量減少（15 分鐘少於 1.5 cc） (2)腮腺唾液管 X 光照像呈現瀰漫性唾液腺管擴大（呈像為斑點狀，空洞狀或不規則狀）且無唾液管阻塞現象。 (3)唾液腺閃爍造影檢查呈現放射性同位元素之延遲顯影，低濃度以及/或排出延遲。 6.自體免疫抗體：出現以下自體抗體： (1)SSA 或 SSB 或兩者皆有 合乎修格蘭氏症候群診斷標準	

件，再加上第 3、4、5 項條件中任何 2 項，即考慮次發性修格蘭氏症候群。 1.5.2.Cevimeline hydrochloride（如 Evoxac Capsules）（97/5/1、102/2/1） 1.使用對象：需符合修格蘭氏症候群之診斷標準。 2.使用時機：原發性或續發性修格蘭氏症候群病人具有口乾燥症狀者。 3.治療期程及評量：使用後每半年需檢附 cevimeline hydrochloride 治療後症狀改善評量表（如附表二十）於病歷上，證明cevimeline hydrochloride 治療有效方可繼續使用。（102/2/1）。 4.使用劑量：每日三次，每次一顆（30mg/cap）依病人反映，可做劑量調整參考。 1.6.其他 Miscellaneous 1.6.1.Riluzole（如 Rilutek)(87/4/1、92/11/1、95/4/1) 1.經兩位神經科專科醫師診斷為運動神經元疾病(ALS/MND)，且未氣管切開或使用人工呼吸器之病患。(92/11/1、95/4/1) 2.遺傳性運動神經元萎縮症（如 spinal muscular atrophy 等)，幼年性遠端肢體萎縮症（如 segmental or focal motor neuron disease 等)，感染性神經元疾病（如 polio 等）不適	之判定： 1.原發性修格蘭氏症：無任何相關疾病且需合乎下述(1)或(2)項條件： (1)6 項條件中 4 項符合，其中需有第 4 項（組織病理）或第 6 項（血清檢查）條件符合。 (2)4 項客觀條件（即第 3、4、5、6 項）中，任 3 項條件符合。 2.次發性修格蘭氏症： 患者有潛在相關疾病（例如：任何明確結締組織疾病）而且存在有上述診斷標準中第 1 項條件，或第 2 條件，再加上第 3、4、5 項條件中任何 2 項，即考慮次發性修格蘭氏症候群。 1.5.2.Cevimeline hydrochloride（如 Evoxac Capsules）（97/5/1、102/2/1） 1.使用對象：需符合修格蘭氏症候群之診斷標準。 2.使用時機：原發性或續發性修格蘭氏症候群病人具有口乾燥症狀者。 3.治療期程及評量：使用後每半年需檢附 cevimeline hydrochloride 治療後症狀改善評量表（如附表二十）於病歷上，證明 cevimeline hydrochloride 治療有效方可繼續使用。（102/2/1）。 4.使用劑量：每日三次，每次一顆（30mg/cap）依病人反映，可做劑量調整參	

用。 1.6.2. Botulinum toxin type A 本類藥品限以下適應症使用，每一個案每一年需重新評估一次(98/5/1、107/2/1)。 1.6.2.1.Botox(90/1/1、93/1/1、94/6/1、98/3/1、98/5/1、100/8/1、104/5/1、104/9/1、107/2/1、109/2/1、109/12/1、110/3/1) 1.使用於眼瞼痙攣或半面痙攣： (1)限 12 歲以上，經區域以上（含）教學醫院之眼科、神經內科或小兒神經科專科醫師診斷為眼瞼痙攣或半面痙攣之病患使用。 (2)需符合 Spasm Intensity Scale 3 級（含）以上，另有病歷記載病史 6 個月以上者可申請治療。(94/6/1) (3)每次注射最高劑量：眼瞼痙攣為每側 20 單位，半面痙攣為每側 30 單位。每年最多注射 3 次為原則。 2.使用於局部肌張力不全症（focal dystonia）（如斜頸、書寫性痙攣、口顎部肌張力不全等） (1)限 12 歲以上，經區域以上（含）教學醫院之神經內科、小兒神經科或復健科專科醫師診斷為局部張力不全症之病患使用。 (2)需有病歷記載已持續以其他	考。 1.6.其他 Miscellaneous 1.6.1.Riluzole（如 Rilutek)(87/4/1、92/11/1、95/4/1) 1.經兩位神經科專科醫師診斷為運動神經元疾病(ALS/MND)，且未氣管切開或使用人工呼吸器之病患。(92/11/1、95/4/1) 2.遺傳性運動神經元萎縮症（如 spinal muscular atrophy 等)，幼年性遠端肢體萎縮症（如 segmental or focal motor neuron disease 等)，感染性神經元疾病（如 polio 等）不適用。 1.6.2. Botulinum toxin type A 本類藥品限以下適應症使用，每一個案每一年需重新評估一次(98/5/1、107/2/1)。 1.6.2.1.Botox(90/1/1、93/1/1、94/6/1、98/3/1、98/5/1、100/8/1、104/5/1、104/9/1、107/2/1、109/2/1、109/12/1) 1.使用於眼瞼痙攣或半面痙攣： (1)限 12 歲以上，經區域以上（含）教學醫院之眼科、神經內科或小兒神經科專科醫師診斷為眼瞼痙攣或半面痙攣之病患使用。 (2)需符合 Spasm Intensity Scale 3級（含）以上，另有病歷記載病史 6 個月以	

方式治療 6 個月以上無效，且斜頸症者需符合 Tsui’s rating scale for cervical dystonia 分數 11 分（含）以上者。 (3)每次注射最高劑量：斜頸症為 150 單位，書寫性痙攣及口顎部肌張力不全為 70 單位，且每年最多注射 3 次為原則。 (4)全身性肌張力不全症不在給付範圍。 3.使用於腦性麻痺病患 (1)限滿 2 歲以上，經區域以上（含）教學醫院復健科、神經內科或小兒神經科專科醫師診斷為痙攣型腦性麻痺之病患使用。 (2)其肢體之痙攣影響主動功能（如行走或手部動作），該肢體之痙攣程度以Modified Ashworth Scale 評估為 2 或 3 級，且經藥物、復健或輔具治療至少 6 個月以上無效者。 (3)無固定不可逆之關節攣縮。 (4)每次注射最高劑量每公斤體重 12~15 單位（總劑量不超過 300 單位），下肢每塊肌肉每公斤體重使用 3~6 單位，上肢每塊肌肉每公斤體重使用 1~2 單位，且每年最多注射 3 次。(94/6/1) (5)經外科手術治療之同肌肉部位不得再行注射。 (6)使用於 12~17 歲病患，需經事前審查一次，並附有復健科、小兒神經科或神經科專科醫師近期之診察紀錄；使	上者可申請治療。(94/6/1) (3)每次注射最高劑量：眼瞼痙攣為每側 20 單位，半面痙攣為每側 30 單位。每年最多注射 3 次為原則。 2.使用於局部肌張力不全症（focal dystonia）（如斜頸、書寫性痙攣、口顎部肌張力不全等） (1)限 12 歲以上，經區域以上（含）教學醫院之神經內科、小兒神經科或復健科專科醫師診斷為局部張力不全症之病患使用。 (2)需有病歷記載已持續以其他方式治療 6 個月以上無效，且斜頸症者需符合 Tsui’s rating scale for cervical dystonia 分數 11 分（含）以上者。 (3)每次注射最高劑量：斜頸症為 150 單位，書寫性痙攣及口顎部肌張力不全為 70 單位，且每年最多注射 3 次為原則。 (4)全身性肌張力不全症不在給付範圍。 3.使用於腦性麻痺病患 (1)限滿 2 歲以上，經區域以上（含）教學醫院復健科、神經內科或小兒神經科專科醫師診斷為痙攣型腦性麻痺之病患使用。 (2)其肢體之痙攣影響主動功能（如行走或手部動作），該肢體之痙攣程度以 Modified Ashworth Scale 評估為 2 或 3 級，且經藥物、復健或輔具治療至少	

用於 18 歲(含)以上病患，需再經事前審查一次。(107/2/1、109/2/1) 4.使用於成人中風後之手臂或下肢痙攣：(93/1/1、94/6/1、98/3/1、100/8/1、109/2/1、109/12/1) (1)限 20 歲以上，中風發生後，經復健、輔具或藥物治療上肢至少 6 個月以上，下肢至少 3 個月以上痙攣，影響其日常活動(如飲食、衛生、穿衣等)者，痙攣程度符合 Modified Ashworth Scale 評估 2 或 3 級，且關節活動度（R1/R2）顯示顯著痙攣，並排除臥床、肢體攣縮或關節固定不可逆攣縮者。(94/6/1、98/3/1、109/2/1) (2)限地區醫院以上（含）神經內外科或復健科專科醫師診斷及注射。(94/6/1、100/8/1、109/2/1) (3)每次注射 Botox 最高劑量上肢限 360 單位，下肢限 400 單位，且每年最多 3 次，需列出每條肌肉要注射的劑量。(94/6/1、109/2/1) (4)需經事前審查核准後使用，申請時需檢附病歷資料、治療計畫及照片或影片(109/2/1)。 (5)再次申請時需提出使用效果評估結果(如附表三十五)、病歷、治療紀錄及治療計畫以供參考，並檢附前次及本次病人之照片或影片，如病	6 個月以上無效者。 (3)無固定不可逆之關節攣縮。 (4)每次注射最高劑量每公斤體重 12~15 單位（總劑量不超過 300 單位），下肢每塊肌肉每公斤體重使用 3~6 單位，上肢每塊肌肉每公斤體重使用 1~2 單位，且每年最多注射 3 次。(94/6/1) (5)經外科手術治療之同肌肉部位不得再行注射。 (6)使用於 12~17 歲病患，需經事前審查一次，並附有復健科、小兒神經科或神經科專科醫師近期之診察紀錄；使用於 18 歲(含)以上病患，需再經事前審查一次。(107/2/1、109/2/1) 4.使用於成人中風後之手臂或下肢痙攣：(93/1/1、94/6/1、98/3/1、100/8/1、109/2/1、109/12/1) (1)限20歲以上，中風發生後，經復健、輔具或藥物治療上肢至少 6 個月以上，下肢至少 3 個月以上痙攣，影響其日常活動(如飲食、衛生、穿衣等)者，痙攣程度符合Modified Ashworth Scale評估2或3級，且關節活動度（R1/R2）顯示顯著痙攣，並排除臥床、肢體攣縮或關節固定不可逆攣縮者。(94/6/1、98/3/1、109/2/1) (2)限地區醫院以上（含）神經內外科或復健科專科醫師診斷及注射。(94/6/1、	

人已呈現「意識不清合併臥床」、「手部或下肢肌肉攣縮或關節固定不可逆者（Modified Ashworth Scale 4分）」，該明顯不可逆攣縮肌肉與固定關節部位得不予給付。(109/12/1) (6)如因再次中風而導致臥床、手部或下肢肌肉攣縮或關節固定不可逆攣縮，則應停用。(98/3/1、109/2/1) 5.使用於脊髓病變所引起的逼尿肌過動而導致尿失禁(104/5/1) (1)事前審查，每年附尿動力學審查，確診為逼尿肌過動症。 (2)18 歲以上(含)之成人病患。 (3)泌尿專科或神經內科或復健科醫師診斷為因脊髓病變引發的逼尿肌過動症病患，由泌尿專科醫師施行注射。 (4)每週尿失禁次數至少 14 次。 (5)病患需經至少一種抗膽鹼藥物治療三個月無效(仍有明顯逼尿肌過動症狀)，或無法耐受抗膽鹼藥物副作用。 (6)第 1 次注射後 6-12 週評估尿失禁頻率改善未達 50%者，不得再注射。 (7)每次治療建議劑量 200 個單位，二次注射時間應間隔24週以上，且病患有治療前症狀(頻尿、急尿與尿失禁)時再次注射，每年注射以兩次	100/8/1、109/2/1) (3)每次注射 Botox 最高劑量上肢限360單位，下肢限400單位，且每年最多 3 次，需列出每條肌肉要注射的劑量。(94/6/1、109/2/1) (4)需經事前審查核准後使用，申請時需檢附病歷資料、治療計畫及照片或影片(109/2/1)。 (5)再次申請時需提出使用效果評估結果(如附表三十五)、病歷、治療紀錄及治療計畫以供參考，並檢附前次及本次病人之照片或影片，如病人已呈現「意識不清合併臥床」、「手部或下肢肌肉攣縮或關節固定不可逆者（Modified Ashworth Scale 4分）」，該明顯不可逆攣縮肌肉與固定關節部位得不予給付。(109/12/1) (6)如因再次中風而導致臥床、手部或下肢肌肉攣縮或關節固定不可逆攣縮，則應停用。(98/3/1、109/2/1) 5.使用於脊髓病變所引起的逼尿肌過動而導致尿失禁(104/5/1) (1)事前審查，每年附尿動力學審查，確診為逼尿肌過動症。 (2)18 歲以上(含)之成人病患。 (3)泌尿專科或神經內科或復健科醫師診斷為因脊髓病變引發的逼尿肌過動症病患，由泌尿專科醫師施行	

為限。 6. 使用於膀胱過動症：(104/9/1) (1)經尿路動力學檢查診斷為原發性膀胱過動症(idiopathic overactive bladder)且有尿失禁 (wet type)每週大於 14 次的成年患者，且經至少一種抗膽鹼藥物治療無效。 (2)需經事前審查核准後使用，每次治療建議劑量為 100 單位，每年限用兩次，兩次注射時間需相隔三個月以上，且第二次使用限於第一次注射後在 6-12 週評估有尿失禁頻率減少 50%以上的患者。 (3)限由泌尿專科或婦產科醫師診斷及施行注射。 ◎前開注射劑量單位僅適用於 Botox®劑量計算。 7. 慢性偏頭痛之預防性治療(109/2/1、110/3/1) (1)需經事前審查核准後使用。 (2)限神經內科或神經外科專科醫師診斷及注射。 (3)需符合慢性偏頭痛診斷：至少有 3 個月時間，每個月≧15 天，每次持續 4 小時以上，且其中符合偏頭痛診斷的發作每個月≧8 天。(重要限制：Botox 對每個月頭痛天數≤14 天的陣發性偏頭痛之安全性及有效性，尚無證據證實其療效)。 (4)患者需經 3 種（含）以上偏頭痛預防用藥物（依據台灣頭痛學會發表之慢性偏頭痛	注射。 (4)每週尿失禁次數至少 14 次。 (5)病患需經至少一種抗膽鹼藥物治療三個月無效(仍有明顯逼尿肌過動症狀)，或無法耐受抗膽鹼藥物副作用。 (6)第 1 次注射後 6-12 週評估尿失禁頻率改善未達 50%者，不得再注射。 (7)每次治療建議劑量 200 個單位，二次注射時間應間隔 24 週以上，且病患有治療前症狀(頻尿、急尿與尿失禁)時再次注射，每年注射以兩次為限。 6. 使用於膀胱過動症：(104/9/1) (1)經尿路動力學檢查診斷為原發性膀胱過動症(idiopathic overactive bladder)且有尿失禁 (wet type)每週大於 14 次的成年患者，且經至少一種抗膽鹼藥物治療無效。 (2)需經事前審查核准後使用，每次治療建議劑量為 100 單位，每年限用兩次，兩次注射時間需相隔三個月以上，且第二次使用限於第一次注射後在 6-12 週評估有尿失禁頻率減少 50%以上的患者。 (3)限由泌尿專科或婦產科醫師診斷及施行注射。 ◎前開注射劑量單位僅適用於 Botox®劑量計算。 7. 慢性偏頭痛之預防性治療(109/2/1)	

預防性藥物治療準則之建議用藥，至少包括topiramate）治療無顯著療效，或無法忍受其副作用。 (5)每次注射最高劑量Botox 155單位，且每年最多4個療程。 (6)首次申請給付2個療程，2個療程治療之後，評估每月頭痛天數，需比治療前降低50%以上，方可持續給付。 (7)接續得申請一年療程，分為4次注射治療。療程完畢後半年內不得再次申請。 (8)若病況再度符合慢性偏頭痛診斷，得再次申請一年使用量時，需於病歷記錄治療後相關臨床資料，包括頭痛天數。 (9)神經內科、神經外科專科醫師需經台灣神經學學會訓練課程認證慢性偏頭痛診斷與Botox PREEMPT 155U標準注射法。 (10)不得與galcanezumab併用。(110/3/1) 1.6.2.2.Dysport (91/2/1、93/1/1、94/6/1、98/3/1、98/5/1、100/8/1、107/2/1、109/2/1、109/12/1) 1.使用於眼瞼痙攣或半面痙攣： (1)限12歲以上，經區域以上（含）教學醫院之眼科、神經內科或小兒神經科專科醫師診斷為眼瞼痙攣或半面痙攣之病患使用。	(1)需經事前審查核准後使用。 (2)限神經內科或神經外科專科醫師診斷及注射。 (3)需符合慢性偏頭痛診斷：至少有3個月時間，每個月≧15天，每次持續4小時以上，且其中符合偏頭痛診斷的發作每個月≧8天。(重要限制：Botox對每個月頭痛天數≤14天的陣發性偏頭痛之安全性及有效性，尚無證據證實其療效)。 (4)患者需經3種（含）以上偏頭痛預防用藥物（依據台灣頭痛學會發表之慢性偏頭痛預防性藥物治療準則之建議用藥，至少包括topiramate）治療無顯著療效，或無法忍受其副作用。 (5)每次注射最高劑量Botox 155單位，且每年最多4個療程。 (6)首次申請給付2個療程，2個療程治療之後，評估每月頭痛天數，需比治療前降低50%以上，方可持續給付。 (7)接續得申請一年療程，分為4次注射治療。療程完畢後半年內不得再次申請。 (8)若病況再度符合慢性偏頭痛診斷，得再次申請一年使用量時，需於病歷記錄治療後相關臨床資料，包括頭痛天數。 (9)神經內科、神經外科專科醫師需經台灣神經學學會訓練課程認證慢性偏頭痛診	

(2)需符合 Spasm Intensity Scale 3 級（含）以上，另有病歷記載病史 6 個月以上者可申請治療。(94/6/1) (3)每次注射最高劑量：眼瞼痙攣為每側 80 單位，半面痙攣為每側 120 單位。每年最多注射 3 次為原則。 2.使用於局部肌張力不全症（focal dystonia）（如斜頸、書寫性痙攣、口顎部肌張力不全等） (1)限 12 歲以上，經區域以上（含）教學醫院之神經內科、小兒神經科或復健科專科醫師診斷為局部張力不全症之病患使用。 (2)需有病歷記載已持續以其他方式治療 6 個月以上無效，且斜頸症者需符合 Tsui’s rating scale for cervical dystonia 分數 11 分（含）以上者。 (3)每次注射最高劑量：斜頸症為 600 單位，書寫性痙攣及口顎部肌張力不全為 280 單位，且每年最多注射 3 次為原則。 (4)全身性肌張力不全症不在給付範圍。 3.使用於腦性麻痺病患 (1)限滿 2 歲以上，經區域以上（含）教學醫院復健科、神經內科或小兒神經科專科醫師診斷為痙攣型腦性麻痺之病患使用。 (2)其肢體之痙攣影響主動功能（如行走或手部動作），該肢體之痙攣程度以Modified	斷與Botox PREEMPT 155U 標準注射法。 1.6.2.2.Dysport（91/2/1、93/1/1、94/6/1、98/3/1、98/5/1、100/8/1、107/2/1、109/2/1、109/12/1） 1.使用於眼瞼痙攣或半面痙攣： (1)限 12 歲以上，經區域以上（含）教學醫院之眼科、神經內科或小兒神經科專科醫師診斷為眼瞼痙攣或半面痙攣之病患使用。 (2)需符合 Spasm Intensity Scale 3級（含）以上，另有病歷記載病史 6 個月以上者可申請治療。(94/6/1) (3)每次注射最高劑量：眼瞼痙攣為每側80單位，半面痙攣為每側 120 單位。每年最多注射3次為原則。 2.使用於局部肌張力不全症（focal dystonia）（如斜頸、書寫性痙攣、口顎部肌張力不全等） (1)限 12 歲以上，經區域以上（含）教學醫院之神經內科、小兒神經科或復健科專科醫師診斷為局部張力不全症之病患使用。 (2)需有病歷記載已持續以其他方式治療 6 個月以上無效，且斜頸症者需符合 Tsui’s rating scale for cervical dystonia 分數11分（含）以上者。	

Ashworth Scale 評估為 2 或 3 級，且經藥物、復健或輔具治療至少 6 個月以上無效者。 (3)無固定不可逆之關節攣縮。 (4)每次注射最高劑量每公斤體重 30 單位（總劑量不超過 900 單位），下肢每塊肌肉每公斤體重使用 9~18 單位，上肢每塊肌肉每公斤體重使用 3~6 單位，且每年最多注射 3 次。（94/6/1） (5)經外科手術治療之同肌肉部位不得再行注射。 (6)使用於 12~17 歲病患，需經事前審查一次，並附有復健科、小兒神經科或神經科專科醫師近期之診察紀錄；使用於 18 歲(含)以上病患，需再經事前審查一次。(107/2/1、109/2/1) 4.使用於成人中風後之手臂或下肢痙攣：（93/1/1、94/6/1、98/3/1、100/8/1、109/2/1、109/12/1） (1)限 20 歲以上，中風發生後，經復健、輔具或藥物治療上肢至少 6 個月以上，下肢至少 3 個月以上痙攣，影響其日常活動(如飲食、衛生、穿衣等)者，痙攣程度符合 Modified Ashworth Scale 評估 2 或 3 級，且關節活動度（R1/R2）顯示顯著痙攣，並排除臥床、肢體攣縮或關節固定不可逆攣縮者。(94/6/1、98/3/1、109/2/1)	(3)每次注射最高劑量：斜頸症為 600 單位，書寫性痙攣及口顎部肌張力不全為 280 單位，且每年最多注射 3 次為原則。 (4)全身性肌張力不全症不在給付範圍。 3.使用於腦性麻痺病患 (1)限滿 2 歲以上，經區域以上（含）教學醫院復健科、神經內科或小兒神經科專科醫師診斷為痙攣型腦性麻痺之病患使用。 (2)其肢體之痙攣影響主動功能（如行走或手部動作），該肢體之痙攣程度以 Modified Ashworth Scale 評估為 2 或 3 級，且經藥物、復健或輔具治療至少 6 個月以上無效者。 (3)無固定不可逆之關節攣縮。 (4)每次注射最高劑量每公斤體重 30 單位（總劑量不超過 900 單位），下肢每塊肌肉每公斤體重使用 9~18 單位，上肢每塊肌肉每公斤體重使用 3~6 單位，且每年最多注射 3 次。（94/6/1） (5)經外科手術治療之同肌肉部位不得再行注射。 (6)使用於 12~17 歲病患，需經事前審查一次，並附有復健科、小兒神經科或神經科專科醫師近期之診察紀錄；使用於 18 歲(含)以上病患，需再經事前審查一次。(107/2/1、109/2/1) 4.使用於成人中風後之手臂或下肢痙攣：（93/1/1、	

(2)限地區醫院以上（含）神經內外科或復健科專科醫師診斷及注射。(94/6/1、100/8/1、109/2/1) (3)每次注射 Dysport 最高劑量上肢限 1000 單位，下肢限 1500 單位，且每年最多 3 次，需列出每條肌肉要注射的劑量。(94/6/1、109/2/1) (4)需經事前審查核准後使用，申請時需檢附病歷資料、治療計畫及照片或影片(109/2/1)。 (5)再次申請時需提出使用效果評估結果(如附表三十五)、病歷、治療紀錄及治療計畫以供參考，並檢附前次及本次病人之照片或影片，如病人已呈現「意識不清合併臥床」、「手部或下肢肌肉攣縮或關節固定不可逆者(Modified Ashworth Scale 4 分)」，該明顯不可逆攣縮肌肉與固定關節部位得不予給付。(109/12/1)。 (6)如因再次中風而導致臥床、手部或下肢肌肉攣縮或關節固定不可逆攣縮者，則應停用。(98/3/1、109/2/1) ◎前開注射劑量單位僅適用於 Dysport 劑量計算。 ◎Spasm Intensity Scale： 0　正常眨眼次數。 1　眨眼次數因對外界刺激（如光、風等）而增加。 2　輕微但明顯之眼瞼震顫	94/6/1、98/3/1、100/8/1、109/2/1、109/12/1) (1)限20歲以上，中風發生後，經復健、輔具或藥物治療上肢至少 6 個月以上，下肢至少 3 個月以上痙攣，影響其日常活動(如飲食、衛生、穿衣等)者，痙攣程度符合Modified Ashworth Scale評估2或3級，且關節活動度（R1/R2）顯示顯著痙攣，並排除臥床、肢體攣縮或關節固定不可逆攣縮者。(94/6/1、98/3/1、109/2/1) (2)限地區醫院以上（含）神經內外科或復健科專科醫師診斷及注射。(94/6/1、100/8/1、109/2/1) (3)每次注射 Dysport 最高劑量上肢限1000單位，下肢限1500 單位，且每年最多 3 次，需列出每條肌肉要注射的劑量。(94/6/1、109/2/1) (4)需經事前審查核准後使用，申請時需檢附病歷資料、治療計畫及照片或影片(109/2/1)。 (5)再次申請時需提出使用效果評估結果(如附表三十五)、病歷、治療紀錄及治療計畫以供參考，並檢附前次及本次病人之照片或影片，如病人已呈現「意識不清合併臥床」、「手部或下肢肌肉攣縮或關節固定不可逆者（Modified	

（無痙攣），且未引起生活不便。 3　中度，且極明顯之眼瞼痙攣，且引起生活不便。 4　嚴重影響生活（無法閱讀、駕駛等）。 ◎ Modified Ashworth Scale： 0　無肌張力增加。 1　肌肉張力輕微增加，表現在關節活動範圍之末端。 1+　肌張力輕微增加，表現在關節活動一半範圍之內。 2　肌肉張力明顯增加，表現在整個關節活動範圍內。 3　肌張力更明顯增加，關節活動出現困難。 4　肌張力極高，無關節活動可言。 ◎附表三十五：成人中風後之手臂或下肢痙攣肉毒桿菌素再次申請治療效果評估表。(109/12/1) 1.6.3.Tolterodine L-tartrate（如Detrusitol）;solifenacin succinate (如Vesicare)；mirabegron（如 Betmiga):(90/7/1、93/10/1、96/4/1、104/2/1) 1.限符合下列診斷標準條件之一者： (1)頻尿：每天（24 小時）排尿次數超過八次，並有詳實病歷紀錄。 (2)急尿：病患自述經常有一種很突然、很強烈想解尿的感覺。 (3)急迫性尿失禁：對於尿急的	Ashworth Scale 4 分)」，該明顯不可逆攣縮肌肉與固定關節部位得不予給付。(109/12/1)。 (6)如因再次中風而導致臥床、手部或下肢肌肉攣縮或關節固定不可逆攣縮者，則應停用。(98/3/1、109/2/1) ◎前開注射劑量單位僅適用於Dysport 劑量計算。 ◎Spasm Intensity Scale： 0　正常眨眼次數。 1　眨眼次數因對外界刺激（如光、風等）而增加。 2　輕微但明顯之眼瞼震顫（無痙攣），且未引起生活不便。 3　中度，且極明顯之眼瞼痙攣，且引起生活不便。 4　嚴重影響生活（無法閱讀、駕駛等）。 ◎ Modified Ashworth Scale： 0　無肌張力增加。 1　肌肉張力輕微增加，表現在關節活動範圍之末端。 1+　肌張力輕微增加，表現在關節活動一半範圍之內。 2　肌肉張力明顯增加，表現在整個關節活動範圍內。 3　肌張力更明顯增加，關節活動出現困難。 4　肌張力極高，無關節活動可言。 ◎附表三十五：成人中風後之手臂或下肢痙攣肉毒桿菌素再次申請治療效果評估表。(109/12/1) 1.6.3.Tolterodine L-tartrate（如	

感覺無法控制，並於 24 小時內至少也有一次漏尿之情形。 2.不宜使用本類藥品者： (1)小兒夜尿。 (2)單純性應力性尿失禁。 (3)膀胱逼尿肌無反射（detrusor areflexia）或膀胱不收縮所引起之排尿困難或尿失禁之症狀。 3.Solifenacin succinate（如 Vesicare）及 mirabegron（如 Betmiga）藥品每天限使用 1 錠。(104/2/1) 1.6.4.Nusinersen（如 Spinraza solution for injection）（109/7/1、109/10/1） 1.限用經標準檢測方法 MLPA (Multiplex Ligation-Dependent Probe Amplification)或 NGS 檢測 SMN1 基因變異之個案，並具以下(1)、(2)任何一個條件： (1)具 2 個（含）以下 SMN2 基因拷貝數，經新生兒篩檢即將發病之個案或出生 12 個月內發病確診且開始治療年齡未滿 7 歲已發病之 SMA 個案。(109/10/1) (2)具 3 個（含）以上 SMN2 基因拷貝數，出生 12 個月內發病確診且開始治療年齡未滿 7 歲已發病之 SMA 個案。(109/10/1) 2.需檢附下列資料，經二位以上專家之專家小組特殊專案審查核准後使用，每年檢附	Detrusitol）；solifenacin succinate（如 Vesicare）；mirabegron（如 Betmiga):(90/7/1、93/10/1、96/4/1、104/2/1) 1.限符合下列診斷標準條件之一者： (1)頻尿：每天（24 小時）排尿次數超過八次，並有詳實病歷紀錄。 (2)急尿：病患自述經常有一種很突然、很強烈想解尿的感覺。 (3)急迫性尿失禁：對於尿急的感覺無法控制，並於 24 小時內至少也有一次漏尿之情形。 2.不宜使用本類藥品者： (1)小兒夜尿。 (2)單純性應力性尿失禁。 (3)膀胱逼尿肌無反射（detrusor areflexia）或膀胱不收縮所引起之排尿困難或尿失禁之症狀。 3.Solifenacin succinate（如 Vesicare）及 mirabegron（如 Betmiga)藥品每天限使用 1 錠。(104/2/1) 1.6.4.Nusinersen（如 Spinraza solution for injection）（109/7/1、109/10/1） 1. 限用經標準檢測方法 MLPA (Multiplex Ligation-Dependent Probe Amplification)或 NGS 檢測 SMN1 基因變異之個案，	

療效評估資料重新申請。 (1)符合衛生福利部國民健康署 SMA 罕見疾病個案通報審查標準之臨床症狀錄影之影片（內容必須包含：a.全身肌張力低下，b.全身四肢無力，近端比遠端嚴重且下肢比上肢嚴重，c.深部肌腱反射，如：膝反射、踝反射、二頭肌反射等消失）。 (2)2 個（含）以下 SMN2 基因拷貝數之即將發病之個案，須附經標準檢測方法 MLPA 或 NGS 基因診斷技術報告。 (3)臨床病歷摘要。 (4)標準運動功能評估(CHOP INTEND、HINE section 2、HFMSE、RULM、WHO motor milestone)錄影之影片。 3.排除條件： SMA 病友在非急性住院期間，連續 30 天（含）以上呼吸器的使用且每天超過12小時。 4.療效評估方式及時機： (1)標準運動功能評估時機： I.Nusinersen 治療前。 II.在 4 劑 loading doses（0、14、28、63 天）後，每 4 個月給與 nusinersen maintain dose 治療前。 III.用藥後每年的第 11 個月±7 天。 (2)標準運動功能評估：需由提供 Nusinersen 治療之(小兒)神經專科醫師選擇下列	並具以下(1)、(2)任何一個條件： (1)具 2 個（含）以下 SMN2 基因拷貝數，經新生兒篩檢即將發病之個案或出生 12 個月內發病確診且開始治療年齡未滿 7 歲已發病之 SMA 個案。(109/10/1) (2)具 3 個（含）以上 SMN2 基因拷貝數，出生 12 個月內發病確診且開始治療年齡未滿 7 歲已發病之 SMA 個案。(109/10/1) 2. 需檢附下列資料，經二位以上專家之專家小組特殊專案審查核准後使用，每年檢附療效評估資料重新申請。 (1)符合衛生福利部國民健康署 SMA 罕見疾病個案通報審查標準之臨床症狀錄影之影片（內容必須包含：a.全身肌張力低下，b.全身四肢無力，近端比遠端嚴重且下肢比上肢嚴重，c.深部肌腱反射，如：膝反射、踝反射、二頭肌反射等消失）。 (2)2 個（含）以下 SMN2 基因拷貝數之即將發病之個案，須附經標準檢測方法 MLPA 或 NGS 基因診斷技術報告。 (3)臨床病歷摘要。 (4)標準運動功能評估(CHOP INTEND、HINE section 2、HFMSE、RULM、WHO motor milestone)錄影之影片。 3. 排除條件：	

適合療效評估工具並判定評估結果 I.CHOP INTEND II.HINE section 2 III.HFMSE IV.RULM V.WHO motor milestone (3)醫師提交接受 nusinersen 治療之標準運動功能評估錄影之影片。 (4)醫師提交接受 nusinersen 治療之 SMA 病友，每年的年度治療報告書。 (5)標準運動功能評估應由受過訓練之專科醫師，包含：小兒神經科、神經科醫師、復健科醫師或物理治療師執行。 (6)醫師提交接受 nusinersen 治療之 SMA 病友所有標準運動功能評估錄影之影片，必須包含所有可評估項目及內容。 5.停藥時機（下列評估需在 SMA 病友非急性住院期間執行）： 每年經標準運動功能評估追蹤，治療後每次分數皆沒有高於起始治療前之第一次分數。 6.使用本類藥品需完成個案系統登錄，亦需於療程結束或停止使用該藥品後，於此系統登錄結案。(109/10/1) 1.6.5.Galcanezumab(如 Emgality)：(110/3/1) 慢性偏頭痛之預防性治療： 1.需經事前審查核准後使用。 2.限神經內科或神經外科專科醫師診斷處方，並不得攜回	SMA 病友在非急性住院期間，連續 30 天（含）以上呼吸器的使用且每天超過 12 小時。 4. 療效評估方式及時機： (1)標準運動功能評估時機： I.Nusinersen 治療前。 II.在 4 劑 loading doses（0、14、28、63 天）後，每 4 個月給與 nusinersen maintain dose 治療前。 III.用藥後每年的第 11 個月±7 天。 (2)標準運動功能評估：需由提供 Nusinersen 治療之(小兒)神經專科醫師選擇下列適合療效評估工具並判定評估結果 I.CHOP INTEND II.HINE section 2 III.HFMSE IV.RULM V.WHO motor milestone (3)醫師提交接受nusinersen治療之標準運動功能評估錄影之影片。 (4)醫師提交接受nusinersen治療之 SMA 病友，每年的年度治療報告書。 (5)標準運動功能評估應由受過訓練之專科醫師，包含：小兒神經科、神經科醫師、復健科醫師或物理治療師執行。 (6)醫師提交接受nusinersen治療之 SMA 病友所有標準運動功能評估錄影之影片，必須包含所有可評估項目及內容。 5. 停藥時機（下列評估需在	

注射。 3.需符合慢性偏頭痛診斷：至少有 3 個月時間，每個月≧15 天，每次持續 4 小時以上，且其中符合偏頭痛診斷的發作每個月≧8 天。 4.患者需經 3 種（含）以上偏頭痛預防用藥物（依據台灣頭痛學會發表之慢性偏頭痛預防性藥物治療準則之建議用藥，至少包括 topiramate）治療無顯著療效，或無法忍受其副作用 5.第一次注射 240mg（連續兩次皮下注射，每次120mg)做為負荷劑量（loading dose)，之後每月皮下注射 120 mg 的劑量。 6.首次申請給付 3 個月療程共 4 支，3 個月療程治療之後，評估每月頭痛天數，需比治療前降低 50%以上，方可持續給付。 7.接續得申請 3 個月療程，每月施打一次。療程完畢後半年內不得再次申請。 8.若病況再度符合慢性偏頭痛診斷，得再次申請 3 個月療程時，需於病歷記錄治療後相關臨床資料，包括頭痛天數。 9.不得與 Botox 併用。 第 2 節 心臟血管及腎臟藥物 Cardiovascular-renal drugs 2.1.抗血栓劑 Antithrombotic agents 2.1.1.血小板凝集抑制劑 Platelet aggregation inhibitors（100/7/1）	SMA 病友非急性住院期間執行）： 每年經標準運動功能評估追蹤，治療後每次分數皆沒有高於起始治療前之第一次分數。 6.使用本類藥品需完成個案系統登錄，亦需於療程結束或停止使用該藥品後，於此系統登錄結案。(109/10/1)	

2.1.1.1.Acetylsalicylic acid (Aspirin) 製劑 (89/2/1) 如用於抗血小板凝集，以每日一粒為原則。 2.1.1.2.Ticlopidine (原 ticlopidine 與 acetylsalicylic acid 合併使用之情況條文修訂)：(87/4/1、88/9/1、90/1/1、100/7/1) 1.限無法忍受 acetylsalicylic acid (Aspirin) 或對 acetylsalicylic acid (Aspirin) 有禁忌而需使用抗血小板製劑之病患使用(88/9/1)。 2.原則上本類製劑與 acetylsalicylic acid (Aspirin) 不宜合併使用，僅於冠狀動脈支架植入術後三個月內，得依病情需要合併使用。(87/4/1、90/1/1) 3.申報費用時需註明放置支架 (stent) 之日期。(87/4/1、90/1/1、100/7/1) 2.1.1.3.Tirofiban (如 Aggrastat)：(91/2/1、99/10/1、100/7/1) 1.限不穩定型心絞痛，對傳統療法無反應者，已預定施行經冠狀動脈成形術之不穩定狹心症時，作為 heparin 的輔助療法，或非 Q 波之心肌梗塞之病患使用。	第 2 節 心臟血管及腎臟藥物 Cardiovascular-renal drugs 2.1.抗血栓劑 Antithrombotic agents 2.1.1. 血小板凝集抑制劑 Platelet aggregation inhibitors (100/7/1) 2.1.1.1.Acetylsalicylic acid (Aspirin) 製劑 (89/2/1) 如用於抗血小板凝集，以每日一粒為原則。 2.1.1.2.Ticlopidine (原 ticlopidine 與 acetylsalicylic acid 合併使用之情況條文修訂)：(87/4/1、88/9/1、90/1/1、100/7/1) 1.限無法忍受 acetylsalicylic acid (Aspirin) 或對 acetylsalicylic acid (Aspirin) 有禁忌而需使用抗血小板製劑之病患使用(88/9/1)。 2. 原則上本類製劑與 acetylsalicylic acid (Aspirin) 不宜合併使用，僅於冠狀動脈支架植入術後三個月內，得依病情需要合併使用。	

2.急性Q波心肌梗塞於症狀發生十二小時內，於執行PTCA時得併用tirofiban。 2.1.1.4.Abciximab（如ReoPro）：(90/7/1、100/7/1) 1.限不穩定型心絞痛，對傳統療法無反應者，已預定施行經冠狀動脈成形術之不穩定狹心症時、作為heparin的輔助療法，或非Q波之心肌梗塞之病患使用。 2.急性Q波心肌梗塞於症狀發生十二小時內，於執行PTCA時得併用abciximab。 2.1.1.5.Cilostazol（如Pletaal）：(90/6/1、100/7/1、104/4/1、105/5/1) 1.使用於無休息時疼痛及周邊組織壞死之間歇性跛行病人（周邊動脈疾病Fontaine stage II），用於增加最大及無痛行走距離。 2.經生活模式改變及其他治療後，仍無法充分改善間歇性跛行症狀病人之二線治療。 3.用於無法耐受acetylsalicylic acid且屬非心因性栓塞之腦梗塞患者，以預防腦梗塞之再復發，並符合下列條件之一(105/5/1)： (1)對acetylsalicylic acid過敏。	(87/4/1、90/1/1) 3.申報費用時需註明放置支架(stent)之日期。(87/4/1、90/1/1、100/7/1) 2.1.1.3.Tirofiban（如Aggrastat)：(91/2/1、99/10/1、100/7/1) 1.限不穩定型心絞痛，對傳統療法無反應者，已預定施行經冠狀動脈成形術之不穩定狹心症時，作為heparin的輔助療法，或非Q波之心肌梗塞之病患使用。 2.急性Q波心肌梗塞於症狀發生十二小時內，於執行PTCA時得併用tirofiban。 2.1.1.4.Abciximab（如ReoPro）：(90/7/1、100/7/1) 1.限不穩定型心絞痛，對傳統療法無反應者，已預定施行經冠狀動脈成形術之不穩定狹心症時、作為heparin的輔助療法，或非Q波之心肌梗塞之病患使用。 2.急性Q波心肌梗塞於症狀發生十二小時內，於執行PTCA時得併用abciximab。 2.1.1.5.Cilostazol（如Pletaal）：(90/6/1、100/7/1、104/4/1、105/5/1) 1.使用於無休息時疼痛及周邊組織壞死之間歇性跛行病	

(2)臨床診斷確定為acetylsalicylic acid所導致之消化性潰瘍或上消化道出血、穿孔病史者。需於病歷註明發生時間。 (3)最近一年內臨床診斷確定為消化性潰瘍者。病歷上應有明確消化性潰瘍之典型症狀紀錄及發病時間。 (4)最近一年內經上消化道內視鏡檢查或上消化道X光攝影檢查證實消化性潰瘍或發生上消化道出血、穿孔病史。需於病歷註明上消化道內視鏡或上消化道X光攝影檢查時間。但對acetylsalicylic acid無法耐受，且身體狀況無法忍受內視鏡或消化道X光攝影檢查者（如75歲(含)以上罹有中風或長期卧床者）不在此限。 2.1.1.6 Clopidogrel（如Plavix）：(90/1/1、93/4/1、94/8/1、96/10/1、100/7/1、101/12/1) 1.限近期發生中風、心肌梗塞或週邊動脈血管疾病的粥狀動脈硬化病人，並符合下列條件之一者使用。(90/1/1、94/8/1、96/10/1) (1)對acetylsalicylic acid(如Aspirin)過敏。 (2)臨床診斷確定為	人（周邊動脈疾病Fontaine stage II），用於增加最大及無痛行走距離。 2.經生活模式改變及其他治療後，仍無法充分改善間歇性跛行症狀病人之二線治療。 3. 用於無法耐受acetylsalicylic acid且屬非心因性栓塞之腦梗塞患者，以預防腦梗塞之再復發，並符合下列條件之一(105/5/1)： (1)對acetylsalicylic acid過敏。 (2) 臨床診斷確定為acetylsalicylic acid所導致之消化性潰瘍或上消化道出血、穿孔病史者。需於病歷註明發生時間。 (3)最近一年內臨床診斷確定為消化性潰瘍者。病歷上應有明確消化性潰瘍之典型症狀紀錄及發病時間。 (4)最近一年內經上消化道內視鏡檢查或上消化道 X 光攝影檢查證實消化性潰瘍或發生上消化道出血、穿孔病史。需於病歷註明上消化道內視鏡或上消化道 X 光攝影檢查時間。但對acetylsalicylic acid無法耐受，且身體狀況無法忍受內視鏡或消化道 X 光攝影檢查者（如75歲(含)以上罹有中風或長期卧床者）不在此限。	

acetylsalicylic acid (如 Aspirin)所導致之消化性潰瘍或上消化道出血、穿孔病史者。需於病歷註明發生時間。 (3)最近一年內臨床診斷確定為消化性潰瘍者。病歷上應有明確消化性潰瘍之典型症狀紀錄及發病時間。 (4)最近一年內經上消化道內視鏡檢查或上消化道 X 光攝影檢查證實消化性潰瘍或發生上消化道出血、穿孔病史。需於病歷註明上消化道內視鏡或上消化道 X 光攝影檢查時間。但對 acetylsalicylic acid 無法耐受，且身體狀況無法忍受內視鏡或消化道 X 光攝影檢查者（如 75 歲(含)以上罹有中風、心肌梗塞、週邊動脈血管疾病的粥狀動脈硬化或長期臥床者）不在此限。(101/12/1) 2. 置放金屬支架 3 個月內得與 acetylsalicylic acid (如 Aspirin)合併使用；置放塗藥支架 6 個月內得與 acetylsalicylic acid (如 Aspirin)合併使用。需於病歷註明支架置放手術之日期。(90/1/1、94/8/1、101/12/1) 3. 置放金屬支架後發生支架內再狹窄而施行藥物釋放型冠狀動脈氣球導管	2.1.1.6 Clopidogrel（如 Plavix）：(90/1/1、93/4/1、94/8/1、96/10/1、100/7/1、101/12/1) 1. 限近期發生中風、心肌梗塞或週邊動脈血管疾病的粥狀動脈硬化病人，並符合下列條件之一者使用。(90/1/1、94/8/1、96/10/1) (1) 對 acetylsalicylic acid (如 Aspirin)過敏。 (2) 臨床診斷確定為 acetylsalicylic acid (如 Aspirin)所導致之消化性潰瘍或上消化道出血、穿孔病史者。需於病歷註明發生時間。 (3)最近一年內臨床診斷確定為消化性潰瘍者。病歷上應有明確消化性潰瘍之典型症狀紀錄及發病時間。 (4)最近一年內經上消化道內視鏡檢查或上消化道 X 光攝影檢查證實消化性潰瘍或發生上消化道出血、穿孔病史。需於病歷註明上消化道內視鏡或上消化道 X 光攝影檢查時間。但對 acetylsalicylic acid 無法耐受，且身體狀況無法忍受內視鏡或消化道 X 光攝影檢查者（如 75 歲(含)以上罹有中風、心肌梗塞、週邊動脈血管疾病的粥狀動脈硬化或長期臥床	

者，1個月內得與acetylsalicylic acid(如Aspirin)合併使用；置放塗藥支架後發生支架內再狹窄而施行藥物釋放型冠狀動脈氣球導管者，與acetylsalicylic acid(如Aspirin)合併使用期間可再延長1個月。(101/12/1) 4.用於已發作之急性冠心症(不穩定性心絞痛和心肌梗塞)而住院的病人時，得與acetylsalicylic acid（如Aspirin）合併治療，最長9個月。需於病歷註明住院時間。（93/4/1、94/8/1、96/10/1） 2.1.1.7.Eptifibatide（如Integrilin）：（95/8/1、100/7/1） 1.限不穩定型心絞痛，對傳統療法無反應者，已預定施行經冠狀動脈成形術之不穩定狹心症時、作為heparin的輔助療法，或非Q波之心肌梗塞之病患使用。 2.急性Q波心肌梗塞於症狀發生十二小時內，於執行PTCA時得併用eptifibatide。 2.1.1.8.Clopidogrel-acetylsalicylic acid（如CoPlavix）：(100/9/1、101/12/1) 1.置放金屬支架3個月內得使用；置放塗藥支架6個	者）不在此限。(101/12/1) 3. 置放金屬支架3個月內得與acetylsalicylic acid（如Aspirin)合併使用；置放塗藥支架6個月內得與acetylsalicylic acid（如Aspirin)合併使用。需於病歷註明支架置放手術之日期。(90/1/1、94/8/1、101/12/1) 4. 置放金屬支架後發生支架內再狹窄而施行藥物釋放型冠狀動脈氣球導管者，1個月內得與acetylsalicylic acid（如Aspirin)合併使用；置放塗藥支架後發生支架內再狹窄而施行藥物釋放型冠狀動脈氣球導管者，與acetylsalicylic acid(如Aspirin)合併使用期間可再延長1個月。(101/12/1) 5. 用於已發作之急性冠心症(不穩定性心絞痛和心肌梗塞)而住院的病人時，得與acetylsalicylic acid（如Aspirin）合併治療，最長9個月。需於病歷註明住院時間。（93/4/1、94/8/1、96/10/1） 2.1.1.7.Eptifibatide（如Integrilin）：（95/8/1、100/7/1） 1.限不穩定型心絞痛，對傳統	

月內得使用。需於病歷註明支架置放手術之日期。(100/9/1、101/12/1) 2.置放金屬支架後發生支架內再狹窄而施行藥物釋放型冠狀動脈氣球導管者，1個月內得使用；置放塗藥支架後發生支架內再狹窄而施行藥物釋放型冠狀動脈氣球導管者，使用期間可再延長1個月。(101/12/1) 3.用於已發作之急性冠心症(不穩定性心絞痛和心肌梗塞)而住院的病人時，最長9個月。需於病歷註明住院時間。（100/9/1） 2.1.1.9.Ticagrelor（如Brilinta）：(102/7/1) 限用於已發作之急性冠心症(包括不穩定型心絞痛、非ST段上升型心肌梗塞或ST段上升型心肌梗塞)而住院的病人時，得與acetylsalicylic acid (如Aspirin) 合併治療，最長9個月。需於病歷註明住院時間。 2.1.1.10. Prasugrel（如Efient）：(107/11/1) 限用於需要冠狀動脈介入性治療(PCI)的已發作之急性冠心症(包括不穩定型心絞痛、非ST段上升型心肌梗塞或ST段上升型心肌梗塞)而住院的病人時，得與acetylsalicylic acid	療法無反應者，已預定施行經冠狀動脈成形術之不穩定狹心症時、作為heparin 的輔助療法，或非 Q 波之心肌梗塞之病患使用。 2.急性Q波心肌梗塞於症狀發生十二小時內，於執行 PTCA 時得併用 eptifibatide。 2.1.1.8.Clopidogrel-acetylsalicylic acid（如 CoPlavix）：(100/9/1、101/12/1) 1.置放金屬支架 3 個月內得使用；置放塗藥支架 6 個月內得使用。需於病歷註明支架置放手術之日期。(100/9/1、101/12/1) 2.置放金屬支架後發生支架內再狹窄而施行藥物釋放型冠狀動脈氣球導管者，1個月內得使用；置放塗藥支架後發生支架內再狹窄而施行藥物釋放型冠狀動脈氣球導管者，使用期間可再延長 1 個月。(101/12/1) 3.用於已發作之急性冠心症(不穩定性心絞痛和心肌梗塞)而住院的病人時，最長 9 個月。需於病歷註明住院時間。（100/9/1） 2.1.1.9.Ticagrelor（如Brilinta）：(102/7/1) 限用於已發作之急性冠心症(包括不穩定型心絞痛、非 ST 段上升型心肌梗塞或 ST 段	

(如 Aspirin) 合併治療，最長 12 個月。需於病歷註明住院時間。 2.1.2.血栓溶解劑 Thrombolytic drugs (100/7/1) 2.1.2.1. rt-PA (如 Actilyse Inj)、tenecteplase (如 Metalyse)： 用於血管(不含腦血管)血栓時：(91/12/1、100/7/1、107/11/1) 1.限具有心臟專科醫師之醫院使用。 2.應使用於胸痛急性發作十二小時內，心電圖至少有二導極呈現心肌缺氧變化，使用硝化甘油舌下片歷經三十分鐘尚未能解除胸痛，有急性心肌梗塞之臆斷者。 3.懷疑有急性肺動脈栓塞病人。 4.有周邊血管血栓病人。(93/1/1) 5.應使用於無出血傾向之病人。有出血傾向之病人，或最近有手術或出血現象之病人應避免使用。 6.使用本藥劑前宜先檢查病患血小板、出血時間、凝血時間、凝血原時間及血漿纖維原含量。 7.醫院於病例發生時，應填寫「全民健康保險使用 rt-PA (Actilyse) 或 tenecteplase (Metalyse Inj.) 申報表(血管(不含腦血	上升型心肌梗塞)而住院的病人時，得與 acetylsalicylic acid (如 Aspirin) 合併治療，最長 9 個月。需於病歷註明住院時間。 2.1.1.10. Prasugrel (如 Efient)：(107/11/1) 限用於需要冠狀動脈介入性治療(PCI)的已發作之急性冠心症(包括不穩定型心絞痛、非 ST 段上升型心肌梗塞或 ST 段上升型心肌梗塞)而住院的病人時，得與 acetylsalicylic acid (如 Aspirin) 合併治療，最長 12 個月。需於病歷註明住院時間。 2.1.2. 血栓溶解劑 Thrombolytic drugs (100/7/1) 2.1.2.1. rt-PA (如 Actilyse Inj)、tenecteplase (如 Metalyse)： 用於血管(不含腦血管)血栓時：(91/12/1、100/7/1、107/11/1) 1.限具有心臟專科醫師之醫院使用。 2.應使用於胸痛急性發作十二小時內，心電圖至少有二導極呈現心肌缺氧變化，使用硝化甘油舌下片歷經三十分鐘尚未能解除胸痛，有急性心肌梗塞之臆斷者。 3.懷疑有急性肺動脈栓塞病人。 4.有周邊血管血栓病人。	

管）血栓病患用）」(請詳附表二-A）併附兩張有意義之不同時段心電圖於當月份醫療費用申報。(93/1/1) 8.醫院如擬將 rt-PA 或 tenecteplase 列為常備藥品，請於申報時檢附心臟病診斷設備，加護病房（ ICU 或 CCU ）之相關資料，經本保險同意後再按使用規定辦理。 2.1.2.2. rt-PA（如 Actilyse Inj）用於急性缺血性腦中風時：(93/1/1、100/7/1、107/11/1) 1.限急性缺血性腦中風三小時內使用。 2.使用醫院應具有神經內、外專科醫師及加護病房或同等級之設施。 3.使用本藥品前，應先作病人腦部電腦斷層或磁振造影檢查、神經學檢查(含 NIHSS)、心電圖、胸部 X 光、凝血時間、凝血酶原時間、肝腎功能及血糖，並且必須符合「急性缺血性腦中風之血栓溶解治療檢查表」(請詳附表二-C）之條件。(107/11/1) 4. 醫院於病例發生後，於當月醫療費用申報時，應填寫「全民健康保險使用 rt-PA （Actilyse) 申請表（急性缺血性腦中風病患用）」(請詳附表二-B)，並附注射前及	(93/1/1) 5.應使用於無出血傾向之病人。有出血傾向之病人，或最近有手術或出血現象之病人應避免使用。 6.使用本藥劑前宜先檢查病患血小板、出血時間、凝血時間、凝血原時間及血漿纖維原含量。 7.醫院於病例發生時，應填寫「全民健康保險使用 rt-PA （Actilyse) 或 tenecteplase （Metalyse Inj.）申報表（血管（不含腦血管）血栓病患用）」(請詳附表二-A）併附兩張有意義之不同時段心電圖於當月份醫療費用申報。(93/1/1) 8. 醫院如擬將 rt-PA 或 tenecteplase 列為常備藥品，請於申報時檢附心臟病診斷設備，加護病房（ ICU 或 CCU ）之相關資料，經本保險同意後再按使用規定辦理。 2.1.2.2. rt-PA（如 Actilyse Inj）用於急性缺血性腦中風時：(93/1/1、100/7/1、107/11/1) 1.限急性缺血性腦中風三小時內使用。 2.使用醫院應具有神經內、外專科醫師及加護病房或同等級之設施。 3.使用本藥品前，應先作病人腦部電腦斷層或磁振造影	

24 小時、36 小時後之腦部電腦斷層（或磁振造影檢查）與 NIHSS。 2.1.2.3.刪除(101/4/1) 2.1.3.肝素類 Heparin group 2.1.3.1.Tinzaparin 注射劑（如 Innohep）：90/7/1、91/9/1、100/7/1) 1.用於治療深層靜脈栓塞，每療程以二瓶為限。 2.用於預防手術病人深層靜脈栓塞，每療程以一瓶為限。 3.用於治療肺栓塞。 2.1.3.2.Enoxaparin 注射劑（如 Clexane）：(108/2/1) 依下列情形使用： 1. 治療深部靜脈栓塞(DVT)：每次療程使用小於 10 天。 2. 治療急性冠心症(ACS)：每次療程使用 60mg 1 天 2 次，2~8 天。 3. 預防手術後靜脈栓塞：腹部手術，每次療程使用 40mg 1 天 1 次，7~10 天；膝蓋或髖關節手術，每次療程使用 30mg 1 天 1 次，7~10 天。 2.1.4.其他抗血栓劑 Other antithrombotic agents：(100/7/1) 2.1.4.1. Fondaparinux（如 Arixtra）：(100/4/1、100/7/1、103/2/1) 限用於 1.治療 ST 段升高型心肌梗塞	檢查、神經學檢查（含 NIHSS)、心電圖、胸部 X 光、凝血時間、凝血酶原時間、肝腎功能及血糖，並且必須符合「急性缺血性腦中風之血栓溶解治療檢查表」(請詳附表二-C)之條件。(107/11/1) 4. 醫院於病例發生後，於當月醫療費用申報時，應填寫「全民健康保險使用 rt-PA (Actilyse) 申請表（急性缺血性腦中風病患用）」(請詳附表二-B)，並附注射前及 24 小時、36 小時後之腦部電腦斷層（或磁振造影檢查）與 NIHSS。 2.1.2.3.刪除(101/4/1) 2.1.3.肝素類 Heparin group 2.1.3.1.Tinzaparin 注射劑（如 Innohep）：90/7/1、91/9/1、100/7/1) 1.用於治療深層靜脈栓塞，每療程以二瓶為限。 2.用於預防手術病人深層靜脈栓塞，每療程以一瓶為限。 3.用於治療肺栓塞。 2.1.3.2.Enoxaparin 注射劑（如 Clexane）：(108/2/1) 依下列情形使用： 1. 治療深部靜脈栓塞(DVT)：每次療程使用小於 10 天。 2. 治療急性冠心症(ACS)：每次療程使用 60mg 1 天 2 次，2~8 天。	

(STEMI)的急性冠狀症候群之病患，藉以預防使用血栓溶解劑治療或原先即不準備接受任何其它型式之再灌流治療的患者發生死亡和心肌再度梗塞。 2.治療年齡大於或等於60歲患有不穩定型心絞痛或非ST 段升高型心肌梗塞(UA/NSTEMI)且不適合接受緊急(120 分鐘內)侵入性治療(PCI)者，其症狀開始時間需在24小時之內，且血清肌酸酐需小於3.0 mg/dL。(103/2/1) 3.靜脈血栓高危險（符合下列條件之一）病患，接受人工髖或膝關節置換術或再置換術後，預防其術後之靜脈血栓(VTE)，限用2.5 mg針劑皮下注射，每日一劑，最多5週：(103/2/1) (1) 曾發生有症狀之靜脈血栓症病史（須於病歷詳細說明發生之時間與診療過程）之病患。 經靜脈超音波檢查（Venous ultrasonography）、靜脈攝影（Venography）或血中D-dimer檢測，診斷為靜脈血栓症之病患。 2.1.4.2.Rivaroxaban(如Xarelto)（101/1/1、102/2/1、103/5/1、104/12/1、105/5/1、110/7/1）	3. 預防手術後靜脈栓塞：腹部手術，每次療程使用40mg 1天1次，7~10天；膝蓋或髖關節手術，每次療程使用30mg 1天1次，7~10天。 2.1.4.其他抗血栓劑 Other antithrombotic agents：(100/7/1) 2.1.4.1. Fondaparinux（如Arixtra）：（100/4/1、100/7/1、103/2/1） 限用於 1. 治療ST段升高型心肌梗塞(STEMI)的急性冠狀症候群之病患，藉以預防使用血栓溶解劑治療或原先即不準備接受任何其它型式之再灌流治療的患者發生死亡和心肌再度梗塞。 2. 治療年齡大於或等於60歲患有不穩定型心絞痛或非ST段升高型心肌梗塞(UA/NSTEMI)且不適合接受緊急(120 分鐘內)侵入性治療(PCI)者，其症狀開始時間需在24小時之內，且血清肌酸酐需小於 3.0 mg/dL。(103/2/1) 3.靜脈血栓高危險（符合下列條件之一）病患，接受人工髖或膝關節置換術或再置換術後，預防其術後之靜脈血栓(VTE)，限用 2.5 mg 針劑皮下注射，每日一劑，最多5週：(103/2/1)	

限用於 1. 靜脈血栓高危險（符合下列條件之一）病患，接受人工髖或膝關節置換術或再置換術時，預防其術後之靜脈血栓栓塞症(VTE)，限用 10mg 錠劑，每日一粒，人工髖關節手術術後治療，最多 5 週；人工膝關節手術術後治療，最多 2 週： (1)曾發生有症狀之靜脈血栓症病史（須於病歷詳細說明發生之時間與診療過程）之病患； (2)經靜脈超音波檢查（Venous ultrasonography）、靜脈攝影（Venography）或血中 D-dimer 檢測，診斷為靜脈血栓症之病患。 2.非瓣膜性心房纖維顫動病患，須符合下列條件之一：(102/2/1、103/5/1、105/5/1) (1)曾發生中風或全身性栓塞。 (2)左心室射出分率小於 40%。 (3)有症狀之心臟衰竭：收案前依紐約心臟協會衰竭功能分級為第二級或以上。 (4)年齡 75 歲(含)以上。 (5)年齡介於 65 歲至 74 歲且合併有糖尿病、高血壓或冠狀動脈疾病。 (6)每日 1 次，每次限 1 顆。（103/5/1） (7)排除標準：	(1) 曾發生有症狀之靜脈血栓症病史（須於病歷詳細說明發生之時間與診療過程）之病患。 經靜脈超音波檢查（Venous ultrasonography）、靜脈攝影（Venography）或血中 D-dimer 檢測，診斷為靜脈血栓症之病患。 2.1.4.2. Rivaroxaban(如 Xarelto)（101/1/1、102/2/1、103/5/1、104/12/1、105/5/1） 限用於 1. 靜脈血栓高危險（符合下列條件之一）病患，接受人工髖或膝關節置換術或再置換術時，預防其術後之靜脈血栓栓塞症(VTE)，限用 10mg 錠劑，每日一粒，人工髖關節手術術後治療，最多 5 週；人工膝關節手術術後治療，最多 2 週： (1)曾發生有症狀之靜脈血栓症病史（須於病歷詳細說明發生之時間與診療過程）之病患； (2)經靜脈超音波檢查（Venous ultrasonography）、靜脈攝影（Venography）或血中 D-dimer 檢測，診斷為靜脈血栓症之病患。 2.非瓣膜性心房纖維顫動病	

Ⅰ.病人曾有嚴重心臟瓣膜疾病。 Ⅱ.14 天內發生中風。 Ⅲ.收案前的 6 個月內發生嚴重中風。 Ⅳ.有增加出血風險的情況。 Ⅴ.肌酸酐清除率小於 15mL/min。 Ⅵ.活動性肝病和懷孕。 3.治療深部靜脈血栓與肺栓塞及預防再發性深部靜脈血栓與肺栓塞(103/5/1、104/12/1)： (1)須經影像學或血管超音波檢查診斷。 (2)第 1 日至 21 日，每日早晚各一次，每次限用一粒。 (3)第 22 日起，每日一次，每次限用一粒，每 6 個月評估一次。 4.Rivaroxaban 2.5mg 與 aspirin 併用，可用於發生缺血事件高危險族群之冠狀動脈(CAD)或症狀性周邊動脈疾病(PAD)病人，以預防動脈粥狀硬化血栓形成事件(Atherothrombotic events)：(110/7/1) (1)高風險的冠狀動脈硬化須符合：2 年內發生 2 次(含)以上心血管事件(如心肌梗塞、接受冠狀動脈或其他動脈血管再通術(revascularization)、動脈硬化相關之缺血性腦中風)。 (2)高風險的症狀性周邊動脈硬化須符合下列條件之	患，須符合下列條件之一：(102/2/1、103/5/1、105/5/1) (1)曾發生中風或全身性栓塞。 (2)左心室射出分率小於 40%。 (3)有症狀之心臟衰竭：收案前依紐約心臟協會衰竭功能分級為第二級或以上。 (4)年齡 75 歲(含)以上。 (5)年齡介於 65 歲至 74 歲且合併有糖尿病、高血壓或冠狀動脈疾病。 (6)每日 1 次，每次限 1 顆。(103/5/1) (7)排除標準： Ⅰ病人曾有嚴重心臟瓣膜疾病。 Ⅱ14 天內發生中風。 Ⅲ收案前的6個月內發生嚴重中風。 Ⅳ有增加出血風險的情況。 Ⅴ肌酸酐清除率小於 15mL/min。 Ⅵ活動性肝病和懷孕。 3.治療深部靜脈血栓與肺栓塞及預防再發性深部靜脈血栓與肺栓塞(103/5/1、104/12/1)： (1)須經影像學或血管超音波檢查診斷。 (2)第1日至21日，每日早晚各一次，每次限用一粒。 (3)第22日起，每日一次，每次限用一粒，每 6 個月評估一次。	

一： Ⅰ.曾經接受過主動脈股動脈(aorto-femoral)或下肢繞道手術；髂動脈、股動脈及膝下動脈(iliac or infrainguinal)接受經皮動脈血管造型整形術(PTA)。 Ⅱ.下肢或足部因動脈血管疾病所造成的截肢或壞疽。 Ⅲ.有間歇性跛行的病史並經血管攝影術有顯著的周邊動脈狹窄(>50%)。如果病人不適合使用顯影劑(例如有顯影劑過敏史或腎功能不全(eGFR< 45mL/min/1.73m2 或 serum creatinine≥1.5mg/dL)，則須有都普勒超音波等非侵入性測試有顯著的周邊動脈狹窄(>50%)。 (3)限 Rivaroxaban 2.5mg，每日 2 次，每次限用 1 粒。 (4)不得合併雙重抗血小板(DAPT)藥物、P2Y12 抑制劑(如 clopidogrel、ticagrelor 或 prasugrel)、cilostazol 或其他抗凝血劑(anti-coagulant，如 warfarin)。 2.1.4.3.Apixaban（如 Eliquis）(103/6/1、106/4/1) 限用於 1.非瓣膜性心房纖維顫動病患：		

(1)須符合下列條件之一： Ⅰ.曾發生中風或全身性栓塞。 Ⅱ.左心室射出分率小於40%。 Ⅲ.有症狀之心臟衰竭：收案前依紐約心臟協會衰竭功能分級為第二級或以上。 Ⅳ.年齡75歲(含)以上。 Ⅴ.年齡介於65歲至74歲且合併有糖尿病、高血壓或冠狀動脈疾病。 (2)每日2次，每次限用1顆。 (3)排除標準： Ⅰ.病人曾有嚴重心臟瓣膜疾病。 Ⅱ.14天內發生中風。 Ⅲ.收案前的6個月內發生嚴重中風。 Ⅳ.有增加出血風險的情況。 Ⅴ.肌酸酐清除率小於15 mL/min。 Ⅵ.活動性肝病和懷孕。 2.治療深部靜脈血栓與肺栓塞及預防再發性深部靜脈血栓與肺栓塞：(106/4/1) (1)須經影像學或血管超音波檢查診斷。 (2)第1日至7日，每日2次，每次限用2顆。 (3)第8日起，每日2次，每次限用1顆，每6個月評估一次。 2.1.4.4.Edoxaban(如Lixiana)：(105/9/1) 限用於 1.非瓣膜性心房纖維顫動病患： (1)須符合下列條件之一： Ⅰ.曾發生中風或全身性栓塞。	2.1.4.3.Apixaban (如Eliquis) (103/6/1、106/4/1) 限用於 1.非瓣膜性心房纖維顫動病患： (1)須符合下列條件之一： Ⅰ.曾發生中風或全身性栓塞。 Ⅱ.左心室射出分率小於40%。 Ⅲ.有症狀之心臟衰竭：收案前依紐約心臟協會衰竭功能分級為第二級或以上。 Ⅳ.年齡75歲(含)以上。 Ⅴ.年齡介於65歲至74歲且合併有糖尿病、高血壓或冠狀動脈疾病。 (2)每日2次，每次限用1顆。 (3)排除標準： Ⅰ.病人曾有嚴重心臟瓣膜疾病。 Ⅱ.14天內發生中風。 Ⅲ.收案前的6個月內發生嚴重中風。 Ⅳ.有增加出血風險的情況。 Ⅴ.肌酸酐清除率小於15 mL/min。 Ⅵ.活動性肝病和懷孕。 2.治療深部靜脈血栓與肺栓塞及預防再發性深部靜脈血	

Ⅱ.左心室射出分率小於 40%。 Ⅲ.有症狀之心臟衰竭：收案前依紐約心臟協會衰竭功能分級為第二級或以上。 Ⅳ.年齡 75 歲(含)以上。 Ⅴ.年齡介於 65 歲至 74 歲且合併有糖尿病、高血壓或冠狀動脈疾病。 (2)每日 1 次，每次限 1 顆。 (3)排除標準： Ⅰ.病人曾有嚴重心臟瓣膜疾病。 Ⅱ.14 天內發生中風。 Ⅲ.收案前的 6 個月內發生嚴重中風。 Ⅳ.有增加出血風險的情況。 Ⅴ.肌酸酐清除率小於 15 mL/min，或大於 95 mL/min。 Ⅵ.活動性肝病和懷孕。 2.治療深部靜脈血栓與肺栓塞： (1)須經影像學或血管超音波檢查診斷。 (2)接受至少 5 日非經腸道抗凝血劑注射治療後，開始每日 1 次，每次限 1 顆，每 6 個月評估一次。 2.1.5.直接凝血酶抑制劑(Direct thrombin inhibitors)：Dabigatran(如 Pradaxa)（101/6/1、104/12/1、107/9/1） 1.用於非瓣膜性心房纖維顫動病患： (1) 須符合下列條件之一： I. 曾發生中風或全身性	栓與肺栓塞：(106/4/1) (1)須經影像學或血管超音波檢查診斷。 (2)第 1 日至 7 日，每日 2 次，每次限用 2 顆。 (3)第 8 日起，每日 2 次，每次限用 1 顆，每 6 個月評估一次。 2.1.4.4.Edoxaban(如 Lixiana)：(105/9/1) 限用於 1.非瓣膜性心房纖維顫動病患： (1)須符合下列條件之一： Ⅰ.曾發生中風或全身性栓塞。 Ⅱ.左心室射出分率小於 40%。 Ⅲ.有症狀之心臟衰竭：收案前依紐約心臟協會衰竭功能分級為第二級或以上。 Ⅳ.年齡 75 歲(含)以上。 Ⅴ.年齡介於 65 歲至 74 歲且合併有糖尿病、高血壓或冠狀動脈疾病。 (2)每日 1 次，每次限 1 顆。 (3)排除標準： Ⅰ.病人曾有嚴重心臟瓣膜疾病。 Ⅱ.14 天內發生中風。 Ⅲ.收案前的 6 個月內發生嚴重中風。 Ⅳ.有增加出血風險的情況。 Ⅴ.肌酸酐清除率小於 15 mL/min，或大於 95 mL/min。 Ⅵ.活動性肝病和懷孕。 2.治療深部靜脈血栓與肺栓塞： (1)須經影像學或血管超音波檢	

栓塞。 II. 左心室射出分率小於40%。 III. 有症狀之心臟衰竭：收案前依紐約心臟協會衰竭功能分級為第二級或以上。 IV. 年齡75歲(含)以上。 V. 年齡介於65歲至74歲且合併有糖尿病、高血壓或冠狀動脈疾病。 (2) 150mg或110mg膠囊，每日2次，每次限1粒；75mg膠囊每日2次，每次限2粒(107/9/1) (3)排除標準： I. 病人曾有嚴重心臟瓣膜疾病。 II. 14天內發生中風。 III. 收案前的6個月內發生嚴重中風。 IV. 有增加出血風險的情況。 V. 肌酸酐清除率小於30 mL/min。 VI. 活動性肝病和懷孕。 2.用於靜脈血栓高危險病患，接受人工髖或膝關節置換術或再置換術時，預防其術後之靜脈血栓栓塞症(VTE)。 (1) 須符合下列條件之一： I. 曾發生有症狀之靜脈血栓症病史（須於病歷詳細說明發生之時間與診療過程）之病患。 II. 經靜脈超音波檢查（Venous ultrasonography）、靜脈攝影（Venography）	查診斷。 (2)接受至少5日非經腸道抗凝血劑注射治療後，開始每日1次，每次限1顆，每6個月評估一次。 2.1.5. 直接凝血酶抑制劑(Direct thrombin inhibitors)：Dabigatran(如 Pradaxa)（101/6/1、104/12/1、107/9/1） 1.用於非瓣膜性心房纖維顫動病患： (1) 須符合下列條件之一： I. 曾發生中風或全身性栓塞。 II. 左心室射出分率小於40%。 III. 有症狀之心臟衰竭：收案前依紐約心臟協會衰竭功能分級為第二級或以上。 IV. 年齡75歲(含)以上。 V. 年齡介於65歲至74歲且合併有糖尿病、高血壓或冠狀動脈疾病。 (2) 150mg或110mg膠囊，每日2次，每次限1粒；75mg膠囊每日2次，每次限2粒(107/9/1) (3)排除標準： I. 病人曾有嚴重心臟瓣膜疾病。 II. 14天內發生中風。 III. 收案前的6個月內發生嚴重中風。 IV. 有增加出血風險的情況。 V. 肌酸酐清除率小於30 mL/min。	

或血中 D-dimer 檢測，診斷為靜脈血栓症之病患。 (2) 限用 75mg，每日至多二粒，人工髖關節手術術後治療，最多 5 週；人工膝關節手術術後治療，最多 2 週。 (3)排除標準： I. 病人曾有嚴重心臟瓣膜疾病。 II. 14 天內發生中風。 III. 收案前的 6 個月內發生嚴重中風。 IV. 有增加出血風險的情況。 V. 肌酸酐清除率小於 30 mL/min。 VI. 活動性肝病和懷孕。 3.治療深部靜脈血栓與肺栓塞：(107/9/1) (1) 須經影像學或血管超音波檢查診斷。 (2) 接受至少 5 日注射型抗凝血劑治療後，開始每日兩次，每次限 150mg 以下，持續治療 6 個月。 2.2.血管擴張劑 Vasodilators 2.2.1.(刪除)(101/9/1) 2.2.2.Nimodipine inj（如 Nimotop）：(87/4/1、93/2/1) 預防、治療因動膜瘤引起之蜘蛛膜下出血後，腦血管痙攣所引起的缺血性神經缺損，可使用二星期，需附電腦斷層掃描（CT Scan）報告。	VI. 活動性肝病和懷孕。 2.用於靜脈血栓高危險病患，接受人工髖或膝關節置換術或再置換術時，預防其術後之靜脈血栓栓塞症(VTE)。 (1) 須符合下列條件之一： I. 曾發生有症狀之靜脈血栓症病史（須於病歷詳細說明發生之時間與診療過程）之病患。 II. 經靜脈超音波檢查（Venous ultrasonography）、靜脈攝影（Venography）或血中 D-dimer 檢測，診斷為靜脈血栓症之病患。 (2) 限用 75mg，每日至多二粒，人工髖關節手術術後治療，最多 5 週；人工膝關節手術術後治療，最多 2 週。 (3)排除標準： I. 病人曾有嚴重心臟瓣膜疾病。 II. 14 天內發生中風。 III. 收案前的 6 個月內發生嚴重中風。 IV. 有增加出血風險的情況。 V. 肌酸酐清除率小於 30 mL/min。 VI. 活動性肝病和懷孕。 3.治療深部靜脈血栓與肺栓塞：(107/9/1) (1) 須經影像學或血管超音波檢查診斷。 (2) 接受至少 5 日注射型抗凝	

2.2.3.Papaverine inj： 限血管攝影及血管手術病例使用。 2.3.血管收縮劑 Vasoconstrictors 2.3.1.Sumatriptan succinate（如 Imigran）；rizatriptan：（88/9/1、93/8/1、94/11/1、97/1/1、97/6/1、97/9/1、108/5/1） 1.限符合國際頭痛協會（International Headache Society）最新版「偏頭痛」診斷標準者：（97/9/1、108/5/1） (1)至少有五次能符合(2)至(4)項的發作。 (2)頭痛發作持續 4 至 72 小時（若年齡小於 18 歲，頭痛發作可為持續 2 到 72 小時）。（108/5/1） (3)頭痛至少具下列二項特徵： Ⅰ 單側 Ⅱ 搏動性 Ⅲ 程度中等或重度(日常生活受限制甚或禁絕) Ⅳ 上下樓梯或類似之日常活動會使頭痛加劇 (4)當頭痛發作時至少有下列一情形： Ⅰ 噁心或嘔吐 Ⅱ 畏光及怕吵 2.偏頭痛之發作嚴重影響日常生活（無法工作或作家事或上課）者。（97/9/1） 3.經使用其他藥物無效者。	血劑治療後，開始每日兩次，每次限 150mg 以下，持續治療 6 個月。 2.2. 血管擴張劑 Vasodilators 2.2.1.(刪除)(101/9/1) 2.2.2.Nimodipine inj（如 Nimotop）：(87/4/1、93/2/1) 預防、治療因動膜瘤引起之蜘蛛膜下出血後，腦血管痙攣所引起的缺血性神經缺損，可使用二星期，需附電腦斷層掃描（CT Scan）報告。 2.2.3.Papaverine inj： 限血管攝影及血管手術病例使用。 2.3. 血管收縮劑 Vasoconstrictors 2.3.1.Sumatriptan succinate（如 Imigran）；rizatriptan：(88/9/1、93/8/1、94/11/1、97/1/1、97/6/1、97/9/1、108/5/1) 1. 限符合國際頭痛協會（International Headache Society）最新版「偏頭痛」診斷標準者：（97/9/1、108/5/1） (1)至少有五次能符合(2)至(4)項的發作。 (2)頭痛發作持續 4 至 72 小時（若年齡小於 18 歲，頭痛發作可為持續 2 到 72 小時）。（108/5/1）	

4.每月限用四次，且 (1)Sumatriptan succinate 口服劑型藥品每次用量不超過 100 mg，每月不超過 400 mg。 (2)Sumatriptan succinate 鼻噴劑型藥品每次用量不超過一劑（10mg 或 20mg)，每月不超過四劑(10mg 或 20mg)。（93/8/1、94/11/1、97/1/1、97/9/1） (3)Rizatriptan 口服劑型藥品每次用量不超過 10 mg，每月不超過 40 mg。（97/6/1） 5.不得同時處方含有 ergotamine 製劑或其衍生物類藥物。 6.不得作為預防性使用。 7.不得使用於曾患有心肌梗塞、缺血性心臟病、Prinzmetal 氏狹心症、冠狀血管痙攣者及高血壓未受控制的患者。 8.青少年（12-17 歲)符合上述第 1、2、3 項者，限使用 sumatriptan succinate 鼻噴劑型或 rizatriptan 口服劑型藥品，且二藥品不得併用。6-11 歲兒童符合上述第 1、2、3 項者，限使用 rizatriptan 口服劑型藥品。（97/9/1、108/5/1） 2.4.泌尿道疾患治療藥物 Agents used to treat urological disorders 2.4.1.Alprostadil：(86/9/1)	(3)頭痛至少具下列二項特徵： Ⅰ 單側 Ⅱ 搏動性 Ⅲ 程度中等或重度(日常生活受限制甚或禁絕) Ⅳ 上下樓梯或類似之日常活動會使頭痛加劇 (4)當頭痛發作時至少有下列一情形： Ⅰ 噁心或嘔吐 Ⅱ 畏光及怕吵 2. 偏頭痛之發作嚴重影響日常生活（無法工作或作家事或上課）者。（97/9/1） 3.經使用其他藥物無效者。 4.每月限用四次，且 (1)Sumatriptan succinate 口服劑型藥品每次用量不超過 100 mg，每月不超過 400 mg。 (2)Sumatriptan succinate 鼻噴劑型藥品每次用量不超過一劑（10mg 或 20mg)，每月不超過四劑（10mg 或 20mg）。（93/8/1、94/11/1、97/1/1、97/9/1） (3)Rizatriptan 口服劑型藥品每次用量不超過 10 mg，每月不超過 40 mg。（97/6/1） 5. 不得同時處方含有 ergotamine 製劑或其衍生物類藥物。 6.不得作為預防性使用。 7.不得使用於曾患有心肌梗塞、缺血性心臟病、Prinzmetal 氏狹心症、冠狀血管痙攣者及高血壓未	

如用於勃起機能障礙之治療，不予給付。 2.4.2.Potassium citrate（如 Urocit-K tab）： 限泌尿道結石或腎小管性酸毒症病人使用。 2.4.3.Pentosan Polysulfate Sodium（如 Elmiron Cap)(92/12/1) 1.用於間質性膀胱炎。 2.病患應同時符合下列情形： (1)出現尿急、頻尿、骨盆腔疼痛、夜尿症狀一年以上。 (2)尿液常規檢查或培養無感染，及尿液細胞學檢查無惡性細胞。 (3)麻醉下膀胱鏡水擴張後出現腎絲球狀出血（glomerulation）或 Hunner's 潰瘍，或未出血但膀胱容量在麻醉下小於 500 毫升。 (4)連續二天排尿日誌顯示每次排尿量少於 300 毫升，且每天排尿次數至少大於十次以上。 (5)曾以傳統治療（包括膀胱擴張、藥物、物理治療等）治療四週以上仍無效果者。 3.原則上每一療程以六個月為限，療程結束前應評估其療效，如症狀未有改善且無不良反應出現者，可再繼續另一療程。 4.需經事前審查核准後使用。 2.5.(刪除)(100/7/1) 2.6.降血脂藥物 Drugs used	受控制的患者。 8.青少年（12-17 歲)符合上述第 1、2、3 項者，限使用 sumatriptan succinate 鼻噴劑型或 rizatriptan 口服劑型藥品，且二藥品不得併用。6-11 歲兒童符合上述第 1、2、3 項者，限使用 rizatriptan 口服劑型藥品。（97/9/1、108/5/1） 2.4.泌尿道疾患治療藥物 Agents used to treat urological disorders 2.4.1.Alprostadil：(86/9/1) 如用於勃起機能障礙之治療，不予給付。 2.4.2.Potassium citrate（如 Urocit-K tab）： 限泌尿道結石或腎小管性酸毒症病人使用。 2.4.3.Pentosan Polysulfate Sodium（如 Elmiron Cap)(92/12/1) 1.用於間質性膀胱炎。 2.病患應同時符合下列情形： (1)出現尿急、頻尿、骨盆腔疼痛、夜尿症狀一年以上。 (2)尿液常規檢查或培養無感染，及尿液細胞學檢查無惡性細胞。 (3)麻醉下膀胱鏡水擴張後出現腎絲球狀出血（glomerulation）或 Hunner's 潰瘍，或未出血但膀胱容量在麻醉下小於 500 毫升。 (4)連續二天排尿日誌顯示每次	

for dyslipidemia 2.6.1.全民健康保險降血脂藥物給付規定表（86/1/1、87/4/1、87/7/1、91/9/1、93/9/1、97/7/1、102/8/1、108/2/1） 全民健康保險降膽固醇藥物給付規定表(詳後 p.1741) 全民健康保險降三酸甘油酯藥物給付規定表(詳後 p.1741) 2.6.2.Ezetimibe（如 Ezetrol Tablets)：(94/6/1) 原發性高膽固醇血症、同型接合子家族性高膽固醇血症、同型接合子性麥脂醇血症(植物脂醇血症)患者並符合下列條件之一者： 1. 符合全民健康保險降血脂藥物給付規定表且對 Statins 類藥品發生無法耐受藥物不良反應（如 Severe myalgia、Myositis）者。 2.符合全民健康保險降血脂藥物給付規定表經使用 Statins 類藥品單一治療 3 個月未達治療目標者，得合併使用本案藥品與 Statins 類藥品。 2.6.3.含 ezetimibe 及 statin 類之複方製劑（如 Vytorin、Atozet）：(95/12/1、106/8/1)： 1.限用於原發性高膽固醇血症、同型接合子家族性高膽固醇血症(HOFH) 病患並符合全民健康保險降血脂藥物給付規定表，經使用 statin 類藥品單一治療 3	排尿量少於 300 毫升，且每天排尿次數至少大於十次以上。 (5)曾以傳統治療（包括膀胱擴張、藥物、物理治療等）治療四週以上仍無效果者。 3.原則上每一療程以六個月為限，療程結束前應評估其療效，如症狀未有改善且無不良反應出現者，可再繼續另一療程。 4.需經事前審查核准後使用。 2.5.(刪除)(100/7/1) 2.6.降血脂藥物 Drugs used for dyslipidemia 2.6.1.全民健康保險降血脂藥物給付規定表（86/1/1、87/4/1、87/7/1、91/9/1、93/9/1、97/7/1、102/8/1、108/2/1） 全民健康保險降膽固醇藥物給付規定表(詳後 p.1759) 全民健康保險降三酸甘油酯藥物給付規定表(詳後 p.1759) 2.6.2.Ezetimibe（如 Ezetrol Tablets)：(94/6/1) 原發性高膽固醇血症、同型接合子家族性高膽固醇血症、同型接合子性麥脂醇血症(植物脂醇血症)患者並符合下列條件之一者： 1.符合全民健康保險降血脂藥物給付規定表且對 Statins 類藥品發生無法耐受藥物不良反應（如 Severe myalgia、Myositis）者。	

個月未達治療目標者(106/8/1)。 2.本品不得與gemfibrozil併用。(106/8/1) 2.6.4. PCSK9 血脂調節劑 2.6.4.1.Evolocumab (如Repatha)：(107/3/1、108/5/1、109/4/1) 1.使用於發生重大心血管事件之病人 (1)須經事前審查核准後使用（請詳附表二-D），每次申請得核准使用6個月，再次申請須檢附評估報告，若血中 LDL-C較本藥物開始使用前下降程度未達 30%，即屬療效不佳，則不再給付。 (2)限給付於發生重大心血管事件之後一年內且使用最大耐受劑量statin之病人，如心肌梗塞、接受冠狀動脈或其他動脈血管再通術(revascularization)、動脈硬化相關之缺血性腦中風等之動脈粥狀硬化心血管疾病之成人病人，且符合下列條件之一者： I. 經使用高強度statin (如rosuvastatin 20mg 或atorvastatin 40 mg(含)以上)或病人可耐受之最大劑量的statin三個月(含)以上且之後再合併使用ezetimibe 10 mg 三個月(含)以上，LDL-C 仍高於135 mg/dL者。 II. 對statin 有禁忌症或確診為對statin不耐受之病人，經其他降血脂藥物(至	2.符合全民健康保險降血脂藥物給付規定表經使用Statins類藥品單一治療3個月未達治療目標者，得合併使用本案藥品與Statins類藥品。 2.6.3.含ezetimibe及statin類之複方製劑（如Vytorin、Atozet）：(95/12/1、106/8/1)： 1.限用於原發性高膽固醇血症、同型接合子家族性高膽固醇血症(HOFH) 病患並符合全民健康保險降血脂藥物給付規定表，經使用statin 類藥品單一治療 3個月未達治療目標者(106/8/1)。 2.本品不得與 gemfibrozil 併用。(106/8/1) 2.6.4. PCSK9 血脂調節劑 2.6.4.1.Evolocumab (如Repatha)：(107/3/1、108/5/1、109/4/1) 1.使用於發生重大心血管事件之病人 (1)須經事前審查核准後使用（請詳附表二-D），每次申請得核准使用 6 個月，再次申請須檢附評估報告，若血中 LDL-C較本藥物開始使用前下降程度未達 30%，即屬療效不佳，則不再給付。 (2)限給付於發生重大心血管事件之後一年內且使用最大耐受劑量statin之病人，如心肌梗塞、接受冠狀動脈或其他動脈血管再通術(revascularization)、動	

少需有 ezetimibe 10 mg)持續治療 3 個月，LDL-C 仍高於 135 mg/dL 者。 (3)最高劑量為每兩週使用 1 支。 (4)不可同時使用其他 PCSK9 血脂調節劑。 2.使用於同合子家族性高膽固醇血症之病人 (1)限經使用最高忍受劑量之 statin+ezetimibe 合併治療 6 個月，LDL-C 仍高於 130mg/dL 者，且符合下列各項條件之一患者使用： I.經遺傳基因檢測為同合子基因變異或多重不同基因異常，其作用似同合子基因變異，且確診為同合子家族性膽固醇血症之患者：依中華民國血脂及動脈硬化學會「臺灣血脂異常防治共識節錄—家族性高膽固醇血症之診斷與治療」之「台灣 FH 建議診斷標準」評分總和超過 8 分(108/5/1)。 II.經遺傳基因檢測未檢出同合子基因變異或多重不同基因異常之同合子家族性高膽固醇血症患者，至少須符合以下三種臨床徵狀：(108/5/1、109/4/1) i.10 歲前出現皮膚或肌腱黃色瘤。 ii.未經藥物治療之 LDL-C>500 mg/dL 且經降高血脂藥物治療後>330mg/dL。 iii.父母有高膽固醇血症(未經藥物治療之 TC>250mg/dL)。	脈硬化相關之缺血性腦中風等之動脈粥狀硬化心血管疾病之成人病人，且符合下列條件之一者： I. 經使用高強度 statin (如 rosuvastatin 20mg 或 atorvastatin 40 mg(含)以上)或病人可耐受之最大劑量的 statin 三個月(含)以上且之後再合併使用 ezetimibe 10 mg 三個月(含)以上，LDL-C 仍高於 135 mg/dL 者。 II. 對 statin 有禁忌症或確診為對 statin 不耐受之病人，經其他降血脂藥物(至少需有 ezetimibe 10 mg)持續治療 3 個月，LDL-C 仍高於 135 mg/dL 者。 (3)最高劑量為每兩週使用 1 支。 (4)不可同時使用其他 PCSK9 血脂調節劑。 2.使用於同合子家族性高膽固醇血症之病人 (1)限經使用最高忍受劑量之 statin+ezetimibe 合併治療 6 個月，LDL-C 仍高於 130mg/dL 者，且符合下列各項條件之一患者使用： I.經遺傳基因檢測為同合子基因變異或多重不同基因異常，其作用似同合子基因變異，且確診為同合子家族性膽固醇血症之患者：依中華民國血脂及動脈硬化學會「臺灣血脂異常防治共識節錄—家族性高膽固醇血症之診斷與治療」之「台灣 FH 建議診斷標	

iv.20 歲前發生冠心病。 (2)需經事前審查核准使用，每次申請之療程以 6 個月為限。 (3)使用後需每 6 個月評估一次 LDL-C，若 LDL-C 連續二次未較治療前降低 18%以上，則不予同意再使用。 (4)限每 4 週使用 1 次，每次最多使用 3 支，或每 2 週使用 1 支。(109/4/1) 2.6.4.2 Alirocumab(如 Praluent)(109/1/1)： 限使用於發生重大心血管事件之病人： 1. 須經事前審查核准後使用（請詳附表二-D），每次申請得核准使用 6 個月，再次申請須檢附評估報告，若血中 LDL-C 較本藥物開始使用前下降程度未達 30%，即屬療效不佳，則不再給付。 2. 限給付於發生重大心血管事件之後一年內且使用最大耐受劑量 statin 之病人，如心肌梗塞、接受冠狀動脈或其他動脈血管再通術(revascularization)、動脈硬化相關之缺血性腦中風等之動脈粥狀硬化心血管疾病之成人病人，且符合下列條件之一者： (1)經使用高強度 statin（如 rosuvastatin 20mg 或 atorvastatin 40 mg(含)以上)或病人可耐受之最大劑量的 statin 三個月(含)以上且之後再合併使用 ezetimibe 10 mg 三個月	準」評分總和超過 8 分(108/5/1)。 II.經遺傳基因檢測未檢出同合子基因變異或多重不同基因異常之同合子家族性高膽固醇血症患者，至少須符合以下三種臨床徵狀：(108/5/1、109/4/1) i.10 歲前出現皮膚或肌腱黃色瘤。 ii.未經藥物治療之 LDL-C>500 mg/dL 且經降高血脂藥物治療後>330mg/dL。 iii.父母有高膽固醇血症(未經藥物治療之 TC>250mg/dL)。 iv.20 歲前發生冠心病。 (2)需經事前審查核准使用，每次申請之療程以 6 個月為限。 (3)使用後需每 6 個月評估一次 LDL-C，若 LDL-C 連續二次未較治療前降低 18%以上，則不予同意再使用。 (4)限每 4 週使用 1 次，每次最多使用 3 支，或每 2 週使用 1 支。(109/4/1) 2.6.4.2 Alirocumab(如 Praluent)(109/1/1)： 限使用於發生重大心血管事件之病人： 1.須經事前審查核准後使用（請詳附表二-D），每次申請得核准使用 6 個月，再次申請須檢附評估報告，若血中 LDL-C 較本藥物開始使用前下降程度未達 30%，即屬療效不佳，則不再給付。 2.限給付於發生重大心血管事	

(含)以上，LDL-C 仍高於 135 mg/dL 者。 (2)對 statin 有禁忌症或確診為對 statin 不耐受之病人，經其他降血脂藥物(至少需有 ezetimibe 10 mg)持續治療 3 個月，LDL-C 仍高於 135 mg/dL 者。 3.最高劑量為每兩週使用 1 支。 4.不可同時使用其他 PCSK9 血脂調節劑。 2.7.乙型擬交感神經阻斷劑 Beta blocking agents：metoprolol succinate 23.75mg（如 Betaloc ZOK 25mg）(93/5/1) 限用於慢性心衰竭病患。 2.8.其他 Miscellaneous 2.8.1.腦循環改善劑、腦代謝改善劑及血球流變改善劑：(87/4/1) 因治療上需要使用腦循環改善劑或腦代謝改善劑或血球流變改善劑時，最多使用一類，且需檢附相關之紀錄或報告，並於病歷上詳細記載。 2.8.2.肺動脈高血壓治療劑(95/1/1、97/6/1、98/12/1、99/11/1、100/4/1、103/7/1、104/6/1、104/8/1、108/5/1)： 此類藥物原則上不得併用，惟符合下列之一情況者，得經事前審查核准通過接受合併治療： 1.WHO Functional Class III 及 IV 嚴重且危及生命之原	件之後一年內且使用最大耐受劑量 statin 之病人，如心肌梗塞、接受冠狀動脈或其他動脈血管再通術(revascularization)、動脈硬化相關之缺血性腦中風等之動脈粥狀硬化心血管疾病之成人病人，且符合下列條件之一者： (1)經使用高強度 statin（如 rosuvastatin 20mg 或 atorvastatin 40 mg(含)以上)或病人可耐受之最大劑量的 statin 三個月(含)以上且之後再合併使用 ezetimibe 10 mg 三個月(含)以上，LDL-C 仍高於 135 mg/dL 者。 (2)對 statin 有禁忌症或確診為對 statin 不耐受之病人，經其他降血脂藥物(至少需有 ezetimibe 10 mg)持續治療 3 個月，LDL-C 仍高於 135 mg/dL 者。 3.最高劑量為每兩週使用 1 支。 4.不可同時使用其他 PCSK9 血脂調節劑。 2.7.乙型擬交感神經阻斷劑 Beta blocking agents：metoprolol succinate 23.75mg（如 Betaloc ZOK 25mg）(93/5/1) 限用於慢性心衰竭病患。 2.8.其他 Miscellaneous 2.8.1.腦循環改善劑、腦代謝改善劑及血球流變改善劑：(87/4/1) 因治療上需要使用腦循環改善劑或腦代謝改善劑或血球	

發性肺動脈高血壓患者，使用單一藥物治療成效不佳時。 2.WHO Functional Class III 之先天性心臟病續發肺動脈高血壓患者，使用單一藥物治療三個月後成效不佳時。（104/8/1） 2.8.2.1.Iloprost（如 Ventavis、 Ilomedin-20）：(95/1/1、99/11/1、100/4/1) 1.吸入劑：限用於原發性肺動脈高血壓之治療。 2.輸注液：限用於原發性肺動脈高血壓且合併右心室衰竭嚴重度高於 class III。 3.需經事前審查核准後使用。 2.8.2.2.Sildenafil（如 Revatio）：(97/6/1、100/4/1、102/8/1) 1.用於原發性肺動脈高血壓、結締組織病變導致之肺動脈高血壓或先天性心臟病併發之肺動脈高血壓(Eisenmenger 症候群)運動能力差（WHO Functional Class III 及 IV）患者。(102/8/1)。 2.不得與任何有機硝酸鹽藥物合併使用。 2.8.2.3.Ambrisentan（如 Volibris）（98/12/1、103/7/1、104/8/1、107/12/1）： 1.限用於原發性肺動脈高血壓之治療。 2.需經事前審查核准後使用。 3.每次限用 1 粒。 2.8.2.4.Riociguat（如	流變改善劑時，最多使用一類，且需檢附相關之紀錄或報告，並於病歷上詳細記載。 2.8.2. 肺動脈高血壓治療劑(95/1/1 、 97/6/1 、 98/12/1 、 99/11/1 、 100/4/1 、 103/7/1 、 104/6/1 、 104/8/1 、 108/5/1)： 此類藥物原則上不得併用，惟符合下列之一情況者，得經事前審查核准通過接受合併治療： 1.WHO Functional Class III 及 IV 嚴重且危及生命之原發性肺動脈高血壓患者，使用單一藥物治療成效不佳時。 2.WHO Functional Class III 之先天性心臟病續發肺動脈高血壓患者，使用單一藥物治療三個月後成效不佳時。（104/8/1） 2.8.2.1.Iloprost （如 Ventavis 、 Ilomedin-20）：(95/1/1、99/11/1、100/4/1) 1.吸入劑：限用於原發性肺動脈高血壓之治療。 2.輸注液：限用於原發性肺動脈高血壓且合併右心室衰竭嚴重度高於 class III。 3.需經事前審查核准後使用。 2.8.2.2.Sildenafil （如 Revatio）：（97/6/1 、 100/4/1、102/8/1） 1.用於原發性肺動脈高血壓、結締組織病變導致之肺動脈高血壓或先天性心臟病	

Adempas)(104/6/1)： 1.限用於 (1)原發性肺動脈高血壓之治療。 (2)無法手術或術後仍持續發生或復發、肺功能分級為WHO第II級到第III級的慢性血栓栓塞性肺高壓(CTEPH，chronic thromboembolic pulmonary hypertension)之成年患者。 2.需經事前審查核准後使用。 3.每次限用1粒。 2.8.2.5.Bosentan（如Tracleer）（98/12/1、103/7/1、104/8/1）： 1.用於原發性肺動脈高血壓。 2.用於因先天性心臟病續發WHO Functional Class III肺動脈高血壓(伴隨先天性Systemic-to-pulmonary shunts與Eisenmenger physiology)。 3.需經事前審查核准後使用。 4.每次限用1粒。 2.8.2.6.Macitentan（如Opsumit）（107/12/1)： 1.用於原發性肺動脈高血壓： (1)需經事前審查核准使用。 (2)每日限用1粒。 2.用於結締組織病變導致之肺動脈高血壓： (1)限符合下列各項條件之病患使用： Ⅰ.經右心導管檢查，證實確實符合肺動脈高血壓之診斷。 Ⅱ.結締組織病變導致之肺動脈高血壓成年患者(須經肺動	併發之肺動脈高血壓(Eisenmenger 症候群)運動能力差(WHO Functional Class III及IV)患者。(102/8/1)。 2.不得與任何有機硝酸鹽藥物合併使用。 2.8.2.3.Ambrisentan（如Volibris）（98/12/1、103/7/1、104/8/1、107/12/1)： 1.限用於原發性肺動脈高血壓之治療。 2.需經事前審查核准後使用。 3.每次限用1粒。 2.8.2.4.Riociguat（如Adempas)(104/6/1)： 1.限用於 (1)原發性肺動脈高血壓之治療。 (2)無法手術或術後仍持續發生或復發、肺功能分級為WHO第II級到第III級的慢性血栓栓塞性肺高壓(CTEPH，chronic thromboembolic pulmonary hypertension)之成年患者。 2.需經事前審查核准後使用。 3.每次限用1粒。 2.8.2.5.Bosentan（如Tracleer）（98/12/1、103/7/1、104/8/1）： 1.用於原發性肺動脈高血壓。 2.用於因先天性心臟病續發WHO Functional Class III肺動脈高血壓(伴隨先天性Systemic-to-pulmonary shunts與Eisenmenger physiology)。	

脈高血壓相關檢查，如肺功能、高解析胸部電腦斷層、肺部通氣及灌流核醫掃瞄、血液檢查、心臟超音波檢查、或六分鐘走路測試等排除其他病因)，且使用現有藥物(如：sildenafil)治療3個月後成效仍不佳，且無其他藥物可供選擇者。 Ⅲ.經風濕免疫專科醫師會診，確認有需使用者。 (2)需經事前審查核准後使用，每次申請之療程以6個月為限。申請時須檢附NYHA Functional class、六分鐘步行測試、心臟超音波或心電圖、心房衰竭指數(Pro-BNP or NT Pro-BNP)等檢查結果，專科醫師會診意見等病歷紀錄。 (3)使用後每6個月需重新評估一次治療之療效，前述檢查結果皆無較使用前改善者，應暫停使用並加強結締組織病本身疾病之控制。必要時得於3個月後再行申請使用1次，惟若再行使用6個月後狀況仍無進步者，則不得再使用。 (4)每日限用1粒。 2.8.2.7.Selexipag（如UPTRAVI)：(108/5/1) 1.限用於WHO Functional Class III之原發性肺動脈高壓患者，經PDE-5i (phosphodiesterase type 5 inhibitor) 和/或ERA (endothelin-receptor	3.需經事前審查核准後使用。 4.每次限用1粒。 2.8.2.6.Macitentan（如Opsumit）(107/12/1)： 1.用於原發性肺動脈高血壓： (1)需經事前審查核准使用。 (2)每日限用1粒。 2.用於結締組織病變導致之肺動脈高血壓： (1)限符合下列各項條件之病患使用： Ⅰ.經右心導管檢查，證實確實符合肺動脈高血壓之診斷。 Ⅱ.結締組織病變導致之肺動脈高血壓成年患者(須經肺動脈高血壓相關檢查，如肺功能、高解析胸部電腦斷層、肺部通氣及灌流核醫掃瞄、血液檢查、心臟超音波檢查、或六分鐘走路測試等排除其他病因)，且使用現有藥物(如：sildenafil)治療3個月後成效仍不佳，且無其他藥物可供選擇者。 Ⅲ.經風濕免疫專科醫師會診，確認有需使用者。 (2)需經事前審查核准後使用，每次申請之療程以6個月為限。申請時須檢附NYHA Functional class、六分鐘步行測試、心臟超音波或心電圖、心房衰竭指數(Pro-BNP or NT Pro-BNP)等檢查結果，專科醫師會診意見等病歷紀錄。 (3)使用後每6個月需重新評估一次治療之療效，前述檢查結果皆無較使用前改善	

antagonist)治療療效不佳者，合併 PDE-5i 或 ERA 使用。 2.需經事前審查核准使用。 3.每日限最多使用 4 粒。 2.8.2.8.Treprostinil（如 Remodulin inj.、Tyvaso)：(109/1/1) 1.吸入劑：限用於治療 WHO Group I 原發性肺動脈高血壓合併 NYH A class Ⅲ 症狀。 2.注射劑：限用於原發性肺高血壓之治療。 3.需經事前審查核准後使用。 2.9.利尿劑 Diuretics（100/1/1） 2.9.1. Eplerenone（如 Inspra)：（100/1/1、104/12/1） 限使用於對 spironolactone 無法耐受之下述個案： 1.心肌梗塞後之心衰竭病人。 2.紐約心臟學會(NYHA) 心臟功能分類第 II 級(含)以上之慢性心衰竭及左心室收縮功能不全(LVEF≦30%)的成人患者。(104/12/1) 2.9.2. Amiloride 單方口服製劑（109/9/1） 1.限 Liddle's Syndrome 病人經事前審查核准後使用。 2.送審時須檢附高血壓、血液電解質異常(高血鈉、低血鉀)，酸鹼度偏鹼（如高 serum bicarbonate）、血液醛固酮（aldosterone）偏低或正常濃度及低血液 renin activity 之病歷資料。	者，應暫停使用並加強結締組織病本身疾病之控制。必要時得於 3 個月後再行申請使用 1 次，惟若再行使用 6 個月後狀況仍無進步者，則不得再使用。 (4)每日限用 1 粒。 2.8.2.7.Selexipag（如 UPTRAVI)：(108/5/1) 1. 限用於 WHO Functional Class III 之原發性肺動脈高壓患者，經 PDE-5i (phosphodiesterase type 5 inhibitor) 和/或 ERA (endothelin-receptor antagonist)治療療效不佳者，合併 PDE-5i 或 ERA 使用。 2.需經事前審查核准使用。 3.每日限最多使用 4 粒。 2.8.2.8.Treprostinil（如 Remodulin inj.、Tyvaso)：(109/1/1) 1.吸入劑：限用於治療 WHO Group I 原發性肺動脈高血壓合併 NYH A class Ⅲ 症狀。 2.注射劑：限用於原發性肺高血壓之治療。 3.需經事前審查核准後使用。 2.9. 利尿劑 Diuretics（100/1/1） 2.9.1. Eplerenone（如 Inspra)：（100/1/1、104/12/1） 限使用於對 spironolactone 無法耐受之下述個案： 1.心肌梗塞後之心衰竭病人。 2.紐約心臟學會(NYHA) 心臟功	

2.9.3. Furosemide 口服液劑(如 Fumide oral solution)：(110/7/1) 限使用於無法吞食錠劑者使用(病歷中應註明不能使用錠劑的原因)。(110/7/1) 2.10.抗心律不整劑 Antiarrhythmics (100/8/1) 2.10.1.Dronedarone (如 Multaq) (100/8/1) 1.Multaq 適用於最近 6 個月內有陣發性或持續性心房纖維顫動(AF)或心房撲動(AFL)，且目前處於竇性節律 (sinus rhythm) 狀態或即將接受治療成為正常節律的患者，可降低病患發生心血管疾病而住院的風險： (1)年齡≧70 歲以上，曾有過心房纖維顫動 (AF) 或心房撲動(AFL)之病患； (2)65≦年齡＜70 歲，且帶有下列心血管相關危險因子之一的患者 (例如：高血壓、糖尿病、曾發生過腦血管意外、左心房直徑≧50mm 或左心室射出率【LVEF】＜40%)。 2.不得使用於有心衰竭住院診斷史病人。 2.11.抗痛風劑 Antigout agents 2.11.1.Febuxostat (如 Feburic)：(101/4/1、103/3/1、105/8/1、108/12/1) 限慢性痛風患者之高尿酸血症使用，且符合以下條件之	能分類第 II 級(含)以上之慢性心衰竭及左心室收縮功能不全(LVEF≦30%)的成人患者。(104/12/1) 2.9.2. Amiloride 單方口服製劑 (109/9/1) 1.限 Liddle's Syndrome 病人經事前審查核准後使用。 2.送審時須檢附高血壓、血液電解質異常(高血鈉、低血鉀)，酸鹼度偏鹼 (如高 serum bicarbonate)、血液醛固酮 (aldosterone) 偏低或正常濃度及低血液 renin activity 之病歷資料。 2.10. 抗心律不整劑 Antiarrhythmics (100/8/1) 2.10.1.Dronedarone (如 Multaq) (100/8/1) 1.Multaq 適用於最近 6 個月內有陣發性或持續性心房纖維顫動(AF)或心房撲動(AFL)，且目前處於竇性節律 (sinus rhythm) 狀態或即將接受治療成為正常節律的患者，可降低病患發生心血管疾病而住院的風險： (1)年齡≧70 歲以上，曾有過心房纖維顫動 (AF) 或心房撲動(AFL)之病患； (2)65≦年齡＜70 歲，且帶有下	

一： 1.曾使用過降尿酸藥物 benzbromarone 治療反應不佳，尿酸值仍高於 6.0 mg/dL。（103/3/1） 2.患有慢性腎臟病（eGFR＜45 mL/min/1.73m^{2}或 serum creatinine≧1.5mg/dL），或具尿酸性腎臟結石或尿酸性尿路結石或痛風石，或肝硬化之痛風病人。（103/3/1、105/8/1、108/12/1） 3.痛風石病人使用時需於病歷上詳細記載部位(需有照片或 X 光攝影檢查)及醫療理由。(108/12/1) 2.11.2.含 allopurinol 成分製劑(105/2/1) 1.限使用於痛風症、痛風性關節炎、尿酸結石、癌症或經化學治療產生之高尿酸血症之治療。 2.本藥品可能發生嚴重藥物不良反應，故不得使用於非核准之適應症。且須充分提醒病人相關不良反應症狀及後續作為。 2.12.Ivabradine(如 Coralan)(103/5/1、106/10/1) 1.限符合下列所有條件之慢性心衰竭患者使用: (1)依紐約心臟協會(NYHA)衰竭功能分級為第二級至第四級。(106/10/1) (2)心臟收縮性功能不全，且 Ejection Fraction≦35%。 (3)實性心率且每分鐘心跳速率≧75。	列心血管相關危險因子之一的患者（例如：高血壓、糖尿病、曾發生過腦血管意外、左心房直徑≧50mm 或左心室射出率【LVEF】＜40%）。 2.不得使用於有心衰竭住院診斷史病人。 2.11. 抗痛風劑 Antigout agents 2.11.1.Febuxostat（如 Feburic）：（101/4/1、103/3/1、105/8/1、108/12/1） 限慢性痛風患者之高尿酸血症使用，且符合以下條件之一： 1. 曾使用過降尿酸藥物 benzbromarone 治療反應不佳，尿酸值仍高於 6.0 mg/dL。（103/3/1） 2.患有慢性腎臟病（eGFR＜45 mL/min/1.73m2 或 serum creatinine≧1.5mg/dL），或具尿酸性腎臟結石或尿酸性尿路結石或痛風石，或肝硬化之痛風病人。（103/3/1、105/8/1、108/12/1） 3.痛風石病人使用時需於病歷上詳細記載部位(需有照片或 X 光攝影檢查)及醫療理由。(108/12/1) 2.11.2.含 allopurinol 成分製劑(105/2/1) 1.限使用於痛風症、痛風性關節炎、尿酸結石、癌症或經化學治療產生之高尿酸血症之治療。 2.本藥品可能發生嚴重藥物不	

(4)對使用 β-阻斷劑為禁忌症或使用最大可耐受劑量之β-阻斷劑已達四週(含)以上。(106/10/1) 2.每日使用二次，每次用量限不超過一粒。 2.13.Tolvaptan(105/9/1、108/7/1、109/3/1、109/10/1)： 2.13.1.Tolvaptan（如Samsca)：(105/9/1、108/7/1、109/3/1) 1. 限用於住院病人有下列情形之一者： (1)罹患心臟衰竭引起之低血鈉症(血清鈉濃度低於125mEq/L)，經傳統治療(包括限水，loop diuretics及補充鹽分等）48小時以上症狀仍無法改善之成年患者，鈉濃度達125mEq/L(含)以上應即停藥。(109/3/1) (2)罹患抗利尿激素分泌不當症候群（SIADH）引起之低血鈉症(血清鈉濃度低於125mEq/L)，經傳統治療(包括限水，loop diuretics及補充鹽分等）48小時以上症狀仍無法改善之成年患者，鈉濃度達125mEq/L(含)以上應即停藥。(109/3/1) 2. 每位病人每年限給付3次療程，同次住院限給付1次療程。每次療程最多給付4日，每日最多給付1粒。 3.須於使用後監測肝功能，肝功能指數大於正常上限3倍者應停用。	良反應，故不得使用於非核准之適應症。且須充分提醒病人相關不良反應症狀及後續作為。 2.12.Ivabradine(如 Coralan)(103/5/1、106/10/1) 1.限符合下列所有條件之慢性心衰竭患者使用: (1)依紐約心臟協會(NYHA)衰竭功能分級為第二級至第四級。(106/10/1) (2)心臟收縮性功能不全，且Ejection Fraction ≦35%。 (3)竇性心率且每分鐘心跳速率≧75。 (4)對使用β-阻斷劑為禁忌症或使用最大可耐受劑量之β-阻斷劑已達四週(含)以上。(106/10/1) 2.每日使用二次，每次用量限不超過一粒。 2.13.Tolvaptan(105/9/1、108/7/1、109/3/1、109/10/1)： 2.13.1.Tolvaptan（如Samsca）：(105/9/1、108/7/1、109/3/1) 1. 限用於住院病人有下列情形之一者： (1) 罹患心臟衰竭引起之低血鈉症(血清鈉濃度低於125mEq/L)，經傳統治療(包括限水，loop diuretics及補充鹽分等）48小時以上症狀仍無法改善之成年患者，鈉濃度達125mEq/L(含)以上應即停藥。(109/3/1) (2) 罹患抗利尿激素分泌不當	

2.13.2.Tolvaptan（如Jinarc)(108/7/1、109/10/1)： 1.限腎臟專科醫師處方，須經事前審查核准後使用，每日至多使用 2 粒，每年檢附評估資料重新申請。 2.初次使用限用於已出現病情迅速惡化跡象之第 3 期慢性腎臟病的 18-50 歲自體顯性多囊性腎臟病(ADPKD) 患者，且腎臟影像呈雙側/瀰漫性水泡，病情須符合下列至少一項：(109/10/1) (1)一年之內 eGFR 下降≧5.0 mL/min/1.73 m2 或五年內 eGFR 每年下降≧2.5mL/min/1.73 m2，且排除其它如脫水、藥物、感染、阻塞等原因所致。 (2)htTKV 符合 Mayo 分期 1C-1E disease 3.病患開始使用 tolvaptan 前，確認下列條件及病史： (1)用藥前肝功能正常 (2)血清尿酸濃度控制在 7mg/dL 或以下 (3)沒有青光眼或經眼科醫師證明眼壓控制良好 (4)沒有皮膚腫瘤的病史 (5)沒有電解質異常 (6)排除懷孕、哺乳、脫水、尿路阻塞、及肝臟損傷病史 4.出現下列情況時停用 tolvaptan： (1)在藥物調整後，肝功能指數仍高於上限三倍 (2)在使用 tolvaptan 一年後，eGFR 下降仍	症候群（SIADH）引起之低血鈉症(血清鈉濃度低於 125mEq/L)，經傳統治療(包括限水，loop diuretics 及補充鹽分等) 48 小時以上症狀仍無法改善之成年患者，鈉濃度達 125mEq/L(含)以上應即停藥。(109/3/1) 2.每位病人每年限給付 3 次療程，同次住院限給付 1 次療程。每次療程最多給付 4 日，每日最多給付 1 粒。 3.須於使用後監測肝功能，肝功能指數大於正常上限 3 倍者應停用。 2.13.2.Tolvaptan（如Jinarc)(108/7/1、109/10/1)： 1.限腎臟專科醫師處方，須經事前審查核准後使用，每日至多使用 2 粒，每年檢附評估資料重新申請。 2.初次使用限用於已出現病情迅速惡化跡象之第 3 期慢性腎臟病的 18-50 歲自體顯性多囊性腎臟病(ADPKD) 患者，且腎臟影像呈雙側/瀰漫性水泡，病情須符合下列至少一項：(109/10/1) (1)一年之內 eGFR 下降≧5.0 mL/min/1.73 m2 或五年內 eGFR 每年下降≧2.5mL/min/1.73 m2，且排除其它如脫水、藥物、感染、阻塞等原因所致。 (2)htTKV 符合 Mayo 分期 1C-1E disease 3.病患開始使用 tolvaptan 前，	

≧5mL/min/1.73 m2 (3)有明顯副作用以致有危害健康的疑慮時 2.14. Sacubitril+Valsartan (如 Entresto)：(106/3/1、109/6/1、110/7/1) 1.限符合下列各項條件之慢性收縮性心衰竭患者使用： (1)依紐約心臟協會(NYHA)心衰竭功能分級為第二級至第四級。左心室收縮功能不全，左心室射出分率(LVEF)≦40%（初次使用者以一年內心臟超音波、心導管左心室造影、核醫、電腦斷層或磁振造影等標準心臟功能檢查的左心室射出分率數值結果為參考依據，如果是急性心肌梗塞、急性心肌炎或初次裝置左心室再同步心律調節器或左心室再同步去顫復律器者，以半年內心臟超音波、心導管左心室造影、核醫、電腦斷層或磁振造影等標準心臟功能檢查的左心室射出分率數值結果為參考依據）。(109/6/1、110/7/1) (2)經 ACEI 或 ARB 穩定劑量治療，及合併使用β-阻斷劑最大可耐受劑量已達 4 週(含)以上或使用β-阻斷劑有禁忌症而無法使用，仍有心衰竭症狀者。(109/6/1) (3)慢性收縮性心衰竭患者，半年內心臟超音波左心室射出分率(LVEF)≦40%，在急性心衰竭住院病情穩定後 24 小時以上沒有使用靜脈注射強心劑、血壓收縮壓≧100	確認下列條件及病史： (1)用藥前肝功能正常 (2)血清尿酸濃度控制在 7mg/dL 或以下 (3)沒有青光眼或經眼科醫師證明眼壓控制良好 (4)沒有皮膚腫瘤的病史 (5)沒有電解質異常 (6)排除懷孕、哺乳、脫水、尿路阻塞、及肝臟損傷病史 4. 出現下列情況時停用 tolvaptan： (1)在藥物調整後，肝功能指數仍高於上限三倍 (2)在使用 tolvaptan 一年後，eGFR 下降仍≧5mL/min/1.73 m2 (3)有明顯副作用以致有危害健康的疑慮時 2.14. Sacubitril+Valsartan (如 Entresto)：(106/3/1、109/6/1) 1.限符合下列各項條件之慢性收縮性心衰竭患者使用： (1)依紐約心臟協會(NYHA)心衰竭功能分級為第二級至第四級。左心室收縮功能不全，左心室射出分率(LVEF)≦35%（初次使用者須檢附半年內心臟超音波、心導管左心室造影、核醫、電腦斷層或磁振造影等標準心臟功能檢查的左心室射出分率數值結果為參考依據；如果是急性心肌梗塞、急性心肌炎或初次裝置左心室再同步心律調節器或左心室再同步去顫復律器者，須經治療至少 3 個月並附上往後半	

毫米汞柱 6 小時以上、沒有低血壓症狀、沒有增加靜脈注射利尿劑劑量且沒有使用靜脈注射血管擴張劑，仍有心衰竭症狀為 NYHA 第二級至第四級者。(110/7/1) 2.不應與 ACEI 或 ARB 合併使用，開始使用本藥，至少要和 ACEI 間隔 36 小時。(109/6/1) 3.曾有血管性水腫(angioedema)病史者，禁止使用。 4.每日限最多使用 2 粒。 2.15. Digoxin 口服液劑(如 Cardiacin elixir)：(110/1/1) 限用於年齡 1 個月以上至未滿 7 歲兒童。 第 3 節 代謝及營養劑 Metabolic & nutrient agents 3.1.靜脈營養輸液 Parenteral nutritions 3.1.1. Fat emulsion：或含 Fat emulsion 之靜脈營養輸液(如含 glucose、lipid、amino acid 及 electrolytes 三合一靜脈營養輸液)：(97/11/1、98/7/1、98/12/1)限 1.嚴重燒傷病人，為靜脈營養補充。 2.使用全靜脈營養者。 3.重大手術後五至七天仍不能經腸道進食者，每日不超過一瓶為原則。(98/12/1) 3.1.2.Sodium	年內之之心臟超音波、心導管左心室造影、核醫、電腦斷層或磁振造影等標準心臟功能檢查的左心室射出分率數值結果為參考依據）。 (2)經 ACEI 或 ARB 穩定劑量治療，及合併使用 β-阻斷劑最大可耐受劑量已達 4 週(含)以上或使用 β-阻斷劑有禁忌症而無法使用，仍有心衰竭症狀者。 2.不應與 ACEI 或 ARB 合併使用，開始使用本藥，至少要和 ACEI 間隔 36 小時。 3. 曾有血管性水腫(angioedema)病史者，禁止使用。 4.每日限最多使用 2 粒。 2.15. Digoxin 口服液劑(如 Cardiacin elixir)：(110/1/1) 限用於年齡 1 個月以上至未滿 7 歲兒童。 第 3 節 代謝及營養劑 Metabolic & nutrient	

glycerophosphate(如Glycophos)：(111/1/1) 1.限用於接受靜脈營養補充，且臨床上有低血磷及相關症狀的病人使用。 2.早產兒有臨床需要者。 3.用於成人以使用7日為限。 3.2.維生素 Vitamins （使用維生素醫治之適應症詳附表三-A） 3.2.1.Mecobalamin 製劑：(85/4/1、100/8/1) 限符合以下條件之一使用： 1.糖尿病併發周邊神經病變並具有臨床神經學病徵（須於處方上敘明）。 2.經神經科專科醫師診斷或經神經傳導(NCV) 檢查證實之慢性多發性神經病變(chronic polyneuropathy)。（100/8/1） 3.2.2.活性維生素D3 製劑（如alfacalcidol；calcitriol）限下列病例使用：（86/1/1、91/7/1、100/1/1、109/10/1、110/12/1） 1. Vit.D 依賴型佝僂症或低磷血佝僂症。(應附醫學中心之診斷證明) 2. 副甲狀腺機能低下症。(應檢附病歷影本) 3. 慢性腎臟病引起之低血鈣症，並限 eGFR 小於45mL/min/1.73 m2，或PTH-i 大於正常值三倍以上，血中鈣濃度在10.5mg/dL 以上病例不可使用，每6個月須檢測病	agents 3.1. 靜脈營養輸液 Parenteral nutritions 3.1.1. Fat emulsion：或含Fat emulsion之靜脈營養輸液（如含 glucose、lipid、amino acid 及electrolytes 三合一靜脈營養輸液）：(97/11/1、98/7/1、98/12/1)限 1.嚴重燒傷病人，為靜脈營養補充。 2.使用全靜脈營養者。 3.重大手術後五至七天仍不能經腸道進食者，每日不超過一瓶為原則。(98/12/1) 3.2.維生素 Vitamins （使用維生素醫治之適應症詳附表三-A） 3.2.1.Mecobalamin 製劑：(85/4/1、100/8/1) 限符合以下條件之一使用： 1.糖尿病併發周邊神經病變並具有臨床神經學病徵（須於處方上敘明）。 2.經神經科專科醫師診斷或經神經傳導(NCV) 檢查證實之慢性多發性神經病變(chronic polyneuropathy)。（100/8/1）	

人血中鈣磷乘積，若血鈣*血磷>55mg2/dL2 者不可使用。（109/10/1、110/12/1）。 4. 停經後婦女患有脊椎壓迫性骨折或髖骨骨折病患。 3.3.其他 Miscellaneous 3.3.1.肝庇護劑：(85/1/1、88/3/1、94/7/1、108/11/1) 1.肝硬化、肝炎患者，限下列情形之一者，得由醫師依肝功能和影像檢查或病理切片檢查確實診斷後，視病情需要處方之。(94/7/1) (1)HBV (+) 及 HCV (+) 之病患且 GOT、GPT 值大於(或等於)正常值上限 1 倍以上。 (2)任何原因所引起之肝硬化且 GOT、GPT 值大於(或等於)正常值上限 1 倍以上。 (3)HBV (-) 及 HCV (-) 之病患，GOT、GPT 值大於(或等於)正常值上限 2 倍以上。 2.肝庇護劑之使用，門診以口服一種為原則；使用於高血氨症(hyperammonemia)之肝庇護劑應檢附氨之異常報告。 3.使用肝庇護劑應檢附肝功能報告，該報告有效期為三至六個月，逾期應再複查。(108/11/1) 4.肝功能檢查如檢查結果正常，應停止用藥，在檢查未得結果前，所用藥物以一週為宜。 3.3.2.α-Keto acid-amino	3.2.2.活性維生素 D3 製劑（如 alfacalcidol；calcitriol）限下列病例使用：（86/1/1、91/7/1、100/1/1、109/10/1） 1.Vit.D 依賴型佝僂症或低磷血佝僂症。(應附醫學中心之診斷証明) 2.副甲狀腺機能低下症。(應檢附病歷影本) 3.慢性腎不全引起之低血鈣症，並限腎臟功能失調(即 eGFR 小於 30mL/min/1.73m2，或 PTH-i 大於正常值三倍以上)，血中鈣濃度在 10.5 mg/dL 以上之病例不可使用。(109/10/1) 4.停經後婦女患有脊椎壓迫性骨折或髖骨骨折病患。 3.3.其他 Miscellaneous 3.3.1.肝庇護劑：(85/1/1、88/3/1、94/7/1、108/11/1) 1.肝硬化、肝炎患者，限下列情形之一者，得由醫師依肝功能和影像檢查或病理切片檢查確實診斷後，視病情需要處方之。(94/7/1) (1)HBV (+) 及 HCV (+) 之病患且 GOT、GPT 值大於(或等於)正常值上限 1 倍以上。 (2)任何原因所引起之肝硬化且	

acid 製劑(如 Ketosteril)：限 1.限慢性腎衰竭病患行低蛋白飲食治療，連續三個月，每個月之腎絲球過濾率 eGFR ≦15mL/min /1.73 m2 且尚未接受透析治療，每日至多使用六顆。(98/11/1、104/12/1) 2.使用時應每兩個月檢查一次，腎絲球過濾率 eGFR≧25mL/min/1.73 m2 時，或服用本品期間病人若發生體重減輕>5%或血清白蛋白降低>5%之情況或病人不遵守低蛋白飲食時，應即停藥。(104/12/1) 3.本品不得用於透析及換腎病患，並不得做為一般營養補充劑。(103/4/1) 4. 使用本品時不得與同類品製劑(例如 Amiyu‥) 同時處方。(93/12/1) 3.3.3.(刪除)：(88/9/1、93/8/1、107/10/1) 3.3.4.口服鈣質補充劑 oral calcium salt：(89/2/1) 限下列病患使用： 1. 骨質疏鬆(osteoporosis)或軟骨病(osteomalacia)病患。 2. 高磷酸鹽血症(hyperphosphatemia)或低血鈣症(hypocalcemia)。 3. 長期使用糖皮質類固醇(glucocorticoid)病患。	GOT、GPT 值大於(或等於)正常值上限 1 倍以上。 (3)HBV (-) 及 HCV (-) 之病患，GOT、GPT 值大於(或等於)正常值上限 2 倍以上。 2.肝庇護劑之使用，門診以口服一種為原則；使用於高血氨症(hyperammonemia)之肝庇護劑應檢附氨之異常報告。 3.使用肝庇護劑應檢附肝功能報告，該報告有效期為三至六個月，逾期應再複查。(108/11/1) 4.肝功能檢查如檢查結果正常，應停止用藥，在檢查未得結果前，所用藥物以一週為宜。 3.3.2. α -Keto acid-amino acid 製劑(如 Ketosteril)：限 1.限慢性腎衰竭病患行低蛋白飲食治療，連續三個月，每個月之腎絲球過濾率 eGFR ≦15mL/min /1.73 m2 且尚未接受透析治療，每日至多使用六顆。(98/11/1、104/12/1) 2.使用時應每兩個月檢查一次，腎絲球過濾率 eGFR≧25mL/min/1.73 m2 時，或服用本品期間病人若發生體重減輕>5%或血清白蛋白降低>5%之情況或病人不遵守低蛋白飲食時，應即停藥。(104/12/1) 3.本品不得用於透析及換腎病患，並不得做為一般營養補充劑。(103/4/1)	

4. 腎衰竭病患。 3.3.5.Nutrineal PD4 with 1.1% Amino Acid：(91/2/1、92/10/1、99/5/1) 1.限長期接受腹膜透析之病患使用；該病患至少接受腹膜透析（CAPD）三個月以上者。 2.每天限使用一袋代替葡萄糖腹膜透析液。 3.serum albumin ≦3.5gm/dL 或 nPNA <0.9 患者使用，需附開始 CAPD 當月的檢驗報告影本。 【註: nPNA (normalized protein equivalent of total nitrogen appearance) (gm/kg/day) = [10.76×(0.69× UNA+1.46)] ÷body weight (kg)】 4.每週 Kt/V 需＞1.7。(92/10/1、99/5/1) 5.不得同時合併其他胺基酸（amino acid）使用。 3.3.6."Baxter" Extraneal Peritoneal Dialysis Solution With 7.5% Icodextrin (93/12 /1、96/1/1、99/9/1、100/2/1、108/8/1) 1.限下列病患使用： (1)high transporters 病患，用於每天長留置期。(100/2/1) (2) high average transporters 病患，每天使用 1 袋≧2.5%葡萄糖腹膜透析液。(108/8/1)	4. 使用本品時不得與同類品製劑(例如 Amiyu‥) 同時處方。(93/12/1) 3.3.3.(刪除)：(88/9/1、93/8/1、107/10/1) 3.3.4.口服鈣質補充劑 oral calcium salt：(89/2/1) 限下列病患使用： 1. 骨質疏鬆（osteoporosis）或軟骨病（osteomalacia）病患。 2. 高磷酸鹽血症（hyperphosphatemia）或低血鈣症（hypocalcemia）。 3. 長期使用糖皮質類固醇（glucocorticoid）病患。 4. 腎衰竭病患。 3.3.5.Nutrineal PD4 with 1.1% Amino Acid：(91/2/1、92/10/1、99/5/1) 1.限長期接受腹膜透析之病患使用；該病患至少接受腹膜透析（CAPD）三個月以上者。 2.每天限使用一袋代替葡萄糖腹膜透析液。 3.serum albumin ≦3.5gm/dL 或 nPNA <0.9 患者使用，需附開始 CAPD 當月的檢驗報告影本。 【註：nPNA (normalized protein equivalent of total nitrogen appearance) (gm/kg/day) = [10.76 × (0.69 ×	

(3)脫水衰竭病患及臨界脫水衰竭邊緣之病患，即病患下列情形之一者： I.使用 4.25% 傳統式葡萄糖腹膜透析液 4 小時內脫水量小於等於 400cc.者。 II.每天使用總袋數 1/2 以上（含）2.5% 葡萄糖腹膜透析液。(108/8/1) (4)HbA1c 大於 7.0 % 的糖尿病腹膜透析病患，用於每天長留置期。 (5)腹膜炎病患。 2.每天限用一袋。 3.申報時，應檢附最近 1 個月內，殘餘尿量與每日脫水量之相關文件，以及使用 Extraneal solution 前，每日脫水量等相關資料，供審查參考。(99/9/1、108/8/1) 3.3.7.Sodium bicarbonate 成分之口服製劑給付規定：(95/8/1、96/12/1) 限用於代謝性酸中毒。 3.3.8.Idursulfase(如 Elaprase)：(96/7/1、99/8/1、106/10/1) 1.病患須符合以下診斷條件：除了臨床表徵及尿液葡萄醣胺聚醣定性、定量檢驗的佐證外，須證明患者週邊血液白血球或血漿，或經培養之皮膚纖維芽細胞的 IDS 酵素活性缺乏，或者是患者位於 X 染色體 Xq27-28 位點上之 IDS 基因經分子生物學檢驗確認有一處已知或必然會引起黏多醣第Ⅱ型（MPSⅡ）之	UNA+1.46)] ÷body weight (kg)】 4. 每週 Kt/V 需 > 1.7 。(92/10/1、99/5/1) 5.不得同時合併其他胺基酸（amino acid）使用。 3.3.6."Baxter" Extraneal Peritoneal Dialysis Solution With 7.5% Icodextrin (93/12 /1、96/1/1 、 99/9/1 、100/2/1、108/8/1) 1.限下列病患使用： (1)high transporters 病患，用於每天長留置期。(100/2/1) (2) high average transporters 病患，每天使用 1 袋≧2.5%葡萄糖腹膜透析液。(108/8/1) (3)脫水衰竭病患及臨界脫水衰竭邊緣之病患，即病患下列情形之一者： I.使用 4.25% 傳統式葡萄糖腹膜透析液 4 小時內脫水量小於等於 400cc.者。 II.每天使用總袋數 1/2 以上（含）2.5% 葡萄糖腹膜透析液。(108/8/1) (4)HbA1c 大於 7.0 % 的糖尿病腹膜透析病患，用於每天長留置期。 (5)腹膜炎病患。 2.每天限用一袋。 3.申報時，應檢附最近 1 個月內，殘餘尿量與每日脫水量之相關文件，以及使用 Extraneal solution 前，每日脫水量等相關資料，供審查參考。(99/9/1、	

突變。(106/10/1) 2.限兒科專科經醫學遺傳學次專科訓練取得證書之醫師使用。(106/10/1) 3.排除使用於：(106/10/1) (1)因 idursulfase 無法通過血腦屏障(blood-brain barrier)，靜脈注射 idursulfas 無法有效治療 MPSⅡA，若有明顯中樞神經症狀且持續惡化，應不予治療。 (2)未經治療之患者沒有任何會影響健康之症狀時。 (3)重型病患：完全臥床且無行動能力，或是無法自行呼吸且完全仰賴呼吸器維生者。 4.黏多醣症第二型患者之器官傷害多屬不可逆性，治療前應與患者及家屬充分溝通告知下列事項，並請其簽名確認已被告知，留存病歷備查：(106/10/1) (1)確定其了解治療的預期效果。 (2)患者有義務接受定期追蹤評估，在中樞神經症狀明顯退化情況下，主治醫師在向患者及家屬清楚解釋後，適時停止 idursulfase 之治療。 5.應定期追蹤評估治療效果及下列事項：(106/10/1) (1)至少每半年追蹤一次： I. 身高體重； II.尿液黏多醣量； III.依 Hunter Outcome Survey (HOS) Registry 所建議之評估事項評估。	108/8/1) 3.3.7.Sodium bicarbonate 成分之口服製劑給付規定：(95/8/1、96/12/1) 限用於代謝性酸中毒。 3.3.8.Idursulfase(如 Elaprase)：(96/7/1、99/8/1、106/10/1) 1.病患須符合以下診斷條件：除了臨床表徵及尿液葡萄醣胺聚醣定性、定量檢驗的佐證外，須證明患者週邊血液白血球或血漿，或經培養之皮膚纖維芽細胞的 IDS 酵素活性缺乏，或者是患者位於 X 染色體 Xq27-28 位點上之 IDS 基因經分子生物學檢驗確認有一處已知或必然會引起黏多醣第Ⅱ型（MPSⅡ）之突變。(106/10/1) 2.限兒科專科經醫學遺傳學次專科訓練取得證書之醫師使用。(106/10/1) 3.排除使用於：(106/10/1) (1)因 idursulfase 無法通過血腦屏障(blood-brain barrier)，靜脈注射 idursulfas 無法有效治療 MPSⅡA，若有明顯中樞神經症狀且持續惡化，應不予治療。 (2)未經治療之患者沒有任何會影響健康之症狀時。 (3)重型病患：完全臥床且無行動能力，或是無法自行呼吸且完全仰賴呼吸器維生者。 4.黏多醣症第二型患者之器官傷害多屬不可逆性，治療	

(2)至少每一年追蹤一次： I.腹部超音波、肝臟大小、脾臟大小； II.心電圖； III.心臟超音波 IV.六分鐘步行測驗（6-minute walk test）或於5 歲以下幼童以DDST（Denver Developmental Screening Test）粗動作及精細動作（Gross Motor and Fine Motor）檢測； V.肺功能； VI.藥物抗體 6.需經事前審查核准後使用，每次申請之療程以1年為限。重新申請時，若有下列任一情況，則不再給予idursulfase治療：(106/10/1) (1)尿中葡萄胺聚醣與肌酸酐比值：於接受治療的第一年之後評估，較前一年有50%以上的增加；第二年之後評估，較之前一年有100%以上的增加。。 (2)六分鐘步行測驗：較之前一年退步50%以上或連續2年有退步現象；5 歲以下幼童以DDST 粗動作及精細動作檢測，發展進程年齡與實際年齡商數低於60%，或比初次檢測時之發展進程年齡退步。 (3)呼吸功能檢查：血液中氧氣飽和度在2 小時內無法持續維持1 小時以上≧90%。 (4)病人有認知功能退化，或有明顯中樞神經系統退化之	前應與患者及家屬充分溝通告知下列事項，並請其簽名確認已被告知，留存病歷備查：(106/10/1) (1)確定其了解治療的預期效果。 (2)患者有義務接受定期追蹤評估，在中樞神經症狀明顯退化情況下，主治醫師在向患者及家屬清楚解釋後，適時停止idursulfase 之治療。 5.應定期追蹤評估治療效果及下列事項：(106/10/1) (1)至少每半年追蹤一次： I. 身高體重； II.尿液黏多醣量； III.依Hunter Outcome Survey (HOS) Registry所建議之評估事項評估。 (2)至少每一年追蹤一次： I.腹部超音波、肝臟大小、脾臟大小； II.心電圖； III.心臟超音波 IV.六分鐘步行測驗（6-minute walk test）或於5 歲以下幼童以DDST（Denver Developmental Screening Test）粗動作及精細動作（Gross Motor and Fine Motor）檢測； V.肺功能； VI.藥物抗體 6.需經事前審查核准後使用，每次申請之療程以1年為限。重新申請時，若有下列任一情況，則不再給予idursulfase 治療：(106/10/1)	

臨床表徵。 7.須立即停止 idusulfase 治療的情形：(106/10/1) (1)有證據顯示病人開始呈現明顯的中樞神經系統退化之臨床表徵。 (2)病人在接受治療時發生其它致命的疾病，這表示病人無法獲得 idursulfase 的療效。 (3)病人發生嚴重不良反應。 (4)病人無法配合最適療程所需的注射規定或無法配合療效的評估。 3.3.9.Imiglucerase（如 Cerezyme inj.)：（97/7/1、108/5/1） 1.限用於第一型高雪氏症之治療。 2.不得併用其他高雪氏症酵素療法之藥品。 3.需經事前審查核准後使用。 3.3.10.Laronidase（如 Aldurazyme)：(97/7/1、106/10/1) 1.限下列病例使用： (1)黏多醣症第一型賀勒-施艾氏症患者。 (2)黏多醣症第一型中度至重度之施艾氏症患者。 (3)黏多醣症第一型賀勒氏症進行造血幹細胞移植或手術前後。 備註：針對早期診斷帶有文獻報告已知的嚴重型突變點的病人，應持續追蹤其臨床症狀，若在兩歲以前出現明顯症狀（疝氣或呼吸道阻塞等，建議儘速進行造血幹細胞移植，如為未	(1)尿中葡萄胺聚醣與肌酸酐比值：於接受治療的第一年之後評估，較前一年有50%以上的增加；第二年之後評估，較之前一年有100%以上的增加。 (2)六分鐘步行測驗：較之前一年退步 50%以上或連續 2 年有退步現象；5 歲以下幼童以 DDST 粗動作及精細動作檢測，發展進程年齡與實際年齡商數低於60%，或比初次檢測時之發展進程年齡退步。 (3)呼吸功能檢查：血液中氧氣飽和度在 2 小時內無法持續維持 1 小時以上≧90%。 (4)病人有認知功能退化，或有明顯中樞神經系統退化之臨床表徵。 7.須立即停止 idusulfase 治療的情形：(106/10/1) (1)有證據顯示病人開始呈現明顯的中樞神經系統退化之臨床表徵。 (2)病人在接受治療時發生其它致命的疾病，這表示病人無法獲得 idursulfase 的療效。 (3)病人發生嚴重不良反應。 (4)病人無法配合最適療程所需的注射規定或無法配合療效的評估。 3.3.9.Imiglucerase（如 Cerezyme inj.)：（97/7/1、108/5/1） 1.限用於第一型高雪氏症之治療。 2.不得併用其他高雪氏症酵素	

知但預測為嚴重型突變的病人，比照處理。 2.限兒科專科經醫學遺傳學次專科訓練取得證書之醫師使用。 3.排除使用於： (1)未經治療之患者沒有任何會影響健康之症狀時。 (2)患者有明顯之中樞神經症狀時。 (3)重型病患：完全臥床且無行動能力，或是無法自行呼吸且完全仰賴呼吸器維生者。 4.應定期追蹤評估治療效果及下列事項目： (1)至少每半年追蹤一次： I.身高體重； II.尿液黏多醣量； (2)至少每一年追蹤一次： I.整體智能發展、中樞神經症狀； II.腹部超音波、肝臟大小、脾臟大小； III.心電圖； IV.心臟超音波； V.六分鐘步行測驗； VI.肺功能； VII.藥物抗體 5.需經事前審查核准後使用，每次申請之療程以1年為限。重新申請時，若有下列任一情況，則不再給予laronidase治療： (1)尿中葡萄胺聚醣與肌酸酐比值：於接受治療的第一年之後評估，較前一年有50%以上的增加；第二年之後評估，較之前一年有100%以上的增加。。	療法之藥品。 3.需經事前審查核准後使用。 3.3.10.Laronidase（如Aldurazyme)：(97/7/1、106/10/1) 1.限下列病例使用： (1)黏多醣症第一型賀勒-施艾氏症患者。 (2)黏多醣症第一型中度至重度之施艾氏症患者。 (3)黏多醣症第一型賀勒氏症進行造血幹細胞移植或手術前後。 備註：針對早期診斷帶有文獻報告已知的嚴重型突變點的病人，應持續追蹤其臨床症狀，若在兩歲以前出現明顯症狀（疝氣或呼吸道阻塞等，建議儘速進行造血幹細胞移植，如為未知但預測為嚴重型突變的病人，比照處理。 2.限兒科專科經醫學遺傳學次專科訓練取得證書之醫師使用。 3.排除使用於： (1)未經治療之患者沒有任何會影響健康之症狀時。 (2)患者有明顯之中樞神經症狀時。 (3)重型病患：完全臥床且無行動能力，或是無法自行呼吸且完全仰賴呼吸器維生者。 4.應定期追蹤評估治療效果及下列事項目： (1)至少每半年追蹤一次： I.身高體重； II.尿液黏多醣量； (2)至少每一年追蹤一次：	

(2)六分鐘步行測驗：較之前一年退步 50%以上或連續 2 年有退步現象；5 歲以下幼童以 DDST 粗動作及精細動作檢測，發展進程年齡與實際年齡商數低於 60%，或比初次檢測時之發展進程年齡退步。 (3)呼吸功能檢查：血液中氧氣飽和度在 2 小時內無法持續維持 1 小時以上≧ 90%。 (4)病人有認知功能退化，或有明顯中樞神經系統退化之臨床表徵。 6.須立即停止 laronidase 治療的情形： (1)有證據顯示病人開始呈現明顯的中樞神經系統退化之臨床表徵。 (2)病人在接受治療時發生其它致命的疾病，這表示病人無法獲得 laronidase 的療效。 (3)病人發生嚴重不良反應。 (4)病人無法配合最適療程所需的注射規定或無法配合療效的評估。 3.3.11.Miglustat（如 Zavesca）(98/8/1、108/5/1) 1.限用於第一型高雪氏症、Niemann-Pick Disease Type C 之治療。 2.本品使用於 Niemann-Pick Disease Type C 之規定： (1)需事前審查，核准後才得以使用。 (2)不得併用其他高雪氏症酵素療法之藥品。	I.整體智能發展、中樞神經症狀； II.腹部超音波、肝臟大小、脾臟大小； III.心電圖； IV.心臟超音波； V.六分鐘步行測驗； VI.肺功能； VII.藥物抗體 5.需經事前審查核准後使用，每次申請之療程以 1 年為限。重新申請時，若有下列任一情況，則不再給予 laronidase 治療： (1)尿中葡萄胺聚醣與肌酸酐比值：於接受治療的第一年之後評估，較前一年有 50%以上的增加；第二年之後評估，較之前一年有 100%以上的增加。。 (2)六分鐘步行測驗：較之前一年退步 50%以上或連續 2 年有退步現象；5 歲以下幼童以 DDST 粗動作及精細動作檢測，發展進程年齡與實際年齡商數低於 60%，或比初次檢測時之發展進程年齡退步。 (3)呼吸功能檢查：血液中氧氣飽和度在 2 小時內無法持續維持 1 小時以上≧ 90%。 (4)病人有認知功能退化，或有明顯中樞神經系統退化之臨床表徵。 6.須立即停止 laronidase 治療的情形： (1)有證據顯示病人開始呈現明顯的中樞神經系統退化之臨床表徵。	

(3)申請使用藥物時需附上之資料包括: Ⅰ生化或基因分析等足以確定診斷之依據。 Ⅱ臨床、神經學或影像上顯示有神經系統之侵犯。 (4)限遺傳或神經專科醫師使用，每六個月須再申請事前審查一次。 (5)治療前應告知患者及家長其有義務接受定期追蹤評估。 (6)醫師應定期追蹤評估治療效果及副作用。 (7)申報費用時須檢附病歷資料。 (8)排除條件 Ⅰ對於嚴重腎損傷患者（肌酸酐廓清率小於30mL/min/1.73m^2）不建議使用 Zavesca。 Ⅱ無神經症狀之患者不建議使用。 3.3.12.Sodium phenylacetate＋Sodium benzoate（如 Ammonul inj）：(99/2/1) 限用於先天性尿素循環代謝障礙之急性血氨症及伴隨腦部病變。 3.3.13.Agalsidase alfa 及 agalsidase beta（如 Replagal Infusion 及 Fabrazyme Injection)(102/1/1、103/9/1、108/5/1)： 1.限用於 (1)確定診斷為典型法布瑞氏症之患者且符合下列條件之一者使用：(108/5/1)	(2)病人在接受治療時發生其它致命的疾病，這表示病人無法獲得 laronidase 的療效。 (3)病人發生嚴重不良反應。 (4)病人無法配合最適療程所需的注射規定或無法配合療效的評估。 3.3.11.Miglustat（如 Zavesca）(98/8/1、108/5/1) 1.限用於第一型高雪氏症、Niemann-Pick Disease Type C 之治療。 2.本品使用於 Niemann-Pick Disease Type C 之規定： (1)需事前審查，核准後才得以使用。 (2)不得併用其他高雪氏症酵素療法之藥品。 (3)申請使用藥物時需附上之資料包括: Ⅰ生化或基因分析等足以確定診斷之依據。 Ⅱ臨床、神經學或影像上顯示有神經系統之侵犯。 (4)限遺傳或神經專科醫師使用，每六個月須再申請事前審查一次。 (5)治療前應告知患者及家長其有義務接受定期追蹤評估。 (6)醫師應定期追蹤評估治療效果及副作用。 (7)申報費用時須檢附病歷資料。 (8)排除條件 Ⅰ對於嚴重腎損傷患者（肌酸酐廓清率小於30mL/min/1.73m2）不建議	

I. 出現肢端疼痛排汗障礙，或中風 II.蛋白尿、微量白蛋白尿(Microalbuminuria) III.不整脈(附表第7項)或心室肥大 (2)對於法布瑞氏症非典型患者，符合下列條件之一者：(108/5/1) I.經腎臟或心臟切片證實與法布瑞氏症相關。(108/5/1) II.法布瑞氏症 IVS4 +919G>A 基因型患者，符合「法布瑞氏症心臟變異型心臟功能評估指標表」(附表)第1項至第9項中，至少兩項指標，且心臟組織切片檢查(cardiac biopsy) 證實有 GL3 或 lyso-Gb3 脂質堆積者(103/9/1、108/5/1)。 具法布瑞氏症 Cardiac Variant 基因者， 申請法布瑞氏症酵素補充治療時，需檢附相關檢查及檢驗資料，以及至少半年之高血壓或糖尿病心肌病變危險因子之治療紀錄。糖尿病經過治療且 HbA1c(醣化血色素)＜7者，始可接受酵素補充治療。(108/5/1) 2.標準劑量 Fabrazyme 1 mg/Kg/every 2 weeks；Replagal 0.2mg/Kg/every 2 weeks。針對症狀輕微病人，可以考慮減量治療，是否減量治療由主治醫師決定之。(108/5/1) 3.需經事前審查核准後使用，	使用 Zavesca。 Ⅱ無神經症狀之患者不建議使用。 3.3.12.Sodium phenylacetate ＋Sodium benzoate (如 Ammonul inj)：(99/2/1) 限用於先天性尿素循環代謝障礙之急性血氨症及伴隨腦部病變。 3.3.13.Agalsidase alfa 及 agalsidase beta (如 Replagal Infusion 及 Fabrazyme Injection)(102/1/1 、 103/9/1 、 108/5/1)： 1.限用於 (1)確定診斷為典型法布瑞氏症之患者且符合下列條件之一者使用：(108/5/1) I. 出現肢端疼痛排汗障礙，或中風 II.蛋白尿、微量白蛋白尿(Microalbuminuria) III.不整脈(附表第7項)或心室肥大 (2)對於法布瑞氏症非典型患者，符合下列條件之一者：(108/5/1) I.經腎臟或心臟切片證實與法布瑞氏症相關。(108/5/1) II.法布瑞氏症 IVS4 +919G>A 基因型患者，符合「法布瑞氏症心臟變異型心臟功能評估指標表」(附表)第 1 項至第 9 項中，至少兩項指標，且心臟組織切片檢查(cardiac biopsy) 證實有 GL3 或 lyso-Gb3 脂質堆	

每次申請之療程以1年為限，申請續用時需檢送酵素補充治療療效評估資料，若符合下列條件之一，則不予同意使用： (1)嚴重心臟疾病或嚴重心肌纖維化 (2)腎臟變異型法布瑞氏症病人合併末期腎臟疾病（108/5/1） (3)嚴重認知退化經診斷為中、重度失智症（108/5/1） (4)由於末期法布瑞氏症或其他疾病，以致預期生存壽命少於一年（108/5/1） 4.治療前應與患者及家屬充分溝通告知下列事項，並請其簽名確認已被告知，留存病歷備查： (1)確定其了解治療的預期效果。 (2)患者有義務接受定期追蹤評估，如無明顯療效（如上述3所列），主治醫師在向患者及家屬清楚解釋後，應停止agalsidase alfa或agalsidase beta之治療。（108/5/1） (3)女性患者之角膜病變Cornea Verticillata為良性症狀。 5.每一年須重新評估一次，追蹤檢查項目如下： (1)腎功能(EGFR)； (2)尿蛋白(尿蛋白或微尿蛋白)； (3)血漿或尿液GL3； (4)血漿或尿液lyso-Gb3； (5)疼痛狀態； (6)中風次數；	積者（103/9/1、108/5/1）。 具法布瑞氏症Cardiac Variant基因者，申請法布瑞氏症酵素補充治療時，需檢附相關檢查及檢驗資料，以及至少半年之高血壓或糖尿病心肌病變危險因子之治療紀錄。糖尿病經過治療且HbA1c(醣化血色素)＜7者，始可接受酵素補充治療。（108/5/1） 2.標準劑量Fabrazyme 1 mg/Kg/every 2 weeks；Replagal 0.2mg/Kg/every 2 weeks。針對症狀輕微病人，可以考慮減量治療，是否減量治療由主治醫師決定之。（108/5/1） 3.需經事前審查核准後使用，每次申請之療程以1年為限，申請續用時需檢送酵素補充治療療效評估資料，若符合下列條件之一，則不予同意使用： (1)嚴重心臟疾病或嚴重心肌纖維化 (2)腎臟變異型法布瑞氏症病人合併末期腎臟疾病（108/5/1） (3)嚴重認知退化經診斷為中、重度失智症（108/5/1） (4)由於末期法布瑞氏症或其他疾病，以致預期生存壽命少於一年（108/5/1） 4.治療前應與患者及家屬充分溝通告知下列事項，並請其簽名確認已被告知，留存病歷備查： (1)確定其了解治療的預期效	

(7)病患是否有出現新的心臟病或原心臟病是否有惡化情形(出現新的心肌梗塞、心律不整需心臟電擊整流或藥物治療、心跳過緩、房室傳導阻斷或其他心律疾病需心律調節器的植入治療，心臟衰竭需住院治療)。 (8)心肺功能狀態（紐約心臟學會心功能分級 NYHA functional class 及 6 分鐘走路測驗或運動心電圖測驗)。 (9)靜態心電圖、24 小時 Holter 心電圖與心臟超音波。心臟超音波檢查時之基本項目: 左心室舒張期直徑、左心室後壁厚度、左心室前壁厚度、左心室質量與質量身高比、心房大小測量、左心室舒張功能測量(包含組織超音波)、心室後壁輻射向應變率、心中膈縱向應變率與心側壁縱向應變率、心臟瓣膜功能。超音波左心室質量與質量身高比、心室後壁輻射向應變率、心側壁縱向應變率。 (10)若初次心臟磁振造影(MRI)檢查時有心肌纖維化的病患，追蹤時應做心臟磁振造影；其他患者建議每兩年做心臟磁振造影追蹤檢查。 <u>法布瑞氏症心臟變異型心臟功能評估指標表(詳 p.1742)</u> 3.3.14.Carglumic acid（如 Carbaglu Tablets)：	果。 (2)患者有義務接受定期追蹤評估，如無明顯療效（如上述 3 所列），主治醫師在向患者及家屬清楚解釋後，應停止 agalsidase alfa 或 agalsidase beta 之治療。（108/5/1） (3)女性患者之角膜病變 Cornea Verticillata 為良性症狀。 5.每一年須重新評估一次，追蹤檢查項目如下： (1)腎功能(EGFR)； (2)尿蛋白(尿蛋白或微尿蛋白)； (3)血漿或尿液 GL3； (4)血漿或尿液 lyso-Gb3； (5)疼痛狀態； (6)中風次數； (7)病患是否有出現新的心臟病或原心臟病是否有惡化情形(出現新的心肌梗塞、心律不整需心臟電擊整流或藥物治療、心跳過緩、房室傳導阻斷或其他心律疾病需心律調節器的植入治療，心臟衰竭需住院治療)。 (8)心肺功能狀態（紐約心臟學會心功能分級 NYHA functional class 及 6 分鐘走路測驗或運動心電圖測驗)。 (9)靜態心電圖、24 小時 Holter 心電圖與心臟超音波。心臟超音波檢查時之基本項目: 左心室舒張期直徑、左心室後壁厚度、左心室前壁厚	

（102/9/1、106/7/1） 1.限下列病例使用： (1)N-乙醯麩胺酸合成酶缺乏症（以下稱NAGS 缺乏症）。 (2)異戊酸血症及甲基丙二酸血症及丙酸血症。 (3)初次發作之不明原因高血氨，懷疑是先天代謝異常者（血氨值在新生兒高於150μmol/L，在其他患者高於100μmol/L）。（106/7/1） 2.應由具小兒專科醫師證書且接受過小兒遺傳或小兒新陳代謝等次專科訓練之醫師處方使用。 3.使用時須符合下列規定：（106/7/1） (1)病歷應詳實記載病程、確診之檢驗資料及治療反應。 (2)異戊酸血症及甲基丙二酸血症及丙酸血症患者，每次以使用7天為限，一年不超過21天為限。 (3)初次發作之不明原因高血氨，懷疑是先天代謝異常者（血氨值在新生兒高於150μmol/L，在其他患者高於100μmol/L)，以使用7天為限，一生使用以一次為限。 (4)用藥後，若病情無法持續改善或疾病已惡化，應停止使用。 ※病情無法持續改善或疾病已惡化之定義： 昏迷指數(GCS)持續低於8分（重度昏迷），或新生兒患者之血氨值持續高於150μmol/L；嬰兒及兒童患者之	度、左心室質量與質量身高比、心房大小測量、左心室舒張功能測量(包含組織超音波)、心室後壁輻射向應變率、心中膈縱向應變率與心側壁縱向應變率、心臟瓣膜功能。超音波左心室質量與質量身高比、心室後壁輻射向應變率、心側壁縱向應變率。 (10)若初次心臟磁振造影(MRI)檢查時有心肌纖維化的病患，追蹤時應做心臟磁振造影；其他患者建議每兩年做心臟磁振造影追蹤檢查。 法布瑞氏症心臟變異型心臟功能評估指標表(詳p.1760) 3.3.14.Carglumic acid（如Carbaglu Tablets）：（102/9/1、106/7/1） 1.限下列病例使用： (1)N-乙醯麩胺酸合成酶缺乏症（以下稱NAGS 缺乏症）。 (2)異戊酸血症及甲基丙二酸血症及丙酸血症。 (3)初次發作之不明原因高血氨，懷疑是先天代謝異常者（血氨值在新生兒高於150μmol/L，在其他患者高於100μmol/L）。（106/7/1） 2.應由具小兒專科醫師證書且接受過小兒遺傳或小兒新陳代謝等次專科訓練之醫師處方使用。 3.使用時須符合下列規定：（106/7/1） (1)病歷應詳實記載病程、確診之檢驗資料及治療反應。	

血氨值持續高於100μmol/L 。 3.3.15.Galsulfase（如Naglazyme)：(106/10/1、107/12/1) 1.病患須符合以下診斷條件：須證明患者之週邊血液白血球或經培養之皮膚纖維芽細胞ARSB活性缺乏，或是患者ARSB基因經分子生物學檢驗確認有兩個分別來自父母雙方，已知或必然會引起黏多醣症第六型之突變。 2.限兒科專科經醫學遺傳學次專科訓練取得證書之醫師使用。 3.排除使用於： (1)患者若未給予治療，並不會導致健康情況之惡化時。 (2)重型病患：完全臥床且無行動能力，或是無法自行呼吸且完全仰賴呼吸器維生者。 (3)早期診斷帶有已知嚴重突變點的病患, 但無明顯臨床症狀者。 4.標準劑量為每週經靜脈注射給予galsulfase 1 mg/Kg。 5.黏多醣症第六型對於器官之傷害多屬不可逆性，治療前應與患者及家屬充分溝通告知下列事項，並請其簽名確認已被告知，留存病歷備查： (1)確定其了解治療的預期效果。 (2)患者有義務接受定期追蹤評估。	(2)異戊酸血症及甲基丙二酸血症及丙酸血症患者，每次以使用 7 天為限，一年不超過21天為限。 (3)初次發作之不明原因高血氨，懷疑是先天代謝異常者（血氨值在新生兒高於150μmol/L，在其他患者高於 100μmol/L)，以使用 7 天為限，一生使用以一次為限。 (4)用藥後，若病情無法持續改善或疾病已惡化，應停止使用。 ※病情無法持續改善或疾病已惡化之定義： 昏迷指數(GCS)持續低於8分(重度昏迷)，或新生兒患者之血氨值持續高於 150μmol/L；嬰兒及兒童患者之血氨值持續高於 100μmol/L 。 3.3.15.Galsulfase（如Naglazyme)：(106/10/1、107/12/1) 1.病患須符合以下診斷條件：須證明患者之週邊血液白血球或經培養之皮膚纖維芽細胞ARSB活性缺乏，或是患者ARSB基因經分子生物學檢驗確認有兩個分別來自父母雙方，已知或必然會引起黏多醣症第六型之突變。 2.限兒科專科經醫學遺傳學次專科訓練取得證書之醫師使用。 3.排除使用於： (1)患者若未給予治療，並不會導致健康情況之惡化時。	

6.應定期追蹤評估治療效果及下列事項： (1)至少每半年追蹤一次： I.身高體重； II.尿液黏多醣量； (2)至少每一年追蹤一次： I.腹部超音波、肝臟大小、脾臟大小； II. 心電圖； III.心臟超音波； IV.六分鐘步行測驗（6-minute walk test）或於5歲以下幼童以DDST （Denver Developmental Screening Test）粗動作及精細動作（Gross Motor and Fine Motor）檢測；(107/12/1)； V.肺功能； 7.需經事前審查核准後使用，每次申請之療程以1年為限。重新申請時，若有下列任一情況，則不再給予galsulfase治療：(107/12/1) (1)尿中葡萄胺聚醣與肌酸酐比值：於接受治療的第一年之後評估，較前一年有50%以上的增加；第二年之後評估，較之前一年有100%以上的增加。(107/12/1) (2)六分鐘步行測驗：較之前一年退步50%以上或連續2年有退步現象；5 歲以下幼童以DDST粗動作及精細動作檢測，發展進程年齡與實際年齡商數低於60%，或比初次檢測時之發展進程年齡退步。(107/12/1)	(2)重型病患：完全臥床且無行動能力，或是無法自行呼吸且完全仰賴呼吸器維生者。 (3)早期診斷帶有已知嚴重突變點的病患, 但無明顯臨床症狀者。 4.標準劑量為每週經靜脈注射給予 galsulfase 1 mg/Kg。 5.黏多醣症第六型對於器官之傷害多屬不可逆性，治療前應與患者及家屬充分溝通告知下列事項，並請其簽名確認已被告知，留存病歷備查： (1)確定其了解治療的預期效果。 (2)患者有義務接受定期追蹤評估。 6.應定期追蹤評估治療效果及下列事項： (1)至少每半年追蹤一次： I.身高體重； II.尿液黏多醣量； (2)至少每一年追蹤一次： I.腹部超音波、肝臟大小、脾臟大小； II. 心電圖； III.心臟超音波； IV.六分鐘步行測驗（6-minute walk test）或於5歲以下幼童以DDST （Denver Developmental Screening Test）粗動作及精細動作（Gross Motor and Fine Motor）檢測；(107/12/1)； V.肺功能； 7.需經事前審查核准後使用，	

(3)呼吸功能檢查：在未供給任何氧氣治療下，血液中氧氣飽和度在 2 小時內無法持續維持 1 小時以上≧90%。(107/12/1) 8.須立即停止 galsulfase 治療的情形： (1)有證據顯示病人開始呈現明顯的中樞神經系統退化之臨床表徵。 (2)病人在接受治療時發生其它致命的疾病，這表示病人無法獲得 galsulfase 的療效。 (3)病人發生嚴重不良反應。 (4)病人無法配合最適療程所需的注射規定或無法配合療效的評估。 3.3.16.Taliglucerase alfa(如 Elelyso 注射劑)、velaglucerase alfa (如 VPRIV 凍晶注射劑)(107/3/1、107/9/1、108/5/1) 1. 用於改善高雪氏症症狀，包括貧血、血小板減少症、肝臟或脾臟腫大、骨病變，但對於神經學症狀無效。 2.不得併用其他高雪氏症酵素療法之藥品。 3. 需經事前審查後使用。 3.3.17. Elosulfase alfa (如 Vimizim) (107/4/1) 1.診斷：除了臨床表徵及尿液葡萄醣胺聚醣定性、定量檢驗的佐證外，須證明患者之週邊血液白血球或經培養之皮膚纖維芽細胞 GALNS 活性缺乏，或是患者 GALNS	每次申請之療程以 1 年為限。重新申請時，若有下列任一情況，則不再給予 galsulfase 治療：(107/12/1) (1)尿中葡萄胺聚醣與肌酸酐比值：於接受治療的第一年之後評估，較前一年有 50%以上的增加；第二年之後評估，較之前一年有 100% 以上的增加。(107/12/1) (2)六分鐘步行測驗：較之前一年退步 50%以上或連續 2 年有退步現象；5 歲以下幼童以 DDST 粗動作及精細動作檢測，發展進程年齡與實際年齡商數低於 60%，或比初次檢測時之發展進程年齡退步。(107/12/1) (3)呼吸功能檢查：在未供給任何氧氣治療下，血液中氧氣飽和度在 2 小時內無法持續維持 1 小時以上≧90%。(107/12/1) 8.須立即停止 galsulfase 治療的情形： (1)有證據顯示病人開始呈現明顯的中樞神經系統退化之臨床表徵。 (2)病人在接受治療時發生其它致命的疾病，這表示病人無法獲得 galsulfase 的療效。 (3)病人發生嚴重不良反應。 (4)病人無法配合最適療程所需的注射規定或無法配合療效的評估。 3.3.16.Taliglucerase alfa(如 Elelyso 注射	

基因經分子生物學檢驗確認有兩個分別來自父母雙方，已知或必然會引起黏多醣症第 IVA 型之突變。 2.限小兒遺傳專科醫師使用。 3.排除使用於： (1)患者合併有其他嚴重疾病，無法從酵素治療得到長期效益。 (2)重型病患：完全臥床且無行動能力，或是無法自行呼吸且完全仰賴呼吸器維生者。 (3)病患不願意配合追蹤評估。 4.黏多醣症第四型患者之傷害多屬不可逆性，治療前應與患者及家屬充分溝通告知下列事項，並請其簽名確認已被告知，留存病歷備查： (1)確定其了解治療的預期效果。 (2)患者有義務接受定期追蹤評估。 5.需經事前審查核准後使用，每次申請之療程以 1 年為限。重新申請時，依下列病患疾病進程分類，若有評估項目中任兩項未達標準，則不予同意使用： (1)至少能以助行器行走的患者，針對下列 1~5 項； (2)非因年齡過小而無法行走的患者，針對下列 2~5 項； (3)因年齡過小而無法行走的患者，針對下列 3~5 項 I.6 分鐘步行測驗：相較於治療前，至少有 10%的改善，或在達療效高原期後維持	劑)、velaglucerase alfa(如 VPRIV 凍晶注射劑)(107/3/1、107/9/1、108/5/1) 1. 用於改善高雪氏症症狀，包括貧血、血小板減少症、肝臟或脾臟腫大、骨病變，但對於神經學症狀無效。 2.不得併用其他高雪氏症酵素療法之藥品。 3. 需經事前審查後使用。 3.3.17. Elosulfase alfa (如 Vimizim) (107/4/1) 1.診斷：除了臨床表徵及尿液葡萄醣胺聚醣定性、定量檢驗的佐證外，須證明患者之週邊血液白血球或經培養之皮膚纖維芽細胞 GALNS 活性缺乏，或是患者 GALNS 基因經分子生物學檢驗確認有兩個分別來自父母雙方，已知或必然會引起黏多醣症第 IVA 型之突變。 2.限小兒遺傳專科醫師使用。 3.排除使用於： (1)患者合併有其他嚴重疾病，無法從酵素治療得到長期效益。 (2)重型病患：完全臥床且無行動能力，或是無法自行呼吸且完全仰賴呼吸器維生者。 (3)病患不願意配合追蹤評估。 4.黏多醣症第四型患者之傷害多屬不可逆性，治療前應與患者及家屬充分溝通告知下列事項，並請其簽名確認已被告知，留存病歷	

10%的改善。 II.呼吸功能檢查：FVC 或 FEV-1 相較於治療前至少有 5%的改善，或在達療效高原期後維持 5%的改善。 III.尿液中 keratan sulfate (Uks)相較於治療前降低大於 20%。 IV.呼吸功能檢查：血液中氧氣飽和度(SpO2)在 2 小時內需持續維持 1 小時以上≧90%。 V.以心臟超音波檢測，Ejection Fraction 相較於治療前降低少於 10%。 6.須立即停止 elosulfase alfa 治療的情形： (1)病人在接受治療時發生其它致命的疾病，這表示病人無法獲得 elosulfase alfa 的療效。 (2)病患發生嚴重不良反應。 (3)病患無法配合最適療程所需的注射規定或無法配合療效的評估。 3.3.18. Eliglustat Capsules (如 Cerdelga) (108/5/1) 1. 限用於改善成人第一型高雪氏症症狀。 2. 使用劑量須依 CYP2D6 代謝狀況調整。 3. 不得併用其他高雪氏症酵素療法之藥品。 4. 需經事前審查核准後使用。 3.3.19. 先天性代謝異常之罕見疾病藥品(108/9/1、108/12/1) 1.藥品成分： (1) Levocarnitine/L-	備查： (1)確定其了解治療的預期效果。 (2)患者有義務接受定期追蹤評估。 5.需經事前審查核准後使用，每次申請之療程以 1 年為限。重新申請時，依下列病患疾病進程分類，若有評估項目中任兩項未達標準，則不予同意使用： (1)至少能以助行器行走的患者，針對下列 1~5 項； (2)非因年齡過小而無法行走的患者，針對下列 2~5 項； (3)因年齡過小而無法行走的患者，針對下列 3~5 項 I.6 分鐘步行測驗：相較於治療前，至少有 10%的改善，或在達療效高原期後維持 10%的改善。 II.呼吸功能檢查：FVC 或 FEV-1 相較於治療前至少有 5%的改善，或在達療效高原期後維持 5%的改善。 III.尿液中 keratan sulfate (Uks)相較於治療前降低大於 20%。 IV.呼吸功能檢查：血液中氧氣飽和度(SpO2)在 2 小時內需持續維持 1 小時以上≧90%。 V.以心臟超音波檢測，Ejection Fraction 相較於治療前降低少於 10%。 6.須立即停止 elosulfase alfa 治療的情形： (1)病人在接受治療時發生其它致命的疾病，這表示病人無法獲得 elosulfase alfa	

Carnitine inner salt (2) Sodium phenylbutyrate (3) Citrulline malate (4) L-Arginine (5) Sapropterin dihydrochloride（Tetrahydro-Biopterin,BH4） (6) betaine (7) oxitriptan（L-5-hydroxytryptophan ,5-HTP） (8) alpha-glucosidase (9) sodium benzoate (10)diazoxide 2.用於尚未確診經主管機關認定為罕見疾病者，需緊急使用時，應由具小兒專科醫師證書且接受過小兒遺傳或小兒新陳代謝或小兒內分泌科次專科訓練之醫師處方使用，並於病歷詳實記載病程、確診之檢驗資料及治療反應，且須符合下列任一條件： (1) 新生兒篩檢為 carnitine deficiency 陽性個案（free carnitine 低於 6 μmol/L)。 (2) 新生兒篩檢為瓜氨酸血症之陽性個案，初次發作之不明原因高血氨(血氨值高於 150 μ mol/L)。 (3) 新生兒篩檢為有機酸血症（甲基丙二酸血症，丙酸血症，異戊酸血症，戊二酸血症，HMG CoA lyase 等）之陽性個案。 (4) 新生兒篩檢為苯酮尿症陽性個案（blood	的療效。 (2)病患發生嚴重不良反應。 (3)病患無法配合最適療程所需的注射規定或無法配合療效的評估。 3.3.18. Eliglustat Capsules（如 Cerdelga ）(108/5/1) 1. 限用於改善成人第一型高雪氏症症狀。 2. 使用劑量須依 CYP2D6 代謝狀況調整。 3. 不得併用其他高雪氏症酵素療法之藥品。 4. 需經事前審查核准後使用。 3.3.19. 先天性代謝異常之罕見疾病藥品(108/9/1、108/12/1) 1.藥品成分： (1) Levocarnitine/L-Carnitine inner salt (2) Sodium phenylbutyrate (3) Citrulline malate (4) L-Arginine (5) Sapropterin dihydrochloride（Tetrahydro-Biopterin,BH4） (6) betaine (7) oxitriptan（L-5-hydroxytryptophan ,5-HTP） (8) alpha-glucosidase (9) sodium benzoate (10)diazoxide 2.用於尚未確診經主管機關認定為罕見疾病者，需緊急使用時，應由具小兒專科醫師證書且接受過小兒遺傳或小兒新陳代謝或小兒	

phenylalanine 高於 200μmol/L)。 (5) 新生兒初次發作之不明原因高血氨，懷疑是先天代謝異常者(血氨值高於 150μmol/L)。 (6) 新生兒篩檢為高胱胺酸血症之陽性個案(tHcy 高於 50 uM)。 (7) 新生兒篩檢為 BH4 缺乏之苯酮尿症陽性個案 (blood phenylalanine 高於 200μmol/L)。 (8) 經心電圖，胸部 X 光，或是心臟超音波等，證實已出現心臟影響徵象之嬰兒型龐貝氏症患者。 (9) 腦脊髓液/血液甘胺酸比值超過 0.08 之非酮性高甘胺酸血症患者。 (10)持續性幼兒型胰島素過度分泌低血糖症(PHHI)患者，且符合下列條件之一： I.當血糖<50 mg/mL 時，Insulin>2 μU/mL，blood ketone<0.6 mmol/L。 II.需注射糖水(輸注速率>6 mg/kg/min)，血糖才能達到 50 mg/mL。 3.經通報主管機關認定者，用藥後，14 日內若病情無法持續改善或疾病已惡化，或經主管機關認定非為罕見疾病時，應停止使用。 4.未通報主管機關認定者，用藥日數以 14 日為限。 <u>3.3.20.Polysaccharides of Astragalus membranaceus(如 PG2 Lyo.</u>	內分泌科次專科訓練之醫師處方使用，並於病歷詳實記載病程、確診之檢驗資料及治療反應，且須符合下列任一條件： (1) 新生兒篩檢為 carnitine deficiency 陽性個案(free carnitine 低於 6 μmol/L)。 (2) 新生兒篩檢為瓜氨酸血症之陽性個案，初次發作之不明原因高血氨(血氨值高於 150 μ mol/L)。 (3) 新生兒篩檢為有機酸血症(甲基丙二酸血症，丙酸血症，異戊酸血症，戊二酸血症，HMG CoA lyase 等)之陽性個案。 (4) 新生兒篩檢為苯酮尿症陽性個案 (blood phenylalanine 高於 200 μmol/L)。 (5) 新生兒初次發作之不明原因高血氨，懷疑是先天代謝異常者(血氨值高於 150 μmol/L)。 (6) 新生兒篩檢為高胱胺酸血症之陽性個案(tHcy 高於 50 uM)。 (7) 新生兒篩檢為BH4缺乏之苯酮尿症陽性個案 (blood phenylalanine 高於 200 μmol/L)。 (8) 經心電圖，胸部X光，或是心臟超音波等，證實已出現心臟影響徵象之嬰兒型龐貝氏症患者。 (9) 腦脊髓液/血液甘胺酸比值超過 0.08 之非酮性高甘胺酸血症患者。	

Injection)：(110/3/1) 使用本藥品應符合下列各條件： 1.限用於第四期因疾病進展導致中重度疲憊之乳癌成人患者(不含住院安寧療護病患)。 2.臨床上需符合 ICD-10 診斷標準，病歷上應詳細記載疲憊分數≧4(BFI-T 或 VAS)，經其他處置無效之中重度癌因性疲憊症患者。 3.ECOG 需為 0-2 之患者。 4.每位病人終生給付 6 支為上限。 5.需經事前審查核准後使用。 3.3.21.alpha-glucosidase(如 Myozyme)(110/12/1) 1.用於確診為主管機關認定之罕見疾病龐貝氏症患者，限由具兒科專科醫師證書，且經小兒遺傳及內分泌新陳代謝科或小兒神經科訓練之醫師，或具神經科專科醫師證書之醫師處方使用，並應於病歷詳實記載病程、確診之檢驗資料及治療反應，亦應符合下列任一條件： (1)嬰兒型龐貝氏症為未滿 1 歲前發病，出現肌肉無力，或心室肥大，或肌酸激酶 CK 升高，或於肌肉切片顯示有肝醣堆積者。 (2)晚發型龐貝氏症為滿 1 歲後發病，出現肌肉無力，或肌酸激酶(CK)持續升高，或於肌肉切片顯示有肝醣堆積者。 2.限使用標準劑量，為 Myozyme 20 mg/kg/every 2 weeks，	(10)持續性幼兒型胰島素過度分泌低血糖症(PHHI)患者，且符合下列條件之一： I. 當血糖 <50 mg/mL 時，Insulin>2 μU/mL，blood ketone<0.6 mmol/L。 II. 需注射糖水(輸注速率>6 mg/kg/min)，血糖才能達到 50 mg/mL。 3.經通報主管機關認定者，用藥後，14 日內若病情無法持續改善或疾病已惡化，或經主管機關認定非為罕見疾病時，應停止使用。 4.未通報主管機關認定者，用藥日數以 14 日為限。	

如需使用至高劑量(40 mg/Kg/every 2 weeks)，僅限下列條件： (1)嬰兒型龐貝氏症：未滿 1 歲前發病。 (2)晚發型龐貝氏症：Myozyme 20 mg/kg/every 2 weeks 用藥後，病情無法持續改善，或疾病已惡化。 3.需經事前審查核准後使用，並應定期追蹤評估患者下列事項之治療效果，每次申請以 1 年為限，期滿需經再次申請核准後，始得續用： (1)嬰兒型龐貝氏症追蹤事項：肝功能、腎功能、肌酸激酶(CK)、尿液 Glc4、心電圖、心臟超音波、肌力以及整體發展，至少 1 年 2 次。抗體測定至少每年 1 次。治療目標為心臟肥大現象改善或穩定，肌肉無力現象改善或穩定，肌酸激酶(CK)數值改善或穩定，尿液 Glc4 數值改善或穩定，整體發展持續進步、穩定或減緩退化的速度。 (2)晚發型龐貝氏症追蹤事項：肝功能、腎功能、肌酸激酶(CK)、尿液Glc4、肺功能、肌力以及整體發展，至少 1 年 2 次。抗體測定至少每年 1 次。治療目標為肌肉無力現象改善或穩定，肌酸激酶 CK 數值改善或穩定，尿液 Glc4數值改善或穩定，整體發展持續進步、穩定或減緩退化的速度。 第 4 節 血液治療藥物 Hematological drugs		

4.1.造血功能治療藥物 Hematopoietic agents 4.1.1.紅血球生成素(簡稱EPO) hu-erythropoietin（如Eprex、Recormon)、darbepoetin alfa（如Aranesp ）、methoxy polyethylene glycol-epoetin beta（如 Mircera solution for injection in pre-filled syringe）：(93/5/1、95/11/1、96/10/1、98/1/1、98/9/1、104/12/1、105/9/1) 1.使用前和治療後每三至六個月應作體內鐵質貯存評估，如Hb在8 gm/dL以下，且ferritin小於100 mg/dL(非透析病人)、或200 mg/dL(透析病人)，有可能是鐵質缺乏。(104/12/1)。 2.使用期間應排除維他命B12或葉酸缺乏，腸胃道出血，全身性感染或發炎疾病等情況，始得繼續。(104/12/1)。 3.限腎臟病並符合下列條件使用：(104/12/1) (1)末期腎臟病接受透析病人，其Hb <9gm/dL，或第五期慢性腎臟病病人（eGFR < 15 mL/min/1.73 m^2)，其Hb < 9gm/dL。 Ⅰ.使用時，應從小劑量開始，Hb目標為10 gm/dL，符合下列情形之病人，應即暫停使用本類藥品： i. Hb超過11gm/dL。	第 4 節 血液治療藥物 Hematological drugs 4.1. 造血功能治療藥物 Hematopoietic agents 4.1.1.紅血球生成素(簡稱EPO) hu-erythropoietin（如Eprex、Recormon)、darbepoetin alfa（如Aranesp ）、methoxy polyethylene glycol-epoetin beta（如 Mircera solution for injection in pre-filled syringe）：(93/5/1、95/11/1、96/10/1、98/1/1、98/9/1、104/12/1、105/9/1) 1.使用前和治療後每三至六個月應作體內鐵質貯存評估，如Hb在8 gm/dL以下，且ferritin小於100 mg/dL(非透析病人)、或	

ii.接受治療第6週到第8週內Hb之上升值未達1 gm/dL。 Ⅱ.如Hb值維持在目標值一段時間（一至二個月），宜逐次減量，以求得最低維持劑量。 (2)每名病人所用劑量，一個月不超過20,000U（如Eprex、Recormon)或100mcg（如Aranesp 、Mircera solution for injection in pre-filled syringe)為原則，如需超量使用，應附病人臨床資料(如年齡、前月Hb值、前月所用劑量、所定目標值…等等)及使用理由。(93/5/1、98/9/1)。 (3)使用本類藥品之血液透析、腹膜透析(CAPD)及未透析患者因病情需要使用本類藥品時，應依下列頻率定期檢查Hb值，其檢查費用包含於透析費用內，不另給付(未接受透析病人除外)：(105/9/1) Ⅰ.血液透析及腹膜透析患者：每月應檢查乙次。(105/9/1) Ⅱ.未透析患者：至少每3個月應檢查乙次。初次使用者，治療後6至8週應檢查乙次。(105/9/1) (4)使用本類藥品期間如需輸血，請附輸血時Hb值及原因。 4.限癌症病人合併化學治療有關的貧血。不含使用Mircera solution for	200 mg/dL(透析病人)，有可能是鐵質缺乏。(104/12/1)。 2.使用期間應排除維他命B12或葉酸缺乏，腸胃道出血，全身性感染或發炎疾病等情況，始得繼續。(104/12/1)。 3.限腎臟病並符合下列條件使用：(104/12/1) (1)末期腎臟病接受透析病人，其Hb <9gm/dL，或第五期慢性腎臟病病人（eGFR < 15 mL/min/1.73 m2)，其Hb < 9gm/dL。 Ⅰ.使用時，應從小劑量開始，Hb目標為10 gm/dL，符合下列情形之病人，應即暫停使用本類藥品： i. Hb超過11gm/dL。 ii.接受治療第6週到第8週內Hb之上升值未達1 gm/dL。 Ⅱ.如Hb值維持在目標值一段時間（一至二個月），宜逐次減量，以求得最低維持劑量。 (2)每名病人所用劑量，一個月不超過20,000U（如Eprex、Recormon）或100mcg（如Aranesp 、Mircera solution for injection in pre-filled syringe)為原則，如需超量使用，應附病人臨床資料(如年齡、前月Hb值、前月所用劑量、所定目標值…等等)及使用理由。(93/5/1、98/9/1)。 (3)使用本類藥品之血液透析、	

injection in pre-filled syringe：（95/11/1、96/10/1、98/1/1、98/9/1、104/12/1） (1)限患有固態腫瘤接受化學藥物治療而引起之症狀性貧血，且 Hb＜8 gm/dL 之病人使用。對於癌症患者預期有合理且足夠的存活時間者（含治癒性治療及預期輔助性化學治療等），不應使用 EPO 治療貧血。（98/1/1、104/12/1） (2)Epoetin beta（如 Recormon）與 epoetin alfa（如 Eprex）初劑量為 150U/Kg 每週 3 次，最高劑量 300U/Kg 每週 3 次，或 epoetin beta（如 Recormon）初劑量 30,000 單位，epoetin alfa（如 Eprex）初劑量 40,000 單位，每週 1 次，最高劑量 60,000 單位，每週 1 次；Darbepoetin alfa（如 Aranesp）初劑量 2.25mcg/kg，每週 1 次，最高劑量 4.5mcg/kg，每週 1 次。（96/10/1）。 (3)每次療程最長 24 週，如化學治療療程完全結束後 4 週也應停止 EPO 使用。(104/12/1) (4)符合下列情形之病人，應即停止使用本類藥品： Ⅰ.Hb 超過 10 gm/dL（Hb＞10gm/dL）。 Ⅱ.於接受治療第 6 週到第 8 週內 Hb 之上升值未達 1 gm/dL。	腹膜透析(CAPD)及未透析患者因病情需要使用本類藥品時，應依下列頻率定期檢查 Hb 值，其檢查費用包含於透析費用內，不另給付(未接受透析病人除外)：(105/9/1) Ⅰ.血液透析及腹膜透析患者：每月應檢查乙次。(105/9/1) Ⅱ.未透析患者：至少每 3 個月應檢查乙次。初次使用者，治療後 6 至 8 週應檢查乙次。(105/9/1) (4)使用本類藥品期間如需輸血，請附輸血時 Hb 值及原因。 4.限癌症病人合併化學治療有關的貧血。不含使用 Mircera solution for injection in pre-filled syringe：（95/11/1、96/10/1、98/1/1、98/9/1、104/12/1） (1)限患有固態腫瘤接受化學藥物治療而引起之症狀性貧血，且 Hb＜8 gm/dL 之病人使用。對於癌症患者預期有合理且足夠的存活時間者（含治癒性治療及預期輔助性化學治療等），不應使用 EPO 治療貧血。（98/1/1、104/12/1） (2)Epoetin beta（如 Recormon）與 epoetin alfa（如 Eprex）初劑量為 150U/Kg 每週 3 次，最高劑量 300U/Kg 每週 3 次，或 epoetin beta（如 Recormon）初劑量 30,000	

Ⅲ.化學治療結束後4週(104/12/1)。 4.1.2.白血球生長激素(G-CSF)(101/6/1)： 4.1.2.1.短效型注射劑(如filgrastim、lenograstim)：(85/10/1、93/4/1、96/1/1、101/6/1) 1.限 (1)用於造血幹細胞移植患者。 (2)血液惡性疾病接受靜注化學治療後。 (3)先天性或循環性中性白血球低下症者(當白血球數量少於1000/cumm，或中性白血球(ANC)少於500/cumm)。 (4)其他惡性疾病患者在接受化學治療後，曾經發生白血球少於1000/cumm，或中性白血球(ANC)少於500/cumm者，即可使用。(96/1/1) (5)重度再生不良性貧血病人嚴重感染時使用，惟不得作為此類病人之預防性使用(86/9/1)。 (6)化學治療，併中性白血球缺乏之發燒，若中性白血球小於100/cumm、癌症不受控制、肺炎、低血壓、多器官衰竭或侵犯性黴菌感染等危機程度高之感染。 (7)對於骨髓造血功能不良症候群(MDS)的病人，若因嚴重性的中性白血球過低(ANC<500/cumm)而併發感染時，可間歇性使用G-CSF，但不得作為長期且常	單位，epoetin alfa(如Eprex)初劑量40,000單位，每週1次，最高劑量60,000單位，每週1次；Darbepoetin alfa(如Aranesp)初劑量2.25mcg/kg，每週1次，最高劑量4.5mcg/kg，每週1次。(96/10/1)。 (3)每次療程最長24週，如化學治療療程完全結束後4週也應停止EPO使用。(104/12/1) (4)符合下列情形之病人，應即停止使用本類藥品： Ⅰ.Hb超過10 gm/dL (Hb＞10gm/dL)。 Ⅱ.於接受治療第6週到第8週內Hb之上升值未達1 gm/dL。 Ⅲ.化學治療結束後4週(104/12/1)。 4.1.2.白血球生長激素(G-CSF)(101/6/1)： 4.1.2.1.短效型注射劑(如filgrastim、lenograstim)：(85/10/1、93/4/1、96/1/1、101/6/1) 1.限 (1)用於造血幹細胞移植患者。 (2)血液惡性疾病接受靜注化學治療後。 (3)先天性或循環性中性白血球低下症者(當白血球數量少於1000/cumm，或中性白血球(ANC)少於500/cumm)。 (4)其他惡性疾病患者在接受化學治療後，曾經發生白血	

規性使用。 (8)週邊血液幹細胞的趨動—不論在自體或異體幹細胞的收集，應於收集前之 4~5 日開始皮下注射 G-CSF，其劑量為 10μg /KG/day。 2.患者如白血球超過 4000/cumm，或中性白血球超過 2000/cumm 時，應即停藥。惟當預估其骨髓功能不易恢復時，雖其血球已達上述標準，仍可給予半量之治療，若仍可維持血球數，則可給予四分之一劑量，若仍可維持血球數，則停用。任何時候，若白血球或中性白血球數過度增高，即應停藥。 4.1.2.2.長效型注射劑(如 pegfilgrastim)：(101/6/1) 限非骨髓性癌症合併有骨髓侵犯之患者，在骨髓抑制性抗癌藥物治療後，且曾經發生白血球少於 1000/cumm，或中性白血球（ANC）少於 500/cumm 者使用。 4.2.血液代用製劑及血液成分製劑 blood substituents and blood components 4.2.1.Human Albumin：（100/8/1） 1.本保險對象因病使用 Human Albumin 以符合下列適應症為限（96/6/1、104/11/1）： (1)休克病人擴充有效循環血液量 Ⅰ休克病人至少已給生理鹽水	球少於 1000/cumm，或中性白血球（ANC）少於 500/cumm 者，即可使用。(96/1/1) (5)重度再生不良性貧血病人嚴重感染時使用，惟不得作為此類病人之預防性使用(86/9/1)。 (6)化學治療，併中性白血球缺乏之發燒，若中性白血球小於 100/cumm、癌症不受控制、肺炎、低血壓、多器官衰竭或侵犯性黴菌感染等危機程度高之感染。 (7)對於骨髓造血功能不良症候群（MDS）的病人，若因嚴重性的中性白血球過低（ANC<500/cumm）而併發感染時，可間歇性使用 G-CSF，但不得作為長期且常規性使用。 (8)週邊血液幹細胞的趨動—不論在自體或異體幹細胞的收集，應於收集前之 4~5 日開始皮下注射 G-CSF，其劑量為 10μg /KG/day。 2. 患者如白血球超過 4000/cumm，或中性白血球超過 2000/cumm 時，應即停藥。惟當預估其骨髓功能不易恢復時，雖其血球已達上述標準，仍可給予半量之治療，若仍可維持血球數，則可給予四分之一劑量，若仍可維持血球數，則停用。任何時候，若白血球或中性白血球數過度增高，即應停藥。 4.1.2.2.長效型注射劑(如 pegfilgrastim)：	

或林格爾液等類溶液1000 mL後尚不能維持穩定血流動態，血比容(hematocrit) ＞30%，或血色素(hemoglobin) ＞10 gm/dL需要繼續靜脈輸液時，宜優先使用合成膠類溶液，如dextran、hydroxyethylstarch、polyvinylpyrolidone等。若無上述合適製劑，可給白蛋白溶液，每一病人用量限50 gm(86/1/1)。 Ⅱ70歲以上老人及二歲以下幼兒或併有心衰竭的休克病人，無法忍受太多靜脈輸液時，可一開始即使用白蛋白溶液，每一病人用量限50 gm。 (2)病危、有腹水或水腫併有血清白蛋白濃度偏低病人 Ⅰ血清白蛋白濃度低於 2.5 gm/dL i. 肝硬化症(有相當之腹水或併發水腫)每日最多用量限25 gm。 ii. 腎病症候群(嚴重蛋白尿致血清白蛋白下降)，每日最多用量限25 gm。 iii 嚴重燒燙傷。 iv 肝移植。 v. 蛋白質流失性腸症(protein-losing enteropathy)(104/11/1) 依下列規範使用： (i)經內視鏡或手術或病理報告證實為蛋白質流失性腸症；或糞便alpha-1-	(101/6/1) 限非骨髓性癌症合併有骨髓侵犯之患者，在骨髓抑制性抗癌藥物治療後，且曾經發生白血球少於1000/cumm，或中性白血球(ANC)少於500/cumm者使用。 4.2.血液代用製劑及血液成分製劑 blood substituents and blood components 4.2.1.Human Albumin：(100/8/1) 1.本保險對象因病使用 Human Albumin 以符合下列適應症為限(96/6/1、104/11/1)： (1)休克病人擴充有效循環血液量 Ⅰ休克病人至少已給生理鹽水或林格爾液等類溶液 1000 mL 後尚不能維持穩定血流動態，血比容(hematocrit) ＞30%，或血色素(hemoglobin) ＞10 gm/dL需要繼續靜脈輸液時，宜優先使用合成膠類溶液，如 dextran、hydroxyethylstarch、polyvinylpyrolidone等。若無上述合適製劑，可給白蛋白溶液，每一病人用量限50 gm(86/1/1)。 Ⅱ70 歲以上老人及二歲以下幼兒或併有心衰竭的休克病人，無法忍受太多靜脈輸液時，可一開始即使用白蛋白溶液，每一病人用量限50 gm。	

antitrypsin 升高。 (ii)滿 18 歲以內兒童。 Ⅱ血清白蛋白濃度低於 3.0 gm/dL（96/6/1） i 嚴重肺水腫。 ii 大量肝切除（＞40 %） Ⅲ開心手術用於維持體外循環液，用量限 37.5 gm。 2.注意事項 (1)血清白蛋白濃度檢驗日期限最近 3 天以內，如係多次注射，限上次注射後，最近 3 天內之結果。 (2)醫院於病例發生時，應填寫「全民健康保險病人使用 Human Albumin 申報表」(請詳附表四)，並附原始治療醫囑單於當月份申報醫療費用時送局辦理。 (3)醫療機構、醫師開立使用血液製劑時，應依血液製劑條例之規定辦理。 （100/8/1） 4.2.2.繞徑治療藥物(活化的第七因子 rVIIa, 如 NovoSeven 和活化的凝血酶原複合物濃縮劑 APCC, 如 Feiba)：(88/6/1、93/7/1、94/2/1、98/8/1、103/4/1、105/2/1、105/8/1、108/10/1、109/12/1) 1.門診之血友病人得攜回二~三劑量繞徑治療藥物備用(施打 rVIIa 270μg/kg IV 單次注射劑量除外)，繼續治療時，比照化療以「療程」方式處理，並查驗上次治療紀錄（如附表十八之二—全民健康保險血友病患者使用	(2)病危、有腹水或水腫併有血清白蛋白濃度偏低病人 Ⅰ血清白蛋白濃度低於 2.5 gm/dL i. 肝硬化症（有相當之腹水或併發水腫）每日最多用量限 25 gm。 ii. 腎病症候群（嚴重蛋白尿致血清白蛋白下降)，每日最多用量限 25 gm。 iii 嚴重燒燙傷。 iv 肝移植。 v. 蛋白質流失性腸症 (protein-losing enteropathy) (104/11/1) 依下列規範使用： (i)經內視鏡或手術或病理報告證實為蛋白質流失性腸症；或糞便 alpha-1-antitrypsin 升高。 (ii)滿 18 歲以內兒童。 Ⅱ血清白蛋白濃度低於 3.0 gm/dL（96/6/1） i 嚴重肺水腫。 ii 大量肝切除（＞40 %） Ⅲ開心手術用於維持體外循環液，用量限 37.5 gm。 2.注意事項 (1)血清白蛋白濃度檢驗日期限最近 3 天以內，如係多次注射，限上次注射後，最近 3 天內之結果。 (2)醫院於病例發生時，應填寫「全民健康保險病人使用 Human Albumin 申報表」(請詳附表四)，並附原始治療醫囑單於當月份申報醫療費用時送局辦理。 (3)醫療機構、醫師開立使用血	

「繞徑治療藥物」在家治療紀錄）及登錄醫療評估追蹤紀錄表(附表十八之五)。醫療機構、醫師開立使用血液製劑時，應依血液製劑條例之規定辦理。（103/4/1、108/10/1、109/12/1） 2.缺乏第七凝血因子之病患： 可以使用 rVIIa 10~20μg/kg IV，q 2~3 hr，1~3 劑至止血為止。 3.發生第八因子抗體之 A 型血友病患者： (1)低反應者（low responder）－指第八因子抗體力價平常≦5 BU/mL 以下，再注射第八因子後不會有記憶性反應。使用平常治療沒有抗體病人出血時兩倍劑量的第八因子，可以加上適當的抗纖維蛋白溶解劑。如無效可以改用下述(2)之方法。 (2)高反應者（high responder）－指第八因子抗體力價平常>5 BU/mL 以上，即使降到<5 BU/mL 以下，如再注射第八因子都會有記憶性反應。 I.出血時抗體≦5 BU/mL： i. 輕度出血時：使用 rVIIa 70~90μg/kg IV，q 2 hr，1~3 劑或 rVIIa 270μg/kg IV 單次注射劑量(注射間隔至少 6 小時以上)或 APCC 50~100 U/kg IV，q6-12h，1 ~ 4 劑量。(98/8/1、108/10/1)。 無效時改用下述 ii 之方法。	液製劑時，應依血液製劑條例之規定辦理。（100/8/1） 4.2.2.繞徑治療藥物(活化的第七因子 rVIIa, 如 NovoSeven 和活化的凝血酶原複合物濃縮劑 APCC, 如 Feiba）：(88/6/1、93/7/1、94/2/1、98/8/1、103/4/1、105/2/1、105/8/1、108/10/1、109/12/1) 1.門診之血友病人得攜回二~三劑量繞徑治療藥物備用(施打 rVIIa 270μg/kg IV 單次注射劑量除外)，繼續治療時，比照化療以「療程」方式處理，並查驗上次治療紀錄（如附表十八之二—全民健康保險血友病患者使用「繞徑治療藥物」在家治療紀錄）及登錄醫療評估追蹤紀錄表(附表十八之五)。醫療機構、醫師開立使用血液製劑時，應依血液製劑條例之規定辦理。（103/4/1、108/10/1、109/12/1） 2.缺乏第七凝血因子之病患： 可以使用 rVIIa 10~20μg/kg IV，q 2~3 hr，1~3 劑至止血為止。 3.發生第八因子抗體之A型血友病患者： (1)低反應者（low responder）－指第八因子抗體力價平常≦5 BU/mL 以下，再注射第八因子後不會有記憶性反應。使用平常治療沒有抗體病人出血時兩倍劑量	

ii.嚴重出血時：使用第八因子 100 U/kg IV bolus，然後第八因子 5~10 U/kg/hr IV inf.或第八因子 100 U/kg IV q8-12 hr 至 5 天，可以加上適當的抗纖維蛋白溶解劑。 無效時可使用下述 II 之方法。 II.出血時抗體>5 BU/mL： i. rVIIa70~90μg/kg IV，q 2 hr，3 劑量或至止血為止或 rVIIa 270μg/kg IV 單次注射劑量(注射間隔至少 6 小時以上)，可以加上適當的抗纖維蛋白溶解劑或 APCC 50~100 U/kg IV，q6-12h，3～4 劑量或至止血為止，以 3~5 天為原則，如要續用，須詳細記載病歷(含影像檢查、肌肉骨骼超音波或出血照片等)資料。(98/8/1、108/10/1) 如都無效則改用下述 ii。 ii.可改用體外吸收抗體的方式(如 protein A) 或 Plasmaphoresis，去除大部分抗體後，再大量使用第八因子。 (3)手術時： Ⅰ 術前開始，術中及術後兩天 rVIIa 70~90μg/kg IV，q2~3 hr。 Ⅱ 術後第三天至傷口癒合，並以 7~10 天為原則，如要續用，須詳細記載病歷(含影像檢查、肌肉骨骼超音波或出血照片等)資料。rVIIa 70~90μg/kg IV，q 3 ~ 6 hr。(108/10/1)	的第八因子，可以加上適當的抗纖維蛋白溶解劑。如無效可以改用下述(2)之方法。 (2) 高反應者 (high responder) －指第八因子抗體力價平常>5 BU/mL 以上，即使降到<5 BU/mL 以下，如再注射第八因子都會有記憶性反應。 I.出血時抗體≦5 BU/mL： i. 輕度出血時：使用 rVIIa 70~90 μg/kg IV，q 2 hr，1~3 劑或 rVIIa 270μg/kg IV 單次注射劑量(注射間隔至少 6 小時以上)或 APCC 50~100 U/kg IV，q6-12h，1 ~ 4 劑量。(98/8/1、108/10/1)。 無效時改用下述 ii 之方法。 ii.嚴重出血時：使用第八因子 100 U/kg IV bolus，然後第八因子 5~10 U/kg/hr IV inf.或第八因子 100 U/kg IV q8-12 hr 至 5 天，可以加上適當的抗纖維蛋白溶解劑。 無效時可使用下述 II 之方法。 II.出血時抗體>5 BU/mL： i. rVIIa70~90μg/kg IV，q 2 hr，3 劑量或至止血為止或 rVIIa 270μg/kg IV 單次注射劑量(注射間隔至少 6 小時以上)，可以加上適當的抗纖維蛋白溶解劑或 APCC 50~100 U/kg IV，q6-12h，3～4 劑量或至止血為止，以 3~5 天為原則，如要續用，須詳細記載病歷(含影像檢查、肌肉	

III 或術前，術中及術後至傷口癒合 APCC 50~100 U/kg IV，q6-12hr，需留心病人有無過高凝血現象發生。 4. 發生第九因子抗體之 B 型血友病患者。 (1)對第九因子沒有過敏反應者： I 低反應者（≦5BU/mL)：使用平常劑量兩倍的第九因子。 II 高反應者，出血時抗體在≦5BU/mL：使用第九因子 200U/kg IV q12-24hr,2-3 天或至止血為止，如要續用，須詳細記載病歷(含影像檢查、肌肉骨骼超音波或出血照片等)資料。(108/10/1) I.、II.無效時可使用下述 III.。 III 高反應者出血時抗體>5BU/mL：使用 rVIIa 70-90μg/kg IVq2h，3 劑量或至止血為止或 rVIIa 270μg/kg IV 單次注射劑量(注射間隔至少 6 小時以上)。或 APCC 50-100U/kg IV q6-12hr，4 劑量或至止血為止，並以 3~5 天為原則，如要續用，須詳細記載病歷(含影像檢查、肌肉骨骼超音波或出血照片等)資料。需留心記憶性反應。(98/8/1、108/10/1) (2)對第九因子有過敏反應者： I 不能使用第九因子或 APCC。 II 只能使用 rVIIa 70-90μg/kg IV q2h，3 劑量或至	骨骼超音波或出血照片等)資料。(98/8/1、108/10/1) 如都無效則改用下述 ii。 ii.可改用體外吸收抗體的方式(如 protein A) 或 Plasmaphoresis，去除大部分抗體後，再大量使用第八因子。 (3)手術時： I 術前開始，術中及術後兩天 rVIIa 70~90 μg/kg IV，q2 ~3 hr。 II 術後第三天至傷口癒合，並以 7~10 天為原則，如要續用，須詳細記載病歷(含影像檢查、肌肉骨骼超音波或出血照片等)資料。rVIIa 70~90μg/kg IV，q3 ~ 6 hr。(108/10/1) III 或術前，術中及術後至傷口癒合 APCC 50~100 U/kg IV，q6-12hr，需留心病人有無過高凝血現象發生。 4. 發生第九因子抗體之 B 型血友病患者。 (1)對第九因子沒有過敏反應者： I 低反應者（≦5BU/mL)：使用平常劑量兩倍的第九因子。 II 高反應者，出血時抗體在≦5BU/mL：使用第九因子 200U/kg IV q12-24hr,2-3 天或至止血為止，如要續用，須詳細記載病歷(含影像檢查、肌肉骨骼超音波或出血照片等)資料。(108/10/1) I.、II.無效時可使用下述	

止血為止或 rVIIa 270μg/kg IV 單次注射劑量(注射間隔至少 6 小時以上)。(98/8/1、108/10/1) 5.凡使用 rVIIa、APCC 之申請給付案件，均需由醫療機構詳細填具事後申報表（附表五）及記載病歷(含影像檢查、肌肉骨骼超音波或出血照片等)資料。(108/10/1) 6.A 型或 B 型且有高反應抗體存在之血友病病人：(103/4/1、108/10/1) (1)在六個月內同一關節發生四次以上出血且關節傷害輕微而認定為標的關節時，可給予 1-3 個月繞徑治療藥物。 (2)接受重大手術後，可視術後傷口出血及復原狀況給予 1-2 週繞徑治療藥物，接受骨關節手術後，每次復健之前得視狀況使用，並以 3 個月為原則，如要續用，須詳細記載病歷(含影像檢查、肌肉骨骼超音波或出血照片等)資料。(103/4/1、108/10/1) (3)發生顱內出血或後腹腔出血接受治療穩定後，可視臨床狀況給 1-2 個月的繞徑治療藥物治療。(103/4/1、108/10/1) (4)血友病合併抗體患者，如不符合上述(1)至(3)項短期預防之規定，不可使用繞徑治療藥物進行預防性治療。 7.後天型血友病患者急性出血	III.。 III 高反應者出血時抗體>5BU/mL：使用 rVIIa 70-90μg/kg IVq2h，3 劑量或至止血為止或 rVIIa 270μg/kg IV 單次注射劑量(注射間隔至少 6 小時以上)。或 APCC 50-100U/kg IV q6-12hr，4 劑量或至止血為止，並以 3~5 天為原則，如要續用，須詳細記載病歷(含影像檢查、肌肉骨骼超音波或出血照片等)資料。需留心記憶性反應。(98/8/1、108/10/1) (2)對第九因子有過敏反應者： I 不能使用第九因子或 APCC。 II 只能使用 rVIIa 70-90μg/kg IV q2h，3 劑量或至止血為止或 rVIIa 270μg/kg IV 單次注射劑量(注射間隔至少 6 小時以上)。(98/8/1、108/10/1) 5.凡使用 rVIIa、APCC 之申請給付案件，均需由醫療機構詳細填具事後申報表（附表五）及記載病歷(含影像檢查、肌肉骨骼超音波或出血照片等)資料。(108/10/1) 6.A 型或 B 型且有高反應抗體存在之血友病病人：(103/4/1、108/10/1) (1)在六個月內同一關節發生四次以上出血且關節傷害輕微而認定為標的關節時，可給予 1-3 個月繞徑治療藥物。 (2)接受重大手術後，可視術後	

治療（申報費用時須附詳實評估記錄）：(105/2/1、105/8/1、108/10/1) (1) 重要器官嚴重出血且危及生命時： Ⅰ.可使用 rVIIa 70~90μg/kg IV，q2-3 hr，或 APCC 50~100 U/kg IV，q6-12 hr(最多一天 200U/kg)，至止血為止，並以 3~5 天為原則。無效時可改用高劑量第八因子 100 U/kg q8-12 hr 或 desmopressin(0.3μg/kg)治療。(105/8/1、108/10/1) Ⅱ.當出血症狀使用繞徑藥物療效不佳時，可改用另一種繞徑藥物治療，如果仍無法止血時，可併用體外吸收抗體的方式(如 protein A)或 Plasmapheresis，去除大部分抗體後，再使用第八因子。(105/8/1) (2)需侵襲性處理或緊急手術時： Ⅰ.於術前、術中至傷口癒合期間，依患者實際出血及傷口癒合情況，使用 rVIIa 70~90μg/kg IV，q2-8 hr。 Ⅱ.於術前、術中至傷口癒合期間，依患者實際出血及傷口癒合情況，使用 APCC 50~100 U/kg IV，q6-12 hr。 Ⅲ.使用期間以傷口癒合即終止治療，並以 7~10 天為原則。(108/10/1)	傷口出血及復原狀況給予 1-2 週繞徑治療藥物，接受骨關節手術後，每次復健之前得視狀況使用，並以 3 個月為原則，如要續用，須詳細記載病歷(含影像檢查、肌肉骨骼超音波或出血照片等)資料。(103/4/1、108/10/1) (3)發生顱內出血或後腹腔出血接受治療穩定後，可視臨床狀況給 1-2 個月的繞徑治療藥物治療。(103/4/1、108/10/1) (4)血友病合併抗體患者，如不符合上述(1)至(3)項短期預防之規定，不可使用繞徑治療藥物進行預防性治療。 7.後天型血友病患者急性出血治療（申報費用時須附詳實評估記錄）：(105/2/1、105/8/1、108/10/1) (1) 重要器官嚴重出血且危及生命時： Ⅰ.可使用 rVIIa 70~90μg/kg IV，q2-3 hr，或 APCC 50~100 U/kg IV，q6-12 hr(最多一天 200U/kg)，至止血為止，並以 3~5 天為原則。無效時可改用高劑量第八因子 100 U/kg q8-12 hr 或 desmopressin(0.3μg/kg)治療。(105/8/1、108/10/1) Ⅱ.當出血症狀使用繞徑藥物療效不佳時，可改用另一種繞徑藥物治療，如果仍無	

8.APCC，如Feiba，應依藥品仿單記載，每次使用劑量勿超過100U/kg，每日劑量勿超過200U/kg。(94/2/1) 9.二種繞徑治療藥物不得併用，若有特殊情形需要併用(如接續性併用,sequential therapy)，須詳細記載病歷(含影像檢查、肌肉骨骼超音波或出血照片等)資料。(108/10/1) 4.2.3.第八、第九凝血因子製劑（103/4/1、106/9/1、106/12/1、107/11/1、108/10/1、109/3/1、109/9/1、<u>111/1/1）</u>： 1.門診之血友病人得攜回二~三劑量(至多攜回一個月)第八、第九凝血因子備用，繼續治療時，比照化療以「療程」方式處理，並查驗上次治療紀錄（如附表十八之一—全民健康保險血友病患者使用第八、第九凝血因子在家治療紀錄）及登錄醫療評估追蹤紀錄表(附表十八之五)。醫療機構、醫師開立使用血液製劑時，應依血液製劑條例之規定辦理。（103/4/1、108/10/1、109/12/1） <u>2.用於A型或B型無抗體存在之血友病人：(111/1/1)</u> (1)需要時治療(on demand therapy)：適用一般型血友病病人，建議劑量均如附表十八之三－全民健康	法止血時，可併用體外吸收抗體的方式(如 protein A)或 Plasmapheresis，去除大部分抗體後，再使用第八因子。(105/8/1) (2)需侵襲性處理或緊急手術時： Ⅰ.於術前、術中至傷口癒合期間，依患者實際出血及傷口癒合情況，使用 rVIIa 70~90 μg/kg IV，q2-8 hr。 Ⅱ.於術前、術中至傷口癒合期間，依患者實際出血及傷口癒合情況，使用 APCC 50~100 U/kg IV，q6-12 hr。 Ⅲ.使用期間以傷口癒合即終止治療，並以 7~10 天為原則。(108/10/1) 8.APCC，如Feiba，應依藥品仿單記載，每次使用劑量勿超過 100U/kg，每日劑量勿超過 200U/kg。(94/2/1) 9.二種繞徑治療藥物不得併用，若有特殊情形需要併用（如接續性併用,sequential therapy)，須詳細記載病歷(含影像檢查、肌肉骨骼超音波或出血照片等)資料。(108/10/1) 4.2.3.第八、第九凝血因子製劑（103/4/1、106/9/1、106/12/1、107/11/1、108/10/1、109/3/1、109/9/1、<u>109/12/1）：用於A型或B型無抗體存在之血友病人</u>：	

保險一般型血友病患需要時治療之凝血因子建議劑量。(106/9/1、106/12/1、107/11/1、108/10/1、111/1/1) (2)預防性治療(primary prophylaxis)：限嚴重型(VIII:C 小於 1%)血友病病人。 Ⅰ.嚴重 A 型血友病病人： ⅰ.Eloctate：(106/9/1、106/12/1、109/3/1、111/1/1) A.每 3 天注射一次，每次 25-35 IU/kg 或每 4 天注射一次，每次 36-50 IU/kg 或每 5 天注射一次，每次 51-65 IU/kg。 B.每天最大平均劑量不可超過 15 IU/kg，單次劑量不可超過 65 IU/kg。若臨床上需要使用超過上述劑量，則需要事前審查。 ⅱ. Adynovate：(107/11/1、109/3/1、111/1/1) A.每週注射 2 次，每次 40-50 IU/kg。 B.每天最大平均劑量不可超過 15 IU/kg，單次劑量不可超過 65 IU/kg。若臨床上需要使用超過上述劑量，則需要事前審查。 ⅲ. Kovaltry、Afstyla：(109/3/1、109/9/1、111/1/1) A.每週注射 2 至 3 次，每次 20-40 IU/kg。 B.每天最大平均劑量不可超過 15 IU/kg，單次劑量不可超過 65 IU/kg。若臨床上需	1.門診之血友病人得攜回二~三劑量(至多攜回一個月)第八、第九凝血因子備用，繼續治療時，比照化療以「療程」方式處理，並查驗上次治療紀錄（如附表十八之一—全民健康保險血友病患者使用第八、第九凝血因子在家治療紀錄）及登錄醫療評估追蹤紀錄表(附表十八之五)。醫療機構、醫師開立使用血液製劑時，應依血液製劑條例之規定辦理。(103/4/1、108/10/1、109/12/1) 2. 需要時治療(on demand therapy)：適用一般型血友病病人，建議劑量均如附表十八之三－全民健康保險一般型血友病患需要時治療之凝血因子建議劑量。(106/9/1、106/12/1、107/11/1、108/10/1) 3. 預防性治療(primary prophylaxis)：限嚴重型(VIII:C 小於 1%)血友病病人。 (1)嚴重 A 型血友病病人： Ⅰ.Eloctate：(106/9/1、106/12/1、109/3/1) ⅰ.每 3 天注射一次，每次 25-35 IU/kg 或每 4 天注射一次，每次 36-50 IU/kg 或每 5 天注射一次，每次 51-65 IU/kg。	

要使用超過上述劑量，則需要事前審查。 iv. Jivi：(109/12/1、111/1/1) A.每週注射2次，每次30-40 IU/kg；每5天注射1次，每次45-60 IU/kg；每週注射1次，每次60 IU/kg。 B.限用於12歲(含)以上且曾接受治療之A型血友病病人。 v.其他製劑：每週注射1-3次，每一次劑量為15-25 IU/kg。(106/12/1、109/3/1、111/1/1) Ⅱ.嚴重B型血友病病人： i. Idelvion：用於12歲以上病人每週注射一次，每次25-35 IU/kg，或每2週注射一次，每次40-50 IU/kg；用於未滿12歲病人每週注射一次，每次35 IU/kg。(109/9/1、111/1/1) ii. Alprolix：每週注射一次，每次50 IU/kg。(109/9/1、111/1/1) iii. Refixia：用於12歲以上之病患，每週注射一次，每次40 IU/kg。(110/3/1、111/1/1) iv.其他製劑：每週注射1-2次，每一次劑量為30-50 IU/kg。(103/4/1、109/9/1、111/1/1) Ⅲ.施行預防性治療期間，其預防效果可以臨床觀察為之，如病人仍然出現突破性出血時，得檢測給藥前最低濃度(trough level)，其濃度低於1IU/dL，得再調整劑	ii.每天最大平均劑量不可超過15 IU/kg，單次劑量不可超過65 IU/kg。若臨床上需要使用超過上述劑量，則需要事前審查。 Ⅱ. Adynovate：(107/11/1、109/3/1) i.每週注射2次，每次40-50 IU/kg。 ii.每天最大平均劑量不可超過15 IU/kg，單次劑量不可超過65 IU/kg。若臨床上需要使用超過上述劑量，則需要事前審查。 Ⅲ. Kovaltry、Afstyla：(109/3/1、109/9/1) i.每週注射2至3次，每次20-40 IU/kg。 ii.每天最大平均劑量不可超過15 IU/kg，單次劑量不可超過65 IU/kg。若臨床上需要使用超過上述劑量，則需要事前審查。 Ⅳ.Jivi：(109/12/1) i.每週注射2次，每次30-40 IU/kg；每5天注射1次，每次45-60 IU/kg；每週注射1次，每次60 IU/kg。 ii.限用於12歲(含)以上且曾接受治療之A型血友病病人。 Ⅴ.其他製劑：每週注射1-3次，每一次劑量為15-25 IU/kg。(106/12/1、109/3/1) (2)嚴重B型血友病病人： Ⅰ.Idelvion：用於12歲以上病	

量。(106/12/1、109/3/1、111/1/1) Ⅳ.如病患治療時產生凝血因子低反應性抗體，則建議暫時終止預防性治療，直到確定抗體消失始得重新治療；病人如產生凝血因子高反應性抗體時，則需停止預防性治療，在接受免疫耐受性療法確定成功且抗體消失後，可重新使用「預防性」治療。 (3)Idelvion、Alprolix 及 Refixia 限用於預防性治療(primary prophylaxis)。(109/9/1、110/3/1、111/1/1) 3. 免疫耐受治療(immune toleration induction；ITI)：(111/1/1) (1)需經事前審查核准後使用。送審時需檢附最近5年內就醫紀錄（包含抗體檢驗數值、整合醫療評估表）和1年內出血凝血因子使用記錄。 (2)起始劑量以每週3次，每次50 IU/kg 開始。最高劑量不得超過100 IU/kg/day。 (3)開始治療後，每個月檢測抗體，治療開始3個月後，每6個月評估療效，於第9個月內進行第一次療效評估，若抗體下降未達前9個月內最高點之20%，可考慮增加劑量、頻率，但最高劑量不得超過100 IU/kg/day 或改用 vWF 之第八因子產品，方可繼續執行。第15個月後仍未下降達最高點（9個月～15個月	人每週注射一次，每次25-35 IU/kg，或每2週注射一次，每次40-50 IU/kg；用於未滿12歲病人每週注射一次，每次35 IU/kg。(109/9/1) Ⅱ. Alprolix：每週注射一次，每次50 IU/kg。(109/9/1) Ⅲ.其他製劑：每週注射1-2次，每一次劑量為30-50 IU/kg。(103/4/1、109/9/1) (3)施行預防性治療期間，其預防效果可以臨床觀察為之，如病人仍然出現突破性出血時，得檢測給藥前最低濃度(trough level)，其濃度低於1IU/dL，得再調整劑量。(106/12/1、109/3/1) (4)如病患治療時產生凝血因子低反應性抗體，則建議暫時終止預防性治療，直到確定抗體消失始得重新治療；病人如產生凝血因子高反應性抗體時，則需停止預防性治療，在接受免疫耐受性療法確定成功且抗體消失後，可重新使用「預防性」治療。 4.Idelvion 及 Alprolix 限用於預防性治療(primary prophylaxis)。(109/9/1)	

之間）之 20%，可以考慮給予免疫抑制劑，若第 21 個月仍未下降達最高點（15～21 個月之間）之 20 %，則應該停止。若持續下降達前次最高點之 20 %，則可以繼續治療，至多不超過 33 個月。 (4)若評估時，達到 partial response（定義為抗體效價下降至無法檢出），則之後每個月需加驗第八因子 recovery rate。若 recovery rate <66%，則照原採行中之方式繼續 ITI；若 recovery rate ≥66%，往後需每 3 個月加驗第八因子之 half-life： Ⅰ.若第八因子之 half-life <6 小時，則照原採行中之方式繼續 ITI。 Ⅱ.若 half-life ≥6 小時，可考慮逐步降低劑量至停止 ITI，至多不超過 33 個月。若達到 tolerization（定義為抗體效價抗體效價下降至無法檢出，第八因子 recovery rate ≥66%，第八因子之 half-life ≥6 小時且未出現 anamnestic response），則可停止 ITI。 (5)每位病人以做一次 ITI 為限。如需再次做治療須敘明理由經特殊專案審查核准後使用。 (6)不得與 emicizumab 合併使用。 (7)限未滿 9 歲之兒童使用。 4.2.4.類血友病治療藥品，		

VWF/FVIII 濃縮製劑(如 Haemate P, Alphanate 等)、Desmopressin(DDAVP) 等：(103/4/1) 1.各分型類血友病治療規定： (1)第一型類血友病(Type 1 von-Willebrand Disease)： Ⅰ.以 DDAVP 治療為原則，如患者 VWF:RCo ＜10 IU/dL，則不建議使用 DDAVP。 Ⅱ.輕度出血或小手術處置：使用 DDAVP，治療目標為 VWF:RCo 及 VIII:C 都上升到 30-50 IU/dL 以上，維持 1-5 天，若 DDAVP 治療無效或有禁忌症時可使用 VWF/FVIII 濃縮製劑。 Ⅲ.嚴重出血治療或重大手術處置：使用 VWF/FVIII 濃縮製劑，治療目標為 VWF:RCo 及 VIII:C 起初濃度都上升到至少 100 IU/dL 以上，接下來劑量於 7-10 日內維持 VWF:RCo 及 VIII:C 最低濃度(trough level)都在 50IU/dL 以上。 IV.如重複給予 DDAVP 使得藥物效果降低，或已知對 DDAVP 治療無效，應使用 VWF/FVIII 濃縮製劑。 (2)第二型類血友病(Type 2 von-Willebrand Disease)： Ⅰ.Type 2A 及 2M VWD i.輕度出血治療或小手術處置：如病人對於 DDAVP 治療有效，應以 DDAVP 治療為原	4.2.4.類血友病治療藥品，VWF/FVIII 濃縮製劑(如 Haemate P, Alphanate 等)、Desmopressin(DDAVP) 等：(103/4/1) 1.各分型類血友病治療規定： (1)第一型類血友病(Type 1 von-Willebrand Disease)： Ⅰ.以 DDAVP 治療為原則，如患者 VWF:RCo ＜10 IU/dL，則不建議使用 DDAVP。 Ⅱ.輕度出血或小手術處置：使用 DDAVP，治療目標為 VWF:RCo 及 VIII:C 都上升	

則。如使用 VWF/FVIII 濃縮製劑，治療目標為 VWF:RCo 及 VIII:C 都上升到 30-50 IU/dL 以上，維持 1-5 天。 ii.嚴重出血治療或重大手術處置：依 Type 1 VWD 之 III 規定處置。 Ⅱ.Type 2B VWD i.DDAVP 不適合使用於 Type 2B VWD。 ii.輕度出血或小手術處置：使用 VWF/FVIII 濃縮製劑，治療目標為 VWF:RCo 及 VIII:C 都上升到 30-50 IU/dL 以上，維持 1-5 天。 iii.嚴重出血治療或重大手術處置：依 Type 1 VWD 之 III 規定處置，並且應注意血小板濃度，必要時應給予血小板輸注。 Ⅲ.Type 2N VWD i.使用 DDAVP 治療可能提升 VIII:C，但 VIII:C 半衰期會減短。 ii.輕度出血或小手術處置：使用 DDAVP 或 VWF/FVIII 濃縮製劑，治療目標為 VIII:C 上升到 30-50 IU/dL 以上，維持 1-5 天。 iii.嚴重出血治療或重大手術處置：使用 VWF/FVIII 濃縮製劑，治療目標為 VIII:C 起初濃度上升到至少 100 IU/dL 以上，接下來劑量於 7-10 日內維持 VIII:C 最低濃度在 50 IU/dL 以上。 (3)第三型類血友病(Type 3 von-Willebrand	到 30-50 IU/dL 以上，維持 1-5 天，若 DDAVP 治療無效或有禁忌症時可使用 VWF/FVIII 濃縮製劑。 Ⅲ.嚴重出血治療或重大手術處置：使用 VWF/FVIII 濃縮製劑，治療目標為 VWF:RCo 及 VIII:C 起初濃度都上升到至少 100 IU/dL 以上，接下來劑量於 7-10 日內維持 VWF:RCo 及 VIII:C 最低濃度(trough level)都在 50IU/dL 以上。 IV.如重複給予 DDAVP 使得藥物效果降低，或已知對 DDAVP 治療無效，應使用 VWF/FVIII 濃縮製劑。 (2)第二型類血友病(Type 2 von-Willebrand Disease)： Ⅰ.Type 2A 及 2M VWD i.輕度出血治療或小手術處置：如病人對於 DDAVP 治療有效，應以 DDAVP 治療為原則。如使用 VWF/FVIII 濃縮製劑，治療目標為 VWF:RCo 及 VIII:C 都上升到 30-50 IU/dL 以上，維持 1-5 天。 ii.嚴重出血治療或重大手術處置：依 Type 1 VWD 之 III 規定處置。 Ⅱ.Type 2B VWD i.DDAVP 不適合使用於 Type 2B VWD。 ii.輕度出血或小手術處置：使用 VWF/FVIII 濃縮製劑，治療目標為 VWF:RCo 及 VIII:C 都上升到 30-50	

Disease)： Ⅰ.原則應使用 VWF/FVIII 濃縮製劑，DDAVP 則不應使用。 Ⅱ.輕度出血或小手術處置：使用 VWF/FVIII 濃縮製劑，治療目標為 VWF:RCo 及 VIII:C 都上升到 30-50 IU/dL 以上，維持 1-5 天。 Ⅲ.嚴重出血治療或重大手術處置：依 Type 1 VWD 之 III 規定處置，惟 Alphanate 不適用於 Type 3 VWD 病人進行重度手術。 2.VWD 患者輔助治療及懷孕患者處置： (1)血小板輸注可以考慮使用於已使用足量 VWF/FVIII 濃縮製劑達成治療目標濃度但仍有出血之患者，尤其是腸胃道出血時。 (2)冷凍沉澱品(Cryoprecipitate)可以考慮使用於已充分使用其他各種藥物治療但仍無法控制的頑固性出血。 (3)抗纖維蛋白溶解製劑(如 tranexamic acid)可以單獨使用於黏膜輕微出血(如月經量過多、口腔出血、流鼻血)，如果治療無效，應合併使用 DDAVP 或 VWF/FVIII 濃縮製劑治療。 (4)拔牙時大多數病患可使用單次 DDAVP 加上 tranexamic acid 治療，不適合使用 DDAVP 患者則用單次 VWF/FVIII 濃縮製劑加上 tranexamic acid 治療。	IU/dL 以上，維持 1-5 天。 iii.嚴重出血治療或重大手術處置：依 Type 1 VWD 之 III 規定處置，並且應注意血小板濃度，必要時應給予血小板輸注。 Ⅲ.Type 2N VWD i.使用 DDAVP 治療可能提升 VIII:C，但 VIII:C 半衰期會減短。 ii.輕度出血或小手術處置：使用 DDAVP 或 VWF/FVIII 濃縮製劑，治療目標為 VIII:C 上升到 30-50 IU/dL 以上，維持 1-5 天。 iii.嚴重出血治療或重大手術處置：使用 VWF/FVIII 濃縮製劑，治療目標為 VIII:C 起初濃度上升到至少 100 IU/dL 以上，接下來劑量於 7-10 日內維持 VIII:C 最低濃度在 50 IU/dL 以上。 (3)第三型類血友病(Type 3 von-Willebrand Disease)： Ⅰ.原則應使用 VWF/FVIII 濃縮製劑，DDAVP 則不應使用。 Ⅱ.輕度出血或小手術處置：使用 VWF/FVIII 濃縮製劑，治療目標為 VWF:RCo 及 VIII:C 都上升到 30-50 IU/dL 以上，維持 1-5 天。 Ⅲ.嚴重出血治療或重大手術處置：依 Type 1 VWD 之 III 規定處置，惟 Alphanate 不適用於 Type 3 VWD 病人進行重度手術。 2.VWD 患者輔助治療及懷孕患者	

(5)月經量過多患者可單獨使用雌性激素/黃體素製劑或tranexamic acid治療，如果無效時則需合併使用DDAVP或VWF/FVIII濃縮製劑治療。 (6)VWD患者懷孕生產治療建議： Ⅰ.DDAVP避免使用於子癲前症或體液增加(fluid retention)患者。 Ⅱ.Type 1 VWD：分娩時大多數不需要預防性治療。 Ⅲ.Type 2 VWD：剖腹生產或自然生產預期要進行episiotomy時，要給予藥物預防性治療。 Ⅳ.Type 3 VWD：各種生產方式都需要給予藥物預防性治療。 Ⅴ.對於Type 1及Type 2 VWD的懷孕婦女，應該要在懷孕第三期與生產前檢查VWF:RCo與VIII:C。如果VWF:RCo <50IU/dL，產程期間則應該給予藥物預防治療。Type 2B懷孕婦女應特別注意血小板有無減少。 Ⅵ.生產後至少應該維持VWF:RCo > 50IU/dL 3-5天。 4.2.5.第二、七、九、十凝血因子複合製劑(如Beriplex)：(105/7/1) 限用於下列情況以矯正凝血因子缺乏，且須同時針對出血原因進行處置： 1.在缺乏單一的凝血因子製劑	處置： (1) 血小板輸注可以考慮使用於已使用足量VWF/FVIII濃縮製劑達成治療目標濃度但仍有出血之患者，尤其是腸胃道出血時。 (2) 冷凍沉澱品(Cryoprecipitate)可以考慮使用於已充分使用其他各種藥物治療但仍無法控制的頑固性出血。 (3) 抗纖維蛋白溶解製劑(如tranexamic acid)可以單獨使用於黏膜輕微出血(如月經量過多、口腔出血、流鼻血)，如果治療無效，應合併使用DDAVP或VWF/FVIII濃縮製劑治療。 (4) 拔牙時大多數病患可使用單次DDAVP加上tranexamic acid治療，不適合使用DDAVP患者則用單次VWF/FVIII濃縮製劑加上tranexamic acid治療。 (5) 月經量過多患者可單獨使用雌性激素/黃體素製劑或tranexamic acid治療，如果無效時則需合併使用DDAVP或VWF/FVIII濃縮製劑治療。 (6) VWD患者懷孕生產治療建議： Ⅰ.DDAVP避免使用於子癲前症或體液增加(fluid retention)患者。 Ⅱ.Type 1 VWD：分娩時大多數不需要預防性治療。 Ⅲ.Type 2 VWD：剖腹生產或自	

可使用的情況，因先天性單一或多重缺乏第二、第七、第九或第十凝血因子，有出血或接受侵犯性處理及手術時的預防出血性治療。 2.在缺乏單一的凝血因子製劑可使用的情況，因單一或多重缺乏第二、第七、第九或第十凝血因子造成的新生兒嚴重出血。 3.因嚴重的肝臟實質傷害(如猛爆性肝炎、肝硬化末期、肝中毒、肝創傷等)或極度肝萎縮引起的食道胃靜脈瘤出血。 4.因服用 coumarin 類抗凝血劑造成併發症引起的嚴重出血。 5.缺乏維生素 K 併發的嚴重出血或需緊急手術時。 4.2.6.Human plasma coagulation factor XIII (如 Fibrogammin) (107/8/1、108/10/1、109/12/1) 1.用於第十三凝血因子缺乏之病人。 (1)有急性出血時 A. 輕度至中度出血： 10-20 IU/Kg 注射 1-3 次至止血。 B. 嚴重出血： 20-30 IU/Kg 注射數次，可間隔數日至一周，直至止血。如有顱內出血，建議 30-40 IU/Kg 注射，間隔每天至一週給藥，直至止血。 C. 手術： 20-30 IU/Kg，每天注射 1-3	然生產預期要進行 episiotomy 時，要給予藥物預防性治療。 IV.Type 3 VWD：各種生產方式都需要給予藥物預防性治療。 V.對於 Type 1 及 Type 2 VWD 的懷孕婦女，應該要在懷孕第三期與生產前檢查 VWF:RCo 與 VIII:C。如果 VWF:RCo <50IU/dL，產程期間則應該給予藥物預防治療。Type 2B 懷孕婦女應特別注意血小板有無減少。 VI.生產後至少應該維持 VWF:RCo > 50IU/dL 3-5 天。 4.2.5.第二、七、九、十凝血因子複合製劑(如 Beriplex)：(105/7/1) 限用於下列情況以矯正凝血因子缺乏，且須同時針對出血原因進行處置： 1.在缺乏單一的凝血因子製劑可使用的情況，因先天性單一或多重缺乏第二、第七、第九或第十凝血因子，有出血或接受侵犯性處理及手術時的預防出血性治療。 2.在缺乏單一的凝血因子製劑可使用的情況，因單一或多重缺乏第二、第七、第九或第十凝血因子造成的新生兒嚴重出血。 3.因嚴重的肝臟實質傷害(如猛爆性肝炎、肝硬化末期、肝中毒、肝創傷等)或極度肝萎縮引起的食道胃靜脈	

天，嗣後 10-20 IU/Kg 注射 2-3 天。 (2)預防性給予： 建議 10-40 IU/Kg，每 4 至 6 週注射一次；視突破性出血情況可增至 40 IU/Kg 每 4 至 6 週注射一次。 (3)懷孕時： 在 5~6 週懷孕時即建議開始給予，至懷孕後期劑量可視患者情況增加。 (4)出現抗體時： 得由臨床醫師依病人狀況調整劑量，惟需於病歷上詳細記載治療劑量調整之原因及反應。 2. 門診之 XIII 因子缺乏病人，得攜回二~四劑量(至多攜回二個月)第十三凝血因子備用，繼續治療時，比照化療以「療程」方式處理，並檢附上次治療紀錄（如附表十八-四 全民健康保險血友病患使用第十三凝血因子在家治療紀錄）及登錄醫療評估追蹤紀錄表(附表十八之五)。醫療機構、醫師開立使用血液製劑時，應依血液製劑條例之規定辦理。(107/8/1、108/10/1、109/12/1) 3. 預防性治療(primary prophylaxis)：限嚴重型或中度(Factor XIIIa 小於 5IU/dL) 之 XIII 因子缺乏病人。預防性使用之病患建議每隔 1-2 年監測血清中之第十三凝血因子濃度。	瘤出血。 4.因服用 coumarin 類抗凝血劑造成併發症引起的嚴重出血。 5.缺乏維生素K併發的嚴重出血或需緊急手術時。 4.2.6.Human plasma coagulation factor XIII (如 Fibrogammin) (107/8/1 、 108/10/1 、 109/12/1) 1.用於第十三凝血因子缺乏之病人。 (1) 有急性出血時 A. 輕度至中度出血： 10-20 IU/Kg 注射 1-3 次至止血。 B. 嚴重出血： 20-30 IU/Kg 注射數次，可間隔數日至一周，直至止血。如有顱內出血，建議 30-40 IU/Kg 注射，間隔每天至一週給藥，直至止血。 C. 手術： 20-30 IU/Kg，每天注射 1-3 天，嗣後 10-20 IU/Kg 注射 2-3 天。 (2) 預防性給予： 建議 10-40 IU/Kg，每 4 至 6 週注射一次；視突破性出血情況可增至 40 IU/Kg 每 4 至 6 週注射一次。 (3) 懷孕時： 在 5~6 週懷孕時即建議開始給予，至懷孕後期劑量可視患者情況增加。 (4) 出現抗體時： 得由臨床醫師依病人狀況調整劑量，惟需於病歷上詳細記載治療劑量調整之原因	

4. 初次使用需經事前審查核准後使用。 4.2.7.雙特異性單株抗體藥物(如 Hemlibra)：(108/11/1、109/8/1、109/12/1) 用於 A 型血友病且有抗體病人預防性治療，並符合以下情形： 1.經 Bethesda 分析法不只一次證實帶有第八凝血因子抑制性抗體≥5.0BU。(108/11/1、109/8/1) 2.使用 Hemlibra 24 小時以前繞徑藥物須停止使用。病人領取的 Feiba 必須先使用完後，才能考慮開始使用 Hemlibra。(108/11/1、109/8/1) 3.若發生突破性出血時，第一線藥物為 rVIIa 或第八凝血因子；除非沒有其他選擇，儘量避免使用 Feiba。 (1)用 rVIIa，需要從低劑量(45-90IU/kg)開始使用，不可以使用高劑量。 (2)用 Feiba，第一次使用不可超過 50IU/Kg；需第二劑使用時，一天內不得超過 100IU/Kg。 4.皮下注射預防性治療(prophylaxis)：最初 4 週，每週一次投予 3 mg/kg(負荷劑量)，之後改為每週一次投予 1.5 mg/kg、每 2 週一次 3 mg/kg 或每 4 週一次 6 mg/kg(維持劑量)。(108/11/1、109/8/1)	及反應。 2. 門診之 XIII 因子缺乏病人，得攜回二~四劑量(至多攜回二個月)第十三凝血因子備用，繼續治療時，比照化療以「療程」方式處理，並檢附上次治療紀錄（如附表十八-四 全民健康保險血友病患使用第十三凝血因子在家治療紀錄）及登錄醫療評估追蹤紀錄表(附表十八之五)。醫療機構、醫師開立使用血液製劑時，應依血液製劑條例之規定辦理。(107/8/1、108/10/1、109/12/1) 3. 預防性治療(primary prophylaxis)：限嚴重型或中度(Factor XIIIa 小於 5IU/dL)之 XIII 因子缺乏病人。預防性使用之病患建議每隔 1-2 年監測血清中之第十三凝血因子濃度。 4. 初次使用需經事前審查核准後使用。 4.2.7.雙特異性單株抗體藥物(如 Hemlibra)：(108/11/1、109/8/1、109/12/1) 用於A型血友病且有抗體病人預防性治療，並符合以下情形： 1.經 Bethesda 分析法不只一次證實帶有第八凝血因子抑制性抗體≥5.0BU。(108/11/1、109/8/1) 2.使用 Hemlibra 24 小時以前繞徑藥物須停止使用。病人	

5.需經事前審查後核准後使用，每次申請一年為限，期滿需經再次申請核准後，才得以續用。申請續用時，需檢附關節出血次數、是否有血栓副作用發生等資料。(108/11/1、109/8/1) 6.門診之血友病病人得攜回一至二劑量(至多攜回一個月)備用，繼續治療時，比照化療以「療程」方式處理，並查驗上次治療紀錄（如附表十八之六—全民健康保險血友病患者使用雙特異性單株抗體藥物在家治療紀錄表）及登錄醫療評估追蹤紀錄表(附表十八之五)：(109/8/1、109/12/1) (1)每1週皮下注射一次者，可攜回二次劑量。 (2)每2週皮下注射一次者，可攜回一次劑量。 (3)每4週皮下注射一次者，則每4週均回醫院領藥注射並觀察追蹤。 4.3.其他 4.3.1.Deferasirox（如Exjade、Jadenu）(96/7/1、104/12/1、108/7/1)： 限用於治療因輸血而導致慢性鐵質沉著症（輸血性血鐵質沉積）的成年人及2歲以上兒童患者且符合下列條件之一者： 1.重型海洋性貧血或骨髓造血功能不良症候群、再生不良性貧血患者。	領取的 Feiba 必須先使用完後，才能考慮開始使用 Hemlibra 。(108/11/1 、109/8/1) 3.若發生突破性出血時，第一線藥物為 rVIIa 或第八凝血因子；除非沒有其他選擇，儘量避免使用 Feiba。 (1)用 rVIIa，需要從低劑量(45-90IU/kg)開始使用，不可以使用高劑量。 (2)用 Feiba，第一次使用不可超過 50IU/Kg；需第二劑使用時，一天內不得超過100IU/Kg。 4. 皮下注射預防性治療(prophylaxis)：最初 4 週，每週一次投予 3 mg/kg(負荷劑量)，之後改為每週一次投予 1.5 mg/kg、每 2 週一次 3 mg/kg 或每 4 週一次 6 mg/kg(維持劑量)。(108/11/1、109/8/1) 5.需經事前審查後核准後使用，每次申請一年為限，期滿需經再次申請核准後，才得以續用。申請續用時，需檢附關節出血次數、是否有血栓副作用發生等資料。(108/11/1、109/8/1) 6.門診之血友病病人得攜回一至二劑量(至多攜回一個月)備用，繼續治療時，比照化療以「療程」方式處理，並查驗上次治療紀錄（如附表十八之六—全民健康保險血友病患者使用	

2.需長期輸血治療且已併有鐵質沉積之患者，則在患者血清內鐵蛋白（Ferritin）＞2000ug/L 時使用。 3.中型(非輸血依賴)海洋性貧血患者：(104/12/1) (1)使用條件：病患已開始長期接受輸血治療(即一年輸血兩次以上或四個單位以上者)，且血清內鐵蛋白（Ferritin）＞ 800μg/L(至少二次檢查確認，檢查之間隔需經過至少 3 個月，並排除感染及發炎等狀況)或肝臟鐵質（Liver iron content）> 7mg/g dry weight 者。 (2)當肝臟鐵質< 3mg/g dry weight，或血清內鐵蛋白（Ferritin）< 300μg/L 時即停藥。 4.3.2.Eltrombopag(如 Revolade)、romiplostim(如 Romiplate) (100/8/1、101/9/1、102/8/1、102/9/1、105/8/1、106/4/1、108/6/1、109/2/1) 4.3.2.1.Eltrombopag（如 Revolade)(108/6/1、109/2/1) 1.限用於 6 歲(含)以上之慢性自發性(免疫性)血小板缺乏症(ITP)且對於其他治療(例如：類固醇、免疫球蛋白等)失敗患者，且符合下列情況之一者使用：(105/8/1、106/4/1、	雙特異性單株抗體藥物在家治療紀錄表）及登錄醫療評估追蹤紀錄表(附表十八之五）：(109/8/1、109/12/1) (1)每 1 週皮下注射一次者，可攜回二次劑量。 (2)每 2 週皮下注射一次者，可攜回一次劑量。 (3)每 4 週皮下注射一次者，則每 4 週均回醫院領藥注射並觀察追蹤。 4.3.其他 4.3.1.Deferasirox（如 Exjade、Jadenu）(96/7/1、104/12/1、108/7/1)： 限用於治療因輸血而導致慢性鐵質沉著症（輸血性血鐵質沉積）的成年人及 2 歲以上兒童患者且符合下列條件之一者： 1.重型海洋性貧血或骨髓造血功能不良症候群、再生不良性貧血患者。 2.需長期輸血治療且已併有鐵質沉積之患者，則在患者血清內鐵蛋白（Ferritin）＞ 2000ug/L 時使用。 3.中型(非輸血依賴)海洋性貧血患者：(104/12/1) (1)使用條件：病患已開始長期接受輸血治療(即一年輸血兩次以上或四個單位以上者)，且血清內鐵蛋白（Ferritin）＞ 800μg/L(至少二次檢查確認，檢查之間隔需經過至少 3 個月，並排除感染及發炎	

108/6/1、109/2/1) (1)未曾接受脾臟切除患者，且符合下列所有條件：(109/2/1) Ⅰ.需接受計畫性手術或侵入性檢查並具出血危險者，且血小板＜80,000/uL。 Ⅱ.具有下列不適合進行脾臟切除之其一條件： i.經麻醉科醫師評估無法耐受全身性麻醉。 ii.難以控制之凝血機能障礙。 iii.心、肺等主要臟器功能不全。 iv.有其他重大共病，經臨床醫師判斷不適合進行脾臟切除。 v. 兒童 Ⅲ.未曾接受脾臟切除患者須經事前審查同意使用，限用12週。 (2)未曾接受脾臟切除患者，且符合下列所有條件：(109/2/1) Ⅰ.長期血小板＜20,000/μL(三個月內至少兩次)，且有紫斑及出血紀錄者。 Ⅱ.須排除下列共病：C型肝炎、肝硬化、脾腫大(Hypersplenism)、骨髓化生不良症候群(MDS)、再生不良性貧血、HIV或化學治療相關之血小板低下。 Ⅲ.須經事前審查同意使用，首次申請限用三個月，如申請續用，之後每六個月須再次申請，血小板>50,000/uL者方得續用。 (3)若曾接受脾臟切除患者，且符合下列所有條件：	等狀況)或肝臟鐵質(Liver iron content)>7mg/g dry weight者。 (2)當肝臟鐵質< 3mg/g dry weight，或血清內鐵蛋白(Ferritin)< 300μg/L時即停藥。 4.3.2.Eltrombopag(如Revolade)、romiplostim(如Romiplate)(100/8/1、101/9/1、102/8/1、102/9/1、105/8/1、106/4/1、108/6/1、109/2/1) 4.3.2.1.Eltrombopag(如Revolade)(108/6/1、109/2/1) 1.限用於6歲(含)以上之慢性自發性(免疫性)血小板缺乏紫斑症(ITP)且對於其他治療(例如：類固醇、免疫球蛋白等)失敗患者，且符合下列情況之一者使用：(105/8/1、106/4/1、108/6/1、109/2/1) (1)未曾接受脾臟切除患者，且符合下列所有條件：(109/2/1) Ⅰ.需接受計畫性手術或侵入性檢查並具出血危險者，且血小板＜80,000/uL。 Ⅱ.具有下列不適合進行脾臟切除之其一條件： i.經麻醉科醫師評估無法耐受全身性麻醉。 ii.難以控制之凝血機能障礙。 iii.心、肺等主要臟器功能不全。 iv.有其他重大共病，經臨床醫	

(109/2/1) Ⅰ.治療前血小板＜ 20,000/μL，或有明顯出血症狀者。 Ⅱ.治療 12 週後，若血小板無明顯上升或出血未改善，則不得再繼續使用。 (4)每天劑量以 50mg 為上限。(109/2/1) (5)治療期間，不得同時併用免疫球蛋白，且 eltrombopag 與 romiplostim 不得併用。 2.用於免疫抑制療法(IST)反應不佳的嚴重再生不良性貧血(限 eltrombopag)需同時符合下列條件：(108/6/1) (1)不適於接受幹細胞移植的病患。 (2)已接受或不適於接受抗胸腺細胞免疫球蛋白(ATG)治療之病患。 (3)需經事前審查核准後使用。首次申請之療程以 4 個月為限，之後每 6 個月評估及申請，送審時需檢附血液檢查報告。 4.3.2.2.Romiplostim (如 Romiplate) (108/6/1) 1.限用於成年慢性自發性(免疫性)血小板缺乏紫斑症(ITP)且對於其他治療(例如：類固醇、免疫球蛋白等)失敗患者，且符合下列情況之一者使用：(105/8/1、106/4/1) (1)未曾接受脾臟切除患者，且符合： Ⅰ.需接受計畫性手術或侵入性檢查並具出血危險者，且血	師判斷不適合進行脾臟切除。 v. 兒童 Ⅲ.未曾接受脾臟切除患者須經事前審查同意使用，限用 12 週。 (2)未曾接受脾臟切除患者，且符合下列所有條件：(109/2/1) Ⅰ.長期血小板＜20,000/μL(三個月內至少兩次)，且有紫斑及出血紀錄者。 Ⅱ.須排除下列共病：C 型肝炎、肝硬化、脾腫大(Hypersplenism)、骨髓化生不良症候群(MDS)、再生不良性貧血、HIV 或化學治療相關之血小板低下。 Ⅲ.須經事前審查同意使用，首次申請限用三個月，如申請續用，之後每六個月須再次申請，血小板>50,000/uL 者方得續用。 (3)若曾接受脾臟切除患者，且符合下列所有條件：(109/2/1) Ⅰ.治療前血小板＜ 20,000/μL，或有明顯出血症狀者。 Ⅱ.治療12週後，若血小板無明顯上升或出血未改善，則不得再繼續使用。 (4)每天劑量以 50mg 為上限。(109/2/1) (5)治療期間，不得同時併用免疫球蛋白，且 eltrombopag 與 romiplostim 不得併用。 2.用於免疫抑制療法(IST)反應不佳的嚴重再生不良性貧血(限 eltrombopag)需同	

小板＜80,000/uL。 Ⅱ.具有下列不適合進行脾臟切除之其一條件： i.經麻醉科醫師評估無法耐受全身性麻醉。 ii.難以控制之凝血機能障礙。 iii.心、肺等主要臟器功能不全。 iv.有其他重大共病，經臨床醫師判斷不適合進行脾臟切除。 Ⅲ.未曾接受脾臟切除患者須經事前審查同意使用，限用 8 週。 (2)曾接受脾臟切除患者，且符合： Ⅰ.治療前血小板＜20,000/μL，或有明顯出血症狀者。 Ⅱ.治療 8 週後，若血小板無明顯上升或出血未改善，則不得再繼續使用。 2.治療期間，不得同時併用免疫球蛋白，且 eltrombopag 與 romiplostim 不得併用。 4.3.3.Anagrelide（如 Agrylin)：(107/6/1) 1.用於經骨髓穿刺檢查並診斷為原發性血小板過多症者，惟具有 JAK2、CALR 或 MPL 之基因突變者，可不進行骨髓穿刺。 2.初次使用時，需經事前審查。 4.3.4.Icatibant（如 Firazyr）：（109/6/1） 1.須經主管機關認定具遺傳性血管性水腫(heeditary angioedema，HAE)罕見疾病者。	時符合下列條件：(108/6/1) (1)不適於接受幹細胞移植的病患。 (2)已接受或不適於接受抗胸腺細胞免疫球蛋白(ATG)治療之病患。 (3)需經事前審查核准後使用。首次申請之療程以 4 個月為限，之後每 6 個月評估及申請，送審時需檢附血液檢查報告。 4.3.2.2.Romiplostim（如 Romiplate）(108/6/1) 1.限用於成年慢性自發性(免疫性)血小板缺乏紫斑症(ITP)且對於其他治療(例如：類固醇、免疫球蛋白等)失敗患者，且符合下列情況之一者使用：(105/8/1、106/4/1) (1)未曾接受脾臟切除患者，且符合： Ⅰ.需接受計畫性手術或侵入性檢查並具出血危險者，且血小板＜80,000/uL。 Ⅱ.具有下列不適合進行脾臟切除之其一條件： i.經麻醉科醫師評估無法耐受全身性麻醉。 ii.難以控制之凝血機能障礙。 iii.心、肺等主要臟器功能不全。 iv.有其他重大共病，經臨床醫師判斷不適合進行脾臟切除。 Ⅲ.未曾接受脾臟切除患者須經事前審查同意使用，限用 8 週。 (2)曾接受脾臟切除患者，且符	

2.限用於2歲(含)以上之體內C1酯酶抑制劑不足之HAE患者於急性發作時進行症狀治療，並符合下列臨床標準： (1)患者必須經確診為C1-酯酶抑製劑缺乏症(C1-esterase inhibitor deficiency)。 (2)患者存在遺傳性血管性水腫急性發作的重大風險，如曾有中重度的非喉部發作(visual analog scale 30mm以上[含],最嚴重100mm)或急性喉部之發作病史。 3.限內科或兒科專科醫師且具有免疫過敏或兒童過敏免疫風濕專科醫師處方攜回備用自我注射之icatibant 1支；但因急性發作至急診求診者不在此限。 4.於病例發生時，應附原始治療醫囑單及治療紀錄(載明發作部位、症狀及嚴重程度)；於處方備用icatibant時應衛教病人用藥規範及附上用藥資料表(如附表三十三-全民健康保險遺傳性血管性水腫患者使用Icatibant治療紀錄表)，並於病歷載明前次發作之部位、症狀及嚴重程度以供審查。 5.24小時內限使用3支。 第5節 激素及影響內分泌機轉藥物	合： Ⅰ.治療前血小板＜20,000/μL，或有明顯出血症狀者。 Ⅱ.治療8週後，若血小板無明顯上升或出血未改善，則不得再繼續使用。 2.治療期間，不得同時併用免疫球蛋白，且eltrombopag與romiplostim不得併用。 4.3.3.Anagrelide (如Agrylin)：(107/6/1) 1.用於經骨髓穿刺檢查並診斷為原發性血小板過多症者，惟具有JAK2、CALR或MPL之基因突變者，可不進行骨髓穿刺。 2.初次使用時，需經事前審查。 4.3.4.Icatibant (如Firazyr)：(109/6/1) 1.須經主管機關認定具遺傳性血管性水腫(heeditary angioedema，HAE)罕見疾病者。 2.限用於2歲(含)以上之體內C1酯酶抑制劑不足之HAE患者於急性發作時進行症狀治療，並符合下列臨床標準： (1)患者必須經確診為C1-酯酶抑製劑缺乏症(C1-esterase inhibitor deficiency)。 (2)患者存在遺傳性血管性水腫急性發作的重大風險，如曾有中重度的非喉部發作(visual analog scale 30mm以上[含],最嚴重100mm)或急性喉部之發作	

Hormones & drugs affecting hormonal mechanism 5.1.糖尿病用藥 Drugs used in diabetes 1.藥品種類(105/5/1) (1)胰島素：各廠牌短、中、長效、速效或預混型胰島素。 (2)Biguanides：如 metformin。 (3)Sulfonylureas(SU)：如 chlorpropamide、glipizide、glimepiride 等。 (4)Meglitinide：如 repaglinide、nateglinide 等。 (5)α-glucosidase inhibitor：如 acarbose、miglitol 等。 (6)Thiazolidinediones(TZD)：如 rosiglitazone、pioglitazone 等。 (7)DPP-4 抑制劑：如 sitagliptin、vildagliptin、saxagliptin、linagliptin 等。 (8)GLP-1 受體促效劑：如 exenatide、liraglutide 等。 (9)SGLT-2 抑制劑：如 empagliflozin、dapagliflozin 等。 (10)各降血糖成分之口服複方製劑。 2.使用條件：(105/5/1) (1) 原則上第二型糖尿病治療應優先使用 metformin，	病史。 3.限內科或兒科專科醫師且具有免疫過敏或兒童過敏免疫風濕專科醫師處方攜回備用自我注射之 icatibant 1 支；但因急性發作至急診求診者不在此限。 4.於病例發生時，應附原始治療醫囑單及治療紀錄(載明發作部位、症狀及嚴重程度)；於處方備用 icatibant 時應衛教病人用藥規範及附上用藥資料表(如附表三十三-全民健康保險遺傳性血管性水腫患者使用 Icatibant 治療紀錄表)，並於病歷載明前次發作之部位、症狀及嚴重程度以供審查。 5.24 小時內限使用 3 支。 第 5 節 激素及影響內分泌機轉藥物 Hormones & drugs affecting hormonal mechanism 5.1.糖尿病用藥 Drugs used in diabetes 1.藥品種類(105/5/1) (1)胰島素：各廠牌短、中、長效、速效或預混型胰島素。 (2)Biguanides：如 metformin。 (3)Sulfonylureas(SU)：如 chlorpropamide、glipizide、glimepiride 等。	

或考慮早期開始使用胰島素。除有過敏、禁忌症、不能耐受或仍無法理想控制血糖的情形下，可使用其他類口服降血糖藥物。 (2) TZD 製劑、DPP-4 抑制劑、SGLT-2 抑制劑、以及含該 3 類成分之複方製劑，限用於已接受過最大耐受劑量的 metformin 仍無法理想控制血糖之第二型糖尿病病人，且 SGLT-2 抑制劑與 DPP-4 抑制劑及其複方製劑宜二種擇一種使用。 (3) 第二型糖尿病病人倘於使用三種口服降血糖藥物治療仍無法理想控制血糖者，宜考慮給予胰島素治療。 (4) 特約醫療院所應加強衛教第二型糖尿病病人，鼓勵健康生活型態的飲食和運動，如控制肥胖、限制熱量攝取等措施。 (5) 第二型糖尿病病人使用之口服降血糖藥物成分，以最多四種(含四種)為限。 備註：本規定生效前已使用超過四種口服降血糖藥物成分之病人，得繼續使用原藥物至醫師更新其處方內容。 5.1.1.Acarbose（如 Glucobay)；miglitol（如 Diaban)（86/1/1、87/4/1、89/6/1、91/7/1、98/12/1） 限用於非胰島素依賴型糖尿病之治療。 5.1.2.Guar gum（如 Guarina；	(4)Meglitinide：如 repaglinide、nateglinide 等。 (5) α-glucosidase inhibitor：如 acarbose、miglitol 等。 (6)Thiazolidinediones(TZD)：如 rosiglitazone、pioglitazone 等。 (7)DPP-4 抑制劑：如 sitagliptin、vildagliptin、saxagliptin、linagliptin 等。 (8)GLP-1 受體促效劑：如 exenatide、liraglutide 等。 (9)SGLT-2 抑制劑：如 empagliflozin、dapagliflozin 等。 (10)各降血糖成分之口服複方製劑。 2.使用條件：(105/5/1) (1) 原則上第二型糖尿病治療應優先使用 metformin，或考慮早期開始使用胰島素。除有過敏、禁忌症、不能耐受或仍無法理想控制血糖的情形下，可使用其他類口服降血糖藥物。 (2) TZD 製劑、DPP-4 抑制劑、SGLT-2 抑制劑、以及含該 3 類成分之複方製劑，限用於已接受過最大耐受劑量的 metformin 仍無法理想控制血糖之第二型糖尿病病人，且 SGLT-2 抑制劑與 DPP-4 抑制劑及其複方製劑宜二種擇一種使用。 (3) 第二型糖尿病病人倘於使	

Guarem)限糖尿病治療使用。 5.1.3.GLP-1 受體促效劑(105/8/1、107/4/1、108/7/1) 5.1.3.1.Exenatide(如Byetta)(100/5/1、105/5/1、107/4/1) 1.限用於已接受過最大耐受劑量的 metformin 及/或 sulfonylurea 類藥物仍無法理想控制血糖之第二型糖尿病患者。 2.本藥品不得與 insulin、DPP-4 抑制劑、SGLT-2 抑制劑等藥物併用。 5.1.3.2. Liraglutide (如Victoza)、dulaglutide (如 Trulicity)、lixisenatide(如Lyxumia) 、semaglutide (如 Ozempic) (101/10/1、105/5/1、105/8/1、107/4/1、107/7/1、109/5/1、109/8/1、109/9/1、109/12/1) 1.限用於已接受過最大耐受劑量的 metformin 及/或 sulfonylurea 類藥物，且併用下列藥品之一持續 6 個月之後，HbA1c 仍高於 8.5%以上之第二型糖尿病患者：(109/5/1) (1)SGLT-2 抑制劑 (2)DPP-4 抑制劑 (3)SGLT-2 抑制劑合併 DPP-4 抑制劑複方藥品 (4)Insulin 2.當患者已接受前述口服降血	用三種口服降血糖藥物治療仍無法理想控制血糖者，宜考慮給予胰島素治療。 (4) 特約醫療院所應加強衛教第二型糖尿病病人，鼓勵健康生活型態的飲食和運動，如控制肥胖、限制熱量攝取等措施。 (5) 第二型糖尿病病人使用之口服降血糖藥物成分，以最多四種(含四種)為限。 備註：本規定生效前已使用超過四種口服降血糖藥物成分之病人，得繼續使用原藥物至醫師更新其處方內容。 5.1.1.Acarbose (如Glucobay)；miglitol (如Diaban) (86/1/1 、87/4/1 、 89/6/1 、91/7/1、98/12/1) 限用於非胰島素依賴型糖尿病之治療。 5.1.2.Guar gum (如 Guarina；Guarem)限糖尿病治療使用。 5.1.3.GLP-1 受體促效劑(105/8/1 、 107/4/1 、108/7/1) 5.1.3.1.Exenatide(如Byetta)(100/5/1 、105/5/1、107/4/1) 1.限用於已接受過最大耐受劑量的 metformin 及/或 sulfonylurea 類藥物仍無法理想控制血糖之第二型糖尿病患者。 2.本藥品不得與 insulin、DPP-4 抑制劑、SGLT-2 抑制劑	

糖藥物，及/或基礎胰島素治療仍未達理想血糖控制時，與口服降血糖藥物及/或基礎胰島素併用。 3.發生重大心血管事件，如心肌梗塞、接受冠狀動脈或其他動脈血管再通術(revascularization)、動脈硬化相關之缺血性腦中風等之病人，於接受過最大耐受劑量的metformin後，仍無法理想控制血糖之第二型糖尿病患者，可考慮不須使用其他口服降血糖藥品而考慮使用liraglutide或dulaglutide或semaglutide。(109/12/1) 4.本藥品不得與DPP-4抑制劑、SGLT-2抑制劑併用。 5.109年5月1日前已依生效前之給付規定使用本類藥物之病人，得繼續使用原藥物至醫師更新其處方內容（109/8/1）。 5.1.3.3.含lixisenatide及insulin glargine之複方製劑(如Soliqua)(108/7/1、110/7/1) 1.限用於已接受過最大耐受劑量的metformin及/或sulfonylurea類藥物，且併用下列藥品之一持續6個月之後，HbA1c仍高於8.0%以上之第二型糖尿病成人病人：(110/7/1) (1)SGLT-2抑制劑 (2)DPP-4抑制劑 (3)SGLT-2抑制劑合併DPP-4抑	等藥物併用。 5.1.3.2. Liraglutide（如Victoza）、dulaglutide（如Trulicity）、lixisenatide(如Lyxumia）、semaglutide（如Ozempic）(101/10/1、105/5/1、105/8/1、107/4/1、107/7/1、109/5/1、109/8/1、109/9/1、109/12/1) 1.限用於已接受過最大耐受劑量的metformin及/或sulfonylurea類藥物，且併用下列藥品之一持續6個月之後，HbA1c仍高於8.5%以上之第二型糖尿病患者：(109/5/1) (1)SGLT-2抑制劑 (2)DPP-4抑制劑 (3)SGLT-2抑制劑合併DPP-4抑制劑複方藥品 (4)Insulin 2.當患者已接受前述口服降血糖藥物，及/或基礎胰島素治療仍未達理想血糖控制時，與口服降血糖藥物及/或基礎胰島素併用。 3.發生重大心血管事件，如心肌梗塞、接受冠狀動脈或其他動脈血管再通術(revascularization)、動脈硬化相關之缺血性腦中風等之病人，於接受過最大耐受劑量的metformin後，仍無法理想控制血糖之第二型糖尿病患者，可考慮不須使用其他口服降血糖藥品而考慮使用	

制劑複方藥品 (4)Insulin(每日劑量少於60單位) 2.本品不得與DPP-4抑制劑、SGLT-2抑制劑併用。 5.1.4.(刪除)(100/8/1、107/10/1) 5.1.5.SGLT-2抑制劑及其複方： 1.Dapagliflozin（如Forxiga)、empagliflozin(如Jardiance)、canagliflozin（如Canaglu)、ertugliflozin(如Steglatro)(105/5/1、107/3/1、108/7/1) 每日最多處方1粒。 2.Empagliflozin/metformin複方(如 Jardiance Duo)(107/3/1) 每日最多處方2粒。 3.Dapagliflozin及metformin複方(如Xigduo XR)(107/3/1) 每日最多處方1粒。 5.1.6.含empagliflozin及linagliptin之複方製劑(如Glyxambi)(108/1/1、109/5/1) 1.每日限處方1粒。 2.限用於已接受過最大耐受劑量的metformin，且併用empagliflozin或linagliptin治療至少6個月，糖化血色素值(HbA1c)仍高於7.5%者。 5.1.7.含dapagliflozin及saxagliptin之複方製劑(如Qtern)(108/11/1、	liraglutide 或 dulaglutide 或 semaglutide。(109/12/1) 4.本藥品不得與DPP-4抑制劑、SGLT-2抑制劑併用。 5.109年5月1日前已依生效前之給付規定使用本類藥物之病人，得繼續使用原藥物至醫師更新其處方內容（109/8/1）。 5.1.3.3.含 lixisenatide 及 insulin glargine之複方製劑（如Soliqua)(108/7/1) 1.限用於第二型糖尿病成人病人，當患者已接受lixisenatide或基礎胰島素治療仍未達理想血糖控制時，與口服降血糖藥物併用。 2.本藥品不得與 DPP-4 抑制劑、SGLT-2 抑制劑併用。 5.1.4.(刪除)(100/8/1、107/10/1) 5.1.5.SGLT-2 抑制劑及其複方： 1.Dapagliflozin（如	

109/5/1) 1.每日限處方1粒。 2.限用於已接受過最大耐受劑量的metformin，且併用dapagliflozin或saxagliptin治療至少6個月，糖化血色素值(HbA1c)仍高於7.5%者。 5.1.8.含ertugliflozin及sitagliptin之複方製劑(如Steglujan)(109/5/1) 1.每日限處方1粒。 2.限用於已接受過最大耐受劑量的metformin，且併用ertugliflozin或sitagliptin治療至少6個月，糖化血色素值(HbA1c)仍高於7.5%者。 5.2.雄性激素類製劑與同化作用類固醇及其拮抗劑 Androgens and anabolic steroids and antagonists 5.2.1.Danazol限下列病例使用（86/1/1） 1.子宮內膜異位。 2.纖維性囊腫乳房性疾患。 5.2.2.含testosterone 5-alpha reductase inhibitor製劑（101/3/1） 5.2.2.1 Finasteride（如Proscar）; dutasteride (如Avodart)(86/1/1、87/4/1、93/10/1、101/3/1、102/12/1、106/10/1、108/12/1)： 限前列腺增生且有阻塞症狀，使用經直腸超音波前列腺掃描(TRUS of prostate)	Forxiga)、empagliflozin(如Jardiance)、canagliflozin(如Canaglu)、ertugliflozin(如Steglatro)(105/5/1、107/3/1、108/7/1) 每日最多處方1粒。 2.Empagliflozin/metformin複方(如Jardiance Duo)(107/3/1) 每日最多處方2粒。 3.Dapagliflozin及metformin複方(如Xigduo XR)(107/3/1) 每日最多處方1粒。 5.1.6.含empagliflozin及linagliptin之複方製劑(如Glyxambi)(108/1/1、109/5/1) 1.每日限處方1粒。 2.限用於已接受過最大耐受劑量的metformin，且併用empagliflozin或linagliptin治療至少6個月，糖化血色素值(HbA1c)仍高於7.5%者。 5.1.7.含dapagliflozin及saxagliptin之複方製劑(如Qtern)(108/11/1、109/5/1) 1.每日限處方1粒。 2.限用於已接受過最大耐受劑量的metformin，且併用dapagliflozin或saxagliptin治療至少6個月，糖化血色素值(HbA1c)仍高於7.5%者。 5.1.8.含ertugliflozin及sitagliptin之複方製劑	

或使用腹部超音波測量(僅限無法實施直腸超音波前列腺掃描者)為原則，前列腺大於 30mL 或最大尿流速(Qmax) 小於 15 mL/sec 之病人方可使用。(102/12/1、108/12/1) 5.2.2.2. Dutasteride + tamsulosin (如 Duodart) (101/3/1、102/12/1、106/10/1、108/12/1)： 限前列腺增生且有阻塞症狀，經直腸超音波前列腺掃描(TRUS of prostate) 或使用腹部超音波測量(僅限無法實施直腸超音波前列腺掃描者)為原則，前列腺大於 30mL 或最大尿流速(Qmax) 小於 15 mL/sec 之病人。(102/12/1、108/12/1) 5.3.動情激素、黃體激素及治療不孕症藥物 Estrogens, progestins & drugs used for infertility 5.3.1.Estradiol 之經皮吸收製劑： 5.3.1.1.Estraderm TTS；Oestro V.T (93/5/1) 限不能口服本品患者使用，申報費用時應具體說明不能口服之理由。 5.3.1.2.Estradiol 3.8mg/12.5cm^2/patch (如 Climara 50 Transdermal Patch) 之給付規定：(90/4/1) 限每週一片。 5.3.2.FSH (pure FSH)用於誘	(如 Steglujan)(109/5/1) 1.每日限處方 1 粒。 2.限用於已接受過最大耐受劑量的 metformin，且併用 ertugliflozin 或 sitagliptin 治療至少 6 個月，糖化血色素值(HbA1c)仍高於 7.5%者。 5.2.雄性激素類製劑與同化作用類固醇及其拮抗劑 Androgens and anabolic steroids and antagonists 5.2.1.Danazol 限下列病例使用 (86/1/1) 1.子宮內膜異位。 2.纖維性囊腫乳房性疾患。 5.2.2. 含 testosterone 5-alpha reductase inhibitor 製劑 (101/3/1) 5.2.2.1 Finasteride (如 Proscar)；dutasteride (如 Avodart) (86/1/1、87/4/1、93/10/1、101/3/1、102/12/1、106/10/1、108/12/1)： 限前列腺增生且有阻塞症狀，使用經直腸超音波前列腺掃描 (TRUS of prostate) 或使用腹部超音波測量(僅限無法實施直腸超音波前列腺掃描者)為原則，前列腺大於 30mL 或最大尿流速(Qmax) 小於 15 mL/sec 之病人方可使用。(102/12/1、108/12/1) 5.2.2.2. Dutasteride + tamsulosin (如 Duodart) (101/3/1、102/12/1、	

發排卵時，限 hypothalamus failure (下視丘功能衰竭)患者，事前專案報准後使用(85/1/1)。 5.3.3.HMG 用於誘發排卵時，限 hypothalamus failure (下視丘功能衰竭)患者，事前專案報准後使用(85/1/1)。 5.3.4.(刪除)(110/12/1) 5.3.5.Levonorgestrel intrauterine system (如 Mirena)：(104/2/1、107/4/1) 限使用於連續 3 個月(含)以上月經經血過多導致嚴重貧血(Hemoglobin≦10g/dL)之婦女，且每次使用後之五年內，不得再次使用。 5.3.6. Megestrol 口服液劑：(108/6/1、109/3/1) 1. 限用於已排除其他可治療之體重減輕（如全身性感染、影響吸收的腸胃道疾病、內分泌疾病、腎臟或精神病）之具惡病質的後天免疫缺乏症候群患者及癌症患者。 2. 惡病質之條件包括最近 6 個月以內體重流失>5%，或 BMI<20 且體重流失>2%。 5.4.作用於腦下腺前葉與下視丘的藥物 Drugs related to anterior pituitary & hypothalamic function 5.4.1.1.生長激素(Somatropin)： 1.限生長激素缺乏症、透納氏症候群及 SHOX 缺乏症(限	106/10/1、108/12/1)： 限前列腺增生且有阻塞症狀，經直腸超音波前列腺掃描(TRUS of prostate) 或使用腹部超音波測量(僅限無法實施直腸超音波前列腺掃描者)為原則，前列腺大於 30mL 或最大尿流速(Qmax) 小於 15 mL/sec 之病人。 (102/12/1、108/12/1) 5.3.動情激素、黃體激素及治療不孕症藥物 Estrogens, progestins & drugs used for infertility 5.3.1.Estradiol 之經皮吸收製劑： 5.3.1.1.Estraderm TTS ; Oestro V.T (93/5/1) 限不能口服本品患者使用，申報費用時應具體說明不能口服之理由。 5.3.1.2.Estradiol 3.8mg/12.5cm2/patch (如 Climara 50 Transdermal Patch) 之給付規定：(90/4/1) 限每週一片。 5.3.2.FSH (pure FSH)用於誘發排卵時，限 hypothalamus failure (下視丘功能衰竭)患者，事前專案報准後使用(85/1/1)。 5.3.3.HMG 用於誘發排卵時，限 hypothalamus failure (下視丘功能衰竭)患者，事前專案報准後使用(85/1/1)。	

使用 Humatrope)患者使用。(104/6/1) 2.限地區醫院以上層級具兒科內分泌學次專科、兒科醫學遺傳學及新陳代謝學次專科或新陳代謝專科醫師診斷。(104/6/1、110/12/1) 3.生長激素缺乏症使用生長激素治療，依下列規範使用：(100/12/1) (1)診斷：施行 insulin, clonidine, L-Dopa, glucagon, arginine 等檢查有兩項以上之檢查生長激素值均低於 7ng/mL(insulin test 須附檢查時之血糖值)。包括病理性(pathological)及特發性(idiopathic)及新生兒生長激素缺乏症。 (2)開始治療條件： Ⅰ.病理性生長激素缺乏症者須兼具下列二項條件： i.包括下視丘-腦垂體病變(如：腫瘤或腦垂體柄因被浸潤而膨大)及下視丘-腦垂體發育異常(如：無腦垂體柄、腦垂體後葉異位)者。 ii.生長速率一年小於四公分。須具有資格申請生長激素治療的醫療機構身高檢查，每隔三個月一次至少六個月以上之紀錄。) Ⅱ.特發性生長激素缺乏症須兼具下列二項條件： i.身高低於第三百分位且生長速率一年小於四公分。須具有資格申請生長激素治	5.3.4.Utrogestan Cap：限用於 1.黃體期缺陷之補充。 2.孕婦需使用 progesterone 之病例。 5.3.5.Levonorgestrel intrauterine system (如 Mirena)：(104/2/1、107/4/1) 限使用於連續3個月(含)以上月經經血過多導致嚴重貧血(Hemoglobin≦10g/dL)之婦女，且每次使用後之五年內，不得再次使用。 5.3.6. Megestrol 口服液劑：(108/6/1、109/3/1) 1. 限用於已排除其他可治療之體重減輕（如全身性感染、影響吸收的腸胃道疾病、內分泌疾病、腎臟或精神病）之具惡病質的後天免疫缺乏症候群患者及癌症患者。 2. 惡病質之條件包括最近 6 個月以內體重流失>5%，或 BMI<20 且體重流失>2%。 5.4.作用於腦下腺前葉與下視丘的藥物 Drugs related to anterior pituitary & hypothalamic function 5.4.1.1. 生長激素(Somatropin)： 1.限生長激素缺乏症、透納氏症候群及 SHOX 缺乏症(限使用 Humatrope)患者使用。(104/6/1) 2.限由醫學中心或區域醫院具小兒內分泌或小兒遺傳、新陳代謝專科醫師診斷。	

療的醫療機構身高檢查，每隔三個月一次至少六個月以上之紀錄。 ii.骨齡比實際年齡遲緩至少二個標準差(應檢附骨齡X光檢查影像)。 Ⅲ.新生兒生長激素缺乏症，一再發生低血糖，有影響腦部發育之顧慮者。 (3)治療劑量：起始劑量0.18 mg/kg/week，爾後視需要可調整至0.18~0.23mg/kg/week。 (4)治療監測：身高和體重至少每三個月測量一次，骨齡每六至十二個月測定一次。 (5)繼續治療條件(每年評估一次)： Ⅰ.治療後第一年，生長速率比治療前增加至少3公分/年。 Ⅱ.骨齡：男生骨齡16歲，女生骨齡14歲為治療之最後期限。 (6)個案申請時需檢附相關資料包括實驗室檢查報告影本、療程中門診追蹤身高體重記錄影本、骨齡X光片影像及藥品劑量等資料之治療計畫)，經事前審查核准後使用。 4.透納氏症候群病人使用生長激素治療的原則： (1)診斷：X染色體部分或全部缺乏的女童。（請檢附檢查報告）(96/11/1) (2)病人無嚴重心臟血管、腎臟衰竭等危及生命或重度脊椎彎曲等影響治療效果的	(104/6/1) 3.生長激素缺乏症使用生長激素治療，依下列規範使用：(100/12/1) (1)診斷：施行insulin, clonidine, L-Dopa, glucagon, arginine等檢查有兩項以上之檢查生長激素值均低於7ng/mL(insulin test須附檢查時之血糖值)。包括病理性(pathological)及特發性(idiopathic)及新生兒生長激素缺乏症。 (2)開始治療條件： Ⅰ.病理性生長激素缺乏症者須兼具下列二項條件： i.包括下視丘—腦垂體病變(如：腫瘤或腦垂體柄因被浸潤而膨大)及下視丘—腦垂體發育異常(如：無腦垂體柄、腦垂體後葉異位)者。 ii.生長速率一年小於四公分。須具有資格申請生長激素治療的醫療機構身高檢查，每隔三個月一次至少六個月以上之紀錄。) Ⅱ.特發性生長激素缺乏症須兼具下列二項條件： i.身高低於第三百分位且生長速率一年小於四公分。須具有資格申請生長激素治療的醫療機構身高檢查，每隔三個月一次至少六個月以上之紀錄。 ii.骨齡比實際年齡遲緩至少二	

狀況。 (3)開始治療條件： Ⅰ.年齡至少六歲。 Ⅱ.身高低於第三百分位以下且生長速率一年小於四公分，需具有資格申請生長激素治療的醫療機構身高檢查，每隔三個月一次，至少六個月以上之紀錄。(96/11/1) Ⅲ.骨齡≦14 歲（請檢附骨齡X光片） (4)治療劑量：不超過 1 IU/kg/wk 或 0.35 mg/kg/wk。(96/11/1) (5)繼續治療條件（每年評估一次）： Ⅰ.骨齡≦14 歲。 Ⅱ.第一年生長速率比治療前增加至少 2 公分/年。 Ⅲ.第二年開始，生長速率至少 4 公分/年。 5.用於治療 SHOX 缺乏症患者使用生長激素治療的原則：(104/6/1) (1)診斷：SHOX 基因突變或缺乏(請檢附檢查報告，若為點突變者，需加附文獻資料證實此突變確為致病突變)。 (2)開始治療條件： Ⅰ.年齡至少六歲。 Ⅱ.身高低於第三百分位以下且生長速率一年小於四公分，需具有資格申請生長激素治療的醫療機構身高檢查，每隔三個月一次，至少六個月以上之紀錄。 Ⅲ.骨齡：男性≦16 歲、女性≦14 歲(請檢附骨齡 X 光片)	個標準差(應檢附骨齡 X 光檢查影像)。 Ⅲ.新生兒生長激素缺乏症，一再發生低血糖，有影響腦部發育之顧慮者。 (3)治療劑量：起始劑量 0.18 mg/kg/week，爾後視需要可調整至 0.18~0.23mg/kg/week。 (4)治療監測：身高和體重至少每三個月測量一次，骨齡每六至十二個月測定一次。 (5)繼續治療條件(每年評估一次)： Ⅰ.治療後第一年，生長速率比治療前增加至少 3 公分/年。 Ⅱ.骨齡：男生骨齡16歲，女生骨齡 14 歲為治療之最後期限。 (6)個案申請時需檢附相關資料包括實驗室檢查報告影本、療程中門診追蹤身高體重記錄影本、骨齡 X 光片影像及藥品劑量等資料之治療計畫)，經事前審查核准後使用。 4.透納氏症候群病人使用生長激素治療的原則： (1)診斷：X 染色體部分或全部缺乏的女童。（請檢附檢查報告）(96/11/1) (2)病人無嚴重心臟血管、腎臟衰竭等危及生命或重度脊椎彎曲等影響治療效果的狀況。 (3)開始治療條件： Ⅰ 年齡至少六歲。 Ⅱ 身高低於第三百分位以下	

(3)治療劑量：不超過 0.35 mg/kg/wk。 (4)繼續治療條件(每年評估一次)： Ⅰ.骨齡：男性≦16 歲、女性≦14 歲(請檢附骨齡 X 光片) Ⅱ.第一年生長速率比治療前增加至少 2 公分/年。 Ⅲ.第二年開始，生長速率至少 4 公分/年。 (5)需事前審查核准後使用。 5.4.1.2.生長激素（如 Genotropin）用於治療普瑞德威利氏症候群（Prader-Willi Syndrome）患者時：（93/5/1、106/8/1） 1.限用於經由醫學中心或區域醫院小兒或內分泌專科醫師具小兒遺傳或小兒內分泌專長醫師診斷確認，且患者之骨齡男性≦16 歲、女性≦14 歲之病患。 2.治療期間發生下列情形應停止治療：發生糖尿病、或其他嚴重副作用時。 3.建議治療劑量：給予每天 0.1 IU/kg（約等於 0.035mg/kg）之生長激素治療。 4.治療時注意事項： (1)應於開始治療之前及每三至六個月定期監測血糖及血脂檢查 (Lipid profile) 等臨床生化指標、重高指數變化、活動力與肌肉張力、Sleeping Study。治療一年後測量身體組成 Body Composition (DXA)、骨齡 X 光片。	且生長速率一年小於四公分，需具有資格申請生長激素治療的醫療機構身高檢查，每隔三個月一次，至少六個月以上之紀錄。(96/11/1) Ⅲ 骨齡≦14 歲（請檢附骨齡 X 光片） (4)治療劑量：不超過 1 IU/kg/wk 或 0.35 mg/kg/wk。(96/11/1) (5)繼續治療條件（每年評估一次）： Ⅰ 骨齡≦14 歲。 Ⅱ 第一年生長速率比治療前增加至少 2 公分/年。 Ⅲ 第二年開始，生長速率至少 4 公分/年。 5.用於治療 SHOX 缺乏症患者使用生長激素治療的原則：(104/6/1) (1)診斷：SHOX 基因突變或缺乏(請檢附檢查報告，若為點突變者，需加附文獻資料證實此突變確為致病突變)。 (2)開始治療條件： Ⅰ.年齡至少六歲。 Ⅱ.身高低於第三百分位以下且生長速率一年小於四公分，需具有資格申請生長激素治療的醫療機構身高檢查，每隔三個月一次，至少六個月以上之紀錄。 Ⅲ.骨齡：男性≦16 歲、女性≦14 歲(請檢附骨齡 X 光片) (3)治療劑量：不超過 0.35 mg/kg/wk。 (4)繼續治療條件(每年評估一次)：	

(2)普瑞德威利氏症候群患者容易發生睡眠窒息，這種現象或許治療後可減輕。最近發現年幼之患者可能因為一般之上呼吸道感染而引發猝死，也曾經發生在生長激素治療中的病人身上。目前並不清楚生長激素治療是否會改變猝死的發生，故不論是否接受治療，都需要提醒普瑞德威利氏症候群年幼患者之家長，在患者有呼吸道問題時需要特別的注意。 5.4.2.Bromocriptine： 如用於產後正常性泌乳之抑制，不予給付。 5.4.3.Octreotide inj（如Sandostatin inj）限：（87/11/1、102/1/1） 1.對手術、放射線療法或dopamine作用劑療法控制無效的肢端肥大症患者。 2.預防胰臟手術後的併發症，最長使用七天。 3.使用於胃、食道靜脈曲張出血，最長以三天為原則。 4.治療患有功能性症狀之胃、腸、胰內分泌腫瘤的患者。（102/1/1） 5.4.4. Octreotide長效型注射劑（如Sandostatin LAR Microspheres for Injection)：（89/7/1、102/1/1、104/4/1） 1.對手術、放射線療法或dopamine作用劑療法控制無效的肢端肥大症患者。 2.治療患有功能性症狀之胃、腸、胰內分泌腫瘤的患	Ⅰ.骨齡：男性≦16歲、女性≦14歲(請檢附骨齡X光片) Ⅱ.第一年生長速率比治療前增加至少2公分/年。 Ⅲ.第二年開始，生長速率至少4公分/年。 (5)需事前審查核准後使用。 5.4.1.2. 生長激素（如Genotropin）用於治療普瑞德威利氏症候群（Prader-Willi Syndrome）患者時：（93/5/1、106/8/1） 1.限用於經由醫學中心或區域醫院小兒或內分泌專科醫師具小兒遺傳或小兒內分泌專長醫師診斷確認，且患者之骨齡男性≦16歲、女性≦14歲之病患。 2.治療期間發生下列情形應停止治療：發生糖尿病、或其他嚴重副作用時。 3.建議治療劑量：給予每天0.1 IU/kg（約等於0.035mg/kg）之生長激素治療。 4.治療時注意事項： (1)應於開始治療之前及每三至六個月定期監測血糖及血脂檢查（Lipid profile）等臨床生化指標、重高指數變化、活動力與肌肉張力、Sleeping Study。治療一年後測量身體組成Body Composition (DXA)、骨齡X光片。 (2)普瑞德威利氏症候群患者容易發生睡眠窒息，這種現象或許治療後可減輕。最近發現年幼之患者可能因	

者。（102/1/1） 3.治療患有晚期間腸(midgut)或已排除原位非間腸處而原位不明之分化良好(well-differentiated)的神經內分泌瘤患者。（104/4/1） 4.需經事前審查核准後使用，每次申請以一年為限，期滿須經再次申請核准後才得以續用。（104/4/1） 5.用於治療上述第1、2項患者時，每次注射以20 mg為原則，每次注射需間隔四週；用於治療上述第3項患者時，每次注射以30 mg為原則，每次注射需間隔四週。若因病情需要超過使用量，應於病歷詳細紀錄以備查核。（104/4/1） 5.4.5.Somatostatin：（87/11/1、89/5/1） 1.預防胰臟手術後的併發症，最長使用五天。 2.使用於胃、食道靜脈曲張出血最長以三天為原則。 3.嚴重性急性消化性潰瘍出血，急性之糜爛或出血性胃炎之急性嚴重出血，經內視鏡處理同時經氫離子幫浦阻斷劑或乙型組織胺受體阻斷劑注射治療仍不能止血，且不適合外科手術者，得使用本品作為輔助治療三天。 5.4.6.Lanreotide（如Somatuline）：（88/6/1、89/5/1、93/12/1、98/1/1、	為一般之上呼吸道感染而引發猝死，也曾經發生在生長激素治療中的病人身上。目前並不清楚生長激素治療是否會改變猝死的發生，故不論是否接受治療，都需要提醒普瑞德威利氏症候群年幼患者之家長，在患者有呼吸道問題時需要特別的注意。 5.4.2.Bromocriptine： 如用於產後正常性泌乳之抑制，不予給付。 5.4.3.Octreotide inj（如Sandostatin inj）限：（87/11/1、102/1/1） 1.對手術、放射線療法或dopamine作用劑療法控制無效的肢端肥大症患者。 2.預防胰臟手術後的併發症，最長使用七天。 3.使用於胃、食道靜脈曲張出血，最長以三天為原則。 4.治療患有功能性症狀之胃、腸、胰內分泌腫瘤的患者。（102/1/1） 5.4.4. Octreotide長效型注射劑（如Sandostatin LAR Microspheres for Injection）：（89/7/1、102/1/1、104/4/1） 1.對手術、放射線療法或dopamine作用劑療法控制無效的肢端肥大症患者。 2.治療患有功能性症狀之胃、腸、胰內分泌腫瘤的患者。（102/1/1） 3.治療患有晚期間腸(midgut)或已排除原位非間腸處而原位不明之分化良好	

106/8/1) 1.限使用於對手術、放射線療法或 dopamine 作用劑療法控制無效的肢端肥大症病患。 2.類癌瘤患者：(93/12/1、106/8/1) (1)具有功能性症狀且無法外科手術者者，孕婦、小兒不得使用。 (2)須經事前審查核准後使用，每次申請以一年為限，期滿須經再次申請核准後，才得以續用。 3.治療無法切除、分化程度為良好或中度、局部進展或轉移性之胃、腸、胰臟神經內分泌腫瘤(GEP-NETs)(106/8/1) (1)用於治療功能性患者，孕婦、小兒不得使用。 (2)用於治療非功能性患者，須附 6 個月內 somatostatin-receptor 陽性報告。 (3)每月限用 lanreotide 120mg 長效注射劑一針，每次注射間隔 4 週。須經事前審查核准後使用，每次申請以一年為限，期滿須經再次申請核准後，才得以續用。 5.4.7.Cabergoline（如 Dostinex Tab.)：(91/6/1) 1.限用於高乳促素血症引起之狀況。 2.如用於產後正常性泌乳之抑制，不予給付。 5.4.8. Pasireotide：(如	(well-differentiated)的神經內分泌瘤患者。(104/4/1) 4.需經事前審查核准後使用，每次申請以一年為限，期滿須經再次申請核准後才得以續用。(104/4/1) 5.用於治療上述第 1、2 項患者時，每次注射以 20 mg 為原則，每次注射需間隔四週；用於治療上述第 3 項患者時，每次注射以 30 mg 為原則，每次注射需間隔四週。若因病情需要超過使用量，應於病歷詳細紀錄以備查核。(104/4/1) 5.4.5.Somatostatin：(87/11/1、89/5/1) 1.預防胰臟手術後的併發症，最長使用五天。 2.使用於胃、食道靜脈曲張出血最長以三天為原則。 3.嚴重性急性消化性潰瘍出血，急性之糜爛或出血性胃炎之急性嚴重出血，經內視鏡處理同時經氫離子幫浦阻斷劑或乙型組織胺受體阻斷劑注射治療仍不能止血，且不適合外科手術者，得使用本品作為輔助治療三天。 5.4.6.Lanreotide（如 Somatuline）：(88/6/1、89/5/1、93/12/1、98/1/1、106/8/1) 1.限使用於對手術、放射線療法或 dopamine 作用劑療法控制無效的肢端肥大症病	

Signifor)(103/7/1、106/10/1) 1.限用於治療無法接受腦下垂體手術或已接受此手術未能治療的庫欣氏病(Cushing's disease)患者。 2.限內分泌及神經外科專科醫師使用。 5.4.9.Pasireotide 長效緩釋注射劑(如 Signifor LAR):(108/12/1) 1.對手術反應不佳和/或無法接受手術治療，且以另一種體抑素類似物(somatostatin analogue)治療控制不良之肢端肥大症成人患者。 2.每年至多使用 13 支。 3.限內分泌及神經外科專科醫師使用。 4.須經事前審查核准後使用，每一年須重新申請。 5.5.其他 Miscellaneous 5.5.1.Gn-RH analogue (如 Buserelin；Goserelin；Leuprorelin；Triptorelin；Nafarelin(acetate)等製劑)(92/1/1、93/4/1、95/4/1、98/5/1、99/2/1、99/10/1、100/2/1、106/2/1、109/2/1、110/12/1) 1.本類藥品限用於前列腺癌、中樞性早熟、子宮內膜異位症及停經前(或更年期前)之乳癌病	患。 2.類癌瘤患者：(93/12/1、106/8/1) (1)具有功能性症狀且無法外科手術者者，孕婦、小兒不得使用。 (2)須經事前審查核准後使用，每次申請以一年為限，期滿須經再次申請核准後，才得以續用。 3.治療無法切除、分化程度為良好或中度、局部進展或轉移性之胃、腸、胰臟神經內分泌腫瘤(GEP-NETs)(106/8/1) (1)用於治療功能性患者，孕婦、小兒不得使用。 (2)用於治療非功能性患者，須附 6 個月內 somatostatin-receptor 陽性報告。 (3)每月限用 lanreotide 120mg 長效注射劑一針，每次注射間隔 4 週。須經事前審查核准後使用，每次申請以一年為限，期滿須經再次申請核准後，才得以續用。 5.4.7.Cabergoline (如 Dostinex Tab.)：(91/6/1) 1.限用於高乳促素血症引起之狀況。 2.如用於產後正常性泌乳之抑制，不予給付。 5.4.8. Pasireotide：(如 Signifor) (103/7/1、106/10/1) 1. 限用於治療無法接受腦下垂體手術或已接受此手術	

例。(85/1/1、98/5/1、106/2/1) 2.本類製劑用於中樞性早熟、乳癌及子宮內膜異位症病例需經事前審查核准後依下列規範使用(98/5/1、99/10/1)： (1)中樞性早熟 Ⅰ.診斷：中樞性早熟(central precocious puberty, CPP) LHRH 測驗呈 LH 反應最高值≧10 mIU/mL 且合併第二性徵。包括特發性 (Idiopathic CPP, ICPP) 和病理性 (Pathologic CPP, PCPP) Ⅱ.治療條件： i.年齡：開始發育的年齡，女孩≦七歲，男孩≦八歲。 ii.骨齡加速：較年齡至少超前二年。 iii.預估成人身高需兼具下列 3 條件：(95/4/1) a.女≦一五三公分，男≦一六五公分 b.比標的身高(target height，TH) 至少相同或較矮；TH=【父親身高＋母親身高＋11(男)－11(女)】÷2。 c.在追蹤六至十二個月期間，骨齡增加與年齡增加比率≧2.0，且預估身高 (PAH) 減少至少五公分。 iv.PCPP 中合併中樞神經疾病者，不受 ii、iii 之限制。 Ⅲ.治療劑量及使用法：GnRH analogue 最高 3.75 mg，	未能治療的庫欣氏病(Cushing's disease)患者。 2. 限內分泌及神經外科專科醫師使用。 5.4.9.Pasireotide 長效緩釋注射劑(如 Signifor LAR)：(108/12/1) 1.對手術反應不佳和/或無法接受手術治療，且以另一種體抑素類似物(somatostatin analogue)治療控制不良之肢端肥大症成人患者。 2.每年至多使用 13 支。 3.限內分泌及神經外科專科醫師使用。 4.須經事前審查核准後使用，每一年須重新申請。 5.5.其他 Miscellaneous 5.5.1.Gn-RH analogue (如 Buserelin；Goserelin；Leuprorelin；Triptorelin；Nafarelin(acetate)等製劑)(92/1/1、93/4/1、95/4/1、98/5/1、99/2/1、99/10/1、100/2/1、106/2/1、109/2/1) 1.本類藥品限用於前列腺癌、中樞性早熟、子宮內膜異位症及停經前(或更年期前)之乳癌病例。(85/1/1、98/5/1、106/2/1) 2.本類製劑用於中樞性早熟、乳癌及子宮內膜異位症病	

每三至四週注射一次（途徑依藥廠規定） Ⅳ.治療監測：身高和體重至少每三個月測量一次，骨齡至少每六至十二個月測定一次。 Ⅴ.繼續治療條件： i.生長速率≧2 公分／年， ii.骨齡：女小於十四歲，男小於十五歲。 Ⅵ.使用醫師：限兒科內分泌學次專科、兒科醫學遺傳學及新陳代謝學次專科醫師或新陳代謝專科醫師。(110/12/1) Ⅶ.限地區醫院以上層級之醫院使用。(110/12/1) (2)停經前（或更年期前）之嚴重乳癌，須完全符合以下二點：(86/9/1、99/2/1) Ⅰ.荷爾蒙接受體陽性。 Ⅱ.無法忍受其他荷爾蒙製劑(tamoxifen、megestrol 等)，且為停經前婦女有轉移性乳癌者。 (3)停經前(或更年期前)之早期乳癌，且須完全符合以下六點：(100/2/1、106/2/1、109/2/1) Ⅰ.與 tamoxifen 合併使用，作為手術後取代化學治療之輔助療法。 Ⅱ.荷爾蒙接受體為強陽性：ER/PR 為 2+或 3+。 Ⅲ.Her-2 Fish 檢測為陰性或 IHC 為 1+。 Ⅳ.淋巴結轉移數目須≦3 個。 Ⅴ.使用期限：leuprorelin、goserelin 或 triptorelin 使用 3 年，tamoxifen 使用	例需經事前審查核准後依下列規範使用(98/5/1、99/10/1)： (1)中樞性早熟 Ⅰ.診斷：中樞性早熟（central precocious puberty, CPP）LHRH 測驗呈 LH 反應最高值≧10 mIU/mL 且合併第二性徵。包括特發性（Idiopathic CPP, ICPP）和病理性(Pathologic CPP, PCPP) Ⅱ.治療條件： i. 年齡：開始發育的年齡，女孩≦七歲，男孩≦八歲。 ii. 骨齡加速：較年齡至少超前二年。 iii.預估成人身高需兼具下列 3 條件：(95/4/1) a.女≦一五三公分，男≦一六五公分 b.比標的身高（target height，TH）至少相同或較矮；TH=【父親身高＋母親身高＋11（男）－11（女）】÷2。 c.在追蹤六至十二個月期間，骨齡增加與年齡增加比率≧2.0，且預估身高 (PAH) 減少至少五公分。 iv. PCPP 中合併中樞神經疾病者，不受 ii、iii 之限制。 Ⅲ.治療劑量及使用法： GnRH analogue 最高 3.75 mg，每三至四週注射一次（途徑依藥廠規定） Ⅳ.治療監測： 身高和體重至少每三個月測量	

5 年。(106/2/1、109/2/1) Ⅵ.須事前審查，並於申請時說明無法接受化學治療之原因。 (4)本品使用於子宮內膜異位症之規定：（87/10/1、98/5/1） Ⅰ.經客觀診斷之第二期(含)以上子宮內膜異位症（AFS 修訂之評分標準（以下簡稱 rAFS），需附手術紀錄及病理報告證明)；且符合下列各項條件之一者，需經事前審查核准後使用 GnRH analogue。 i.肝機能不全（ALT 或 AST 大於正常值三倍）、腎功能不全（creatinine > 2 mg %）、鬱血性心臟病，不適用各種荷爾蒙藥物治療者。 ii.曾使用各種荷爾蒙藥物治療，引起藥物過敏或不可逆之藥物不良反應者。 Ⅱ.前項藥物治療以連續六個月為上限。 5.5.1.1.Degarelix（如 Firmagon）：（103/9/1） 限用於成年男性晚期荷爾蒙依賴型前列腺癌患者。 5.5.2.抑鈣激素製劑（Salmon calcitonin injection） 用於惡性疾病之高血鈣症或變形性骨炎（ Paget's disease)（85/10/1、93/8/1、100/1/1、103/2/1）。 5.5.3.Bisphosphonate 5.5.3.1.Clodronate；	一次，骨齡至少每六至十二個月測定一次。 Ⅴ.繼續治療條件： i.生長速率≧2 公分／年， ii.骨齡：女小於十四歲，男小於十五歲。 Ⅵ.使用醫師：<u>限小兒內分泌或新陳代謝專科醫師。</u> Ⅶ.<u>限區域醫院以上層級之醫院使用</u>。 (2)停經前（或更年期前）之嚴重乳癌，須完全符合以下二點：(86/9/1、99/2/1) Ⅰ.荷爾蒙接受體陽性。 Ⅱ.無法忍受其他荷爾蒙製劑(tamoxifen、megestrol 等)，且為停經前婦女有轉移性乳癌者。 (3)停經前(或更年期前)之早期乳癌，且須完全符合以下六點：(100/2/1、106/2/1、109/2/1) Ⅰ.與 tamoxifen 合併使用，作為手術後取代化學治療之輔助療法。 Ⅱ.荷爾蒙接受體為強陽性：ER/PR 為 2+或 3+。 Ⅲ.Her-2 Fish 檢測為陰性或 IHC 為 1+。 Ⅳ.淋巴結轉移數目須≦3 個。 Ⅴ.使用期限：leuprorelin、goserelin 或 triptorelin 使用 3 年，tamoxifen 使用 5 年。(106/2/1、109/2/1) Ⅵ.須事前審查，並於申請時說明無法接受化學治療之原	

pamidronate：（85/1/1、87/4/1、93/2/1、96/1/1、100/1/1） 限符合下列條件之一患者使用： 1.血清鈣濃度超過2.75 mmol/L (11.0mg %) 或游離鈣大於5.6 mg /dL 者。 2.惡性腫瘤之蝕骨性骨頭轉移之病患，在使用嗎啡、可待因等止痛劑後仍不易控制者。 3. Multiple Myeloma, Breast Cancer, Prostate Cancer併有蝕骨性骨轉移之病患(96/1/1)。 5.5.3.2.Zoledronic acid：(93/6/1、93/12/1、96/1/1、98/6/1) 5.5.3.2.1.Zoledronic acid 4mg/vial（如Zometa Powder For Solution For Infusion 4mg)(98/6/1、100/1/1) 限符合下列條件之一患者使用： 1.用於治療惡性腫瘤之高血鈣併發症（HCM)，且限用於血清鈣濃度超過2.75 mmol/L （11.0mg/dL）或游離鈣大於5.6 mg/dL (93/6/1)。 2.Multiple Myeloma，Breast Cancer，Prostate Cancer併有蝕骨性骨轉移之病患(96/1/1)。 5.5.3.2.2.Zoledronic acid 5mg（如Aclasta 5mg/100mL Solution for infusion)(98/6/1、	因。 (4)本品使用於子宮內膜異位症之規定：（87/10/1、98/5/1） Ⅰ.經客觀診斷之第二期(含)以上子宮內膜異位症 (AFS修訂之評分標準（以下簡稱 rAFS），需附手術紀錄及病理報告證明)；且符合下列各項條件之一者，需經事前審查核准後使用GnRH analogue。 i.肝機能不全（ALT或AST大於正常值三倍）、腎功能不全（creatinine > 2 mg %）、鬱血性心臟病，不適用各種荷爾蒙藥物治療者。 ii.曾使用各種荷爾蒙藥物治療，引起藥物過敏或不可逆之藥物不良反應者。 Ⅱ.前項藥物治療以連續六個月為上限。 5.5.1.1.Degarelix （如Firmagon）：(103/9/1) 限用於成年男性晚期荷爾蒙依賴型前列腺癌患者。 5.5.2.抑鈣激素製劑 (Salmon calcitonin injection) 用於惡性疾病之高血鈣症或變形性骨炎 （Paget's disease）（85/10/1、93/8/1、100/1/1、103/2/1）。 5.5.3.Bisphosphonate 5.5.3.1.Clodronate；pamidronate：（85/1/1、87/4/1、93/2/1、96/1/1、100/1/1） 限符合下列條件之一患者使	

100/1/1) 用於變形性骨炎(Paget's disease) 5.5.3.3.Etidronate（如Etibon）：(87/10/1、100/1/1) 限用於Paget’s disease之症狀治療及異位性骨化症之治療。 5.5.3.4.Ibandronic acid: (96/8/1、97/8/1、100/1/1) 5.5.3.4.1.Ibandronic acid 2mg/2mL；6mg/6mL（如Bondronat concentrate for solution for infusion)(96/8/1、100/1/1) 限符合下列條件之一患者使用： (1)限用於治療惡性腫瘤之高血鈣併發症，且限用於血清鈣濃度超過2.75 mmol/L (11.0mg/dL)或游離鈣大於5.6 mg/dL之病例。 (2)限Breast Cancer併有蝕骨性骨轉移之病患。 5.5.4. Denosumab（如Xgeva）(102/1/1、104/12/1、109/2/1) 限用於： 多發性骨髓瘤病患與乳癌、前列腺癌及肺癌併有蝕骨性骨轉移之病患。 5.5.6.Rasburicase（如Fasturtec注射劑）(93/5/1) 1.限用於血液腫瘤（急性白血病和high grade淋巴瘤）患者之下列情形：	用： 1.血清鈣濃度超過2.75 mmol/L (11.0mg %) 或游離鈣大於5.6 mg /dL者。 2.惡性腫瘤之蝕骨性骨頭轉移之病患，在使用嗎啡、可待因等止痛劑後仍不易控制者。 3. Multiple Myeloma, Breast Cancer, Prostate Cancer併有蝕骨性骨轉移之病患(96/1/1)。 5.5.3.2.Zoledronic acid：(93/6/1、93/12/1、96/1/1、98/6/1) 5.5.3.2.1.Zoledronic acid 4mg/vial（如Zometa Powder For Solution For Infusion 4mg)(98/6/1、100/1/1) 限符合下列條件之一患者使用： 1.用於治療惡性腫瘤之高血鈣併發症 (HCM)，且限用於血清鈣濃度超過 2.75 mmol/L (11.0mg/dL) 或游離鈣大於 5.6 mg/dL (93/6/1)。 2.Multiple Myeloma，Breast Cancer，Prostate Cancer併有蝕骨性骨轉移之病患(96/1/1)。 5.5.3.2.2.Zoledronic acid 5mg（如Aclasta 5mg/100mL Solution for infusion)(98/6/1、100/1/1) 用於變形性骨炎(Paget's disease) 5.5.3.3.Etidronate（如	

(1)治療前或療程開始後，血清尿酸值高於10mg/dL；兒童高於8mg/dL者。 (2)有心臟或腎臟衰竭，無法忍受大量靜脈輸液者。 (3)對allopurinol過敏者。 2.使用以每日一至二劑並以三日為限。 5.5.7.Mecasermin（如Increlex注射劑）(98/5/1) 1.限由醫學中心或區域醫院小兒內分泌或新陳代謝專科醫師實施。 2.Primary IGF-I deficiency (1)診斷：GH-IGF axis有明確的基因突變（即homozygotes或compound heterozygotes）（請檢附檢驗報告）。 (2)開始治療條件： I.年齡至少二歲。 II. 身高低於同性別同年齡正常孩童之-3SD。 III.生長速率一年小於4公分，需具醫療機構之身高檢查每隔三個月一次，至少六個月以上之紀錄。 IV.骨齡比實際年齡遲緩至少二個標準差。 V.血清生長激素濃度之基礎值或施行生長激素刺激試驗的最高值超過10 ng/mL。 VI.血清IGF-I基礎值低於50μg/L。 VII.血清IGFBP-3基礎值低於1.0mg/L。 VIII.IGF generation test（給予生長激素33μg/kg/day皮下注射四	Etibon）：(87/10/1、100/1/1) 限用於Paget’s disease之症狀治療及異位性骨化症之治療。 5.5.3.4.Ibandronic acid:(96/8/1、97/8/1、100/1/1) 5.5.3.4.1.Ibandronic acid 2mg/2mL；6mg/6mL（如Bondronat concentrate for solution for infusion）(96/8/1、100/1/1) 限符合下列條件之一患者使用： (1)限用於治療惡性腫瘤之高血鈣併發症，且限用於血清鈣濃度超過2.75 mmol/L (11.0mg/dL)或游離鈣大於5.6 mg/dL之病例。 (2)限Breast Cancer併有蝕骨性骨轉移之病患。 5.5.4. Denosumab（如Xgeva）(102/1/1、104/12/1、109/2/1) 限用於： 多發性骨髓瘤病患與乳癌、前列腺癌及肺癌併有蝕骨性骨轉移之病患。 5.5.6.Rasburicase（如Fasturtec注射劑）(93/5/1) 1.限用於血液腫瘤（急性白血病和high grade淋巴瘤）患者之下列情形： (1)治療前或療程開始後，血清尿酸值高於10mg/dL；兒童高於8mg/dL者。 (2)有心臟或腎臟衰竭，無法忍	

天）後血清 IGF-I 值增加不超過 20μg/L。血清 IGF-BP3 值增加不超過 0.4 mg/L。 3.Isolated growth hormone deficiency type IA（GHD-IA） (1)診斷：GH1 gene 有明確的脫失突變（deletion）（請檢附檢驗報告） (2)開始治療條件： I.年齡至少二歲。 II.身高低於同性別同年齡正常孩童之-2SD。 III.生長速率一年小於 4 公分，需具醫療機構之身高檢查每隔三個月一次，至少六個月以上之記錄。 IV.骨齡比實際年齡遲緩至少 2 個標準差。（請檢附骨齡 X 光片） V.施行 insulin、clonidine、L-Dopa、glucagon、arginine 等檢查，有兩項以上之檢查皆偵測不到生長激素值。 VI.施予生長激素治療第一年比生長激素治療前多 3 公分以上，但後來以適當生長激素劑量治療，年生長速率仍小於 3 公分。 4. 治療劑量：不超過 120μg/kg 皮下注射每天兩次。 5.治療監測：病人至少每 3 個月測量身高體重一次，每 6 至 12 個月評估骨齡一次。 6.繼續治療條件： (1)男童骨齡＜16 歲，女童骨齡	受大量靜脈輸液者。 (3)對 allopurinol 過敏者。 2.使用以每日一至二劑並以三日為限。 5.5.7.Mecasermin（如 Increlex 注射劑）(98/5/1) 1.限由醫學中心或區域醫院小兒內分泌或新陳代謝專科醫師實施。 2.Primary IGF-I deficiency (1)診斷：GH-IGF axis 有明確的基因突變（即 homozygotes 或 compound heterozygotes）（請檢附檢驗報告）。 (2)開始治療條件： I.年齡至少二歲。 II. 身高低於同性別同年齡正常孩童之-3SD。 III.生長速率一年小於 4 公分，需具醫療機構之身高檢查每隔三個月一次，至少六個月以上之紀錄。 IV.骨齡比實際年齡遲緩至少二個標準差。 V.血清生長激素濃度之基礎值或施行生長激素刺激試驗的最高值超過 10 ng/mL。 VI.血清 IGF-I 基礎值低於 50μg/L。 VII.血清 IGFBP-3 基礎值低於 1.0mg/L。 VIII.IGF generation test（給予生長激素 33μg/kg/day 皮下注射四天）後血清 IGF-I 值增加不超過 20μg/L。血清 IGF-BP3 值增加不超過 0.4 mg/L。 3.Isolated growth hormone	

＜14 歲，且骨端尚未癒合患者。 (2)第一年生長速率比治療前增加至少 3 公分。 (3)第二年開始，生長速率至少 4 公分/年。 5.6.骨質疏鬆症治療藥物(100/1/1) 5.6.1.抗骨質再吸收劑（anti-resorptive）(101/3/1、101/5/1、102/2/1、102/8/1、103/2/1、103/10/1、104/8/1、106/12/1) 1.藥品種類 (1)Bisphosphonates（雙磷酸鹽類）：alendronate（如 Fosamax）、 zoledronate 5mg（如 Aclasta 5mg/100mL solution for infusion)、risedronate（如 Reosteo）、ibandronate 3mg/3mL（如 Bonviva 3mg/3mL solution for injection) (2)Selective estrogen receptor modulators (SERM，選擇性雌激素接受體調節劑）：raloxifene（如 Evista ）、bazedoxifene（如 Viviant）(102/2/1) (3)Human monoclonal antibody for RANKL（RANKL 單株抗體）：denosumab（如 Prolia）(101/3/1) 2.使用規定 (1)限用於停經後婦女（alendronate、	deficiency type IA（GHD-IA） (1)診斷：GH1 gene 有明確的脫失突變（deletion）（請檢附檢驗報告） (2)開始治療條件： I.年齡至少二歲。 II.身高低於同性別同年齡正常孩童之-2SD。 III.生長速率一年小於 4 公分，需具醫療機構之身高檢查每隔三個月一次，至少六個月以上之記錄。 IV.骨齡比實際年齡遲緩至少 2 個標準差。（請檢附骨齡 X 光片） V.施行 insulin、clonidine、L-Dopa 、 glucagon 、 arginine 等檢查，有兩項以上之檢查皆偵測不到生長激素值。 VI.施予生長激素治療第一年比生長激素治療前多 3 公分以上，但後來以適當生長激素劑量治療，年生長速率仍小於 3 公分。 4. 治療劑量：不超過 120μg/kg 皮下注射每天兩次。 5.治療監測：病人至少每 3 個月測量身高體重一次，每 6 至 12 個月評估骨齡一次。 6.繼續治療條件： (1)男童骨齡＜16 歲，女童骨齡＜14 歲，且骨端尚未癒合患者。 (2)第一年生長速率比治療前增加至少 3 公分。	

zoledronate、denosumab 及 risedronate 35mg 亦可使用於男性，risedronate 150mg 不可使用於男性） 因骨質疏鬆症（須經 DXA 檢測 BMD 之 T score≦ -2.5SD）引起脊椎或髖部骨折，或因骨質疏少症(osteopenia)(經 DXA 檢測 BMD 之-2.5SD <T score <-1.0SD)引起脊椎或髖部 2 處或 2 次(含)以上之骨折。(101/5/1、102/8/1、103/10/1、104/8/1、106/12/1) (2)治療時，一次限用一項藥物，不得併用其他骨質疏鬆症治療藥物。 (3)使用雙磷酸鹽類藥物，須先檢測病患之血清 creatinine 濃度，符合該項藥物仿單之建議規定。 5.6.2. Parathyroid hormones and analogues（副甲狀腺素及類似劑）：teriparatide 注射劑(101/7/1、110/5/1) 限用於 1.停經後骨質疏鬆婦女。 2.原發性或次發於性腺功能低下症造成骨質疏鬆之男性。 3.需符合下列條件： (1)引起脊椎或髖部多於 2（含）處骨折，經評估（須於病歷載明）無法耐受副作用或在持續配合使用抗骨質吸收劑至少連續 12 個月的情況下仍發生至少 1 處新的骨折之病患。	(3)第二年開始，生長速率至少 4 公分/年。 5.6. 骨質疏鬆症治療藥物(100/1/1) 5.6.1 抗骨質再吸收劑（anti-resorptive）(101/3/1、101/5/1、102/2/1、102/8/1、103/2/1、103/10/1、104/8/1、106/12/1) 1.藥品種類 (1)Bisphosphonates（雙磷酸鹽類）：alendronate（如 Fosamax）、zoledronate 5mg（如 Aclasta 5mg/100mL solution for infusion）、risedronate（如 Reosteo）、ibandronate 3mg/3mL（如 Bonviva 3mg/3mL solution for injection) (2)Selective estrogen receptor modulators (SERM，選擇性雌激素接受體調節劑）：raloxifene（如 Evista）、bazedoxifene（如 Viviant）(102/2/1) (3)Human monoclonal antibody for RANKL（RANKL 單株抗體）：denosumab（如 Prolia）(101/3/1) 2.使用規定 (1) 限用於停經後婦女（alendronate、zoledronate、denosumab 及 risedronate 35mg 亦可使用於男性，risedronate 150mg 不可使用於男性）	

(2)骨質疏鬆之程度，須經DXA檢測 BMD 之T-score 小於或等於-3.0。 4.使用不得超過18支並於二年內使用完畢，使用期間內不得併用其他骨質疏鬆症治療藥物。 5.與romosozumab僅得擇一使用，除因耐受性不良，不得互換。(110/5/1) 備註DXA: Dual energy X-ray absorptiometry BMD: Bone mineral density5.6.3. Romosozumab(如Evenity)：(110/5/1) 1.限用於停經後骨質疏鬆婦女 2.需符合下列條件： (1)引起脊椎或髖部多於2（含）處骨折，經評估（須於病歷載明）無法耐受副作用或在持續配合使用抗骨質吸收劑至少連續12個月的情況下仍發生至少1處新的骨折之病患。 (2)骨質疏鬆之程度，須經DXA檢測BMD之T-score小於或等於-3.0。 3.使用不得超過24支並於一年內使用完畢。 4.使用期間內不得併用其他骨質疏鬆症治療藥物。 5.與 teriparatide 僅得擇一使用，除因耐受性不良，不得互換。 第 6 節 呼吸道藥物 Respiratory tract drugs 6.1.吸入劑 Inhalants 1.乙二型擬交感神經劑（β2-	因骨質疏鬆症（須經 DXA檢測BMD之T score≦ -2.5SD）引起脊椎或髖部骨折，或因骨質疏少症(osteopenia)(經DXA檢測BMD之-2.5SD <T score <-1.0SD)引起脊椎或髖部 2處或 2 次(含)以上之骨折。(101/5/1、102/8/1、103/10/1 、 104/8/1 、106/12/1) (2)治療時，一次限用一項藥物，不得併用其他骨質疏鬆症治療藥物。 (3)使用雙磷酸鹽類藥物，須先檢測病患之血清creatinine 濃度，符合該項藥物仿單之建議規定。 5.6.2 Parathyroid hormones and analogues （副甲狀腺素及類似劑）：teriparatide 注射劑(101/7/1) 限用於 1.停經後骨質疏鬆婦女。 2.原發性或次發於性腺功能低下症造成骨質疏鬆之男性。 3.需符合下列條件： (1)引起脊椎或髖部多於2（含）處骨折，經評估（須於病歷載明）無法耐受副作用或在持續配合使用抗骨質吸收劑至少連續12個月的情況下仍發生至少 1 處新的骨折之病患。 (2)骨質疏鬆之程度，須經 DXA檢測 BMD 之T score 小於或等於-3.0SD。 4.使用不得超過 18 支並於二年	

agonists）、抗膽鹼劑（anticholinergics）、類固醇藥物吸入劑（steroid inhalants）等，依「成人呼吸道疾患吸入製劑給付規定表」(91/8/1)及「兒童呼吸道疾患吸入製劑給付規定表」規定辦理；呼吸道藥物複方製劑比照辦理。 2.Formoterol fumarate dehydrate（如Oxis Turbuhaler)，依「成人呼吸道疾患吸入製劑給付規定表」(91/8/1)及「兒童呼吸道疾患吸入製劑給付規定表」規定辦理。 3.Fluticasone furoate/ umeclidinium bromide/vilanterol trifenatate（如Trelegy Ellipta 92/55/22 mcg Inhalation Powder)(108/7/1、109/11/1)： (1)限用於慢性阻塞性肺病患者的維持治療，且須同時符合以下條件： I.Gold Guideline Group D病人。（109/11/1） Ⅱ.已接受吸入性皮質類固醇與長效β2作用劑或長效β2作用劑與長效抗膽鹼劑合併治療，仍然有顯著症狀或惡化控制不佳者。(109/11/1) (2)每月限用1盒(30劑)。 4.Beclometasone dipropionate/ formoterol fumarate	內使用完畢，使用期間內不得併用其他骨質疏鬆症治療藥物。 備註DXA: Dual energy X-ray absorptiometry BMD: Bone mineral density 第6節 呼吸道藥物 Respiratory tract drugs 6.1.吸入劑 Inhalants 1.乙二型擬交感神經劑（β2-agonists）、抗膽鹼劑（anticholinergics）、類固醇藥物吸入劑（steroid inhalants）	

dihydrate/glycopyrronium bromide(如 Trimbow 100/6/12.5 mcg/dose) (109/3/1)： (1)限用於慢性阻塞性肺病患者的維持治療，且須同時符合以下條件： I. 重度以上(FEV1 少於預測值之 50%)及有反覆惡化病史之成年病人。 Ⅱ.已接受吸入型皮質類固醇與長效β2 作用劑合併治療，仍然有顯著症狀或惡化控制不佳者。 (2)每月限用 1 盒(30 劑)。 6.2.其他 Miscellaneous 6.2.1.Surfactant（如 Exosurf；Survanta)：(85/1/1) 1.新生兒 hyaline membrane disease 引起的呼吸窘迫症候群（respiratory distress syndrome)。 2.治療條件：患有 hyaline membrane disease 引起呼吸窘迫症候群的新生兒，需使用人工呼吸器，且 FIO_2 設定於 40 %以上，仍無法維持 blood gas PaO_2 大於 80 mmHg 以上或 O_2 artery/ O_2 alveoli 小於 0.2，並排除其他原因，如肺炎所引起的呼吸窘迫情況。 3.使用時機：出生後 48 小時內最多使用 4 劑量，第一劑量建議在出生後 8 小時內使用。 6.2.2.Loratadine syrup（如 Claritynе）：(88/6/1、	等，依「成人呼吸道疾患吸入製劑給付規定表」(91/8/1)及「兒童呼吸道疾患吸入製劑給付規定表」規定辦理；呼吸道藥物複方製劑比照辦理。 2.Formoterol fumarate dehydrate（如 Oxis Turbuhaler)，依「成人呼吸道疾患吸入製劑給付規定表」(91/8/1)及「兒童呼吸道疾患吸入製劑給付規定表」規定辦理。 3.Fluticasone furoate/ umeclidinium bromide/vilanterol trifenatate（如 Trelegy Ellipta 92/55/22 mcg Inhalation Powder) (108/7/1、109/11/1)： (1)限用於慢性阻塞性肺病患者的維持治療，且須同時符合以下條件： I.Gold Guideline Group D 病人。(109/11/1) Ⅱ.已接受吸入性皮質類固醇與長效β2 作用劑或長效β2 作用劑與長效抗膽鹼劑合併治療，仍然有顯著症狀或惡化控制不佳者。(109/11/1) (2)每月限用 1 盒(30 劑)。 4.Beclometasone dipropionate/ formoterol fumarate dihydrate/glycopyrronium bromide(如 Trimbow 100/6/12.5 mcg/dose) (109/3/1)：	

97/ 12/ 1) 依全民健康保險藥品給付規定之通則八使用本項藥品(97/12/1)。 6.2.3.Zafirlukast（如 Accolate tabs）：(88/8/1，90/1/1 修訂) 1.限用於成人「輕度至中度持續支氣管哮喘」疾患。 2.病歷上應詳細記載上個月發作次數、頻率及 PEFR 值之變化。 3.每月最大量限六十粒。 4.本品項不得與 cromoglycate 或 ketotifen 併用。 6.2.4.Montelukast sodium (如 Singulair Coated Tab、Singulair Chewable Tabs)：(90/7/1、107/2/1) 1.限用於六歲以上之小兒及成人「輕度至中度持續性支氣管哮喘」疾患。 2.病歷上應詳細記載上個月發作次數、頻率及 PEFR 值之變化。 3.每月最大量限三十粒。 ※「輕度持續支氣管哮喘 (mild persistent asthma)」之定義： (1)氣喘發作次數每週多於一次，但並非每天發作。 (2)發作時會影響日常生活及睡眠。 (3)夜晚發作次數每月多於二次。 (4)尖峰呼氣流速 (Peak Expiratory Flow Rate；PEFR) 或第一秒呼氣量大於 80%預測值；每日變異值為	(1)限用於慢性阻塞性肺病患者的維持治療，且須同時符合以下條件： I. 重度以上(FEV1 少於預測值之 50%)及有反覆惡化病史之成年病人。 Ⅱ.已接受吸入型皮質類固醇與長效 β2 作用劑合併治療，仍然有顯著症狀或惡化控制不佳者。 (2)每月限用 1 盒(120 劑)。 6.2.其他 Miscellaneous 6.2.1.Surfactant (如 Exosurf；Survanta)：(85/1/1) 1.新生兒 hyaline membrane disease 引起的呼吸窘迫症候群 (respiratory distress syndrome)。 2.治療條件：患有 hyaline membrane disease 引起呼吸窘迫症候群的新生兒，需使用人工呼吸器，且 FIO2 設定於 40 %以上，仍無法維持 blood gas PaO2 大於 80 mmHg 以上或 O2 artery/O2 alveoli 小於 0.2，並排除其他原因，如肺炎所引起的呼吸窘迫情況。 3.使用時機：出生後 48 小時內最多使用 4 劑量，第一劑量建議在出生後 8 小時內使用。 6.2.2.Loratadine syrup（如 Clarityne）：(88/6/1、97/ 12/ 1) 依全民健康保險藥品給付規定之通則八使用本項藥品(97/12/1)。	

20-30%。 6.2.5.Montelukast sodium 4mg(如 Singulair Chewable Tab. 4mg、Singulair oral granules 4mg)：(92/1/1、100/7/1、107/2/1) 須符合下列各項條件： 1.限用於「輕度至中度持續支氣管哮喘病患」。 2.Chewable Tab. 4mg 限用於二歲~五歲嬰幼兒、oral granules 4mg 限用於 6 個月~五歲嬰幼兒。 3.病歷上應詳細記載上個月發作次數、頻率。 4.每月最大量限三十粒(包)。 6.2.6.Omalizumab（如 Xolair)：（97/6/1、100/6/1、103/10/1） 1.限用於 (1)12 歲以上之青少年或成人經胸腔內科或小兒科或過敏免疫專科醫師診斷為「重度持續性氣喘」病患，為非抽煙或正積極戒煙者，需符合下列條件。 I.臨床病史顯示對某過敏原過敏或經由體內試驗（如 skin prick test)或體外 IgE 試驗（如 CAP、MAST、RAST、FAST、ELISA test 等）呈陽性反應者。 II.必須檢附「免疫球蛋白 IgE 檢驗結果」。免疫球蛋白 Total IgE 檢驗結果必須介於 30~1300IU/mL，但使用抗 IgE 製劑後 IgE 值降低者不在此限(103/10/1)。 III.已接受高劑量類固醇藥物	6.2.3.Zafirlukast（如 Accolate tabs）：(88/8/1，90/1/1 修訂) 1.限用於成人「輕度至中度持續支氣管哮喘」疾患。 2.病歷上應詳細記載上個月發作次數、頻率及 PEFR 值之變化。 3.每月最大量限六十粒。 4.本品項不得與 cromoglycate 或 ketotifen 併用。 6.2.4.Montelukast sodium（如 Singulair Coated Tab、Singulair Chewable Tabs）：（90/7/1、107/2/1) 1.限用於六歲以上之小兒及成人「輕度至中度持續性支氣管哮喘」疾患。 2.病歷上應詳細記載上個月發作次數、頻率及 PEFR 值之變化。 3.每月最大量限三十粒。 ※「輕度持續支氣管哮喘(mild persistent asthma)」之定義： (1)氣喘發作次數每週多於一次，但並非每天發作。 (2)發作時會影響日常生活及睡眠。 (3)夜晚發作次數每月多於二次。 (4)尖峰呼氣流速（Peak Expiratory Flow Rate；PEFR）或第一秒呼氣量大於 80%預測值；每日變異值為 20-30%。 6.2.5.Montelukast sodium 4mg(如 Singulair Chewable Tab. 4mg、	

吸入劑（青少年大於 400 mcg belcomethasone dipropionate/day 以上或他類固醇藥物吸入劑相等劑量；成人大於 800mcg beclomethasone dipropionate/day 以上或其他類固醇藥物吸入劑相等劑量）及併用其他治療，如：長效乙二型作用劑（β2-agonist)、口服類固醇治療、口服 theophylline 或抗白三烯素類藥品仍控制不良者，且過去四週氣喘控制仍不穩定者(包括:日間症狀每週超過 2 次、日常活動受到限制、有夜間氣喘症狀發作或到醒來、需要緩解型藥物每週超過 2 次或以上，符合上述條件 2 者或以上者)(103/10/1)。 IV.病歷記載有氣喘病史或需經證實為氣喘病患，支氣管擴張試驗顯示 FEV1 reversibility 超過 12%與絕對值增加 200mL 以上，或使用類固醇後 FEV1 增加 20%以上(103/10/1)。 (2)6 至 12 歲兒童經胸腔內科或小兒科或過敏免疫專科醫師診斷為「重度持續性氣喘」病患，需符合下列條件。（100/6/1） I.臨床病史顯示對某過敏原過敏或經由體內試驗（如 skin prick test)或體外 IgE 試驗（如 CAP、MAST、RAST、FAST、ELISA test 等）呈陽性反應者。	Singulair oral granules 4mg）：（92/1/1、100/7/1、107/2/1） 須符合下列各項條件： 1.限用於「輕度至中度持續支氣管哮喘病患」。 2.Chewable Tab. 4mg 限用於二歲~五歲嬰幼兒、oral granules 4mg 限用於 6 個月~五歲嬰幼兒。 3.病歷上應詳細記載上個月發作次數、頻率。 4.每月最大量限三十粒(包)。 6.2.6.Omalizumab（如 Xolair）：（97/6/1、100/6/1、103/10/1） 1.限用於 (1)12 歲以上之青少年或成人經胸腔內科或小兒科或過敏免疫專科醫師診斷為「重度持續性氣喘」病患，為非抽煙或正積極戒煙者，需符合下列條件。 I.臨床病史顯示對某過敏原過敏或經由體內試驗（如 skin prick test)或體外 IgE 試驗（如 CAP、MAST、RAST、FAST、ELISA test 等）呈陽性反應者。 II.必須檢附「免疫球蛋白 IgE 檢驗結果」。免疫球蛋白 Total IgE 檢驗結果必須介於 30~1300IU/mL，但使用抗 IgE 製劑後 IgE 值降低者不在此限(103/10/1)。 III.已接受高劑量類固醇藥物吸入劑（青少年大於 400 mcg belcomethasone dipropionate/day 以上或他類固醇藥物吸入劑相等	

II.必須檢附「免疫球蛋白 IgE 檢驗結果」。免疫球蛋白 Total IgE 檢驗結果必須介於 30~1300IU/mL，但使用抗 IgE 製劑後 IgE 值降低者不在此限。 III.已接受高劑量類固醇藥物吸入劑（大於 400mcg Beclomethasone dipropionate/day 以上或其他類固醇藥物吸入劑相等劑量）及併用其他治療，如：長效乙二型作用劑（β2-agonist)、口服類固醇治療、口服 theophylline 或抗白三烯素類藥品仍控制不良者，且過去四週氣喘控制仍不穩定者（包括:日間症狀每週超過 2 次、日常活動受到限制、有夜間氣喘症狀發作或到醒來、需要緩解型藥物每週超過 2 次或以上，符合上述條件 2 者或以上者）(103/10/1)。 IV.病歷記載有氣喘病史或需經證實為氣喘病患，支氣管擴張試驗顯示 FEV1 reversibility 超過 12%與絕對值增加 200mL 以上，或使用類固醇後 FEV1 增加 20%以上(103/10/1)。 2.需經事前審查核准後使用。 3.每月使用不得超過 2 次。 4.應於病歷上詳細記載上個月發作次數、頻率及肺功能(如 PEFR 值或 FEV_1 值)之變化。 5.使用 16 週後需進行評估，與未使用前比較，症狀確實改	劑量；成人大於 800mcg beclomethasone dipropionate/day 以上或其他類固醇藥物吸入劑相等劑量）及併用其他治療，如：長效乙二型作用劑（β2-agonist)、口服類固醇治療、口服 theophylline 或抗白三烯素類藥品仍控制不良者，且過去四週氣喘控制仍不穩定者(包括:日間症狀每週超過 2 次、日常活動受到限制、有夜間氣喘症狀發作或到醒來、需要緩解型藥物每週超過 2 次或以上，符合上述條件 2 者或以上者）(103/10/1)。 IV.病歷記載有氣喘病史或需經證實為氣喘病患，支氣管擴張試驗顯示 FEV1 reversibility 超過 12%與絕對值增加 200mL 以上，或使用類固醇後 FEV1 增加 20%以上(103/10/1)。 (2)6 至 12 歲兒童經胸腔內科或小兒科或過敏免疫專科醫師診斷為「重度持續性氣喘」病患，需符合下列條件。（100/6/1） I.臨床病史顯示對某過敏原過敏或經由體內試驗（如 skin prick test)或體外 IgE 試驗（如 CAP、MAST、RAST、FAST、ELISA test 等）呈陽性反應者。 II.必須檢附「免疫球蛋白 IgE 檢驗結果」。免疫球蛋白 Total IgE 檢驗結果必須介於 30~1300IU/mL，但使用	

善，方可繼續使用。 備註：「症狀改善」的定義為每日症狀或PEFR的改善，或減少口服或吸入性類固醇的使用，或減少非常規回診的次數或急診就醫或住院次數。 6.2.7.Nintedanib(如Ofev)、pirfenidone（如Pirespa）：(106/3/1、106/7/1、108/12/1、109/9/1、110/6/1） 1.特發性肺纖維化： (1)需檢附肺部HRCT（High resolution computed tomography)影像檢查。 (2)經專科醫師確診為特發性肺纖維化(Idiopathic pulmonary fibrosis, IPF)後，病人的用力肺活量(forced vital capacity, FVC）在50~80%之間。 (3)用於經專科醫師確診為特發性肺纖維化，且FVC>80%之病患，需具明顯症狀(病歷須清楚記載如呼吸困難、喘或咳嗽等臨床症狀)。(108/12/1、109/9/1） (4)停止治療條件：肺功能出現惡化（經確認病人的用力肺活量預測值降低10%或以上情況發生時），得以續用或得申請使用不同機轉藥物治療並觀察12週，如再測之FVC未改善應停止使用。(106/7/1、108/12/1、109/9/1） (5)需經事前審查核准後使用，	抗IgE製劑後IgE值降低者不在此限。 III.已接受高劑量類固醇藥物吸入劑（大於400mcg Beclomethasone dipropionate/day以上或其他類固醇藥物吸入劑相等劑量）及併用其他治療，如：長效乙二型作用劑（β2-agonist)、口服類固醇治療、口服theophylline或抗白三烯素類藥品仍控制不良者，且過去四週氣喘控制仍不穩定者（包括:日間症狀每週超過2次、日常活動受到限制、有夜間氣喘症狀發作或到醒來、需要緩解型藥物每週超過2次或以上，符合上述條件2者或以上者)(103/10/1)。 IV.病歷記載有氣喘病史或需經證實為氣喘病患，支氣管擴張試驗顯示FEV1 reversibility超過12%與絕對值增加200mL以上，或使用類固醇後FEV1增加20%以上(103/10/1)。 2.需經事前審查核准後使用。 3.每月使用不得超過2次。 4.應於病歷上詳細記載上個月發作次數、頻率及肺功能(如PEFR值或FEV1值)之變化。 5.使用16週後需進行評估，與未使用前比較，症狀確實改善，方可繼續使用。 備註：「症狀改善」的定義為每日症狀或PEFR的改善，或減少口服或吸入性類固	

每24週需檢送評估資料再次申請。 (6)Nintedanib與 pirfenidone不得同時併用。(106/7/1) 2.Nintedanib(如Ofev)用於全身性硬化症有關之間質性肺病：需符合下列所有條件(110/6/1) (1)需經免疫風濕專科醫師確診為全身性硬化症。 (2)需檢附肺部HRCT影像及檢查報告，經胸腔內科及放射科醫師證實具有肺部纖維化且肺纖維化侵犯至少10%肺野(lung field)，並符合間質性肺病之診斷。 (3)經胸腔內科及免疫風濕專科醫師確診為全身性硬化症有關之間質性肺病(SSc-ILD)，且病人的用力肺活量(forced vital capacity，FVC)≧40%且DLCO (Diffusing capacity of the lung for carbon monoxide)為預估值之30-89%，病歷須清楚記載病人之相關臨床症狀(如呼吸困難、喘或咳嗽等)。 (4)使用cyclophosphamide (CYC)或azathioprine (AZA)或mycophenolate mofetil (MMF)6個月最高可耐受劑量後治療失敗的SSc-ILD病人。 (5)需經事前審查核准後使用，每26週需檢送肺功能評估報告資料再次申請。 (6)停止治療條件：在持續使用nintedanib 52週後，若病人用力肺活量FVC持續年下	醇的使用，或減少非常規回診的次數或急診就醫或住院次數。 6.2.7.Nintedanib(如 Ofev)、pirfenidone (如Pirespa)：(106/3/1、106/7/1、108/12/1、109/9/1) 1.需檢附肺部HRCT (High resolution computed tomography)影像檢查。 2.經專科醫師確診為特發性肺纖維化(Idiopathic pulmonary fibrosis, IPF)後，病人的用力肺活量(forced vital capacity, FVC)在50~80%之間。 3.用於經專科醫師確診為特發性肺纖維化，且FVC>80%之病患，需具明顯症狀(病歷須清楚記載如呼吸困難、喘或咳嗽等臨床症狀)。(108/12/1、109/9/1) 4.停止治療條件：肺功能出現惡化(經確認病人的用力肺活量預測值降低10%或以上情況發生時)，得以續用或得申請使用不同機轉藥物治療並觀察12週，如再測之FVC未改善應停止使用。(106/7/1、108/12/1、109/9/1) 5.需經事前審查核准後使用，每24週需檢送評估資料再次申請。 6.Nintedanib與 pirfenidone不得同時併用。	

降＞100 毫升，得以續用並觀察 12 週，如再測之 FVC 未改善，則應停止使用。 6.2.8.Mepolizumab（如 Nucala）、Benralizumab（如 Fasenra）（107/11/1、109/3/1、109/11/1）： 1.限用於經胸腔專科或過敏免疫專科醫師診斷為嗜伊紅性(嗜酸性)白血球的嚴重氣喘且控制不良(severe refractory eosinophilic asthma)之 18 歲以上成人病患，投藥前 12 個月內的血中嗜伊紅性(嗜酸性)白血球≧300 cells/mcL，且需符合下列條件：(109/11/1) (1)病患已遵循最適切的標準療法且過去 6 個月持續使用口服類固醇 prednisolone 每天至少 5mg 或等價當量(equivalence)。 (2)過去 12 個月內有 2 次或 2 次以上因氣喘急性惡化而需要使用全身性類固醇，且其中至少一次是因為氣喘惡化而需急診或住院治療。 2.需經事前審查核准後使用。 3.使用頻率： (1)Mepolizumab 每 4 週使用不得超過 1 次。 (2)Benralizumab 第一個 8 週使用不得超過 3 次(第 0、4、8 週)，以後每 8 週使用不得超過 1 次。 4.使用 32 週後進行評估，與未使用前比較，若「惡化」情	(106/7/1)	

形減少，方可繼續使用。 備註： 1.「惡化」的定義為必須使用口服/全身性類固醇治療、或住院治療、或送急診治療的氣喘惡化現象。 2.「最適切的標準療法」係指符合 GINA 治療指引 Step 5 之規範。(109/11/1) 全民健康保險呼吸道疾患吸入製劑給付規定表(詳 p.1743) 全民健康保險兒童呼吸道疾患吸入製劑給付規定表(詳 p.1744) 第 7 節 腸胃藥物 Gastrointestinal drugs 7.1.消化性潰瘍用藥： 1.藥品種類： (1)制酸懸浮劑： 各廠牌瓶裝、袋裝制酸懸浮劑及袋裝顆粒制酸劑。 (2)乙型組織胺受體阻斷劑： 各廠牌乙型組織胺受體阻斷劑之口服製劑與針劑。 (3)氫離子幫浦阻斷劑： 各廠牌氫離子幫浦阻斷劑。 (4)細胞保護劑：如 gefarnate、cetraxate、carbenoxolone 等。 (5)其他消化性潰瘍用藥： dibismuth trioxide, sucralfate, pirenzepine HCl, Gaspin, Caved-S, misoprostol, proglumide 及其他未列入之同類藥品，價格與其相當者比照辦理。	6.2.8.Mepolizumab (如 Nucala)、Benralizumab (如 Fasenra)(107/11/1、109/3/1、109/11/1)： 1.限用於經胸腔專科或過敏免疫專科醫師診斷為嗜伊紅性(嗜酸性)白血球的嚴重氣喘且控制不良(severe refractory eosinophilic asthma)之 18 歲以上成人病患，投藥前 12 個月內的血中嗜伊紅性(嗜酸性)白血球≧300 cells/mcL，且需符合下列條件：(109/11/1) (1)病患已遵循最適切之標準療法且過去 6 個月持續使用口服類固醇 prednisolone 每天至少 5mg 或等價當量(equivalence)。 (2)過去 12 個月內有 2 次或 2 次以上因氣喘急性惡化而需要使用全身性類固醇，且其中至少一次是因為氣喘惡化而需急診或住院治療。 2.需經事前審查核准後使用。 3.使用頻率： (1)Mepolizumab 每 4 週使用不得超過 1 次。 (2)Benralizumab 第一個 8 週使用不得超過 3 次(第 0、4、8 週)，以後每 8 週使用不得超過 1 次。 4.使用 32 週後進行評估，與未使用前比較，若「惡化」情形減少，方可繼續使用。 備註：	

2. 使用規定：(106/12/1、110/12/1) (1) 使用於治療活動性(active)或癒合中(healing)之消化性潰瘍及逆流性食道炎。(92/10/1) (2)瘢痕期(scar stage)之消化性潰瘍復發預防，其劑量依照醫理減量使用。 (3)消化性潰瘍及逆流性食道炎符合洛杉磯食道炎分級表(The Los Angeles Classification of Esophagitis※備註)Grade A或Grade B者，欲使用消化性潰瘍用藥，其使用期間以四個月為限，申報費用時需檢附四個月內有效之上消化道內視鏡檢查或上消化道X光攝影報告，其針劑限使用於消化道出血不能口服之病人急性期替代療法。(92/10/1) (4)經上消化道內視鏡檢查，診斷為重度逆流性食道炎，且符合洛杉磯食道炎分級表(The Los Angeles Classification of Esophagitis※備註)Grade C或Grade D者，得經消化系專科醫師之確認後可長期使用消化性潰瘍用藥一年。另外，下列病患得比照辦理：(92/10/1) Ⅰ.胃切除手術縫接處產生之潰瘍。 Ⅱ.經消化系專科醫師重覆多次(三次以上)上消化道內視	1.「惡化」的定義為必須使用口服/全身性類固醇治療、或住院治療、或送急診治療的氣喘惡化現象。 2.「最適切的標準療法」係指符合GINA治療指引Step 5之規範。(109/11/1) 全民健康保險呼吸道疾患吸入製劑給付規定表(詳p.1761) 全民健康保險兒童呼吸道疾患吸入製劑給付規定表(詳p.1762) 第7節 腸胃藥物 Gastrointestinal drugs 7.1 消化性潰瘍用藥： 1.藥品種類： (1)制酸懸浮劑： 各廠牌瓶裝、袋裝制酸懸浮劑及袋裝顆粒制酸劑。 (2)乙型組織胺受體阻斷劑： 各廠牌乙型組織胺受體阻斷劑之口服製劑與針劑。 (3)氫離子幫浦阻斷劑： 各廠牌氫離子幫浦阻斷劑。 (4)細胞保護劑：如gefarnate、cetraxate、carbenoxolone等。 (5)其他消化性潰瘍用藥： dibismuth trioxide, sucralfate, pirenzepine HCl, Gaspin, Caved-S, misoprostol, proglumide及其他未列入之同類藥品，價格與其相當者比照辦理。 2.使用規定：(106/12/1) (1) 使用於治療活動性	

鏡檢查確認屬難治癒性之潰瘍。經診斷確定為Zollinger-Ellision症候群之病患，得長期使用氫離子幫浦阻斷劑而不受一年之限制。 (5)因腦中風，冠狀動脈疾病或周邊血管疾病，或易出血體質(備註)而需使用雙重抗血小板藥物及抗凝血藥物，如aspirin、warfarin、tirofiban、cilostazol、P2Y12 inhibitor（如clopidogrel、ticagrelor、ticlopidine、prasugrel）或新一代口服抗凝血藥物（如rivaroxaban、apixaban、edoxaban、dabigatran）病人得以使用每日藥費6.5元以下之氫離子幫浦阻斷劑(PPI)，最長以16週為限；若為曾接受過內視鏡檢查，經彩色內視鏡圖譜證實有活動性消化性潰瘍或上消化道出血，最長以一年為限，如使用期間或停藥後，活動性消化性潰瘍再發或上消化道出血，得再治療一年。(110/12/1) 備註：易出血性體質建議如下(110/12/1)： I. 第五期慢性腎臟病(eGFR<15mL/min/1.73M2)或透析治治療中 II. 血小板＜80,000 /mm3。 III. 肝臟疾病且INR>1.7。 IV. 其他凝血功能不全疾病。 (6)需使用NSAIDs而曾經上消化道內視鏡或X光攝影證實有過潰瘍，得於使用NSAIDs期間內，使用消化性潰瘍用藥。(92/10/1、110/12/1) (7)對於症狀擬似逆流性食道炎	（active）或癒合中（healing）之消化性潰瘍及逆流性食道炎。(92/10/1) (2)瘢痕期（scar stage）之消化性潰瘍復發預防，其劑量依照醫理減量使用。 (3)消化性潰瘍及逆流性食道炎符合洛杉磯食道炎分級表（The Los Angeles Classification of Esophagitis ※備註）Grade A或Grade B者，欲使用消化性潰瘍用藥，其使用期間以四個月為限，申報費用時需檢附四個月內有效之上消化道內視鏡檢查或上消化道X光攝影報告，其針劑限使用於消化道出血不能口服之病人急性期替代療法。(92/10/1) (4)經上消化道內視鏡檢查，診斷為重度逆流性食道炎，且符合洛杉磯食道炎分級表（The Los Angeles Classification of Esophagitis ※備註）Grade C或Grade D者，得經消化系專科醫師之確認後可長期使用消化性潰瘍用藥一年。另外，下列病患得比照辦理：(92/10/1) Ⅰ.胃切除手術縫接處產生之潰瘍。 Ⅱ.經消化系專科醫師重覆多次（三次以上）上消化道內視鏡檢查確認屬難治癒性之潰瘍。經診斷確定為Zollinger-Ellision症候	

之患者，但其上消化道內視鏡檢查無異常，若欲使用消化性潰瘍用藥，則需檢附其他相關檢查（如 24 小時 pH 監測）的結果。(92/10/1) (8)消化性潰瘍穿孔病人經手術證實者，且所施手術僅為單純縫合，未作胃酸抑制相關手術者，可檢附手術記錄或病理檢驗報告，申請使用消化性潰瘍用藥，但以四個月內為限，如需繼續使用，仍請檢附胃鏡檢查或上腸胃道X光檢查四個月內有效報告影本。(92/10/1) (9)嚴重外傷、大手術、腦手術、嚴重燙傷、休克、嚴重胰臟炎及急性腦中風者為預防壓力性潰瘍，得使用消化性潰瘍藥品。此類藥物之針劑限使用於不能口服之前述病患短期替代療法。 (10)消化性潰瘍病患得進行初次幽門螺旋桿菌消除治療，使用時需檢附上消化道內視鏡檢查或上消化道X光攝影報告並註明初次治療。(92/10/1) (11)幽門螺旋桿菌之消除治療療程以二週為原則，特殊病例需延長治療或再次治療，需檢附相關檢驗報告說明理由。 (12)下列病患若因長期服用NSAIDs而需使用前列腺素劑(如 misoprostol)，得免附胃鏡報告：(99/7/1) I 紅斑性狼瘡。	群之病患，得長期使用氫離子幫浦阻斷劑而不受一年之限制。 (5)需使用NSAIDs而曾經上消化道內視鏡或X光攝影證實有過潰瘍，得於使用NSAIDs 期間內，經消化系專科醫師之確認後可使用消化性潰瘍用藥。(92/10/1) (6)對於症狀擬似逆流性食道炎之患者，但其上消化道內視鏡檢查無異常，若欲使	

Ⅱ五十歲以上罹患類風濕性關節炎或僵直性脊椎炎之病患。 (13)經消化系專科醫師上消化道內視鏡檢查，並經病理切片確診為 Barrett's esophagus 之病患，可使用消化性潰瘍用藥一年，一年內至少須經上消化道內視鏡檢查追蹤一次。(101/1/1) (14)腦性麻痺、先天性心臟病、消化道畸形及其他有施行胃鏡檢查困難之兒科病患有消化道出血、消化性潰瘍、逆流性食道炎者，可使用消化性潰瘍用藥六個月。上述病人若經上消化道 X 光攝影或經食道酸鹼度測定為重度逆流者，得經兒科消化醫學次專科醫師確認後長期使用消化性潰瘍用藥一年。(106/12/1) 備註： 1. The Los Angeles Classification of Esophagitis Grade A: One or more mucosal break, each ≦5mm long, confined to the mucosal folds。 Grade B: One or more mucosal break > 5mm long, confined to the mucosal folds but not continuous between the tops of two mucosal folds。 Grade C: One or more	用消化性潰瘍用藥，則需檢附其他相關檢查（如 24 小時 pH 監測）的結果。(92/10/1) (7)消化性潰瘍穿孔病人經手術證實者，且所施手術僅為單純縫合，未作胃酸抑制相關手術者，可檢附手術記錄或病理檢驗報告，申請使用消化性潰瘍用藥，但以四個月內為限，如需繼續使用，仍請檢附胃鏡檢查或上腸胃道 X 光檢查四個月內有效報告影本。(92/10/1) (8)嚴重外傷、大手術、腦手術、嚴重燙傷、休克、嚴重胰臟炎及急性腦中風者為預防壓力性潰瘍，得使用消化性潰瘍藥品。此類藥物之針劑限使用於不能口服之前述病患短期替代療法。 (9)消化性潰瘍病患得進行初次幽門螺旋桿菌消除治療，使用時需檢附上消化道內視鏡檢查或上消化道 X 光攝影報告並註明初次治療。(92/10/1) (10)幽門螺旋桿菌之消除治療療程以二週為原則，特殊病例需延長治療或再次治療，需檢附相關檢驗報告說明理由。 (11)下列病患若因長期服用 NSAIDs 而需使用前列腺素劑(如 misoprostol)，得免附胃鏡報告：(99/7/1) Ⅰ紅斑性狼瘡。 Ⅱ五十歲以上罹患類風濕性關	

mucosal break continuous between the tops of two or more mucosal folds but which involve less than 75% of the esophageal circumference。 Grade D: Mucosal breaks which involve less than 75% of the esophageal circumference。 2. 醫療院所使用單價新台幣四元(含)以下之消化性潰瘍用藥時，得由醫師視病情決定是否需要上消化道內視鏡檢查。(92/10/1) 7.2. 止吐劑 Antiemetic drugs 靜脈注射癌症化療藥品之致吐性風險與劑量標準，依NCCN (National Comprehensive Cancer Network)最新版治療指引內容。(101/02/1、101/4/1、107/5/1) 7.2.1.Serotonin antagonists (如ondansetron、granisetron、tropisetron、ramosetron、palonosetron等)(93/2/1、93/9/1、98/9/1、99/5/1、101/4/1、102/9/1) 1.血液幹細胞移植患者接受高劑量化學治療時。 2.惡性腫瘤患者及風濕免疫疾病(如紅斑性狼瘡、類風濕性關節炎、貝西氏症、皮肌炎/多發性肌炎、硬皮症、血管炎等)患者接受化學治	節炎或僵直性脊椎炎之病患。 (12)經消化系專科醫師上消化道內視鏡檢查，並經病理切片確診為 Barrett’s esophagus 之病患，可使用消化性潰瘍用藥一年，一年內至少須經上消化道內視鏡檢查追蹤一次。(101/1/1) (13)腦性麻痺、先天性心臟病、消化道畸形及其他有施行胃鏡檢查困難之兒科病患有消化道出血、消化性潰瘍、逆流性食道炎者，可使用消化性潰瘍用藥六個月。上述病人若經上消化道 X 光攝影或經食道酸鹼度測定為重度逆流者，得經兒科消化醫學次專科醫師確認後長期使用消化性潰瘍用藥一年。(106/12/1) 備註： 1.The Los Angeles Classification of Esophagitis Grade A: One or more mucosal break,each ≦ 5mm long,confined to the mucosal folds。 Grade B: One or more mucosal break > 5mm long, confined to the mucosal folds but not continuous between the tops of two mucosal folds。 Grade C: One or more mucosal break	

療時，依下述情形使用：(98/9/1、99/5/1) (1)前述患者處方高致吐性藥品，可預防性使用ondansetron 8~32 mg、granisetron 1~3 mg、tropisetron 5 mg、ramosetron 0.3 mg一日劑量。必要時其使用以不得超過五日為原則。若發生嚴重延遲性嘔吐，得直接使用，每療程使用不得超過五日為原則。 (2)前述患者處方中致吐性藥品，可預防性使用ondansetron 8~32 mg、granisetron 1~3 mg、tropisetron 5 mg、ramosetron 0.3 mg一日劑量。若發生嚴重延遲性嘔吐，使用dexamethasone及metoclopramide 無效之病例，每療程使用以不得超過五日為原則。病歷需有使用dexamethasone 及metoclopramide 無效之記錄。 (3)血液腫瘤病患接受化學治療，需使用中、高致吐性抗癌藥品時，得依患者接受抗癌藥品實際使用天數使用本類製劑。(93/9/1) (4)Palonosetron 限於中、高致吐化學治療之前使用。(99/5/1) 3.接受腹部放射照射之癌症病人，得依下列規範使用ondansetron、granisetron	continuous between the tops of two or more mucosal folds but which involve less than 75% of the esophageal circumference。 Grade D: Mucosal breaks which involve less than 75% of the esophageal circumference。 2. 醫療院所使用單價新台幣四元(含)以下之消化性潰瘍用藥時，得由醫師視病情決定是否需要上消化道內視鏡檢查。(92/10/1) 7.2. 止吐劑 Antiemetic drugs 靜脈注射癌症化療藥品之致吐性風險與劑量標準，依NCCN (National Comprehensive Cancer Network)最新版治療指引內容。(101/02/1、101/4/1、107/5/1) 7.2.1.Serotonin antagonists (如ondansetron、granisetron、tropisetron、ramosetron、palonosetron 等)(93/2/1、93/9/1、98/9/1、99/5/1、101/4/1、102/9/1) 1.血液幹細胞移植患者接受高劑量化學治療時。 2.惡性腫瘤患者及風濕免疫疾病（如紅斑性狼瘡、類風濕性關節炎、貝西氏症、皮肌炎/多發性肌炎、硬皮症、血管炎等）患者接受	

等藥品：(93/9/1) (1)Total body or half body irradiation (2)Pelvis or upper abdominal region of single irradiation dose> 6 Gy (3)腹部放射治療中產生嘔吐，經使用 dexamethasone、metoclopramide 或 prochlorperazine 等傳統止吐劑無效，仍發生嚴重嘔吐之患者。 4.穿皮貼片劑限用於無法口服之病患。(102/9/1) 7.2.2. Neurokinin-1 receptor antagonist (如 aprepitant、fosaprepitant)(94/10/1、101/02/1、101/4/1、101/12/1、102/8/1) 1.與其他止吐藥劑併用，以防止由高致吐性癌症化療藥物在初次或重覆使用時所引起的急性或延遲性噁心與嘔吐。(101/2/1) 2.口服製劑限用三天，每日限用一顆。注射製劑限於化療第一天使用。(101/4/1、101/12/1) 3.本品除第一天外，不得併用 5-HT_3之藥物。(101/4/1) 4.若於化療第四天（含）後仍有 Grade 2 以上之嘔吐，則於第四天及第五天可依照 7.2.1.規範給予 serotonin antagonist。(102/8/1) 7.2.3. 含 palonosetron 及	化學治療時，依下述情形使用：(98/9/1、99/5/1) (1)前述患者處方高致吐性藥品，可預防性使用 ondansetron 8~32 mg、granisetron 1~3 mg、tropisetron 5 mg、ramosetron 0.3 mg 一日劑量。必要時其使用以不得超過五日為原則。若發生嚴重延遲性嘔吐，得直接使用，每療程使用不得超過五日為原則。 (2)前述患者處方中致吐性藥品，可預防性使用 ondansetron 8~32 mg、granisetron 1~3 mg、tropisetron 5 mg、ramosetron 0.3 mg 一日劑量。若發生嚴重延遲性嘔吐，使用 dexamethasone 及 metoclopramide 無效之病例，每療程使用以不得超過五日為原則。病歷需有使用 dexamethasone 及 metoclopramide 無效之記錄。 (3)血液腫瘤病患接受化學治療，需使用中、高致吐性抗癌藥品時，得依患者接受抗癌藥品實際使用天數使用本類製劑。(93/9/1) (4)Palonosetron 限於中、高致吐化學治療之前使用。(99/5/1) 3.接受腹部放射照射之癌症病人，得依下列規範使用 ondansetron、granisetron 等藥品：	

netupitant 之複方製劑(如 Akynzeo)(108/1/1) 1.限用於防止由高致吐性癌症化療藥物在初次或重覆使用時所引起的急性或延遲性噁心與嘔吐。 2.每次化療限使用 1 粒。 3.自使用本案藥品之日起3天內不得併用其他 serotonin antagonist 或 neurokinin-1 receptor antagonist 止吐劑。 7.3.其他 Miscellaneous 7.3.1.Mesalazine (如 Asacol)、balsalazide (如 Basazyde)(94/5/1)： 限潰瘍性結腸炎、庫隆氏症病例使用。 7.3.2. 益生菌類藥物 Antidiarrheal microorganisms： 限用於接受放射治療、化學療法患者，治療期間造成的腹瀉。(97/8/1) 7.3.3. Racecadotril (如 Hidrasec)(106/3/1) 每療程使用不得超過5 天。 7.3.4. Cholic acid (如 Cholbam)(108/7/1)： 限E7870先天性膽酸合成障礙、E71.510 Zellweger 氏症候群病患使用。 1.需符合以下診斷條件之一者： (1)除臨床表徵外，須佐證患者尿液膽酸質譜分析顯示尿液膽汁酸異常，或證明患者基因經分子生物學檢驗確認有一處已知或必然會引起單一酵素缺乏造成先天性膽酸合成障礙之突變。	(93/9/1) (1)Total body or half body irradiation (2)Pelvis or upper abdominal region of single irradiation dose> 6 Gy (3)腹部放射治療中產生嘔吐，經使用 dexamethasone、metoclopramide 或 prochlorperazine 等傳統止吐劑無效，仍發生嚴重嘔吐之患者。 4.穿皮貼片劑限用於無法口服之病患。(102/9/1) 7.2.2. Neurokinin-1 receptor antagonist (如 aprepitant、fosaprepitant)(94/10/1、101/02/1、101/4/1、101/12/1、102/8/1) 1.與其他止吐藥劑併用，以防止由高致吐性癌症化療藥物在初次或重覆使用時所引起的急性或延遲性噁心與嘔吐。(101/2/1) 2.口服製劑限用三天，每日限用一顆。注射製劑限於化療第一天使用。(101/4/1、101/12/1) 3.本品除第一天外，不得併用 5-HT3 之藥物。(101/4/1) 4.若於化療第四天(含)後仍有 Grade 2 以上之嘔吐，則於第四天及第五天可依照 7.2.1. 規範給予 serotonin antagonist。(102/8/1) 7.2.3. 含 palonosetron 及 netupitant 之複方製劑	

(2)過氧化體代謝異常（包括 Zellweger spectrum disorders）病人呈現之肝病表現、脂肪瀉或脂溶性維生素吸收降低所引起的併發症。 2.限兒科消化次專科醫師，或兒童神經科醫師，或兒科專科經醫學遺傳學次專訓練取得證書之醫師使用。 3.應定期追蹤評估治療效果及下列事項： 用藥後第一年至少每3個月監測一次血清 aspartate aminotransferase (AST)，血清 alanine aminotransferase (ALT)，膽紅素等之血中濃度，之後每6個月監測一次。 4.需經事前審查核准後使用。 7.3.5. Budesonide(如 Cortiment MMX)(108/7/1): 1.限符合下列各項條件之病患使用： (1)對已接受 aminosalicylate 類藥物治療效果不佳或不能耐受之成人患者。 (2)領有潰瘍性結腸炎重大傷病卡。 2.每療程限使用8週，每日限使用1粒。 7.3.6. 含 amylase+lipase+protease 複方製劑(如 Protase、Creon)：(110/1/1) 1.適用因疾病所導致之胰液分	(如 Akynzeo)(108/1/1) 1.限用於防止由高致吐性癌症化療藥物在初次或重覆使用時所引起的急性或延遲性噁心與嘔吐。 2.每次化療限使用1粒。 3.自使用本案藥品之日起3天內不得併用其他 serotonin antagonist 或 neurokinin-1 receptor antagonist 止吐劑。 7.3.其他 Miscellaneous 7.3.1.Mesalazine (如 Asacol)、balsalazide (如 Basazyde)(94/5/1)： 限潰瘍性結腸炎、庫隆氏症病例使用。 7.3.2. 益生菌類藥物 Antidiarrheal microorganisms： 限用於接受放射治療、化學療法患者，治療期間造成的腹瀉。(97/8/1) 7.3.3. Racecadotril (如 Hidrasec)(106/3/1) 每療程使用不得超過5天。 7.3.4. Cholic acid (如 Cholbam)(108/7/1)： 限E7870先天性膽酸合成障礙、E71.510 Zellweger 氏症候群病患使用。 1.需符合以下診斷條件之一者： (1) 除臨床表徵外，須佐證患者尿液膽酸質譜分析顯示尿液膽汁酸異常，或證明患者基因經分子生物學檢驗確認有一處已知或必然會引起單一酵素缺乏造成先天性膽酸合成障礙之突	

泌不全：如囊狀性纖維化疾病、慢性胰臟炎、胰臟切除手術、胃腸繞道手術，或其他因腫瘤引發之胰管膽管阻塞之情形。 2.申報費用時應檢附病歷資料及相關檢驗（查）報告： (1)胰液分泌不全之疾病。 (2)有營養不良或脂肪痢便之記載。 3.功能性腸胃炎不得使用本類藥品。 第8節 免疫製劑 Immunologic agents 8.1. 疫苗及免疫球蛋白 Vaccines and Immunoglobulins 8.1.1.Hepatitis B immune globulin： 應以HBsAg (-)，Anti-HBc (-)之醫院工作人員為主，且傳染者需為HBsAg (+)。 8.1.2.(刪除) 8.1.3. 高單位免疫球蛋白： 限符合下列適應症病患檢附病歷摘要（註明診斷，相關檢查報告及數據，體重、年齡、性別、病史、曾否使用同一藥品及其療效…等） 1.靜脈注射劑： (1)先天或後天性免疫球蛋白低下症併發嚴重感染時（需附六個月內免疫球蛋白檢查報告） (2)免疫血小板缺乏性紫斑症(ITP) 經傳統治療效果不佳，若其血小板＜80,000/cumm 且符合下列情	變。 (2) 過氧化體代謝異常（包括Zellweger spectrum disorders）病人呈現之肝病表現、脂肪瀉或脂溶性維生素吸收降低所引起的併發症。 2.限兒科消化次專科醫師，或兒童神經科醫師，或兒科專科經醫學遺傳學次專訓練取得證書之醫師使用。 3.應定期追蹤評估治療效果及下列事項： 用藥後第一年至少每3個月監測一次血清 aspartate aminotransferase (AST)，血清 alanine aminotransferase (ALT)，膽紅素等之血中濃度，之後每 6 個月監測一次。 4.需經事前審查核准後使用。 7.3.5. Budesonide(如Cortiment MMX)(108/7/1): 1.限符合下列各項條件之病患使用： (1)對已接受 aminosalicylate 類藥物治療效果不佳或不能耐受之成人患者。 (2)領有潰瘍性結腸炎重大傷病卡。 2.每療程限使用8週，每日限使用1粒。 7.3.6. 含amylase+lipase+protease複方製劑(如 Protase、Creon)：(110/1/1) 1.適用因疾病所導致之胰液分泌不全：如囊狀性纖維化	

況之一者：(108/6/1) Ⅰ.有嚴重出血。 Ⅱ.需接受緊急手術治療者。(103/4/1) (3)免疫血小板缺乏性紫斑症(ITP)且於懷孕或分娩期間，或急性免疫血小板缺乏性紫斑症(ITP) ≦18 歲兒童。(107/4/1、108/6/1) (4)先天性免疫不全症之預防性使用，但需有醫學中心之診斷証明。 (5)川崎病合乎美國疾病管制中心所訂之診斷標準 Ⅰ.限由區域醫院(含)以上教學醫院實施或具有小兒心臟醫師證書之小兒科醫師，並有小兒心臟超音波儀器之醫院實施。(108/10/1) Ⅱ.需填寫「全民健康保險使用 Intravenous Immune Globulin (IVIG) 治療川崎病」申請表(詳附表六)併當月份醫療費用申報。 (6)因感染誘發過度免疫機轉反應，而致維生重要器官衰竭，有危及生命之慮者，限由區域醫院（含）以上有加護病房乙等級以上之教學醫院實施。(93/2/1) (7)腸病毒感染嚴重患者，且符合衛生福利部疾病管制署修訂之「腸病毒感染嚴重患者靜脈注射免疫球蛋白之適應症」。(97/5/9、102/7/23、105/8/1) (8)急性發炎性去髓鞘多發性神經根病變(Guillain Barré	疾病、慢性胰臟炎、胰臟切除手術、胃腸繞道手術，或其他因腫瘤引發之胰管膽管阻塞之情形。 2.申報費用時應檢附病歷資料及相關檢驗（查）報告： (1)胰液分泌不全之疾病。 (2)有營養不良或脂肪痢便之記載。 3.功能性腸胃炎不得使用本類藥品。 第 8 節 免疫製劑 Immunologic agents 8.1. 疫苗及免疫球蛋白 Vaccines and Immunoglobulins 8.1.1.Hepatitis B immune globulin： 應以 HBsAg (-)，Anti-HBc (-)之醫院工作人員為主，且傳染者需為 HBsAg (+)。 8.1.2.(刪除) 8.1.3. 高單位免疫球蛋白： 限符合下列適應症病患檢附病歷摘要（註明診斷，相關檢查報告及數據，體重、年齡、性別、病史、曾否使用同一藥品及其療效…等） 1.靜脈注射劑： (1)先天或後天性免疫球蛋白低下症併發嚴重感染時（需附六個月內免疫球蛋白檢查報告） (2)免疫血小板缺乏性紫斑症(ITP) 經傳統治療效果不佳，若其血小板＜80,000/cumm 且符合下列情況之一者：(108/6/1)	

症候群）：(107/12/1) Ⅰ.不得與血漿置換術併用。 Ⅱ.使用於未滿18歲的病人 i.限無法自行走路的病童，自行走路指不需要他人扶助可以走路，前述只適用於發病前會自行走路的孩童，經小兒神經專科醫師或神經科醫師確定診斷。 ii.限由區域醫院（含）以上教學醫院實施。劑量為每公斤體重2公克，分成2天或5天給予。 Ⅲ.使用於18歲(含)以上成人病人 i. 限發病兩週內有嚴重病況（呼吸衰竭或瀕臨呼吸衰竭）病人使用。 ii.限經神經科醫師確定診斷，限由區域醫院（含）以上教學醫院實施。劑量為每公斤體重2公克，分成5天給予。 (9)慢性脫髓鞘多發性神經炎（Chronic inflammatory demyelinating polyneuropathy, CIDP）（限使用Privigen、Gamunex-C、Kiovig）：(108/2/1、108/10/1、109/4/1、110/3/1、110/12/1) Ⅰ.限用於依歐洲神經醫學會聯合會(European Federation of Neurological Societies; EFNS)之診斷標準確診為慢性脫髓鞘多發性神經炎之2歲以上病患，且對於類固醇治療無效或無法耐受類固	Ⅰ.有嚴重出血。 Ⅱ.需接受緊急手術治療者。(103/4/1) (3)免疫血小板缺乏性紫斑症(ITP)且於懷孕或分娩期間，或急性免疫血小板缺乏性紫斑症(ITP) ≦18歲兒童。（107/4/1、108/6/1) (4)先天性免疫不全症之預防性使用，但需有醫學中心之診斷証明。 (5)川崎病合乎美國疾病管制中心所訂之診斷標準 Ⅰ.限由區域醫院(含)以上教學醫院實施或具有小兒心臟醫師證書之小兒科醫師，並有小兒心臟超音波儀器之醫院實施。(108/10/1) Ⅱ.需填寫「全民健康保險使用Intravenous Immune Globulin（IVIG）治療川崎病」申請表(詳附表六)併當月份醫療費用申報。 (6)因感染誘發過度免疫機轉反應，而致維生重要器官衰竭，有危及生命之慮者，限由區域醫院（含）以上有加護病房乙等級以上之教學醫院實施。（93/2/1） (7)腸病毒感染嚴重患者，且符合衛生福利部疾病管制署修訂之「腸病毒感染嚴重患者靜脈注射免疫球蛋白之適應症」。(97/5/9、102/7/23、105/8/1) (8)急性發炎性去髓鞘多發性神經根病變（Guillain Barré症候群）：(107/12/1)	

醇，臨床上仍產生急性惡化時使用。(110/12/1) Ⅱ.前述類固醇治療無效定義，係指使用口服每日每公斤體重 1mg 或每日 60mg prednisolone兩個月仍未有 INCAT (Inflammatory Neuropathy Cause and Treatment) Disability scale 1 分(含)以上之進步。 Ⅲ.限由區域醫院(含)以上教學醫院神經科專科醫師診斷及使用。 Ⅳ.需經事前審查核准後使用，每次申請半年兩個療程，每年最多四個療程，需檢附病歷資料及治療前後的 INCAT 評估結果。 Ⅴ.每月最大劑量每公斤體重 2 公克。 Ⅵ.如在開始兩個療程後無 INCAT 1 分(含)以上之進步，則不再給予高單位免疫球蛋白。 Ⅶ.經高單位免疫球蛋白治療滿 1 年未復發者(INCAT 分數進步 1 分或 1 分以上者)，應停止治療；若停止治療後惡化 (adjusted INCAT disability score change≧1)的患者，可重新申請使用。 Ⅷ. 2 歲以上至 18 歲以下兒童限使用Kiovig。(110/12/1) 2. 皮下注射劑：(108/2/1) 原發性免疫不全症之預防性使用，需有醫學中心之診斷證明。 註：川崎病診斷標準：	Ⅰ.不得與血漿置換術併用。 Ⅱ.使用於未滿 18 歲的病人 i.限無法自行走路的病童，自行走路指不需要他人扶助可以走路，前述只適用於發病前會自行走路的孩童，經小兒神經專科醫師或神經科醫師確定診斷。 ii.限由區域醫院（含）以上教學醫院實施。劑量為每公斤體重 2 公克，分成 2 天或 5 天給予。 Ⅲ.使用於18歲(含)以上成人病人 i. 限發病兩週內有嚴重病況（呼吸衰竭或瀕臨呼吸衰竭）病人使用。 ii. 限經神經科醫師確定診斷，限由區域醫院（含）以上教學醫院實施。劑量為每公斤體重 2 公克，分成 5 天給予。 (9)慢性脫髓鞘多發性神經炎（Chronic inflammatory demyelinating polyneuropathy, CIDP）（限使用 Privigen、Gamunex-C、Kiovig）：(108/2/1、108/10 /1、109/4/1、110/3/1) Ⅰ.限用於依歐洲神經醫學會聯合會 (European Federation of Neurological Societies; EFNS)之診斷標準確診為慢性脫髓鞘多發性神經炎之成人，且對於類固醇治療無效或無法耐受類固醇，臨床上仍產生急性惡化時	

1.發燒五天或五天以上且合併下列五項臨床症狀中至少四項。 (1)兩眼眼球結膜充血。 (2)嘴唇及口腔的變化：嘴唇紅、乾裂或草莓舌或咽喉泛紅。 (3)肢端病變：手（足）水腫或指（趾）尖脫皮。 (4)多形性皮疹。 (5)頸部淋巴腺腫。 2.排除其他可能引起類似臨床疾病。 3.或只符合三項臨床症狀，但心臟超音波檢查已發現有冠狀動脈病變。 8.1.4.Immunoglobulin（如：Thymoglobuline inj）(90/11/1、96/2/1、97/8/1、99/2/1、109/4/1)： 1.限符合下列適應症病患檢附病歷摘要（註明診斷、相關檢查報告及數據、體重、年齡、性別、病史） (1)嚴重再生不良性貧血經傳統方法治療無效且不適合作骨髓移植之病例。 (2)器官移植病患併發嚴重之急性排斥反應。 (3)限定於異體造血幹細胞移植之植體抗宿主疾病（graft versus host disease）之預防與治療。(109/4/1) (4)心臟移植病人使用呼吸器，並可能併發腎功能不全者。 (5)Thymoglobuline inj.可用於預防心臟、腎臟移植引起之急性排斥。(109/4/1)	使用。 Ⅱ.前述類固醇治療無效定義，係指使用口服每日每公斤體重 1mg 或每日 60mg prednisolone 兩個月仍未有 INCAT (Inflammatory Neuropathy Cause and Treatment) Disability scale 1 分(含)以上之進步。 Ⅲ.限由區域醫院(含)以上教學醫院神經科專科醫師診斷及使用。 Ⅳ.需經事前審查核准後使用，每次申請半年兩個療程，每年最多四個療程，需檢附病歷資料及治療前後的INCAT評估結果。 Ⅴ.每月最大劑量每公斤體重 2 公克。 Ⅵ.如在開始兩個療程後無 INCAT 1 分(含)以上之進步，則不再給予高單位免疫球蛋白。 Ⅶ.經高單位免疫球蛋白治療滿 1 年未復發者(INCAT 分數進步 1 分或 1 分以上者)，應停止治療；若停止治療後惡化(adjusted INCAT disability score change ≧1)的患者，可重新申請使用。 2.皮下注射劑：(108/2/1) 原發性免疫不全症之預防性使用，需有醫學中心之診斷證明。 註：川崎病診斷標準： 1.發燒五天或五天以上且合併	

(6)作為異體造血幹細胞移植前之條件療法(109/4/1)。 8.1.5.人用狂犬病疫苗及免疫球蛋白(如 Rabipur):(103/1/1、103/5/1、106/3/1) 1.本類藥品使用於遭疑似狂犬病或麗沙病毒感染動物咬傷暴露後之接種，其使用對象及使用方式應依衛生福利部疾病管制署最新版「疑似狂犬病或麗沙病毒感染動物抓咬傷臨床處置指引」之接種建議辦理(請參閱疾病管制署狂犬病專區網頁 http://www.cdc.gov.tw)。(106/3/1) 2.限於疾病管制署公布之人用狂犬病疫苗接種服務醫院(衛生所)施打。(103/5/1) 8.2. 免疫調節劑 Immunomodulators 8.2.1. Cyclosporin (如 Sandimmun):(86/1/1、86/9/1、89/7/1、101/10/1)限 1.器官移植抗排斥藥物。 2.嚴重乾癬引起之全身性紅皮症(需檢附照片)。 3.自體免疫性葡萄膜炎及貝西氏病病例使用，請檢附病歷摘要及診斷證明。 4.替代性療法無效或不適用之嚴重乾癬(需檢附三個月以上之病歷與用藥紀錄)。 5.標準療法無效或不適用之嚴重類風濕性關節炎(需檢附三個月以上之病歷與用藥紀錄)。	下列五項臨床症狀中至少四項。 (1)兩眼眼球結膜充血。 (2)嘴唇及口腔的變化：嘴唇紅、乾裂或草莓舌或咽喉泛紅。 (3)肢端病變：手(足)水腫或指(趾)尖脫皮。 (4)多形性皮疹。 (5)頸部淋巴腺腫。 2.排除其他可能引起類似臨床疾病。 3.或只符合三項臨床症狀，但心臟超音波檢查已發現有冠狀動脈病變。 8.1.4.Immunoglobulin (如：Thymoglobuline inj)(90/11/1、96/2/1、97/8/1、99/2/1、109/4/1): 1.限符合下列適應症病患檢附病歷摘要(註明診斷、相關檢查報告及數據、體重、年齡、性別、病史) (1)嚴重再生不良性貧血經傳統方法治療無效且不適合作骨髓移植之病例。 (2)器官移植病患併發嚴重之急性排斥反應。 (3)限定於異體造血幹細胞移植之植體抗宿主疾病(graft versus host disease)之預防與治療。(109/4/1) (4)心臟移植病人使用呼吸器，並可能併發腎功能不全者。 (5)Thymoglobuline inj.可用於預防心臟、腎臟移植引起之急性排斥。(109/4/1) (6)作為異體造血幹細胞移植前	

6.以類固醇治療無效或對類固醇有依賴性的原發性腎病症候群【經活體檢視（biopsy）主要為微小病變疾病或局部環節腎絲球硬化症】，經細胞穩定劑（cytostatics）治療無效且腎功能指數在正常值 50%以上之病人。 7.若經病人使用cyclosporin後四個月內，其每日尿蛋白量無法降低至少 40%時，即認定為 cyclosporin 治療無效，應予以停用cyclosporin。 8.使用於後天型嚴重再生不良性貧血。惟限使用「Sandimmun Neoral Soft Gelatin Capsules 25mg」及「Sandimmun Neoral Oral Solution 100mg/mL」。（101/10/1） 8.2.2.Tacrolimus 8.2.2.1.Tacrolimus 持續性口服製劑：(98/8/1) 1.成人肝、腎移植之第一線用藥。 2.成人肝、腎移植 cyclosporin 無效之第二線用藥。 8.2.2.2.Tacrolimus 注射劑及其他非持續性口服製劑：(88/8/1、93/12/1、102/7/1) 1.肝臟及腎臟移植之第一線用藥或肝腎移植 cyclosporin 無效之第二線用藥。 2.心臟移植之第一線、第二線用藥。	之條件療法(109/4/1)。 8.1.5.人用狂犬病疫苗及免疫球蛋白（如 Rabipur）：(103/1/1、103/5/1、106/3/1) 1.本類藥品使用於遭疑似狂犬病或麗沙病毒感染動物咬傷暴露後之接種，其使用對象及使用方式應依衛生福利部疾病管制署最新版「疑似狂犬病或麗沙病毒感染動物抓咬傷臨床處置指引」之接種建議辦理(請參閱疾病管制署狂犬病專區網頁 http://www.cdc.gov.tw)。(106/3/1) 2.限於疾病管制署公布之人用狂犬病疫苗接種服務醫院(衛生所)施打。(103/5/1) 8.2.免疫調節劑 Immunomodulators 8.2.1.Cyclosporin（如 Sandimmun）：（86/1/1、86/9/1、89/7/1、101/10/1）限 1.器官移植抗排斥藥物。 2.嚴重乾癬引起之全身性紅皮症(需檢附照片)。 3.自體免疫性葡萄膜炎及貝西氏病病例使用，請檢附病歷摘要及診斷證明。 4.替代性療法無效或不適用之嚴重乾癬(需檢附三個月以上之病歷與用藥紀錄)。 5.標準療法無效或不適用之嚴重類風濕性關節炎(需檢附三個月以上之病歷與用藥紀錄)。 6.以類固醇治療無效或對類固	

8.2.3.多發性硬化症治療藥品(91/4/1、92/3/1、92/12/1、93/3/1、94/10/1、96/7/1、97/8/1、99/10/1、100/5/1、100/10/1、101/9/1、102/10/1、107/7/1、107/10/1、108/7/1、109/1/1、109/11/1) 8.2.3.1.Interferon beta-1a(如Rebif)、teriflunomide 14mg(如Aubagio)、dimethyl fumarate(如Tecfidera)、peginterferon beta-1a(如Plegridy):(91/4/1、97/8/1、100/10/1、106/10/1、107/7/1、107/10/1、109/11/1) 1.限用於復發型多發性硬化症。 2.初次使用teriflunomide、dimethyl fumarate及peginterferon beta-1a時需經事前審查核准後使用(109/11/1)。 3.不適用於視神經脊髓炎(neuromyelitis optica, NMO),包括:(100/10/1) (1)有視神經及脊髓發作。 (2)出現下列2種以上症狀: i 脊髓侵犯大於3節。 ii NMO-IgG or Aquaporin-4抗體陽性。 iii 腦部磁振造影不符合多發性硬化症診斷標準。 8.2.3.2.Interferon beta-1b(如Betaferon 8MIU):	醇有依賴性的原發性腎病症候群【經活體檢視(biopsy)主要為微小病變疾病或局部環節腎絲球硬化症】,經細胞穩定劑(cytostatics)治療無效且腎功能指數在正常值50%以上之病人。 7.若經病人使用cyclosporin後四個月內,其每日尿蛋白量無法降低至少40%時,即認定為cyclosporin治療無效,應予以停用cyclosporin。 8.使用於後天型嚴重再生不良性貧血。惟限使用「Sandimmun Neoral Soft Gelatin Capsules 25mg」及「Sandimmun Neoral Oral Solution 100mg/mL」。(101/10/1) 8.2.2.Tacrolimus 8.2.2.1.Tacrolimus持續性口服製劑:(98/8/1) 1.成人肝、腎移植之第一線用藥。 2.成人肝、腎移植cyclosporin無效之第二線用藥。 8.2.2.2.Tacrolimus注射劑及其他非持續性口服製劑:(88/8/1、93/12/1、102/7/1) 1.肝臟及腎臟移植之第一線用藥或肝腎移植cyclosporin無效之第二線用藥。 2.心臟移植之第一線、第二線用藥。 8.2.3.多發性硬化症治療藥品	

(92/3/1、92/12/1、93/3/1、97/8/1、99/10/1、100/10/1、106/10/1) 限用於： 1. 降低反覆發作型多發性硬化症的發作頻率及嚴重度。(100/10/1、106/10/1) 2. 降低續發型多發性硬化症的發作頻率及嚴重度。(100/10/1、106/10/1)。 3. 發生單一臨床症狀(Clinically Isolated Syndrome)疑似多發性硬化症的病患。使用時需符合下列規定：(99/10/1、106/10/1) 限神經科醫師申請使用，申請時必須附病歷及具2個以上MS-like 病灶點之 MRI 影像，以確認符合 Clinical Isolated Syndrome (CIS)。 4. 不適用於視神經脊髓炎(neuromyelitis optica, NMO)，包括：(100/10/1) (1)有視神經及脊髓發作。 (2)出現下列2種以上症狀： i 脊髓侵犯大於3節。 iiNMO-IgG or Aquaporin-4抗體陽性。 iii 腦部磁振造影不符合多發性硬化症診斷標準。 8.2.3.3.Glatiramer acetate (如Copaxone injection)：(94/10/1、97/8/1) 限用於復發型多發性硬化症，Copaxone用於減少復發型多發性硬化症病人的復發頻率。	(91/4/1、92/3/1、92/12/1、93/3/1、94/10/1、96/7/1、97/8/1、99/10/1、100/5/1、100/10/1、101/9/1、102/10/1、107/7/1、107/10/1、108/7/1、109/1/1、109/11/1) 8.2.3.1.Interferon beta-1a (如 Rebif)、teriflunomide 14mg (如 Aubagio)、dimethyl fumarate (如 Tecfidera)、peginterferon beta-1a (如 Plegridy)：(91/4/1、97/8/1、100/10/1、107/7/1、107/10/1、109/11/1) 1.限用於復發型多發性硬化症。 2.初次使用 teriflunomide、dimethyl fumarate 及 peginterferon beta-1a時需經事前審查核准後使用(109/11/1)。 3.不適用於視神經脊髓炎(neuromyelitis optica, NMO)，包括：(100/10/1) (1)有視神經及脊髓發作。 (2)出現下列2種以上症狀： i 脊髓侵犯大於3節。 ii NMO-IgG or Aquaporin-4抗體陽性。 iii 腦部磁振造影不符合多發性硬化症診斷標準。 8.2.3.2.Interferon beta-1b (如 Betaferon 8MIU)：(92/3/1、92/12/1、	

8.2.3.4.Natalizumab（如 Tysabri）(100/5/1)： 1.限用於 interferon-beta 或 glatiramer 治療無效之復發型多發性硬化症病人。 2.前述治療無效定義，係指患者臨床上每年有 2 次(含)以上的失能發作，且併下列條件之一： (1)磁振攝影(MRI)影像的 T2 增強訊號病灶明顯增加。 (2)至少出現 1 個釓增強病灶(gadolinium-enhancing lesions)。 3.病患若為眼神經脊髓炎(neuromyelitis optica)或曾經有脊髓發作超過三節或三節(≧3 vertebral bodies)以上者，不得使用。 4.僅限於「多發性硬化症擴展殘疾狀況評分表」(Expanded Disability Status Scale；EDSS)小於 5.5 者使用。 5.須經事前審查核准後使用，每年須重新申請，排除眼神經脊髓炎(neuromyelitis optica)病患。處方醫師應事先告知病患，使用本案藥品無法完全排除發生「進行性多灶性白質腦病」(Progressive multifocal leukoencephalopathy；PML)之副作用，PML 致死率高，且臨床上不易處理。 8.2.3.5.Fingolimod(如	93/3/1、97/8/1、99/10/1、100/10/1、106/10/1) 限用於： 降低反覆發作型多發性硬化症的發作頻率及嚴重度。(100/10/1、106/10/1) 降低續發型多發性硬化症的發作頻率及嚴重度。(100/10/1、106/10/1)。 發生單一臨床症狀(Clinically Isolated Syndrome)疑似多發性硬化症的病患。使用時需符合下列規定：(99/10/1、106/10/1) 限神經科醫師申請使用，申請時必須附病歷及具 2 個以上MS-like病灶點之MRI影像，以確認符合 Clinical Isolated Syndrome (CIS)。 不適用於視神經脊髓炎(neuromyelitis optica, NMO)，包括：(100/10/1) (1)有視神經及脊髓發作。 (2)出現下列 2 種以上症狀： i 脊髓侵犯大於 3 節。 iiNMO-IgG or Aquaporin-4 抗體陽性。 iii 腦部磁振造影不符合多發性硬化症診斷標準。 8.2.3.3.Glatiramer acetate(如 Copaxone injection)：(94/10/1、97/8/1) 限用於復發型多發性硬化症，Copaxone 用於減少復發型多發性硬化症病人的復發	

Gilenya)、cladribine(如 Mavenclad)：(101/9/1、102/10/1、109/1/1、109/10/1) 1.限用於雖已接受乙型干擾素或 glatiramer 治療，相較於前一年度復發率仍不變或反而上升之高度活躍型復發緩解之多發性硬化症病人(highly active relapsing - remitting multiple sclerosis 即前一年有一次以上復發或是前兩年有兩次以上復發)，但排除使用於： (1)EDSS (Expanded Disability Status Scale)大於 5.5 之患者。 (2) 視神經脊髓炎(neuromyelitis optica,NMO)，包括： Ⅰ.有視神經及脊髓發作。 Ⅱ.出現下列 2 種以上症狀： i.脊髓侵犯大於 3 節； ii.NMO-IgG or Aquaporin-4 抗體陽性； iii.腦部磁振造影不符合多發性硬化症診斷標準。 2.須經事前審查核准後使用，每年需重新申請，併應提出整個用藥期間的復發情形。(102/10/1) 3.Cladribine 限給付兩年。(109/1/1) 4.Fingolimod 使用兩年後，年度復發率(average annual relapse)無法減少※時應停止本藥品之治療。(102/10/1、109/1/1) 註：年度復發率無法減少之定	頻率。 8.2.3.4.Natalizumab (如 Tysabri)(100/5/1)： 1.限用於 interferon-beta 或 glatiramer 治療無效之復發型多發性硬化症病人。 2.前述治療無效定義，係指患者臨床上每年有 2 次(含)以上的失能發作，且併下列條件之一： (1)磁振攝影(MRI)影像的 T2 增強訊號病灶明顯增加。 (2)至少出現 1 個釓增強病灶(gadolinium-enhancing lesions)。 3.病患若為眼神經脊髓炎(neuromyelitis optica)或曾經有脊髓發作超過三節或三節(≧3 vertebral bodies)以上者，不得使用。 4.僅限於「多發性硬化症擴展殘疾狀況評分表」(Expanded Disability Status Scale；EDSS)小於 5.5 者使用。 5.須經事前審查核准後使用，每年須重新申請，排除眼神經脊髓炎(neuromyelitis optica)病患。處方醫師應事先告知病患，使用本案藥品無法完全排除發生「進行性多灶性白質腦病」(Progressive multifocal leukoencephalopathy；PML)之副作用，PML 致死率高，且臨床上不易處理。 8.2.3.5.Fingolimod(如	

義為： 採計使用 fingolimod 藥物後一年至兩年復發次數之數據(以最近一年或兩年之復發次數除以 1 或 2 來計算)，較諸更先前一年或兩年之年復發率皆無再減少時。(102/10/1) 5.個案在停藥觀察期間復發且為高度活躍型復發緩解之多發性硬化症病人(highly active relapsing - remitting multiple sclerosis 可再申請並經事前審查核准後使用。(102/10/1) 8.2.3.6.Alemtuzumab (如 Lemtrada)：(108/7/1) 1.限用曾經使用兩類或以上的多發性硬化症藥物治療後，仍控制不佳之高度活躍型復發緩解多發性硬化症病人(highly active relapsing - remitting multiple sclerosis，意即前一年有一次以上復發或是前兩年有兩次以上復發)，但排除使用於： (1)EDSS (Expanded Disability Status Scale)大於 5.5 之患者。 (2) 視神經脊髓炎(neuromyelitis optica, NMO)，包括： Ⅰ.有視神經及脊髓發作。 Ⅱ.出現下列 2 種以上症狀： i.脊髓侵犯大於 3 節 ii.NMO-IgG or Aquaporin-4 抗體陽性 iii.腦部磁振造影不符合多發	Gilenya)、cladribine(如 Mavenclad)：(101/9/1、102/10/1、109/1/1、109/10/1) 1.限用於雖已接受乙型干擾素或 glatiramer 治療，相較於前一年度復發率仍不變或反而上升之高度活躍型復發緩解之多發性硬化症病人(highly active relapsing-remitting multiple sclerosis 即前一年有一次以上復發或是前兩年有兩次以上復發)，但排除使用於： (1)EDSS (Expanded Disability Status Scale)大於 5.5 之患者。 (2) 視神經脊髓炎(neuromyelitis optica, NMO)，包括： Ⅰ.有視神經及脊髓發作。 Ⅱ.出現下列 2 種以上症狀： i.脊髓侵犯大於 3 節； ii.NMO-IgG or Aquaporin-4 抗體陽性； iii.腦部磁振造影不符合多發性硬化症診斷標準。 2.須經事前審查核准後使用，每年需重新申請，併應提出整個用藥期間的復發情形。(102/10/1) 3.Cladribine 限給付兩年。(109/1/1) 4.Fingolimod 使用兩年後，年度復發率(average annual relapse)無法減少※時應停止本藥品之治療。(102/10/1、109/1/1) 註：年度復發率無法減少之定	

性硬化症診斷標準。 2.須經事前審查核准後使用，治療第三年後如需再接受治療者，每次追加療程都須重新申請經事前審查核准後使用，併應提出整個用藥期間的復發情形。 需再接受治療者應符合以下其中任一條件: (1)前一年有一次以上復發 (2)腦部核磁共振影像上有>=2個以上gadolinium-enhanced lesion或T2WI病灶數量明顯增加 (3)脊椎核磁共振影像上有新的gadolinium-enhanced lesion或新的T2WI病灶 3.第一次療程以申請第一年五支，第二年三支為限，治療第三年後如需再接受治療者，每年每次追加療程以三支為限。 4.使用兩年後，年度復發率(average annual relapse)無法減少時應停止本藥品之治療。 ※年度復發率無法減少之定義： 採計使用Alemtuzumab藥物後兩年內復發次數之數據(以最近兩年之復發次數除以2來計算)，較諸更先前一年或兩年之年復發率皆無再減少時。 <u>8.2.3.7.Siponimod(如Mayzent)：(110/3/1)</u> <u>1.限用於曾被診斷為復發緩解型多發性硬化症之病人。</u> <u>2.須符合次發進展型多發性硬化症之診斷，即過去在沒有</u>	義為： 採計使用fingolimod藥物後一年至兩年復發次數之數據(以最近一年或兩年之復發次數除以1或2來計算)，較諸更先前一年或兩年之年復發率皆無再減少時。(102/10/1) 5.個案在停藥觀察期間復發且為高度活躍型復發緩解之多發性硬化症病人(highly active relapsing - remitting multiple sclerosis可再申請並經事前審查核准後使用。(102/10/1) 8.2.3.6.Alemtuzumab（如Lemtrada）：(108/7/1) 1.限用曾經使用兩類或以上的多發性硬化症藥物治療後，仍控制不佳之高度活躍型復發緩解多發性硬化症病人(highly active relapsing - remitting multiple sclerosis，意即前一年有一次以上復發或是前兩年有兩次以上復發)，但排除使用於： (1) EDSS (Expanded Disability Status Scale)大於5.5之患者。 (2) 視神經脊髓炎(neuromyelitis optica, NMO)，包括： Ⅰ.有視神經及脊髓發作。 Ⅱ.出現下列2種以上症狀： i.脊髓侵犯大於3節 ii.NMO-IgG or Aquaporin-4抗體陽性 iii.腦部磁振造影不符合多發	

復發或與復發無關的情況下，出現失能惡化持續至少6個月以上。 3.初次接受siponimod時，EDSS應小於或等於 6.5 分，且EDSS大於等於3分。 4.初次接受siponimod之前2年內，需有明顯 EDSS 進展性惡化之證據，亦即符合以下二者其中之一： (1)申請時EDSS未滿6分者，過去 2 年內 EDSS 惡化 1 分以上。 (2)申請時 EDSS 大於等於 6 分者，過去 2 年內 EDSS 惡化 0.5分以上。 5.須經事前審查核准後使用，每年需重新申請，併應提出整個用藥期間之 EDSS 分數(包括起始用藥 EDSS 分數與每年申請時EDSS分數) 6.Siponimod使用2年後，EDSS出現確認失能惡化持續6個月 (6-month confirmed disability progression)時，亦即EDSS未滿6分者，2 年內惡化 1 分以上，EDSS大於等於 6 分者，2 年內惡化 0.5 分以上，應停止本藥品之治療。 7.依治療建議劑量，從 0.25mg每天1次起始，達到2mg每天1次之維持劑量，且不得以 8 粒 0.25mg 取代 1 粒 2mg。 8.2.4.Etanercept(如Enbrel); adalimumab (如Humira);golimumab(如Simponi)；abatacept(如Orencia)；tocilizumab	性硬化症診斷標準。 2.須經事前審查核准後使用，治療第三年後如需再接受治療者，每次追加療程都須重新申請經事前審查核准後使用，併應提出整個用藥期間的復發情形。 需再接受治療者應符合以下其中任一條件: (1)前一年有一次以上復發 (2)腦部核磁共振影像上有>=2個以上 gadolinium-enhanced lesion 或 T2WI病灶數量明顯增加 (3)脊椎核磁共振影像上有新的gadolinium-enhanced lesion 或新的T2WI病灶 3.第一次療程以申請第一年五支，第二年三支為限，治療第三年後如需再接受治療者，每年每次追加療程以三支為限。 4.使用兩年後，年度復發率(average annual relapse)無法減少時應停止本藥品之治療。 ※年度復發率無法減少之定義： 採計使用Alemtuzumab藥物後兩年內復發次數之數據(以最近兩年之復發次數除以 2 來計算)，較諸更先前一年或兩年之年復發率皆無再減少時。	

（如 Actemra）；tofacitinib（如 Xeljanz）；infliximab：(92/3/1、93/8/1、93/9/1、98/3/1、99/2/1、100/12/1、101/1/1、101/6/1、101/10/1、102/1/1、102/2/1、102/4/1、102/10/1、103/9/1、103/12/1、105/9/1、105/10/1、109/12/1) 使用本類藥品之醫事機構應注意監測病患用藥後之不良反應及可能發生的重大安全事件(如肺結核及病毒性肝炎)。(103/9/1) 8.2.4.1.Etanercept(如 Enbrel)；adalimumab(如 Humira)；tocilizumab（如 Actemra）(94/3/1、101/12/1、102/1/1、102/10/1、105/10/1、108/1/1)：兒童治療部分 1.Etanercept 限使用於 4 歲(含)以上的兒童具有活動性多關節幼年型慢性關節炎患者。adalimumab 限使用於 2 歲(含)以上具有活動性多關節幼年型慢性關節炎患者（101/12/1、105/10/1、108/1/1）。tocilizumab 限使用於 2 歲(含)以上的活動性多關節幼年型慢性關節炎患者。(102/10/1) 2.限具有風濕病專科醫師證書之內科、小兒科專科醫師或具有小兒過敏免疫專科醫師	8.2.4.Etanercept(如 Enbrel); adalimumab（如 Humira）;golimumab（如 Simponi）；abatacept（如 Orencia）；	

證書之小兒科專科醫師處方。 3.年齡大於 18 歲的病患應由具有風濕病專科醫師證書之內科專科醫師或具有小兒過敏免疫專科醫師證書之小兒科專科醫師重新評估病情，改依成人治療（8.2.4.2）規定申請。(108/1/1) 4.需事前審查核准後使用。 (1)申報時需檢附 methrotexate 或corticosteroids 藥物使用的劑量、治療時間、副作用、及關節腫脹治療前後的相關照片或關節 X 光檢查報告等資料。 (2) 使用 etanercept、adalimumab 或 tocilizumab 之後，每六個月需再申請一次；需描述使用藥物後的療效、副作用或併發症。(101/12/1、102/10/1) 5. 病患需同時符合下述(1)(2)(3)三項條件者方可使用 (1)病人的關節炎必須符合下列任何一種亞型的病變： Ⅰ全身性 (systemic) Ⅱ多發性關節炎(polyarticular)(類風濕性因子陽性或陰性者皆可) Ⅲ擴散型嚴重少數關節炎(extended oligoarticular) (2)標準療法失敗者（符合下列任一項） Ⅰ病患必須曾經接受methotrexate的充分治療。	tocilizumab（如 Actemra）；tofacitinib（如 Xeljanz）；infliximab：(92/3/1、93/8/1、93/9/1、98/3/1、99/2/1、100/12/1、101/1/1、101/6/1、101/10/1、102/1/1、102/2/1、102/4/1、102/10/1、103/9/1、103/12/1、105/9/1、105/10/1、109/12/1) 使用本類藥品之醫事機構應注意監測病患用藥後之不良反應及可能發生的重大安全事件(如肺結核及病毒性肝炎)。(103/9/1) 8.2.4.1.Etanercept(如 Enbrel)；adalimumab(如 Humira)；tocilizumab（如 Actemra)(94/3/1、101/12/1、102/1/1、102/10/1、105/10/1、108/1/1)：兒童治療部分 1.Etanercept 限使用於 4 歲(含)以上的兒童具有活動性多關節幼年型慢性關節炎患者。adalimumab 限使用於 2 歲(含)以上具有活動性多關節幼年型慢性關節炎患者（101/12/1、105/10/1、108/1/1）。tocilizumab限使用於2歲(含)以上的活動性多關節幼年型慢性關節炎患者。(102/10/1) 2.限具有風濕病專科醫師證書之內科、小兒科專科醫師或具有小兒過敏免疫專科	

充分治療的定義： 10 毫克/身體表面積平方米/週的口服或注射methotrexate治療，藥物治療時間必須達3個月以上。(若因藥物毒性無法忍受，以致於無法達到上項要求時，劑量可以酌情降低。) Ⅱ若單獨使用類固醇來治療全身性類風濕性關節炎症狀，prednisolone的劑量必須高於每天每公斤 0.25 毫克以上並且發生無法接受的副作用。 (3)最近 3 個月關節炎的活動性必須符合活動性多關節炎標準者。活動性多關節炎標準定義:關節病情必須同時符合下列兩個要項： Ⅰ腫脹的關節總數大於等於 5 個。 Ⅱ關節活動受到限制而且具有疼痛或壓痛的關節總數≧3個。 (必須附上關節腫脹之相關照片或關節 X 光檢查報告作為輔証)。 6. 需排除 etanercept、adalimumab 及 tocilizumab 使用的情形(102/10/1) 應參照藥物仿單，重要之排除使用狀況包括： (1)懷孕或正在授乳的婦女。 (2)罹患活動性的感染症的病患。 (3)未經完整治療之結核病的病患（包括潛伏結核感染治療	醫師證書之小兒科專科醫師處方。 3.年齡大於 18 歲的病患應由具有風濕病專科醫師證書之內科專科醫師或具有小兒過敏免疫專科醫師證書之小兒科專科醫師重新評估病情，改依成人治療（8.2.4.2）規定申請。(108/1/1) 4.需事前審查核准後使用。 (1)申報時需檢附 methrotexate 或 corticosteroids 藥物使用的劑量、治療時間、副作用、及關節腫脹治療前後的相關照片或關節 X 光檢查報告等資料。 (2) 使用 etanercept、adalimumab 或 tocilizumab 之後，每六個月需再申請一次；需描述使用藥物後的療效、副作用或併發症。(101/12/1、102/10/1) 5. 病患需同時符合下述(1)(2)(3)三項條件者方可使用 (1)病人的關節炎必須符合下列任何一種亞型的病變： Ⅰ全身性（ systemic) Ⅱ 多發性關節炎(polyarticular)(類風濕性因子陽性或陰性者皆可) Ⅲ擴散型嚴重少數關節炎(extended oligoarticular) (2)標準療法失敗者（符合下列任一項) Ⅰ 病患必須曾經接受 methotrexate 的充分治	

未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。(102/1/1) (4)身上帶有人工關節者，罹患或先前曾罹患過嚴重的敗血症(sepsis)者。 (5)惡性腫瘤或具有癌症前兆(pre-malignancy) 的病患。 (6) 免疫功能不全者(Immunodeficiency)。 7. 需停止 etanercept、adalimumab 及 tocilizumab 治療的情形(102/10/1) 如果發生下列現象應停止治療： (1)不良事件，包括： Ⅰ惡性腫瘤。 Ⅱ該藥物引起的嚴重毒性。 Ⅲ懷孕（暫時停藥即可)。 Ⅳ嚴重的間發性感染症(intercurrent infection)(暫時停藥即可)。 療效不彰：患者的 core set data 經過 6 個月治療後未達療效者。 療效定義： Ⅰ紅血球沉降速率（ESR）或 CRP 及下列三項中至少有二項達到較基礎值改善 30%以上效果者。 i.活動性關節炎的總數 ii.關節活動範圍受到限制的關節總數 iii.醫師的整體評估 Ⅱ上述各種指標惡化程度達 30%以上者不得超過一項	療。 充分治療的定義： 10 毫克/身體表面積平方米/週的口服或注射 methotrexate 治療，藥物治療時間必須達 3 個月以上。(若因藥物毒性無法忍受，以致於無法達到上項要求時，劑量可以酌情降低。) Ⅱ若單獨使用類固醇來治療全身性類風濕性關節炎症狀，prednisolone 的劑量必須高於每天每公斤 0.25 毫克以上並且發生無法接受的副作用。 (3)最近 3 個月關節炎的活動性必須符合活動性多關節炎標準者。活動性多關節炎標準定義:關節病情必須同時符合下列兩個要項： Ⅰ腫脹的關節總數大於等於 5 個。 Ⅱ關節活動受到限制而且具有疼痛或壓痛的關節總數≧3 個。 (必須附上關節腫脹之相關照片或關節 X 光檢查報告作為輔証)。 6. 需排除 etanercept、adalimumab 及 tocilizumab 使用的情形(102/10/1) 應參照藥物仿單，重要之排除使用狀況包括： (1)懷孕或正在授乳的婦女。 (2)罹患活動性的感染症的病患。 (3)未經完整治療之結核病的病患（包括潛伏結核感染治	

◎附表十六：全民健康保險活動性多關節幼年型慢性關節炎使用etanercept/adalimumab/tocilizumab申請表 ◎附表十六之二：（刪除） 8.2.4.2.Etanercept(如Enbrel)； adalimumab（如Humira）；golimumab（如Simponi）； abatacept（如Orencia）；tocilizumab（如Actemra）；tofacitinib（如Xeljanz）；certolizumab (Cimzia)；baricitinib（如Olumiant）；opinercept (如Tunex)； infliximab；peficitinib (如Smyraf)；upadacitinib(如 Rinvoq)(92/3/1、93/8/1、93/9/1、98/3/1、99/2/1、100/12/1、101/1/1、101/6/1、102/1/1、102/4/1、102/10/1、103/12/1、106/4/1、106/11/1、107/9/1、108/3/1、108/5/1、109/8/1、109/9/1、109/12/1、110/3/1、110/5/1、110/6/1)：成人治療部分 1.限內科專科醫師且具有風濕病專科醫師證書者使用於類風濕關節炎病患。 2.經事前審查核准後使用。 3.申報時須檢附使用DMARD藥物六個月以上後之 DAS28 積分，各種 DMARD 藥物使用之種類、劑量、治療時間、副	療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。(102/1/1) (4)身上帶有人工關節者，罹患或先前曾罹患過嚴重的敗血症(sepsis)者。 (5)惡性腫瘤或具有癌症前兆(pre-malignancy) 的病患。 (6) 免疫功能不全者(Immunodeficiency)。 7. 需停止 etanercept、adalimumab 及 tocilizumab 治療的情形(102/10/1) 如果發生下列現象應停止治療： (1)不良事件，包括： Ⅰ惡性腫瘤。 Ⅱ該藥物引起的嚴重毒性。 Ⅲ懷孕（暫時停藥即可)。 Ⅳ嚴重的間發性感染症(intercurrent infection)(暫時停藥即可)。 療效不彰：患者的 core set data 經過 6 個月治療後未達療效者。 療效定義： Ⅰ紅血球沉降速率 (ESR) 或 CRP 及下列三項中至少有二項達到較基礎值改善30%以上效果者。 i.活動性關節炎的總數 ii.關節活動範圍受到限制的關節總數 iii.醫師的整體評估 Ⅱ上述各種指標惡化程度達 30%以上者不得超過一項	

作用、關節腫脹之相關照片(須註明日期)及關節 X 光檢查報告等資料。(99/2/1、108/5/1) 4.使用劑量： (1)初次使用 tocilizumab 時： I. 靜脈注射劑：劑量應從 4mg/kg 開始，治療第 12 週，評估 DAS28 積分，未達療效者(療效之定義：DAS28 總積分下降程度≧ 1.2，或 DAS28 總積分＜ 3.2 者)，得調高劑量至8mg/kg，繼續治療12週後，再評估DAS28總積分，必須下降程度≧1.2，或 DAS28 總積分＜3.2，方可續用。(102/10/1、106/4/1) Ⅱ.皮下注射劑：體重小於 100 公斤者，劑量應從 162mg 每兩週一次開始，治療第 12 週，評估 DAS28 積分，未達療效者，得調高劑量至 162mg 每週一次，繼續治療 12 週後，再評估 DAS28 積分，達療效者方可續用。體重大於 100 公斤者，劑量 162mg 每週一次，治療第 24 週，評估 DAS28 積分，達療效者方可續用。(106/4/1) (2) 使用 baricitinib 或 upadacitinib時，劑量用法之調整應參照藥物仿單，且每日限用 1 錠。使用 peficitinib 時，劑量用法之調整應參照藥物仿單，每日 100mg~150mg (且限每日最大劑量 150mg)。	◎附表十六：全民健康保險活動性多關節幼年型慢性關節炎使用 etanercept/adalimumab/tocilizumab 申請表 ◎附表十六之二：(刪除) 8.2.4.2.Etanercept(如 Enbrel)；adalimumab(如 Humira)；golimumab(如 Simponi)；abatacept(如 Orencia)；tocilizumab(如 Actemra)；tofacitinib(如 Xeljanz)；certolizumab (Cimzia)；baricitinib(如 Olumiant)；opinercept (如 Tunex)；infliximab (92/3/1、93/8/1、93/9/1、98/3/1、99/2/1、100/12/1、101/1/1、101/6/1、102/1/1、102/4/1、102/10/1、103/12/1、106/4/1、106/11/1、107/9/1、108/3/1、108/5/1、109/8/1、109/9/1、109/12/1)： 成人治療部分 1.限內科專科醫師且具有風濕病專科醫師證書者使用於類風濕關節炎病患。 2.經事前審查核准後使用。 3.申報時須檢附使用 DMARD 藥物六個月以上後之 DAS28 積分，各種 DMARD 藥物使用之種類、劑量、治療時	

(107/9/1、110/3/1、110/5/1) (3)使用infliximab時，應參照藥物仿單之用法，與methotrexate併用，infliximab在第0、2及6週時投予3mg/kg，之後每8週給藥1次。(109/9/1、109/12/1) 5.使用半年後，每三個月需再申報一次；內含DAS28積分，使用藥物後之療效、副作用或併發症。惟infliximab初次申請時核予22週用量，續用時，每16週需再申請續用。(93/8/1、93/9/1、110/6/1) 6.病患需同時符合下述(1)(2)(3)項條件，方可使用；若有第(4)項情形，不得使用；若有第(5)項情形，需停止使用。 (1)符合美國風濕病學院(American College of Rheumatology)類風濕關節炎分類標準的診斷條件。(102/10/1) (2)連續活動性的類風濕關節炎 Ⅰ.28處關節疾病活動度積分(Disease Activity Score, DAS 28)必須大於5.1。 Ⅱ.此項評分需連續二次，其時間相隔至少4週(含)以上，並附當時關節腫脹之相關照片(須註明日期)及關節X光檢查報告為輔証。(108/5/1、109/8/1) 註1：28處關節部位記分如（附	間、副作用、關節腫脹之相關照片(須註明日期)及關節X光檢查報告等資料。(99/2/1、108/5/1) 4.使用劑量： (1)初次使用tocilizumab時： I. 靜脈注射劑：劑量應從4mg/kg開始，治療第12週，評估DAS28積分，未達療效者(療效之定義：DAS28總積分下降程度≧1.2，或DAS28總積分＜3.2者)，得調高劑量至8mg/kg，繼續治療12週後，再評估DAS28總積分，必須下降程度≧1.2，或DAS28總積分＜3.2，方可續用。(102/10/1、106/4/1) Ⅱ.皮下注射劑：體重小於100公斤者，劑量應從162mg每兩週一次開始，治療第12週，評估DAS28積分，未達療效者，得調高劑量至162mg每週一次，繼續治療12週後，再評估DAS28積分，達療效者方可續用。體重大於100公斤者，劑量162mg每週一次，治療第24週，評估DAS28積分，達療效者方可續用。(106/4/1) (2)使用baricitinib時，劑量用法之調整應參照藥物仿單，每日限用1錠。(107/9/1)	

表十三）所示，其疾病活動度積分計算方式如下: DAS28 = 0.56 ×√TJC + 0.28 ×√ SJC + 0.7 × lnESR+0.014 × GH 註 2：TJC: 觸痛關節數，SJC: 腫脹關節數，ESR: 紅血球沉降速率 (單位為 mm/h)，GH: 在 100 mm 圖像模擬量表中所呈現的整體健康狀態 (general health status) (3)標準疾病修飾抗風濕病藥物 (Disease-Modifying Anti-Rheumatic Drugs, DMARD) 療法失敗： 病患曾經接受至少兩種 DMARDs (methotrexate 為基本藥物，另一藥物必須包括肌肉注射之金劑、hydroxychloroquine、sulfasalazine、d-penicillamine、azathioprine、leflunomide、cyclosporine 中之任何一種）之充分治療，而仍無明顯療效。(93/8/1) Ⅰ. 充分治療的定義：(100/12/1) i.DMARDs 藥物治療時間須符合下列條件之一： (i)必須至少 6 個月以上，而其中至少 2 個月必須達到（附表十四）所示標準目標劑量 (standard target dose)。 (ii)DMARDs 藥物合併使用 prednisolone 15 mg/day 治療，須至少 3 個月以上，而其中至少 2 個月 DMARDs 藥	(3)使用 infliximab 時，應參照藥物仿單之用法，與 methotrexate 併用，infliximab 在第 0、2 及 6 週時投予 3mg/kg，之後每 8 週給藥 1 次。(109/9/1、109/12/1) 5.使用半年後，每三個月需再申報一次；內含 DAS28 積分，使用藥物後之療效、副作用或併發症。(93/8/1、93/9/1) 6.病患需同時符合下述(1)(2)(3)項條件，方可使用；若有第(4)項情形，不得使用；若有第(5)項情形，需停止使用。 (1)符合美國風濕病學院 (American College of Rheumatology)類風濕關節炎分類標準的診斷條件。(102/10/1) (2)連續活動性的類風濕關節炎 Ⅰ.28 處關節疾病活動度積分 (Disease Activity Score, DAS 28) 必須大於 5.1。 Ⅱ.此項評分需連續二次，其時間相隔至少 4 週(含)以上，並附當時關節腫脹之相關照片(須註明日期)及關節 X 光檢查報告為輔証。(108/5/1、109/8/1) 註1：28處關節部位記分如（附	

物必須達到（附表十四）所示標準目標劑量（standard target dose)。(100/12/1) ii.若病患因DMARDs藥物毒性無法忍受，以致無法達到上項要求時，DMARDs劑量仍需達（附表十四）所示治療劑量（therapeutic doses）連續2個月以上。 Ⅱ.療效的定義：(93/8/1、98/3/1) DAS28總積分下降程度大於等於(≧)1.2，或 DAS28 總積分小於3.2者。 (4)需排除使用的情形(93/9/1、106/11/1) 應參照藥物仿單，重要之排除使用狀況包括（以下未列者參照仿單所載)： Ⅰ.懷孕或正在授乳的婦女(certolizumab 除外)(106/11/1) Ⅱ.活動性感染症之病患 Ⅲ.具高度感染機會的病患，包括： i.慢性腿部潰瘍之病患 ii.未經完整治療之結核病的病患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。(102/1/1) iii.過去12個月內曾有感染性關節炎者 iv.有人工關節感染，若該人工關節未除去前，不可使用 v.頑固性或復發性的胸腔感染症	表十三）所示，其疾病活動度積分計算方式如下: DAS28 = 0.56 ×√TJC + 0.28 × √ SJC + 0.7 × lnESR+0.014 × GH 註 2：TJC: 觸痛關節數，SJC: 腫脹關節數，ESR: 紅血球沉降速率（單位為mm/h)，GH: 在100 mm圖像模擬量表中所呈現的整體健康狀態（general health status) (3)標準疾病修飾抗風濕病藥物(Disease-Modifying Anti-Rheumatic Drugs, DMARD）療法失敗： 病患曾經接受至少兩種 DMARDs (methotrexate 為基本藥物，另一藥物必須包括肌肉注射之金劑、hydroxychloroquine、sulfasalazine、d-penicillamine、azathioprine、leflunomide、cyclosporine 中之任何一種）之充分治療，而仍無明顯療效。(93/8/1) Ⅰ.充分治療的定義：(100/12/1) i.DMARDs 藥物治療時間須符合下列條件之一： (i)必須至少6個月以上，而其中至少2個月必須達到（附表十四）所示標準目標劑量（standard target dose)。 (ii)DMARDs 藥物合併使用 prednisolone 15 mg/day 治療，須至少3個月以	

vi.具有留置導尿管者 Ⅳ.惡性腫瘤或癌前狀態之病患（但不包括已經接受過充分治療達 10 年以上的惡性腫瘤） Ⅴ.多發性硬化症（multiple sclerosis） (5)需停止治療的情形(93/8/1、93/9/1) 如果發生下列現象應停止治療： Ⅰ療效不彰 Ⅱ不良事件，包括： i.惡性腫瘤 ii.該藥物引起的嚴重毒性 iii.懷孕（暫時停藥即可） iv.嚴重的間發性感染症（暫時停藥即可） 7.轉用其他成分生物製劑之條件： (1)使用生物製劑治療後有療效，但因方便性欲改用給藥頻率較少者或無法忍受副作用者，可轉用相同藥理機轉之生物製劑。 (2)使用生物製劑治療後療效不彰，不可轉用相同藥理機轉之其他成分生物製劑。 8.減量及暫緩續用之相關規定：(102/4/1) (1)減量時機：使用 2 年且已達疾病緩解(DAS28＜ 2.6)超過 6 個月。(108/5/1) (2)減量方式： 病患使用生物製劑2年後，申請續用之事前審查時，應依據患者個別狀況提出符合醫理之治療計畫，並敘明開始減量至 1 年後暫緩續用之減量方式。減量方式可為減少每	上，而其中至少 2 個月 DMARDs 藥物必須達到（附表十四）所示標準目標劑量（standard target dose)。(100/12/1) ii.若病患因DMARDs藥物毒性無法忍受，以致無法達到上項要求時，DMARDs 劑量仍需達（附表十四）所示治療劑量（therapeutic doses）連續 2 個月以上。 Ⅱ.療效的定義：(93/8/1、98/3/1) DAS28 總積分下降程度大於等於(≧)1.2，或 DAS28 總積分小於 3.2 者。 (4)需排除使用的情形(93/9/1、106/11/1) 應參照藥物仿單，重要之排除使用狀況包括（以下未列者參照仿單所載)： Ⅰ.懷孕或正在授乳的婦女(certolizumab 除外)(106/11/1) Ⅱ.活動性感染症之病患 Ⅲ.具高度感染機會的病患，包括： i.慢性腿部潰瘍之病患 ii.未經完整治療之結核病的病患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。(102/1/1) iii.過去 12 個月內曾有感染性關節炎者 iv.有人工關節感染，若該人工關節未除去前，不可使用 v.頑固性或復發性的胸腔感染症	

次使用劑量或延長給藥間隔。 (3)減量期間若符合以下所有條件，得申請回復減量前之使用量，下次再評估減量之時機為1年後： Ⅰ.與減量前比較，DAS28 總積分上升程度＞ 1.2。 Ⅱ.ESR＞ 25mm/h。 Ⅲ.與減量前比較，ESR 上升程度＞ 25%。 (4)因使用一種生物製劑治療後療效不彰，而轉用另一種不同藥理機轉之生物製劑，以轉用後者之起始日重新計算2 年後開始減量之時機。但因方便性考量或無法忍受副作用而轉用相同藥理機轉之生物製劑，轉用前後所使用生物製劑之期間均應計入。 (5)暫緩續用時機：開始減量 1 年後暫緩續用。 (6)至 101 年 12 月 31 日止，已申請使用逾 2 年者，於下次申報時即須依規定評估是否需減量。 9.暫緩續用後若疾病再復發，重新申請使用必須符合以下條件：(102/1/1) (1)生物製劑暫緩續用後，必須持續接受至少2種DMARDs藥物之治療（methotrexate為基本藥物，另一藥物必須包括肌肉注射之金劑、hydroxychloroquine、sulfasalazine、d-penicillamine、azathioprine、leflunomide、	vi.具有留置導尿管者 Ⅳ.惡性腫瘤或癌前狀態之病患（但不包括已經接受過充分治療達10年以上的惡性腫瘤） Ⅴ.多發性硬化症 (multiple sclerosis) (5)需停止治療的情形(93/8/1、93/9/1) 如果發生下列現象應停止治療： Ⅰ療效不彰 Ⅱ不良事件，包括： i.惡性腫瘤 ii.該藥物引起的嚴重毒性 iii.懷孕（暫時停藥即可） iv.嚴重的間發性感染症（暫時停藥即可） 7.轉用其他成分生物製劑之條件： (1)使用生物製劑治療後有療效，但因方便性欲改用給藥頻率較少者或無法忍受副作用者，可轉用相同藥理機轉之生物製劑。 (2)使用生物製劑治療後療效不彰，不可轉用相同藥理機轉之其他成分生物製劑。 8.減量及暫緩續用之相關規定：(102/4/1) (1)減量時機：使用 2 年且已達疾病緩解(DAS28＜ 2.6)超過6個月。(108/5/1) (2)減量方式： 病患使用生物製劑2年後，申請續用之事前審查時，應依據患者個別狀況提出符合醫理之治療計畫，並敘明開始減量至 1 年後暫緩續用之減量方式。減量方式	

cyclosporine 中之任何一種），其中 methotrexate 至少 2 個月以上必須達到當初申請生物製劑時所使用之劑量。 (2)DAS28 總積分上升程度＞1.2。(102/4/1) ◎附表十三：全民健康保險類風濕關節炎病患 28 處關節疾病活動度(Disease Activity Score, DAS 28)評估表 ◎附表十四：全民健康保險疾病修飾抗風濕病藥物(DMARDs)之標準目標劑量暨治療劑量表 ◎附表十五：全民健康保險類風濕關節炎使用生物製劑申請表(106/11/1) 8.2.4.3.Adalimumab（如 Humira）; etanercept（如 Enbrel）；golimumab（如 Simponi）；secukinumab（如 Cosentyx）；infliximab；certolizumab（如 Cimzia）(98/8/1、98/11/1、101/1/1、102/1/1、107/1/1、109/9/1、109/12/1、110/7/1)：用於僵直性脊椎炎治療部分 1.限內科專科醫師且具有風濕或免疫專科醫師證書者處方。 2.需經事前審查核准後使用。 3.需符合下列所有條件： (1)年齡 18 歲以上 (2)HLA B27 陽性 (3)X 光(plain X Ray)檢查需有	可為減少每次使用劑量或延長給藥間隔。 (3)減量期間若符合以下所有條件，得申請回復減量前之使用量，下次再評估減量之時機為 1 年後： Ⅰ.與減量前比較，DAS28 總積分上升程度＞ 1.2。 Ⅱ.ESR＞ 25mm/h。 Ⅲ.與減量前比較，ESR 上升程度＞ 25%。 (4)因使用一種生物製劑治療後療效不彰，而轉用另一種不同藥理機轉之生物製劑，以轉用後者之起始日重新計算 2 年後開始減量之時機。但因方便性考量或無法忍受副作用而轉用相同藥理機轉之生物製劑，轉用前後所使用生物製劑之期間均應計入。 (5)暫緩續用時機：開始減量 1 年後暫緩續用。 (6)至 101 年 12 月 31 日止，已申請使用逾 2 年者，於下次申報時即須依規定評估是否需減量。 9.暫緩續用後若疾病再復發，重新申請使用必須符合以下條件：(102/1/1) (1)生物製劑暫緩續用後，必須持續接受至少 2 種 DMARDs 藥物之治療（methotrexate 為基本藥物，另一藥物必須包括肌肉注射之金劑、hydroxychloroquine、sulfasalazine、d-penicillamine、azathioprine、	

薦腸關節炎：雙側性二級以上，或單側性三級以上、附有報告影印或 X 光影像光碟。 (4)臨床症狀及身體檢查，下列三條件至少需符合二項 i.下背痛及晨間僵硬的症狀持續 3 個月以上，這些症狀無法因休息而緩解，但會隨運動改善。 ii.腰椎活動受到限制，有確切體檢發現者。 iii.胸部擴展受到限制，有確切體檢發現者。 (5)所有的病患都必須曾經使用過至少 2 種 (NSAIDs)進行充分的治療，但療效不彰。充分治療的定義為：使用最高建議劑量或最高耐受劑量的 NSAID 抗發炎藥物，在同一家醫院連續治療三個月以上，且每種 NSAID 至少使用四週以上，除非出現毒性而停藥，需以附表二十一之二為根據記錄 NSAID 之毒性送審。 (6)周邊關節炎患者必須曾經同時使用 NSAIDs 和 sulfasalazine 進行充分的治療，sulfasalazine 需以 2 g/day 之標準治療 4 個月或以上，除非有相關毒性發生而停藥，並有適當病歷記載者。 (7)必須附有(1) 風濕或免疫專科且具有保險人核定復健處方權之醫師所開立之運動衛教証明書和(2)病患自身在家運動狀況聲明書。	leflunomide、cyclosporine 中之任何一種），其中 methotrexate 至少 2 個月以上必須達到當初申請生物製劑時所使用之劑量。 (2)DAS28 總積分上升程度＞1.2。(102/4/1) ◎附表十三：全民健康保險類風濕關節炎病患 28 處關節疾病活動度 (Disease Activity Score, DAS 28)評估表 ◎附表十四：全民健康保險疾病修飾抗風濕病藥物(DMARDs)之標準目標劑量暨治療劑量表 ◎附表十五：全民健康保險類風濕關節炎使用生物製劑申請表(106/11/1) 8.2.4.3.Adalimumab（如 Humira）；etanercept（如 Enbrel）；golimumab（如 Simponi）；secukinumab（如 Cosentyx）；infliximab (98/8/1、98/11/1、101/1/1、102/1/1、107/1/1、109/9/1、109/12/1)：用於僵直性脊椎炎治療部分 1.限內科專科醫師且具有風濕或免疫專科醫師證書者處方。 2.需經事前審查核准後使用。 3.需符合下列所有條件： (1)年齡 18 歲以上 (2)HLA B27 陽性 (3)X 光(plain X Ray)檢查需有	

(8)活動性疾病持續四週以上。（需連續二次檢查BASDAI≧6、ESR > 28 mm/1 hr 暨 CRP > 1 mg/dL，且二次檢查之間隔需經過至少 4 週以上之充分治療） (9)病患需填具藥物使用同意書以示瞭解本藥物之適應症、禁忌及副作用。 4.Secukinumab 每次使用劑量為150mg，起始於第0，1，2，3 和 4 週，之後每 4 週給予維持劑量150mg。(107/1/1) 5.infliximab 起始於第 0，2 和 6 週時投予 5mg/kg，之後每 6 週給藥。(109/9/1、109/12/1) 6.Certolizumab 起始於第 0 週、第 2 週與第 4 週時投予各 400mg，之後維持劑量為每 2 週 200 mg 或每 4 週 400mg。於懷孕哺乳期間若已接受其他生物製劑治療者，得改申請 certolizumab。若症狀嚴重程度已符合生物製劑申請條件但尚未接受生物製劑治療者，不須受傳統治療無效才得申請之限制，得於懷孕哺乳期申請 certolizumab。(110/7/1) 7.療效評估與繼續使用： (1)治療 12 週後評估 BASDAI：與使用前比較,出現50%以上的進步或減少2 分以上，方得繼續使用。 (2)繼續使用者，需每12週評估一次。 8.需排除使用的情形 應參照藥物仿單，重要之排除	薦腸關節炎：雙側性二級以上，或單側性三級以上、附有報告影印或 X 光影像光碟。 (4)臨床症狀及身體檢查，下列三條件至少需符合二項 i.下背痛及晨間僵硬的症狀持續 3 個月以上，這些症狀無法因休息而緩解，但會隨運動改善。 ii.腰椎活動受到限制，有確切體檢發現者。 iii.胸部擴展受到限制，有確切體檢發現者。 (5)所有的病患都必須曾經使用過至少 2 種 (NSAIDs)進行充分的治療，但療效不彰。充分治療的定義為：使用最高建議劑量或最高耐受劑量的 NSAID 抗發炎藥物，在同一家醫院連續治療三個月以上，且每種 NSAID 至少使用四週以上，除非出現毒性而停藥，需以附表二十一之二為根據記錄 NSAID 之毒性送審。 (6)周邊關節炎患者必須曾經同時使用 NSAIDs 和 sulfasalazine 進行充分的治療，sulfasalazine 需以 2 g/day 之標準治療 4 個月或以上，除非有相關毒性發生而停藥，並有適當病歷記載者。 (7)必須附有(1) 風濕或免疫專科且具有保險人核定復健處方權之醫師所開立之運動衛教証明書和(2)病患自身在家運動狀況聲明書。	

使用狀況包括(以下未列者參照仿單所載)： (1)懷孕或正在授乳的婦女(certolizumab 除外)(110/7/1) (2)活動性感染症之病患 (3)具高度感染機會的病患，包括： i.慢性腿部潰瘍之病患 ii.未經完整治療之結核病的病患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。(102/1/1) iii.過去 12 個月內曾有感染性關節炎者 iv.曾有人工關節感染，若該人工關節未去除前，不可使用 v.頑固性或復發性的胸腔感染症 vi.具有留置導尿管者 (4)惡性腫瘤或癌前狀態之病患（但不包括已經接受過充分治療達 10 年以上的惡性腫瘤） (5)多發性硬化症(multiple sclerosis) 9.需停止治療的情形 如果發生下列現象應停止治療： (1)療效不彰：療效評估未達繼續使用標準者 (2)不良事件，與藥物之使用有關或無關的事件，包括： i.惡性腫瘤 ii.該藥物引起的嚴重毒性 iii.懷孕(certolizumab 除外，其他暫時停藥即可)	(8)活動性疾病持續四週以上。（需連續二次檢查 BASDAI ≧6、ESR > 28 mm/1 hr 暨 CRP > 1 mg/dL，且二次檢查之間隔需經過至少 4 週以上之充分治療） (9)病患需填具藥物使用同意書以示瞭解本藥物之適應症、禁忌及副作用。 4.Secukinumab 每次使用劑量為 150mg，起始於第 0，1，2，3 和 4 週，之後每 4 週給予維持劑量 150mg。(107/1/1) 5.infliximab 起始於第 0，2 和 6 週時投予 5mg/kg，之後每 6 週給藥。(109/9/1、109/12/1) 6.療效評估與繼續使用： (1)治療 12 週後評估 BASDAI：與使用前比較,出現 50%以上的進步或減少 2 分以上，方得繼續使用。 (2)繼續使用者，需每12週評估一次。 7.需排除使用的情形	

(110/7/1) iv.嚴重的間發性感染症(依嚴重性判斷可選擇暫時停藥即可) ◎附表二十一之一：全民健康保險僵直性脊椎炎使用生物製劑申請表(107/1/1) ◎附表二十一之二：NSAID 藥物副作用 8.2.4.4.Adalimumab（如 Humira）；etanercept（如 Enbrel）；golimumab（如 Simponi）；ustekinumab（如 Stelara）；secukinumab（如 Cosentyx）；ixekizumab（如 Taltz）；tofacitinib（如 Xeljanz）；certolizumab（如 Cimzia）（98/8/1、98/11/1、99/1/1、102/1/1、102/2/1、105/10/1、107/1/1、109/3/1、109/6/1、109/8/1、109/9/1、110/7/1）：用於活動性乾癬性關節炎－乾癬性周邊關節炎治療部分 1.限內科專科醫師且具有風濕或免疫專科醫師證書者，或皮膚科專科醫師處方。(99/1/ 1) 2.需經事前審查核准後使用。 3.需符合下列所有條件： (1)經內科專科醫師且具有風濕或免疫專科醫師證書者診斷為乾癬性關節炎之患者。 (2)曾經皮膚科醫師診斷為乾癬患者，或經皮膚切片診斷為乾癬患者。	應參照藥物仿單，重要之排除使用狀況包括(以下未列者參照仿單所載)： (1)懷孕或正在授乳的婦女 (2)活動性感染症之病患 (3)具高度感染機會的病患，包括： i.慢性腿部潰瘍之病患 ii.未經完整治療之結核病的病患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。(102/1/1) iii.過去 12 個月內曾有感染性關節炎者 iv.曾有人工關節感染，若該人工關節未去除前，不可使用 v.頑固性或復發性的胸腔感染症 vi.具有留置導尿管者 (4)惡性腫瘤或癌前狀態之病患（但不包括已經接受過充分治療達 10 年以上的惡性腫瘤） (5)多發性硬化症(multiple sclerosis) 8.需停止治療的情形 如果發生下列現象應停止治療： (1)療效不彰：療效評估未達繼續使用標準者 (2)不良事件，與藥物之使用有關或無關的事件，包括： i.惡性腫瘤 ii.該藥物引起的嚴重毒性 iii.懷孕(暫時停藥即可)	

(3)三個或是三個以上的疼痛關節及三個或三個以上的腫脹關節，且至少間隔 4 週(含)以上之連續兩次評估均符合上述條件。(需附關節腫脹相關 X-光片或照片輔証)。(109/8/1) (4)應先使用非類固醇類消炎止痛劑(NSAID)及疾病修飾治療藥物(DMARDs)，且必須曾使用過至少 2 種疾病修飾治療藥物(DMARDs)進行充分的治療，但療效不彰。(附表二十二之二) i. 疾病修飾治療藥物〔DMARDs 包括下列四種：sulfasalazine、methotrexate (MTX)、cyclosporine、leflunomide〕，治療至少六個月，且至少有兩個月都達標準目標劑量(除非有明顯副作用或毒性反應)，仍然未達療效者。 ii. 疾病修飾治療藥物中 sulfasalazine、methotrexate (MTX)、cyclosporine 為第一線藥物，leflunomide 為第二線藥物，第一線疾病修飾類藥物治療無效，應先經 leflunomide 治療 3 個月無效後，方可使用腫瘤壞死因子抑制劑或 secukinumab 150mg 或 tofacitinib 作為第三線治療。(107/1/1、109/6/1) iii.標準治療失敗之定義：經	iv.嚴重的間發性感染症(依嚴重性判斷可選擇暫時停藥即可) ◎附表二十一之一：全民健康保險僵直性脊椎炎使用生物製劑申請表(107/1/1) ◎附表二十一之二：NSAID 藥物副作用 8.2.4.4.Adalimumab (如 Humira)；etanercept (如 Enbrel)；golimumab (如 Simponi)；ustekinumab (如 Stelara)；secukinumab (如 Cosentyx)；ixekizumab (如 Taltz)；tofacitinib (如 Xeljanz) (98/8/1、98/11/1、99/1/1、102/1/1、102/2/1、105/10/1、107/1/1、109/3/1、109/6/1、109/8/1、109/9/1)：用於活動性乾癬性關節炎－乾癬性周邊關節炎治療部分 1.限內科專科醫師且具有風濕或免疫專科醫師證書者，或皮膚科專科醫師處方。(99/1/ 1) 2.需經事前審查核准後使用。 3.需符合下列所有條件： (1)經內科專科醫師且具有風濕或免疫專科醫師證書者診斷為乾癬性關節炎之患者。 (2)曾經皮膚科醫師診斷為乾癬	

過充分使用以上藥物治療又給予規定劑量，且至少先後使用或併用兩種疾病修飾類藥物(DMARDs)仍無法使病情緩解，即符合下列情況之一： - 治療療程至少有六個月，且至少有兩個月都達標準目標劑量(除非有明顯副作用或毒性反應)仍然未達療效者。 - 治療不到六個月，但是病患無法忍受藥物副作用或是藥物毒性而停藥者，但需說明藥物之何種毒性或副作用。 - 治療大於兩個月，且因無法忍受藥物副作用或是藥物毒性而停止療程，其中至少有兩個月需達有效治療劑量，且需說明藥物之何種毒性或副作用。 (5) Ustekinumab 及 ixekizumab 限用於曾經接受抗腫瘤壞死因子(如 etanercept、adalimumab 或 golimumab 等)或 secukinumab 或 tofacitinib 治療，但未達療效，或無法耐受的活動性乾癬性關節炎。申請初次治療者，應檢附曾經使用抗腫瘤壞死因子之用藥結果，包括種類、劑量、治療前後 PsARC 評估及副作用報告等資料，並宜記錄患者 HBsAg 及 Anti-HCV 資料(若 HBsAg 檢驗為陽性，宜加作 HBV DNA)。(105/10/1、107/1/1、109/3/1、109/6/1)	患者，或經皮膚切片診斷為乾癬患者。 (3)三個或是三個以上的疼痛關節及三個或三個以上的腫脹關節，且至少間隔 4 週(含)以上之連續兩次評估均符合上述條件。(需附關節腫脹相關 X-光片或照片輔証)。(109/8/1) (4)應先使用非類固醇類消炎止痛劑(NSAID)及疾病修飾治療藥物(DMARDs)，且必須曾使用過至少 2 種疾病修飾治療藥物(DMARDs)進行充分的治療，但療效不彰。(附表二十二之二) i. 疾病修飾治療藥物〔DMARDs 包括下列四種：sulfasalazine、methotrexate (MTX)、cyclosporine、leflunomide〕，治療至少六個月，且至少有兩個月都達標準目標劑量(除非有明顯副作用或毒性反應)，仍然未達療效者。 ii. 疾病修飾治療藥物中 sulfasalazine、methotrexate (MTX)、cyclosporine 為第一線藥物，leflunomide 為第二線藥物，第一線疾病修飾類藥物治療無效，應先經 leflunomide 治療 3 個月無效後，方可使用腫瘤壞死因子抑制劑或 secukinumab 150mg 或 tofacitinib 作為第三線治療。(107/1/1、109/6/1)	

4.Secukinumab 每次使用劑量為150mg，起始於第0，1，2，3和4週，之後每4週給予維持劑量150mg。(107/1/1) 5.Ixekizumab 之起始劑量為第0週160mg，之後每4週80mg。(109/3/1) 6.Certolizumab 起始於第0週、第2週與第4週時投予各400 mg，之後維持劑量為每2週200 mg或每4週400mg。於懷孕哺乳期間若已接受其他生物製劑治療者，得改申請certolizumab。若症狀嚴重程度已符合生物製劑申請條件但尚未接受生物製劑治療者，可不受傳統治療無效才得申請之限制，得於懷孕哺乳期申請 certolizumab。(110/7/1) 7.療效評估與繼續使用：(105/10/1) (1)療效定義：治療12週(ustekinumab初次治療則為24週)後，評估乾癬關節炎反應標準(PsARC, Psoriatic Arthritis Response Criteria)，其標準為下列四項中至少有二項較原基礎值改善，且其中一項需為疼痛關節或腫脹關節的關節總數，且下述各種指標不得有任一項惡化，方得繼續使用。(附表二十二之三) i.疼痛關節的關節總數：改善的定義為關節總數減少30%或以上，惡化定義為總數增	iii.標準治療失敗之定義：經過充分使用以上藥物治療又給予規定劑量，且至少先後使用或併用兩種疾病修飾類藥物(DMARDs)仍無法使病情緩解，即符合下列情況之一： - 治療療程至少有六個月，且至少有兩個月都達標準目標劑量(除非有明顯副作用或毒性反應)仍然未達療效者。 - 治療不到六個月，但是病患無法忍受藥物副作用或是藥物毒性而停藥者，但需說明藥物之何種毒性或副作用。 - 治療大於兩個月，且因無法忍受藥物副作用或是藥物毒性而停止療程，其中至少有兩個月需達有效治療劑量，且需說明藥物之何種毒性或副作用。 (5) Ustekinumab及ixekizumab限用於曾經接受抗腫瘤壞死因子(如 etanercept、adalimumab 或 golimumab 等)或 secukinumab 或 tofacitinib 治療，但未達療效，或無法耐受的活動性乾癬性關節炎。申請初次治療者，應檢附曾經使用抗腫瘤壞死因子之用藥結果，包括種類、劑量、治療前後 PsARC 評估及副作用報告等資料，並宜記錄患者HBsAg及Anti-HCV 資料(若 HBsAg 檢驗為陽性，宜加作 HBV DNA)。(105/10/1 、 107/1/1 、	

加 30%或以上。 ii.腫脹關節的關節總數：改善的定義為關節總數減少 30%或以上，惡化定義為總數增加 30%或以上。 iii.醫師的整體評估(0-5 分)：改善定義為減少 1 分，惡化定義為增加 1 分。 iv.病患的整體評估(0-5 分)：改善定義為減少 1 分，惡化定義為增加 1 分。 (2) Ustekinumab： i.初次申請以 3 劑(初次、4 週後及 16 週時投予每劑 45mg；體重大於 100 公斤病患，得初次、4 週後及 16 週時投予每劑 90mg)為限，且於 24 週時，需先行評估，至少有 PsARC 療效方可申請續用，續用以 45mg q12w(體重大於 100 公斤，續用以 90mg q12w)為限。(105/10/1、109/9/1) ii.若使用劑量為 90mg（含）以上，限使用 90mg(1mL)規格量。(109/9/1) (3)繼續使用者，需每12週評估一次，再次提出申請續用。 8.需排除使用的情形： 應參照藥物仿單，重要之排除使用狀況包括〔以下未列者參照仿單所載〕： (1)懷孕或正在授乳婦女<u>(certolizumab 除外)(110/7/1)</u> (2)活動性感染症之病患 (3)具高度感染機會之病患 i.慢性腿部潰瘍之病患	109/3/1、109/6/1) 4.Secukinumab 每次使用劑量為 150mg，起始於第 0，1，2，3 和 4 週，之後每 4 週給予維持劑量 150mg。(107/1/1) 5.Ixekizumab 之起始劑量為第 0 週 160mg，之後每 4 週 80mg。(109/3/1) 6.療效評估與繼續使用：(105/10/1) (1)療效定義：治療 12 週(ustekinumab 初次治療則為 24 週)後，評估乾癬關節炎反應標準(PsARC, Psoriatic Arthritis Response Criteria)，其標準為下列四項中至少有二項較原基礎值改善，且其中一項需為疼痛關節或腫脹關節的關節總數，且下述各種指標不得有任一項惡化，方得繼續使用。(附表二十二之三) i.疼痛關節的關節總數：改善的定義為關節總數減少	

ii.未經完整治療之結核病的病患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。(102/1/1) iii.過去 12 個月內曾罹患感染性關節炎者 iv.曾有人工關節感染，若該人工關節未去除前，不可使用 v.頑固性或復發性的胸腔感染疾病 vi.具有留置導尿管之情形 (4)惡性腫瘤或癌前狀態之病患〔但不包括已經接受過充分治療達 10 年以上的惡性腫瘤〕 (5)多發性硬化症 (multiple sclerosis) <u>9.</u>需停止治療的情形 如果發生下列現象應停止治療： (1)療效不彰：療效評估未達繼續使用標準者 (2)不良事件：與藥物之使用有關或無關的事件，包括： i.惡性腫瘤 ii.該藥物引起的嚴重毒性 iii.懷孕<u>(certolizumab 除外，其他暫時停藥即可)(110/7/1)</u> iv.嚴重感染症〔依嚴重性判斷可選擇暫時停藥〕 ◎附表二十二之一：全民健康保險乾癬性周邊關節炎使用生物製劑申請表(109/3/1) ◎附表二十二之二：乾癬性周邊關節炎使用 DMARDs 標準	30%或以上，惡化定義為總數增加 30%或以上。 ii.腫脹關節的關節總數：改善的定義為關節總數減少 30%或以上，惡化定義為總數增加 30%或以上。 iii.醫師的整體評估(0-5 分)：改善定義為減少 1 分，惡化定義為增加 1 分。 iv.病患的整體評估(0-5 分)：改善定義為減少 1 分，惡化定義為增加 1 分。 (2) Ustekinumab： i.初次申請以 3 劑(初次、4 週後及 16 週時投予每劑 45mg；體重大於 100 公斤病患，得初次、4 週後及 16 週時投予每劑 90mg)為限，且於 24 週時，需先行評估，至少有 PsARC 療效方可申請續用，續用以 45mg q12w(體重大於 100 公斤，續用以 90mg q12w)為限。(105/10/1、109/9/1) ii.若使用劑量為 90mg（含）以上，限使用 90mg(1mL)規格量。(109/9/1) (3)繼續使用者，需每12週評估一次，再次提出申請續用。 7.需排除使用的情形： 應參照藥物仿單，重要之排除使用狀況包括〔以下未列者參照仿單所載〕： (1)懷孕或正在授乳婦女 (2)活動性感染症之病患 (3)具高度感染機會之病患	

目標劑量及有效治療劑量的定義 ◎附表二十二之三：乾癬性關節炎評估表 ◎附表二十二之六：全民健康保險乾癬性周邊關節炎使用Ustekinumab/Ixekizumab申請表(109/3/1) 8.2.4.5.Adalimumab（如Humira）；etanercept(如Enbrel)；golimumab（如Simponi）；secukinumab(如Cosentyx)；ixekizumab(如 Taltz)；tofacitinib(如Xeljanz)；certolizumab (如Cimzia)(98/8/1、98/11/1、99/1/1、102/1/1、102/2/1、107/1/1、109/3/1、109/6/1、110/7/1)：用於活動性乾癬性關節炎－乾癬性脊椎病變治療部分 1.限內科專科醫師且具有風濕或免疫專科醫師證書者，或皮膚科專科醫師處方。(99/1/ 1) 2.需經事前審查核准後使用。 3.需符合下列所有條件方可使用腫瘤壞死因子抑制劑或secukinumab 150mg 或ixekizumab 或 tofacitinib作為第二線治療：(107/1/1、109/3/1、109/6/1) (1)經內科專科醫師且具有風濕或免疫專科醫師證書者診斷為乾癬性關節炎之患者。	i.慢性腿部潰瘍之病患 ii.未經完整治療之結核病的病患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。(102/1/1) iii.過去 12 個月內曾罹患感染性關節炎者 iv.曾有人工關節感染，若該人工關節未去除前，不可使用 v.頑固性或復發性的胸腔感染疾病 vi.具有留置導尿管之情形 (4)惡性腫瘤或癌前狀態之病患〔但不包括已經接受過充分治療達10年以上的惡性腫瘤〕 (5)多發性硬化症 (multiple sclerosis) 8.需停止治療的情形 如果發生下列現象應停止治療： (1)療效不彰：療效評估未達繼續使用標準者 (2)不良事件：與藥物之使用有關或無關的事件，包括： i.惡性腫瘤 ii.該藥物引起的嚴重毒性 iii.懷孕〔暫時停藥即可〕 iv.嚴重感染症〔依嚴重性判斷可選擇暫時停藥〕 ◎附表二十二之一：全民健康保險乾癬性周邊關節炎使用生物製劑申請表(109/3/1) ◎附表二十二之二：乾癬性周	

(2)曾經皮膚科醫師診斷為乾癬患者，或經皮膚切片診斷為乾癬患者。 (3)下列三項條件至少需符合二項： i.下背痛及晨間僵硬的症狀持續3個月以上，這些症狀無法因休息而緩解，但會隨運動改善。 ii.腰椎前屈活動受限。 iii.胸廓擴張受限。 (4)X光(plain X ray)檢查需有薦腸關節炎：單側性二級以上、附有報告影印及X光影像光碟。 (5)病患必須曾使用過至少2種非類固醇類消炎止痛劑(NSAIDs)進行充分的治療，但療效不彰。充分治療的定義為：使用最高建議劑量或最高耐受劑量的NSAID抗發炎藥物，在同一家醫院連續治療三個月以上，且每種NSAID至少使用四週以上，除非出現毒性而停藥，需以附表二十二之五為根據，記錄NSAID之毒性送審。 (6)活動性疾病持續四週以上。（需連續二次檢查BASDAI≧6、ESR > 28 mm/1 hr及CRP > 1 mg/dL，且二次檢查之間隔需經過至少4週以上充分治療） 4.Secukinumab每次使用劑量為150mg，起始於第0，1，2，3和4週，之後每4週給予維持劑量150mg。(107/1/1) 5.Ixekizumab 之起始劑量為第	邊關節炎使用DMARDs標準目標劑量及有效治療劑量的定義 ◎附表二十二之三：乾癬性關節炎評估表 ◎附表二十二之六：全民健康保險乾癬性周邊關節炎使用Ustekinumab / Ixekizumab申請表(109/3/1) 8.2.4.5.Adalimumab（如Humira）; etanercept(如Enbrel)；golimumab（如Simponi）；secukinumab(如Cosentyx)；ixekizumab(如Taltz)；tofacitinib(如Xeljanz)（98/8/1、98/11/1、99/1/1、102/1/1、102/2/1、107/1/1、109/3/1、109/6/1)：用於活動性乾癬性關節炎－乾癬性脊椎病變治療部分 1.限內科專科醫師且具有風濕或免疫專科醫師證書者，或皮膚科專科醫師處方。（99/1/ 1） 2.需經事前審查核准後使用。 3.需符合下列所有條件方可使用腫瘤壞死因子抑制劑或secukinumab 150mg或ixekizumab或tofacitinib作為第二線治療：(107/1/1、109/3/1、109/6/1) (1)經內科專科醫師且具有風濕或免疫專科醫師證書者診斷為乾癬性關節炎之患	

0 週 160mg，之後每 4 週 80mg。(109/3/1) 6.Certolizumab 起始建議劑量為第 0 週、第 2 週及第 4 週各投予 400mg，之後每 2 週 200mg。於懷孕哺乳期間若已接受其他生物製劑治療者，得改申請 certolizumab。若症狀嚴重程度已符合生物製劑申請條件但尚未接受生物製劑治療者，不需受傳統治療無效才得申請之限制，得於懷孕哺乳期申請 certolizumab。(110/7/1) 7.療效評估與繼續使用： (1)初次使用者治療 12 週評估 BASDAI：與使用前比較，出現 50%以上的進步或減少 2 分以上，方得繼續使用。 (2)繼續使用者，需每12週評估一次，再次提出申請續用。 8.需排除使用的情形： 應參照藥物仿單，重要之排除使用狀況包括〔以下未列者參照仿單所載〕： (1)懷孕或正在授乳婦女(certolizumab 除外)(110/7/1) (2)活動性感染症之病患 (3)具高度感染機會之病患 i.慢性腿部潰瘍之病患 ii.未經完整治療之結核病的病患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。(102/1/1)	者。 (2)曾經皮膚科醫師診斷為乾癬患者，或經皮膚切片診斷為乾癬患者。 (3)下列三項條件至少需符合二項： i.下背痛及晨間僵硬的症狀持續 3 個月以上，這些症狀無法因休息而緩解，但會隨運動改善。 ii.腰椎前屈活動受限。 iii.胸廓擴張受限。 (4)X 光(plain X ray)檢查需有薦腸關節炎：單側性二級以上、附有報告影印及 X 光影像光碟。 (5)病患必須曾使用過至少 2 種非類固醇類消炎止痛劑(NSAIDs)進行充分的治療，但療效不彰。充分治療的定義為：使用最高建議劑量或最高耐受劑量的 NSAID 抗發炎藥物，在同一家醫院連續治療三個月以上，且每種 NSAID 至少使用四週以上，除非出現毒性而停藥，需以附表二十二之五為根據，記錄 NSAID 之毒性送審。 (6)活動性疾病持續四週以上。（需連續二次檢查 BASDAI ≧6、ESR > 28 mm/1 hr 及 CRP > 1 mg/dL，且二次檢查之間隔需經過至少 4 週以上充分治療） 4.Secukinumab 每次使用劑量為 150mg，起始於第 0，1，2，3 和 4 週，之後每 4 週給予維持劑量 150mg。(107/1/1)	

iii.過去 12 個月內曾罹患感染性關節炎者 iv.曾有人工關節感染，若該人工關節未去除前，不可使用 v.頑固性或復發性的胸腔感染疾病 vi.具有留置導尿管之情形 (4)惡性腫瘤或癌前狀態之病患〔但不包括已經接受過充分治療達 10 年以上的惡性腫瘤〕 (5)多發性硬化症 (multiple sclerosis) 9.需停止治療的情形 如果發生下列現象應停止治療： (1)療效不彰：療效評估未達繼續使用標準者 (2)不良事件：與藥物之使用有關或無關的事件，包括： i.惡性腫瘤 ii.該藥物引起的嚴重毒性 iii.懷孕<u>(certolizumab 除外，其他暫時停藥即可)(110/7/1)</u> iv.嚴重的間發性感染症〔依嚴重性判斷可選擇暫時停藥〕 ◎附表二十二之四：全民健康保險乾癬性脊椎病變使用生物製劑申請表(107/1/1、109/3/1) ◎附表二十二之五：NSAID 藥物副作用 8.2.4.6.Etanercept (如 Enbrel)；adalimumab (如 Humira)；ustekinumab (如 Stelara)；secukinumab (如	5.Ixekizumab 之起始劑量為第 0 週 160mg，之後每 4 週 80mg。(109/3/1) 6.療效評估與繼續使用： (1)初次使用者治療 12 週評估 BASDAI：與使用前比較，出現 50%以上的進步或減少 2 分以上，方得繼續使用。 (2)繼續使用者，需每12週評估一次，再次提出申請續用。 7.需排除使用的情形： 應參照藥物仿單，重要之排除使用狀況包括〔以下未列者參照仿單所載〕： (1)懷孕或正在授乳婦女 (2)活動性感染症之病患 (3)具高度感染機會之病患 i.慢性腿部潰瘍之病患 ii.未經完整治療之結核病的病患(包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀	

Cosentyx）；ixekizumab(如 Taltz）；guselkumab（如 Tremfya）；brodalumab（如 Lumicef）；risankizumab(如 Skyrizi）；certolizumab（如 Cimzia）(98/11/1、100/7/1、101/5/1、101/12/1、102/1/1、104/4/1、105/9/1、107/8/1、108/3/1、108/4/1、109/9/1、109/12/1、110/5/1、110/7/1)： 用於乾癬治療部分 1.給付條件：限符合下列(1)或(2)任一情形使用： (1)用於經照光治療及其他系統性治療無效，或因醫療因素而無法接受其他系統性治療之全身慢性中、重度之乾癬或頑固之掌蹠性乾癬，且影響功能之患者。 Ⅰ.所稱”慢性”，指病灶持續至少 6 個月，且 Psoriasis area severity index (PASI）≧10（不適用 PASI 測定如膿疱性乾癬，則以範圍 ≧10%體表面積)。(附表二十四之二) Ⅱ.頑固之掌蹠性乾癬：指非膿疱性掌蹠廣泛性角化，嚴重影響行走或日常作習，申請時需附照片以供審查。照片應包括前、後、左、右至少四張，並視需要加附頭部、掌、蹠照片。 Ⅲ.慢性紅皮症乾癬：範圍≧	錄及治療紀錄供審查）。(102/1/1) iii.過去 12 個月內曾罹患感染性關節炎者 iv.曾有人工關節感染，若該人工關節未去除前，不可使用 v.頑固性或復發性的胸腔感染疾病 vi.具有留置導尿管之情形 (4)惡性腫瘤或癌前狀態之病患〔但不包括已經接受過充分治療達 10 年以上的惡性腫瘤〕 (5)多發性硬化症（multiple sclerosis) 8.需停止治療的情形 如果發生下列現象應停止治療： (1)療效不彰：療效評估未達繼續使用標準者 (2)不良事件：與藥物之使用有關或無關的事件，包括： i.惡性腫瘤 ii.該藥物引起的嚴重毒性 iii.懷孕〔暫時停藥即可〕 iv.嚴重的間發性感染症〔依嚴重性判斷可選擇暫時停藥〕 ◎附表二十二之四：全民健康保險乾癬性脊椎病變使用生物製劑申請表(107/1/1、109/3/1) ◎附表二十二之五：NSAID 藥物副作用 8.2.4.6.Etanercept（如 Enbrel）；adalimumab（如 Humira）；	

75%體表面積，病史超過 1 年，以 cyclosporin 足量（5mg/kg/d，除非有明顯不良反應）治療 6 個月以上，停藥未滿 3 個月即復發到 PASI＞10 或體表面積＞30%（需經皮膚科醫師評估），可不經照光治療，只需 methotrexate 及 acitretin 治療無效後直接申請。（101/12/1） Ⅳ.所稱治療無效，指治療後嚴重度仍符合上列第(Ⅰ)及第(Ⅱ)點情況，或 PASI 或體表面積改善＜50%。（101/5/1） i.治療必須包括足量之照光治療及包括以下兩種系統性治療之至少兩種，包括 methotrexate、acitretin、cyclosporin。（101/12/1） ii.治療需至少使用 3 個月，但育齡女性，得不經 acitretin 使用。 iii.照光治療應依學理，如光化療法(PUVA)及窄頻 UVB(nb-UVB)必須每週至少 2 次，寬頻 UVB 併用焦油每週至少 3 次，並依學理逐漸增加至有效可忍受劑量。申請時必須附病歷影印及詳細照光劑量紀錄。 iv.Methotrexate 合理劑量需達每週 15mg, cyclosporin 為 2.5-5 mg/kg/d, acitretin 為 0.3-1 mg/kg/d。但若因為藥物毒性無法耐受，使用劑量可酌情降低。	ustekinumab（如 Stelara）；secukinumab（如 Cosentyx）；ixekizumab(如 Taltz)；guselkumab（如 Tremfya）；brodalumab（如 Lumicef）；risankizumab(如 Skyrizi)（98/11/1、100/7/1、101/5/1、101/12/1、102/1/1、104/4/1、105/9/1、107/8/1、108/3/1、108/4/1、109/9/1、109/12/1)： 用於乾癬治療部分 1.給付條件： 限用於經照光治療及其他系統性治療無效，或因醫療因素而無法接受其他系統性治療之全身慢性中、重度之乾癬或頑固之掌蹠性乾癬，且影響功能之患者。 (1)所稱”慢性”，指病灶持續至少 6 個月，且 Psoriasis area severity index (PASI) ≧10（不適用 PASI 測定如膿疱性乾癬，則以範圍 ≧10%體表面積）。（附表二十四之二） (2)頑固之掌蹠性乾癬：指非膿疱性掌蹠廣泛性角化，嚴重影響行走或日常作習，申請時需附照片以供審查。照片應包括前、後、左、右至少四張，並視需要加附頭部、掌、蹠照	

V.所稱無法接受治療： i.Methotrexate：指因肝功能異常或切片第三期 a 異常，經 6 個月後切片仍無改善，或第三期 b 以上之肝切片異常，病毒性肝炎帶原或腎功能異常而無法使用 methotrexate 治療者。 ii.Acitretin：指有明顯肝功能異常、高血脂無法有效控制，或 cyclosporin 有效但停藥後迅速復發，已持續使用超用 1 年，或已產生腎毒性經減量後無法有效控制者。 (2)用於全身型急性膿疱性乾癬(限經衛生主管機關核准許可證登載此適應症之藥品)：經確診為全身型急性膿疱性乾癬，且符合以下所有條件者，即可申請有全身型膿疱性乾癬適應症之生物製劑，每次申請以 4 週為原則，供當次或下次發作使用，之後申請得依前次病情需要(經生物製劑治療後膿疱仍持續超過 4 週)可申請延長至最長 8 週用藥。下次申請使用，需相隔至少 12 週。(110/5/1) Ⅰ.18 歲以上且有懷孕可能之患者。 Ⅱ.伴有膿疱之紅腫部位侵犯體表面積>10%且伴隨系統性症狀包括發燒及白血球增多症等。 2.需經事前審查核准後使用： (1)初次申請時，以 6 個月為 1	片。 (3)慢性紅皮症乾癬：範圍≧75%體表面積，病史超過 1 年，以 cyclosporin 足量（5mg/kg/d，除非有明顯不良反應）治療 6 個月以上，停藥未滿 3 個月即復發到 PASI＞10 或體表面積＞30（需經皮膚科醫師評估），可不經照光治療，只需 methotrexate 及 acitretin 治療無效後直接申請。(101/12/1) (4)所稱治療無效，指治療後嚴重度仍符合上列第(1)及第(2)點情況，或 PASI 或體表面積改善＜50%。(101/5/1) i.治療必須包括足量之照光治療及包括以下兩種系統性治療之至少兩種，包括 methotrexate、acitretin、cyclosporin。(101/12/1) ii.治療需至少使用 3 個月，但育齡女性，得不經 acitretin 使用。 iii.照光治療應依學理，如光化療法(PUVA)及窄頻 UVB(nb-UVB)必須每週至少 2 次，寬頻 UVB 併用焦油每週至少 3 次，並依學理逐漸增加至有效可忍受劑量。申請時必須附病歷影印及詳細照光劑量紀錄。 iv.Methotrexate 合理劑量需達每週 15mg, cyclosporin 為 2.5-5 mg/kg/d, acitretin 為 0.3-1	

個療程，持續使用時每 6 個月需再申報一次，且應於期滿前 1 個月提出。（101/12/1） (2)紅皮症乾癬病患以 6 個月為限，於 6 個月療程結束後，應回復使用 cyclosporin，除非產生腎功能異常(Creatinine 基礎值上升≧30%)，或其他無法有效控制之副作用，減藥後乾癬仍無法有效控制。（101/12/1） (3)Etanercept 初期 3 個月可使用 50mg biw，之後則為 25mg biw，且於 12 週時，需先行評估，至少有 PASI25 療效。 (4)Adalimumab 初次投予為 80mg，之後則為 40mg qow，且於 12 週時，須先行評估，至少有 PASI25 療效。(100/7/1) (5)Ustekinumab： i.初次及 4 週後投予 45mg，之後則為 45mg q12w（對於初次使用 45mg 反應不完全*，或體重大於 100 公斤病患，得初次及 4 週後投予 90mg，之後則為 90mg q12w），且於 16 週時，需先行評估，至少有 PASI25 療效。(101/5/1、109/9/1) 註*：治療後雖然有達成 PASI50 療效，但仍有 PASI>1，體表面積>3，或是病灶存在外露明顯部位(臉部、指甲、手部)者。 ii.若使用劑量為 90mg（含）以	mg/kg/d。但若因為藥物毒性無法耐受，使用劑量可酌情降低。 (5)所稱無法接受治療： i.Methotrexate：指因肝功能異常或切片第三期 a 異常，經 6 個月後切片仍無改善，或第三期 b 以上之肝切片異常，病毒性肝炎帶原或腎功能異常而無法使用 methotrexate 治療者。 ii.Acitretin：指有明顯肝功能異常、高血脂無法有效控制，或 cyclosporin 有效但停藥後迅速復發，已持續使用超用 1 年，或已產生腎毒性經減量後無法有效控制者。	

上，限使用 90mg(1mL)規格量。(109/9/1) (6)Secukinumab 起始於第 0,1,2,3,4 週投予 300mg，接著於第 4 週開始於每 4 週投予 300mg（體重≤60kg，投予 150 mg 的劑量），且於 12 週時，須先行評估，至少有 PASI25 療效。 (7)Ixekizumab 起始於第 0 週投予 160 mg，接著於第 2,4,6,8,10,12 週投予 80mg，之後每 4 週投予 80mg，且於 12 週時，須先行評估，至少有 PASI25 療效。(107/8/1) (8)Guselkumab 起始於第 0 週投予 100 mg，接著於第 4 週投予 100mg，之後每 8 週投予 100mg，且於 12 週時，須先行評估，至少有 PASI25 療效。(108/3/1) (9)Brodalumab 起始於第 0 週投予 210 mg，接著於第 1 週及第 2 週投予 210mg，之後每 2 週投予 210mg，且於 12 週時，須先行評估，至少有 PASI25 療效。(108/4/1) (10)Risankizumab 起始於第 0 週投予 150mg，接著於第 4 週投予 150mg，之後每 12 週投予 150mg。且於 16 週時，須先行評估至少有 PASI 75 療效。(109/12/1) <u>(11)Certolizumab 起始建議劑量為第 0 週、第 2 週及第 4 週各投予 400mg，之後每 2 週 200 mg。於懷孕哺乳期間</u>	2.需經事前審查核准後使用： (1)初次申請時，以 6 個月為 1 個療程，持續使用時每 6 個月需再申報一次，且應於期滿前 1 個月提出。（101/12/1） (2)紅皮症乾癬病患以 6 個月為限，於 6 個月療程結束後，應回復使用 cyclosporin，除非產生腎功能異常(Creatinine 基礎值上升≧30%)，或其他無法有效控制之副作用，減藥後乾癬仍無法有效控制。（101/12/1） (3)Etanercept 初期 3 個月可使用 50mg biw，之後則為 25mg biw，且於 12 週時，需先行評估，至少有 PASI25 療效。 (4)Adalimumab 初次投予為 80mg，之後則為 40mg qow，且於 12 週時，須先行評估，至少有 PASI25 療效。(100/7/1) (5)Ustekinumab： i.初次及 4 週後投予 45mg，之後則為 45mg q12w（對於初次使用 45mg 反應不完全*，或體重大於 100 公斤病患，得初次及 4 週後投予 90mg，之後則為 90mg q12w），且於 16 週時，需先行評估，至少有 PASI25 療效。（101/5/1、109/9/1） 註*：治療後雖然有達成 PASI50 療效，但仍有 PASI>1，體表面積>3，或是病灶存在外露明顯部位(臉部、指	

若已接受其他生物製劑治療者，得改申請certolizumab。若症狀嚴重程度已符合生物製劑申請條件但尚未接受生物製劑治療者，不須受照光治療及其他系統性治療無效才得申請之限制，得於懷孕哺乳期申請certolizumab。(110/7/1) (12)原先使用cyclosporin控制有效且腎功能異常(Creatinine 基礎值上升≧30%)者，於6個月療程結束後，應回復使用cyclosporin，除非產生腎功能異常，或其他無法有效控制之副作用，減藥後乾癬仍無法有效控制，否則下次申請應於1年後。 (13)初次申請後每6個月須再次申請續用，續用時，與初次治療前之療效達 PASI50 方可使用；其中risankizumab續用時，與初次治療前之療效達 PASI 75 方可使用續用；且 etanercept 再次申請時僅限使用 25mg biw 之劑量。停藥超過3個月再申請者，視同新申請案件，否則視為續用案件。(101/12/1、104/4/1、109/12/1) 3.使用生物製劑時，考慮其於乾癬療效可能較慢，及立即停藥之可能反彈現象，治療前兩個月得合併使用cyclosporine及照光治療，但生物製劑療效出現時即應逐漸停用。(101/5/1、	甲、手部)者。 ii.若使用劑量為90mg(含)以上，限使用 90mg(1mL)規格量。(109/9/1) (6)Secukinumab 起始於第0,1,2,3,4週投予300mg，接著於第4週開始於每4週投予 300mg (體重≤60kg，投予150 mg的劑量)，且於 12 週時，須先行評估，至少有PASI25療效。 (7)Ixekizumab起始於第0週投予 160 mg，接著於第2,4,6,8,10,12 週投予80mg，之後每 4 週投予80mg，且於12週時，須先行評估，至少有PASI25療效。(107/8/1) (8)Guselkumab起始於第0週投予100 mg，接著於第4週投予100mg，之後每8週投予 100mg，且於12週時，須先行評估，至少有PASI25療效。(108/3/1) (9)Brodalumab起始於第0週投予210 mg，接著於第1週及第2週投予210mg，之後每2週投予210mg，且於12週時，須先行評估，至少有 PASI25 療效。(108/4/1) (10)Risankizumab 起始於第 0週投予150mg，接著於第4週投予 150mg，之後每 12週投予150mg。且於16週時，須先行評估至少有PASI 75療效。(109/12/1)	

105/9/1、107/8/1) 4.需排除使用的情形應參照藥物仿單，重要之排除使用狀況包括： (1)懷孕或正在授乳的婦女(certolizumab 除外)(110/7/1)。 (2)罹患活動性的感染症的病患。 (3)未經完整治療之結核病的病患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。(102/1/1) (4)身上帶有人工關節者，罹患或先前曾罹患過嚴重的敗血病(sepsis)者。 (5)惡性腫瘤或具有癌症前兆(pre-malignancy)的病患。 (6)免疫功能不全者(immunodeficiency)。 5.需停止治療情形，如果發生下列現象應停止治療： (1)不良事件，包括： i.惡性腫瘤。 ii.該藥物引起的嚴重性毒性。 iii.懷孕（certolizumab 除外，其他暫時停藥即可）。(110/7/1)。 iv.嚴重的間發性感染症（intercurrent infection）（暫時停藥即可）。 (2)療效不彰：患者經過 6 個月治療（初次療程）後未達療效者，療效定義指 PASI 或體表面積改善未達 50%。	(11)原先使用cyclosporin控制有效且腎功能異常(Creatinine 基礎值上升≧30%)者，於 6 個月療程結束後，應回復使用cyclosporin，除非產生腎功能異常，或其他無法有效控制之副作用，減藥後乾癬仍無法有效控制，否則下次申請應於1年後。 (12)初次申請後每6個月須再次申請續用，續用時，與初次治療前之療效達 PASI50 方可使用；其中 risankizumab 續用時，與初次治療前之療效達 PASI 75 方可使用續用；且 etanercept 再次申請時僅限使用 25mg biw 之劑量。停藥超過 3 個月再申請者，視同新申請案件，否則視為續用案件。（101/12/1、104/4/1、109/12/1） 3.使用生物製劑時，考慮其於乾癬療效可能較慢，及立即停藥之可能反彈現象，治療前兩個月得合併使用 cyclosporine 及照光治	

6. 暫緩續用之相關規定：(104/4/1、110/5/1) (1)暫緩續用時機：使用生物製劑治療2年後符合PASI≦10者，但有連續兩次暫緩用藥後復發病史者（停藥後6個月內 PASI>10 或 50%復發）不在此限。(110/5/1) (2)因使用一種生物製劑治療後療效不彰(PASI>10)，而轉用另一種不同藥理機轉之生物製劑，以轉用後者之起始日重新計算2年後開始減量之時機。但因無法忍受副作用而轉用相同藥理機轉之生物製劑，轉用前後所使用生物製劑之期間均應計入。(110/5/1) 7. 暫緩續用後若疾病再復發，可重新申請使用，須符合至少有50%復發(需附上次療程治療前、後，及本次照片，計算方式係以最近一次新療程開始時的 PASI 嚴重度，減去療程結束時的 PASI 嚴重度，有 50%復發）。(104/4/1、110/5/1) 8. 平行轉換時機：(110/5/1) (1)使用一種生物製劑治療後，雖PASI<10且有PASI 50療效，但治療後仍有PASI>1、體表面積>3% 或是病灶存在外露明顯部位(如頭皮、臉部、手指甲、手部)且明顯影響生活品質者，得於每半年續用申請時，平行轉用另一種生物製劑(用法用量依照仿單)，但前後所使用生物製劑之期間均應計入2年	療，但生物製劑療效出現時即應逐漸停用。(101/5/1、105/9/1、107/8/1) 4. 需排除使用的情形應參照藥物仿單，重要之排除使用狀況包括： (1)懷孕或正在授乳的婦女。 (2)罹患活動性的感染症的病患。 (3)未經完整治療之結核病的病患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。(102/1/1) (4)身上帶有人工關節者，罹患或先前曾罹患過嚴重的敗血病(sepsis)者。 (5)惡性腫瘤或具有癌症前兆(pre-malignancy) 的病患。 (6) 免疫功能不全者(immunodeficiency)。 5. 需停止治療情形，如果發生下列現象應停止治療： (1)不良事件，包括： i. 惡性腫瘤。 ii. 該藥物引起的嚴重性毒性。 iii. 懷孕（暫時停藥即可）。 iv. 嚴重的間發性感染症（intercurrent infection）（暫時停藥即可）。 (2)療效不彰：患者經過6個月治療（初次療程）後未達	

給付時間合併計算。 (2)申請此項平行轉換者，申請續用時，有效性比較基準點為此 2 年療程起始時之嚴重度。 ◎附表二十四之一：全民健康保險乾癬使用生物製劑申請表（105/9/1 、 107/8/1 、110/5/1） ◎附表二十四之二：全民健康保險乾癬（慢性紅皮症乾癬部分）使用生物製劑申請表(105/9/1、107/8/1) ◎附表二十四之三：乾癬面積暨嚴重度指數【Psoriasis Area Severity Index (PASI)】 ◎附表二十四之四：全民健康保險乾癬(全身型急性膿疱性乾癬部分)使用生物製劑申請表(110/5/1) 8.2.4.7.Adalimumab（如Humira）、infliximab（如Remicade）、vedolizumab(如Entyvio)、ustekinumab（如 Stelara）(100/7/1、102/1/1 、 105/10/1 、106/5/1 、 106/10/1 、108/10/1、109/9/1)：用於克隆氏症治療部分 8.2.4.7.1.Adalimumab（如Humira）、infliximab（如Remicade）、vedolizumab(如Entyvio)、ustekinumab（如Stelara）(105/10/1 、 106/5/1 、106/10/1 、 108/10/1 、109/9/1)：成人治療部分	療效者，療效定義指 PASI 或體表面積改善未達 50%。 6. 暫緩續用之相關規定：(104/4/1) (1)暫緩續用時機：使用生物製劑治療 2 年後符合 PASI≦10 者。 (2)因使用一種生物製劑治療後療效不彰，而轉用另一種不同藥理機轉之生物製劑，以轉用後者之起始日重新計算 2 年後開始減量之時機。但因無法忍受副作用而轉用相同藥理機轉之生物製劑，轉用前後所使用生物製劑之期間均應計入。 7. 暫緩續用後若疾病再復發，可重新申請使用，須符合至少有 50%復發(需附上次療程治療前、後，及本次照片)。(104/4/1)	

1.限具有消化系專科證書者處方。 2.須經事前審查核准後使用。 3.須經診斷為成人克隆氏症，領有克隆氏症重大傷病卡，並符合下列條件之一；且申請時應附上影像診斷評估報告。 (1)克隆氏症病情發作，經 5-aminosalicylic acid 藥物(sulfasalazine, mesalamine, balsalazide)、類固醇、及/或免疫抑制劑(azathioprine, 6-mercaptopurine, methotrexate)充分治療超過六個月，仍然無法控制病情(CDAI≧300)或產生嚴重藥物副作用時，且病況不適合手術者。 (2)克隆氏症經 5-aminosalicylic acid 藥物如(sulfasalazine, mesalamine, balsalazide)、類固醇、及免疫抑制劑(azathioprine, 6-mercaptopurine, methotrexate)充分治療超過六個月，或外科手術治療，肛門周圍廔管或腹壁廔管仍無法癒合且 CDAI≧100 者。 (3)克隆氏症經 5-aminosalicylic acid 藥物如(sulfasalazine, mesalamine, balsalazide)、類固醇、及	◎附表二十四之一：全民健康保險乾癬使用生物製劑申請表(105/9/1、107/8/1) ◎附表二十四之二：全民健康保險乾癬（慢性紅皮症乾癬部分）使用生物製劑申請表(105/9/1、107/8/1) ◎附表二十四之三：乾癬面積暨嚴重度指數【Psoriasis Area Severity Index (PASI)】 8.2.4.7.Adalimumab（如 Humira）、infliximab（如 Remicade）、vedolizumab（如 Entyvio）、ustekinumab（如 Stelara）(100/7/1、102/1/1、105/10/1、106/5/1、106/10/1、108/10/1、109/9/1)：用於克隆氏症治療部分 8.2.4.7.1.Adalimumab（如 Humira）、infliximab（如 Remicade）、vedolizumab(如 Entyvio)、ustekinumab（如 Stelara）	

免疫抑制劑(azathioprine, 6-mercaptopurine, methotrexate)充分治療，仍於一年內因克隆氏症之併發症接受二次(含)以上之手術治療且CDAI≧100者。 4.療效評估與繼續使用： (1)初次申請：adalimumab 以 6 週(使用 4 劑為限)；infliximab 以 6 週(使用 3 劑為限)；vedolizumab 以 6 週(使用 3 劑為限)；ustekinumab 以 8 週(使用靜脈注射 1 劑為限)，完成誘導治療後，達到有效緩解之誘導或部份有效緩解之誘導，方得申請繼續使用。誘導緩解失敗者，得提出申請轉換他類生物製劑，然同一療程不得合併使用。(106/5/1 、 106/10/1 、 109/9/1) i 有效緩解之誘導：CDAI≦150 或廔管痊癒。 ii 部份有效緩解之誘導：CDAI 分數下降≧100 或廔管數量減少。 (2)繼續使用者: adalimumab 需每 24 週(使用 12 劑)；infliximab 需每 16 週(使用 2 劑)或每 24 週(使用 3 劑)；vedolizumab 需每 16 週(使用 2 劑)或每 24 週(使用 3 劑)；ustekinumab 需每 24 週(使用 2 劑)評估一次。評估仍維持前一次療程有效或部份有效緩解時之 CDAI 分數者，方得提出申請續用。	(105/10/1 、 106/5/1 、 106/10/1 、 108/10/1 、 109/9/1)：成人治療部分 1.限具有消化系專科證書者處方。 2.須經事前審查核准後使用。 3.須經診斷為成人克隆氏症，領有克隆氏症重大傷病卡，並符合下列條件之一；且申請時應附上影像診斷評估報告。 (1)克隆氏症病情發作，經 5-aminosalicylic acid 藥物(sulfasalazine, mesalamine, balsalazide)、類固醇、及/或免疫抑制劑(azathioprine, 6-mercaptopurine, methotrexate)充分治療超過六個月，仍然無法控制病情(CDAI≧300)或產生嚴重藥物副作用時，且病況不適合手術者。 (2) 克隆氏症經 5-aminosalicylic acid 藥物如(sulfasalazine, mesalamine, balsalazide)、類固醇、及免疫抑制劑(azathioprine, 6-mercaptopurine, methotrexate)充分治療超過六個月，或外科手術治療，肛門周圍廔管或腹壁廔管仍無法癒合且 CDAI≧100 者。 (3) 克隆氏症經 5-aminosalicylic acid 藥物如(sulfasalazine,	

每次申請 adalimumab 以 24 週（使用 12 劑）；infliximab 以 16 週(使用 2 劑)或 24 週(使用 3 劑)；vedolizumab 以 16 週(使用 2 劑)或 24 週(使用 3 劑)；ustekinumab 以 24 週(使用 2 劑)為限。（106/5/1、106/10/1、108/10/1、109/9/1) (3)總療程:adalimumab 治療 54 週使用 28 劑；infliximab 治療 46 週使用 8 劑(療效持續至 54 週)；vedolizumab 治療 46 週使用 8 劑(療效持續至 54 週)；ustekinumab 治療 44 週使用 5 劑。總療程結束後，必須至少再間隔超過 3 個月後，因病情復發或以其他治療難以控制達上述3.之(1)(2)(3)之標準(惟其中經 5-aminosalicylic acid 藥物、類固醇、及/或免疫抑制劑充分治療，連續超過 3 個月)才能再次提出申請使用（105/10/1、106/5/1、106/10/1、108/10/1、109/9/1）。 5.使用劑量： Ⅰ.Adalimumab：原則上，最初第一劑 160mg，兩週後第二劑 80mg，第四週之第三劑 40mg，作為緩解之誘導；之後每隔兩週給予維持劑量 40mg，可持續治療至 54 週(總共使用 28 劑)，作為緩解之維持。（105/10/1、106/5/1）	mesalamine, balsalazide)、類固醇、及免疫抑制劑(azathioprine, 6-mercaptopurine, methotrexate)充分治療，仍於一年內因克隆氏症之併發症接受二次(含)以上之手術治療且 CDAI≧100 者。 4.療效評估與繼續使用： (1)初次申請：adalimumab 以 6 週（使用 4 劑為限）；infliximab 以 6 週(使用 3 劑為限)；vedolizumab 以 6 週(使用 3 劑為限)；ustekinumab 以 8 週(使用靜脈注射 1 劑為限)，完成誘導治療後，達到有效緩解之誘導或部份有效緩解之誘導，方得申請繼續使用。誘導緩解失敗者，得提出申請轉換他類生物製劑，然同一療程不得合併使用。（106/5/1、106/10/1、109/9/1） i 有效緩解之誘導：CDAI≦150 或廔管痊癒。 ii 部份有效緩解之誘導：CDAI 分數下降≧100 或廔管數量減少。 (2)繼續使用者: adalimumab 需每 24 週(使用 12 劑)；infliximab 需每 16 週(使用 2 劑)或每 24 週(使用 3 劑)；vedolizumab 需每 16 週(使用 2 劑)或每 24 週(使用 3 劑)；ustekinumab 需每 24 週(使用 2 劑)評估一次。評估仍維持前一次療	

Ⅱ. Infliximab：原則上，第0、2、6 週給予靜脈輸注5mg/kg作為緩解之誘導；之後每隔 8 週給予維持劑量5mg/kg， 可持續治療至第46週（總共使用8劑，療效持續至54週），作為緩解之維持。（106/5/1） Ⅲ.Vedolizumab：原則上，第0、2、6 週給予靜脈輸注300mg 作為緩解之誘導；之後每隔 8 週給予維持劑量300mg，可持續治療至第 46週（總共使用8劑，療效持續至54週），作為緩解之維持。（106/10/1） Ⅳ.Ustekinumab：原則上，第0週給予靜脈輸注作為緩解之誘導（體重≤55kg 使用 260 mg;大於 55kg 至 85kg 使用390mg;>85kg 者使用520mg）；之後每隔12週給予皮下注射維持劑量90mg，可持續治療至第44週(總共使用 5 劑，療效持續至 56週），作為緩解之維持。(109/9/1) 註：ustekinumab 若使用維持劑量為90mg（含）以上，限使用 90mg(1mL) 規格量。(109/9/1) 6.須排除使用之情形 應參照藥物仿單，重要之排除使用狀況包括： (1)懷孕或正在授乳的婦女。 (2)罹患活動性感染症(active infection)之病患。 (3)未經完整治療之結核病的病	程有效或部份有效緩解時之CDAI 分數者，方得提出申請續用。每次申請adalimumab 以 24 週(使用12 劑)；infliximab 以 16週(使用 2 劑)或 24 週(使用 3 劑)；vedolizumab 以16 週(使用 2 劑)或 24 週(使用 3 劑)；ustekinumab以 24 週(使用 2 劑)為限。(106/5/1 、 106/10/1 、108/10/1、109/9/1) (3)總療程:adalimumab 治療 54週使用 28 劑；infliximab治療 46 週使用 8 劑(療效持續至 54 週）；vedolizumab 治療 46 週使用 8 劑(療效持續至 54週)；ustekinumab 治療 44週使用 5 劑。總療程結束後，必須至少再間隔超過3 個月後，因病情復發或以其他治療難以控制達上述 3.之(1)(2)(3)之標準(惟其中經 5-aminosalicylic acid 藥物、類固醇、及/或免疫抑制劑充分治療，連續超過3 個月)才能再次提出申請使用（105/10/1 、106/5/1 、 106/10/1 、108/10/1、109/9/1）。 5.使用劑量： Ⅰ.Adalimumab：原則上，最初第一劑 160mg，兩週後第二劑 80mg，第四週之第三劑 40mg，作為緩解之誘導；之後每隔兩週給予維持劑量 40mg，可持續治療至54週(總共使用28劑)，	

患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。(102/1/1) (4)惡性腫瘤或具有癌症前兆(pre-malignancy)之病患(但不包括已經接受過充分治療達 10 年以上的惡性腫瘤)。 (5)具高度感染機會之病患：慢性腿部潰瘍、導尿管置留、身上有引流管、人工關節感染，該人工關節尚未摘除者、頑固性或復發性之胸腔感染症病患。 (6)多發性硬化症(multiple sclerosis)。 7.須停止治療的情形 (1)療效不彰：療效評估未達繼續使用標準者。 (2)其他事項：包括 i 惡性腫瘤 ii 該藥物引起之嚴重毒性（白血球過低、嚴重過敏） iii 懷孕(暫時停藥即可) iv 嚴重間發性感染(暫時停藥即可)。 ◎附表二十六之一：全民健康保險克隆氏症使用 adalimumab、infliximab、vedolizumab 申請表(106/5/1、106/10/1、108/10/1、109/9/1) ◎附表二十六之二：CDAI（Crohn’s disease activity index） 8.2.4.7.2.Adalimumab（如 Humira）、infliximab（如 Remicade）	作為緩解之維持。(105/10/1、106/5/1) Ⅱ. Infliximab：原則上，第 0、2、6 週給予靜脈輸注 5mg/kg 作為緩解之誘導；之後每隔 8 週給予維持劑量 5mg/kg， 可持續治療至第 46 週（總共使用 8 劑，療效持續至 54 週)，作為緩解之維持。(106/5/1) Ⅲ.Vedolizumab：原則上，第 0、2、6 週給予靜脈輸注 300mg 作為緩解之誘導；之後每隔 8 週給予維持劑量 300mg，可持續治療至第 46 週（總共使用 8 劑，療效持續至 54 週)，作為緩解之維持。(106/10/1) Ⅳ.Ustekinumab：原則上，第 0 週給予靜脈輸注作為緩解之誘導（體重≤55kg 使用 260 mg;大於 55kg 至 85kg 使用 390mg;>85kg 者使用 520mg）；之後每隔 12 週給予皮下注射維持劑量 90mg，可持續治療至第 44 週(總共使用 5 劑，療效持續至 56 週)，作為緩解之維持。(109/9/1) 註：ustekinumab 若使用維持劑量為 90mg（含）以上，限使用 90mg(1mL)規格量。(109/9/1) 6.須排除使用之情形 應參照藥物仿單，重要之排除使用狀況包括： (1)懷孕或正在授乳的婦女。 (2)罹患活動性感染症(active	

(105/10/1 、 106/5/1 、108/10/1)：兒童治療部分 1.限具消化系專科證書之內科、兒科專科醫師處方使用。(108/10/1) 2.須經事前審查核准後使用。 3.六歲(含)以上，經診斷為小兒克隆氏症且領有重大傷病證明，並排除第 6 項之情形及符合下列條件之一；且申請時應附上影像診斷評估報告。 (1)克隆氏症病情發作，經皮質類固醇及免疫抑制劑(azathioprine, 6-mercaptopurine, methotrexate)充分治療超過三個月，仍然無法控制病情(PCDAI>30)或產生過敏或其他嚴重副作用者。 (2)小兒克隆氏症病童腹部或肛門廔管合併生長遲緩者(height velocity Z Score -1 to -2.5)。 (3)小兒克隆氏症病情發作且生長遲緩(height velocity Z Score -1 to -2.5)病童，經營養治療與免疫抑制劑治療失敗者。 4.療效評估與繼續使用： (1)初次申請adalimumab以6週(使用 4 劑為限)；infliximab 以 6 週(使用 3 劑為限)，治療第 3 劑後，達到臨床反應(PCDAI 降低>=15)者，方得申請繼續使用。誘導緩解失敗者，得提出申請轉換他類生物製劑，然同一療程不得合併使用。	infection)之病患。 (3)未經完整治療之結核病的病患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。(102/1/1) (4)惡性腫瘤或具有癌症前兆(pre-malignancy)之病患(但不包括已經接受過充分治療達 10 年以上的惡性腫瘤)。 (5)具高度感染機會之病患：慢性腿部潰瘍、導尿管置留、身上有引流管、人工關節感染，該人工關節尚未摘除者、頑固性或復發性之胸腔感染症病患。 (6)多發性硬化症(multiple sclerosis)。 7.須停止治療的情形 (1)療效不彰：療效評估未達繼續使用標準者。 (2)其他事項：包括 i 惡性腫瘤 ii 該藥物引起之嚴重毒性（白血球過低、嚴重過敏） iii 懷孕(暫時停藥即可) iv 嚴重間發性感染(暫時停藥即可)。 ◎附表二十六之一：全民健康保險克隆氏症使用 adalimumab、infliximab、vedolizumab 申請表(106/5/1、106/10/1、108/10/1、109/9/1) ◎附表二十六之二：CDAI（Crohn’s disease activity index）	

(106/5/1) (2)繼續使用者: adalimumab 需每 24 週(使用 12 劑)；infliximab 需每 16 週(使用 2 劑)或每 24 週(使用 3 劑)評估一次。評估仍維持前一次療程有效或部份有效緩解時之 PCDAI 分數者，方得提出申請續用。每次申請 adalimumab 以 16 週(使用 8 劑)；infliximab 以每 16 週(使用 2 劑)或每 24 週(使用 3 劑)為限。(106/5/1、108/10/1) (3)總療程:adalimumab 治療 54 週使用 28 劑；infliximab 治療 46 週使用 8 劑 (療效持續至 54 週)。必須至少再間隔超過 3 個月後，因病情復發或以其他治療難以控制達上述 3.之(1)(2)(3)之標準才能再次提出申請使用。(106/5/1、108/10/1) 5.使用劑量： (1)adalimumab：體重>=40 公斤者，最初第一劑 160mg，兩週後第二劑 80mg，第四週給予第三劑 40mg，之後每隔兩週給予維持劑量 40mg；體重<40 公斤者，最初第一劑 80mg，兩週後第二劑 40mg，第四週給予第三劑 20mg，之後每隔兩週給予維持劑量 20mg。 (2)Infliximab：第 0.2.6 週給予靜脈輸注 5mg/kg 作為緩解之誘導，之後每 8 週給予 5mg/kg。可持續治療至第 46	8.2.4.7.2.Adalimumab (如 Humira)、infliximab (如 Remicade) (105/10/1、106/5/1、108/10/1)：兒童治療部分 1.限具消化系專科證書之內科、兒科專科醫師處方使用。(108/10/1) 2.須經事前審查核准後使用。 3.六歲(含)以上，經診斷為小兒克隆氏症且領有重大傷病證明，並排除第 6 項之情形及符合下列條件之一；且申請時應附上影像診斷評估報告。 (1)克隆氏症病情發作，經皮質類固醇及免疫抑制劑(azathioprine, 6-mercaptopurine, methotrexate)充分治療超過三個月，仍然無法控制病情(PCDAI>30)或產生過敏或其他嚴重副作用者。 (2)小兒克隆氏症病童腹部或肛門廔管合併生長遲緩者(height velocity Z Score -1 to -2.5)。 (3)小兒克隆氏症病情發作且生長遲緩(height velocity Z Score -1 to -2.5)病童，經營養治療與免疫抑制劑治療失敗者。 4.療效評估與繼續使用： (1)初次申請 adalimumab 以 6 週(使用 4 劑為限)；infliximab 以 6 週(使用 3 劑為限)，治療第 3 劑後，達到臨床反應(PCDAI 降低>=15)者，方得申請繼續使用。誘導緩解失敗者，得	

週（總共使用 8 劑，療效持續至 54 週)，作為緩解之維持。（106/5/1） 6.須排除使用之情形 應參照藥物仿單，重要之排除使用狀況包括： (1)罹患活動性感染症(active infection)之病患。 (2)未經完整治療之結核病的病患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。 (3)惡性腫瘤或具有癌症前兆(pre-malignancy)之病患。 (4)具高度感染機會之病患：慢性腿部潰瘍、導尿管置留、身上有引流管、頑固性或復發性之胸腔感染症病患。 (5)多發性硬化症(multiple sclerosis)。 7.須停止治療的情形 (1)療效不彰：療效評估未達繼續使用標準者。 (2)其他事項：包括 i 惡性腫瘤 ii 該藥物引起之嚴重毒性（白血球過低、嚴重過敏） iii 嚴重感染(暫時停藥即可)。 ◎附表二十六之三：全民健康保險小兒克隆氏症使用 adalimumab、infliximab 申請表(106/5/1、108/10/1) ◎附表二十六之四：PCDAI（Pediatric Crohn’s disease activity index)	提出申請轉換他類生物製劑，然同一療程不得合併使用。（106/5/1） (2)繼續使用者: adalimumab 需每 24 週(使用 12 劑)；infliximab 需每 16 週(使用 2 劑)或每 24 週(使用 3 劑)評估一次。評估仍維持前一次療程有效或部份有效緩解時之 PCDAI 分數者，方得提出申請續用。每次申請 adalimumab 以 16 週（使用 8 劑）；infliximab 以每 16 週(使用 2 劑)或每 24 週(使用 3 劑）為限。（106/5/1、108/10/1） (3)總療程:adalimumab 治療 54 週使用 28 劑；infliximab 治療 46 週使用 8 劑（療效持續至 54 週)。必須至少再間隔超過 3 個月後，因病情復發或以其他治療難以控制達上述 3. 之(1)(2)(3)之標準才能再次提出申請使用。（106/5/1、108/10/1） 5.使用劑量： (1)adalimumab：體重>=40 公斤者，最初第一劑 160mg，兩週後第二劑 80mg，第四週給予第三劑 40mg，之後每隔兩週給予維持劑量 40mg；體重<40 公斤者，最初第一劑 80mg，兩週後第二劑 40mg，第四週給予第三劑 20mg，之後每隔兩週給予維持劑量 20mg。 (2)Infliximab：第 0.2.6 週給予靜脈輸注 5mg/kg 作為緩	

8.2.4.8.Abatacept 靜脈注射劑（如 Orencia IV）（101/10/1、102/1/1、104/8/1、108/1/1）：用於幼年型慢性關節炎治療部分 1.給付條件： (1)限用於曾經接受抗腫瘤壞死因子拮抗劑(如etanercept)治療，但未達療效或無法耐受之 6 歲(含)以上有幼年型慢性關節炎之兒童患者。（108/1/1） I.Etanercept 的療效： i.紅血球沉降速率 (ESR) 或 CRP 及下列三項中至少有二項達到較基礎值改善 30%以上效果者。 a.活動性關節炎的總數。 b.關節活動範圍受到限制的關節總數。 c.醫師的整體評估。 ii. 上述各種指標惡化程度達 30%以上者不得超過一項 II.無法耐受的定義：無法忍受 etanercept 治療的副作用。 (2)需與methotrexate併用（但對 methotrexate 過敏，或 methotrexate引起嚴重血球低下、肝毒性及其它嚴重副作用者除外）。 2.限具有風濕病專科醫師證書之內科、小兒科專科醫師或具有小兒過敏免疫專科醫師證書之小兒科專科醫師處方。 3.年齡大於 18 歲的病患應由具有風濕病專科醫師證書之內	解之誘導，之後每 8 週給予 5mg/kg。可持續治療至第 46 週（總共使用 8 劑，療效持續至 54 週)，作為緩解之維持。（106/5/1） 6.須排除使用之情形 應參照藥物仿單，重要之排除使用狀況包括： (1)罹患活動性感染症(active infection)之病患。 (2)未經完整治療之結核病的病患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。 (3)惡性腫瘤或具有癌症前兆(pre-malignancy) 之 病患。 (4)具高度感染機會之病患：慢性腿部潰瘍、導尿管置留、身上有引流管、頑固性或復發性之胸腔感染症病患。 (5)多發性硬化症(multiple sclerosis)。 7.須停止治療的情形 (1)療效不彰：療效評估未達繼續使用標準者。 (2)其他事項：包括 i 惡性腫瘤 ii 該藥物引起之嚴重毒性（白血球過低、嚴重過敏） iii 嚴重感染(暫時停藥即可)。 ◎附表二十六之三：全民健康保險小兒克隆氏症使用 adalimumab、infliximab 申請表（106/5/1、108/10/1） ◎附表二十六之四：PCDAI（Pediatric Crohn’s	

科專科醫師或具有小兒過敏免疫專科醫師證書之小兒科專科醫師重新評估病情，改依成人治療（8.2.4.2）規定申請。（108/1/1） 4.需經事前審查核准後使用： (1)申請初次治療時，應檢附曾經使用抗腫瘤壞死因子拮抗劑之用藥結果，包括種類、劑量、關節腫脹治療前後的相關照片或關節 X 光檢查報告、及副作用報告等資料。 (2)使用 abatacept 之後，每 6 個月需再申請一次；需描述使用藥物後的療效、副作用或併發症。 5.需排除abatacept使用的情形應參照藥物仿單，重要之排除使用狀況包括： (1)懷孕或正在授乳的婦女。 (2)罹患活動性的感染症的病患。 (3)未經完整治療之結核病的患者（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。(102/1/1) (4)身上帶有人工關節者，罹患或先前曾罹患過嚴重的敗血症(sepsis)者。 (5)惡性腫瘤或具有癌症前兆(pre-malignancy) 的病患。 (6) 免疫功能不全者(Immunodeficiency)。 6.需停止abatacept治療的情形如果發生下列現象應停止治	disease activity index） 8.2.4.8.Abatacept 靜脈注射劑（如 Orencia IV）（101/10/1、102/1/1、104/8/1、108/1/1）：用於幼年型慢性關節炎治療部分 1.給付條件： (1)限用於曾經接受抗腫瘤壞死因子拮抗劑（如 etanercept)治療，但未達療效或無法耐受之 6 歲(含)以上有幼年型慢性關節炎之兒童患者。（108/1/1） I.Etanercept 的療效： i.紅血球沉降速率 (ESR) 或 CRP 及下列三項中至少有二項達到較基礎值改善30%以上效果者。 a.活動性關節炎的總數。 b.關節活動範圍受到限制的關節總數。 c.醫師的整體評估。 ii. 上述各種指標惡化程度達30%以上者不得超過一項 II.無法耐受的定義：無法忍受 etanercept 治療的副作用。 (2)需與methotrexate併用（但對 methotrexate 過敏，或 methotrexate 引起嚴重血球低下、肝毒性及其它嚴重副作用者除外）。 2.限具有風濕病專科醫師證書之內科、小兒科專科醫師或具有小兒過敏免疫專科醫師證書之小兒科專科醫師處方。	

療： (1)不良事件，包括： Ⅰ.惡性腫瘤。 Ⅱ.該藥物引起的嚴重毒性。 Ⅲ.懷孕（暫時停藥即可）。 Ⅳ.嚴重的間發性感染症(intercurrent infection)(暫時停藥即可)。 (2)療效不彰：患者的core set data經過6個月治療後未達療效者。 療效定義： Ⅰ.紅血球沉降速率（ESR）或CRP及下列三項中至少有二項達到較基礎值改善30%以上效果者。 i.活動性關節炎的總數 ii.關節活動範圍受到限制的關節總數 iii.醫師的整體評估 Ⅱ.上述各種指標惡化程度達30%以上者不得超過一項。 ◎附表三十一：全民健康保險使用abatacept申請表(六歲以上兒童) 8.2.4.9.Golimumab(如Simponi)、Adalimumab(如Humira)、Vedolizumab(如Entyvio)、infliximab(如Remicade)(105/9/1、105/10/1、106/10/1、107/8/1、108/10/1)：用於潰瘍性結腸炎治療部分 8.2.4.9.1.Golimumab(如Simponi)、Adalimumab(如Humira)、Vedolizumab(如Entyvio)、infliximab	3.年齡大於18歲的病患應由具有風濕病專科醫師證書之內科專科醫師或具有小兒過敏免疫專科醫師證書之小兒科專科醫師重新評估病情，改依成人治療（8.2.4.2）規定申請。(108/1/1) 4.需經事前審查核准後使用： (1)申請初次治療時，應檢附曾經使用抗腫瘤壞死因子拮抗劑之用藥結果，包括種類、劑量、關節腫脹治療前後的相關照片或關節X光檢查報告、及副作用報告等資料。 (2)使用abatacept之後，每6個月需再申請一次；需描述使用藥物後的療效、副作用或併發症。 5.需排除abatacept使用的情形應參照藥物仿單，重要之排除使用狀況包括： (1)懷孕或正在授乳的婦女。 (2)罹患活動性的感染症的病患。 (3)未經完整治療之結核病的患者（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。(102/1/1) (4)身上帶有人工關節者，罹患或先前曾罹患過嚴重的敗血症(sepsis)者。 (5)惡性腫瘤或具有癌症前兆(pre-malignancy)的病患。 (6)免疫功能不全者(Immunodeficiency)。	

（如Remicade）(105/9/1、105/10/1 、 106/10/1 、107/8/1、108/10/1)：成人治療部分 1.限具有消化系專科證書者處方。 2.須經事前審查核准後使用。 3.須經診斷為成人潰瘍性結腸炎，並符合下列條件之一： (1)同時符合下列條件： Ⅰ.領有潰瘍性結腸炎重大傷病卡（直腸型排除）。 Ⅱ.經 5-aminosalicylic acid 藥物(如 sulfasalazine、mesalamine 或 balsalazide)、類固醇、及免疫調節劑（如 azathioprine 或 6-mercaptopurine)充分治療無效(須有病歷完整記載用藥史，連續治療達 6 個月以上），或對 5-aminosalicylic acid 藥物、免疫調節劑產生嚴重藥物副作用。 Ⅲ.Mayo score ≧9 分且 Mayo Endoscopic subscore ≧2 分(需檢附兩個月內之大腸鏡報告，內含可供辨識之彩色照片)。 (2)急性嚴重的潰瘍性結腸炎，同時符合下列四要件: Ⅰ.內視鏡下符合潰瘍性結腸炎。 Ⅱ.病理切片排除巨細胞病毒腸炎、阿米巴結腸炎、淋巴癌。 Ⅲ.糞便檢測排除困難梭狀桿菌	6.需停止abatacept治療的情形如果發生下列現象應停止治療： (1)不良事件，包括： Ⅰ.惡性腫瘤。 Ⅱ.該藥物引起的嚴重毒性。 Ⅲ.懷孕（暫時停藥即可)。 Ⅳ.嚴重的間發性感染症(intercurrent infection)(暫時停藥即可)。 (2)療效不彰：患者的 core set data 經過 6 個月治療後未達療效者。 療效定義： Ⅰ.紅血球沉降速率（ESR）或 CRP 及下列三項中至少有二項達到較基礎值改善30%以上效果者。 i.活動性關節炎的總數 ii.關節活動範圍受到限制的關節總數 iii.醫師的整體評估 Ⅱ.上述各種指標惡化程度達30%以上者不得超過一項。 ◎附表三十一：全民健康保險使用 abatacept 申請表(六歲以上兒童) 8.2.4.9.Golimumab(如 Simponi）、Adalimumab（如 Humira）、Vedolizumab（如 Entyvio）、infliximab（如 Remicade）(105/9/1 、 105/10/1 、106/10/1 、 107/8/1 、108/10/1)：用於潰瘍性結腸炎治療部分 8.2.4.9.1.Golimumab(如 Simponi）、Adalimumab	

感染。 Ⅳ.Mayo Score 為 12 分，經類固醇全劑量靜脈注射(如 methylprednisolone 40-60mg/day 等)連續治療 5 天無效。 4.療效評估與繼續使用： (1)初次申請：golimumab 以 2 週(使用 2 劑)、adalimumab 以 6 週(使用 4 劑)、vedolizumab 以 6 週(使用 3 劑)、infliximab 以 6 週(使用 3 劑)為限，治療後達到臨床反應評估者(第一次續用評估採用 partial Mayo score 評估，相較於初次申請，partial Mayo score 減少≧2 分且血便項”rectal bleeding”減少≧1 分以上。)，方得申請第一次繼續使用。誘導緩解失敗者，得提出申請轉換他類生物製劑，然同一療程不得合併使用。(105/10/1、106/10/1、107/8/1、108/10/1) (2)繼續使用者：第一次續用評估採 Partial Mayo Score 評估，最長 24 週需再續用評估一次。第二次續用評估，必須 Mayo Score≦ 6 分，且 Mayo Endoscopic subscore≦ 1 分方可再申請繼續使用。Golimumab 與 adalimumab 繼續使用以 24 週 2 次為限。Vedolizumab 與 infliximab 繼續使用，以 24 週(使用 3 劑)及 16 週(使用 2 劑)各 1 次為限。	(如 Humira)、Vedolizumab(如 Entyvio)、infliximab(如 Remicade)(105/9/1、105/10/1、106/10/1、107/8/1、108/10/1)：成人治療部分 1.限具有消化系專科證書者處方。 2.須經事前審查核准後使用。 3.須經診斷為成人潰瘍性結腸炎，並符合下列條件之一： (1)同時符合下列條件： Ⅰ.領有潰瘍性結腸炎重大傷病卡(直腸型排除)。 Ⅱ.經 5-aminosalicylic acid 藥物(如 sulfasalazine、mesalamine 或 balsalazide)、類固醇、及免疫調節劑(如 azathioprine 或 6-mercaptopurine)充分治療無效(須有病歷完整記載用藥史，連續治療達 6 個月以上)，或對 5-aminosalicylic acid 藥物、免疫調節劑產生嚴重藥物副作用。 Ⅲ.Mayo score ≧9 分且 Mayo Endoscopic subscore ≧2 分(需檢附兩個月內之大腸鏡報告，內含可供辨識之彩色照片)。 (2)急性嚴重的潰瘍性結腸炎，同時符合下列四要件: Ⅰ.內視鏡下符合潰瘍性結腸炎。 Ⅱ.病理切片排除巨細胞病毒腸炎、阿米巴結腸炎、淋巴	

（106/10/1、107/8/1、108/10/1） 5.劑量給予方式及總療程： (1)Golimumab： Ⅰ.最初第一劑 200mg，兩週後第二劑 100mg，作為緩解之誘導；有效患者之後每隔 4 週給予維持劑量 50mg(體重大於80公斤病患，每隔4週100mg)，至多持續至 50 週(使用 14 劑)，作為緩解之維持。(106/10/1、108/10/1) Ⅱ.若使用劑量為 100mg（含）以上，限使用100mg(1mL)規格量。 (2) Adalimumab：最初第一劑160mg，兩週後第二劑80mg，第四週之第三劑及第六週之第四劑40mg，作為緩解之誘導；之後每隔兩週給予維持劑量40mg，至多持續至54週(使用28劑)，作為緩解之維持。(105/10/1、106/10/1、108/10/1) (3)Vedolizumab：最初第一劑300mg，兩週後第二劑300mg，第六週之第三劑300mg，作為緩解之誘導；之後每隔八週給予維持劑量300mg，至多持續至 46 週(使用 8 劑)，作為緩解之維持。(106/10/1、108/10/1) (4)Infliximab：最初第一劑、兩週後之第二劑、第六週之第三劑給予5mg/kg，作為緩解之誘導；之後每隔八週給	癌。 Ⅲ.糞便檢測排除困難梭狀桿菌感染。 Ⅳ.Mayo Score 為 12 分，經類固醇全劑量靜脈注射(如methylprednisolone 40-60mg/day 等)連續治療5天無效。 4.療效評估與繼續使用： (1)初次申請：golimumab 以 2 週（使用 2 劑）、adalimumab 以 6 週(使用 4 劑)、vedolizumab 以 6 週(使用 3 劑)、infliximab 以 6 週(使用 3 劑)為限，治療後達到臨床反應評估者(第一次續用評估採用 partial Mayo score 評估，相較於初次申請，partial Mayo score 減少≧2 分且血便項”rectal bleeding”減少≧1 分以上。)，方得申請第一次繼續使用。誘導緩解失敗者，得提出申請轉換他類生物製劑，然同一療程不得合併使用。(105/10/1、106/10/1、107/8/1、108/10/1) (2)繼續使用者：第一次續用評估採Partial Mayo Score 評估，最長24週需再續用評估一次。第二次續用評估，必須Mayo Score≦ 6 分，且 Mayo Endoscopic subscore≦ 1分方可再申請繼續使用。Golimumab 與adalimumab 繼續使用以 24 週 2 次為限。Vedolizumab 與	

予維持劑量5mg/kg，至多持續至 46 週(使用 8 劑)，作為緩解之維持。(107/8/1、108/10/1) 6.Golimumab 治療 50 週(使用 14 劑)；adalimumab 治療 54 週(使用 28 劑)；vedolizumab 或 infliximab 治療 46 週(使用 8 劑)後，必須至少再間隔超過 3 個月後，若病情復發，依初次使用標準(其中經 5-aminosalicylic acid 藥物、類固醇、及/或免疫抑制劑充分治療，連續超過 3 個月)再次提出申請。(105/10/1 、 106/10/1 、107/8/1、108/10/1) 7.須排除使用之情形： 應參照藥物仿單，重要之排除使用狀況包括： (1)懷孕或正在授乳的婦女。 (2)罹患活動性感染症(active infection)之病患。 (3)未經完整治療之結核病病患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。 (4)惡性腫瘤或具有癌症前兆(pre-malignancy)之病患(但不包括已經接受過充分治療達 10 年以上的惡性腫瘤)。 (5)具高度感染機會之病患：慢性腿部潰瘍、導尿管置留、身上有引流管、人工關節感染，該人工關節尚未摘除	infliximab 繼續使用，以 24 週(使用 3 劑)及 16 週(使用 2 劑)各 1 次為限。（106/10/1、107/8/1、108/10/1） 5.劑量給予方式及總療程： (1) Golimumab： Ⅰ.最初第一劑 200mg，兩週後第二劑 100mg，作為緩解之誘導；有效患者之後每隔 4 週給予維持劑量 50mg(體重大於 80 公斤病患，每隔 4 週 100mg)，至多持續至 50 週(使用 14 劑)，作為緩解之維持。(106/10/1、108/10/1) Ⅱ.若使用劑量為 100mg（含）以上，限使用 100mg(1mL)規格量。 (2) Adalimumab：最初第一劑 160mg，兩週後第二劑 80mg，第四週之第三劑及第六週之第四劑 40mg，作為緩解之誘導；之後每隔兩週給予維持劑量 40mg，至多持續至 54 週(使用 28 劑)，作為緩解之維持。(105/10/1、106/10/1、108/10/1) (3) Vedolizumab：最初第一劑 300mg，兩週後第二劑 300mg，第六週之第三劑 300mg，作為緩解之誘導；之後每隔八週給予維持劑量 300mg，至多持續至 46 週(使用 8 劑)，作為緩解之維持。(106/10/1、108/10/1) (4) Infliximab：最初第一劑、兩週後之第二劑、第	

者、頑固性或復發性之胸腔感染症病患。 (6)多發性硬化症(multiple sclerosis)。 8.須停止治療的情形： (1)療效不彰：療效評估未達繼續使用標準者。 (2)其他事項包括： Ⅰ.惡性腫瘤。 Ⅱ.該藥物引起之嚴重毒性(白血球過低、嚴重過敏)。 Ⅲ.懷孕(暫時停藥即可)。 Ⅳ.嚴重間發性感染(暫時停藥即可)。 8.2.4.9.2.Infliximab（如Remicade）(107/8/1、108/10/1)：兒童治療部分 1.限具有消化系專科醫師證書之內科、兒科專科醫師處方使用。 2.須經事前審查核准後使用。 3.六歲(含)以上，經診斷為小兒潰瘍性結腸炎，並符合下列條件之一： (1)同時符合下列條件： Ⅰ.領有潰瘍性結腸炎重大傷病卡（直腸型排除）。 Ⅱ.經 5-aminosalicylic acid 藥物(如 sulfasalazine、mesalamine 或 balsalazide)、類固醇、及免疫調節劑（如 azathioprine 或 6-mercaptopurine)充分治療無效(須有病歷完整記載用藥史，連續治療達 3 個月以上），或對 5-aminosalicylic acid 藥物、免疫調節劑產生嚴重藥物副作用。	六週之第三劑給予 5mg/kg，作為緩解之誘導；之後每隔八週給予維持劑量 5mg/kg，至多持續至 46 週(使用 8 劑)，作為緩解之維持。(107/8/1、108/10/1) 6.Golimumab 治療 50 週(使用 14 劑)；adalimumab 治療 54 週（使用 28 劑）；vedolizumab 或 infliximab 治療 46 週(使用 8 劑)後，必須至少再間隔超過 3 個月後，若病情復發，依初次使用標準(其中經 5-aminosalicylic acid 藥物、類固醇、及/或免疫抑制劑充分治療，連續超過 3 個月)再次提出申請。(105/10/1、106/10/1、107/8/1、108/10/1) 7.須排除使用之情形： 應參照藥物仿單，重要之排除使用狀況包括： (1)懷孕或正在授乳的婦女。 (2)罹患活動性感染症(active infection)之病患。 (3)未經完整治療之結核病病患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。 (4)惡性腫瘤或具有癌症前兆(pre-malignancy)之病患(但不包括已經接受過充分治療達 10 年以上的惡性腫瘤)。 (5)具高度感染機會之病患：慢性腿部潰瘍、導尿管置	

Ⅲ.PUCAI≧35 分（需檢附兩個月內報告），或合併生長遲緩（height velocity Z score -1 to 2.5)孩童經營養治療與免疫抑制劑治療失敗者。 (2)急性嚴重的潰瘍性結腸炎，同時符合下列四要件： Ⅰ.內視鏡下符合潰瘍性結腸炎。 Ⅱ.病理切片排除巨細胞病毒腸炎、阿米巴結腸炎、淋巴癌。 Ⅲ.糞便檢測排除困難梭狀桿菌感染。 Ⅳ.PUCAI 為 50 分，經類固醇全劑量靜脈注射[如 prednisolone 1-2 mg/kg/day(最大劑量每日 40-60 mg)、methylprednisolone 0.8-1.6 mg/kg/day(最大劑量每日 32-48 mg)等]連續治療 5 天無效。 4.療效評估與繼續使用： (1)初次申請：infliximab 以 6 週(使用 3 劑)為限，治療後達到臨床反應評估者(PUCAI 減少 20 分或 PUCAI＜10 分)，方得申請繼續使用。 (2)繼續使用者：續用評估必須 PUCAI 較初次申請減少 20 分或 PUCAI＜10 分，方得申請繼續使用。以 24 週（使用 3 劑)及 16 週(使用 2 劑)各 1 次為限。(108/10/1) 5.劑量給予方式及總療程： Infliximab 最初第一劑、兩週後之第二劑、第六週之第三劑給予 5mg/kg，作為緩解之	留、身上有引流管、人工關節感染，該人工關節尚未摘除者、頑固性或復發性之胸腔感染症病患。 (6)多發性硬化症(multiple sclerosis)。 8.須停止治療的情形： (1)療效不彰：療效評估未達繼續使用標準者。 (2)其他事項包括： Ⅰ.惡性腫瘤。 Ⅱ.該藥物引起之嚴重毒性(白血球過低、嚴重過敏)。 Ⅲ.懷孕(暫時停藥即可)。 Ⅳ.嚴重間發性感染(暫時停藥即可)。 8.2.4.9.2.Infliximab（如 Remicade）(107/8/1、108/10/1)：兒童治療部分 1.限具有消化系專科醫師證書之內科、兒科專科醫師處方使用。 2.須經事前審查核准後使用。 3.六歲(含)以上，經診斷為小兒潰瘍性結腸炎，並符合下列條件之一： (1)同時符合下列條件： Ⅰ.領有潰瘍性結腸炎重大傷病卡（直腸型排除）。 Ⅱ.經 5-aminosalicylic acid 藥物(如 sulfasalazine、mesalamine 或 balsalazide)、類固醇、及免疫調節劑（如 azathioprine 或 6-mercaptopurine)充分治療無效(須有病歷完整記載用藥史，連續治療達 3 個月以上），或對 5-aminosalicylic acid 藥	

誘導；之後每隔八週給予維持劑量5mg/kg，至多持續至46週(使用8劑)，作為緩解之維持。(108/10/1) 6.Infliximab治療46週(使用8劑)後，必須至少再間隔超過3個月後，若病情復發，依初次使用標準再次提出申請。(108/10/1) 7.須排除使用之情形： 應參照藥物仿單，重要之排除使用狀況包括： (1)懷孕或正在授乳的婦女。 (2)罹患活動性感染症(active infection)之病患。 (3)未經完整治療之結核病病患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。 (4)惡性腫瘤或具有癌症前兆(pre-malignancy)之病患(但不包括已經接受過充分治療達 10 年以上的惡性腫瘤)。 (5)具高度感染機會之病患：慢性腿部潰瘍、導尿管置留、身上有引流管、人工關節感染，該人工關節尚未摘除者、頑固性或復發性之胸腔感染症病患。 (6)多發性硬化症(multiple sclerosis)。 8.須停止治療的情形： (1)療效不彰：療效評估未達繼續使用標準者。 (2)其他事項包括：	物、免疫調節劑產生嚴重藥物副作用。 Ⅲ.PUCAI≧35 分（需檢附兩個月內報告)，或合併生長遲緩(height velocity Z score -1 to 2.5)孩童經營養治療與免疫抑制劑治療失敗者。 (2)急性嚴重的潰瘍性結腸炎，同時符合下列四要件： Ⅰ.內視鏡下符合潰瘍性結腸炎。 Ⅱ.病理切片排除巨細胞病毒腸炎、阿米巴結腸炎、淋巴癌。 Ⅲ.糞便檢測排除困難梭狀桿菌感染。 Ⅳ.PUCAI 為 50 分，經類固醇全劑量靜脈注射[如 prednisolone 1-2 mg/kg/day(最大劑量每日 40-60 mg)、methylprednisolone 0.8-1.6 mg/kg/day(最大劑量每日 32-48 mg)等]連續治療 5 天無效。 4.療效評估與繼續使用： (1)初次申請：infliximab 以 6 週(使用 3 劑)為限，治療後達到臨床反應評估者(PUCAI 減少 20 分或 PUCAI ＜10 分)，方得申請繼續使用。 (2)繼續使用者：續用評估必須 PUCAI 較初次申請減少 20 分或 PUCAI＜10 分，方得申請繼續使用。以 24 週(使用 3 劑)及 16 週(使用 2 劑）各 1 次為限。(108/10/1)	

Ⅰ.惡性腫瘤。 Ⅱ.該藥物引起之嚴重毒性(白血球過低、嚴重過敏)。 Ⅲ.懷孕(暫時停藥即可)。 Ⅳ.嚴重間發性感染(暫時停藥即可)。 8.2.4.10.Adalimumab (如Humira)(109/9/1) 用於小兒葡萄膜炎治療部分 1.限使用於 2-17 歲小兒非感染性葡萄膜炎患者。 2.限具有眼科專科、風濕病專科醫師證書之內科、或具有小兒過敏免疫專科醫師證書之醫師處方。 3.需事前審查核准後使用。 (1)申報時需檢附 methotrexate 使用的劑量、治療時間、副作用、及前房發炎細胞的病情描述。 (2)每24週需再申請一次；需描述使用 adalimumab 後的療效、副作用或併發症。 4.需同時符合下述(1)(2)兩項條件者方可使用。 (1)最近 3 個月葡萄膜炎處於活動期（定義為前房發炎細胞大於等於+1 價)。 (2)標準療法失敗，定義為 methotrexate 10 毫克/身體表面積平方米/週的口服或注射治療達 3 個月以上，前房發炎細胞仍大於等於+1 價。若因藥物毒性無法忍受，以致於無法達到上項要求時，劑量可以酌情降低。 5.療效評估與繼續使用: (1)初次申請 adalimumab 以 24 週為限。起始劑量(loading	5.劑量給予方式及總療程： Infliximab 最初第一劑、兩週後之第二劑、第六週之第三劑給予 5mg/kg，作為緩解之誘導；之後每隔八週給予維持劑量 5mg/kg，至多持續至 46 週(使用 8 劑)，作為緩解之維持。(108/10/1) 6.Infliximab 治療 46 週(使用 8 劑)後，必須至少再間隔超過 3 個月後，若病情復發，依初次使用標準再次提出申請。(108/10/1) 7.須排除使用之情形： 應參照藥物仿單，重要之排除使用狀況包括： (1)懷孕或正在授乳的婦女。 (2)罹患活動性感染症(active infection)之病患。 (3)未經完整治療之結核病病患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。 (4)惡性腫瘤或具有癌症前兆(pre-malignancy)之病患(但不包括已經接受過充分治療達 10 年以上的惡性腫瘤)。 (5)具高度感染機會之病患：慢性腿部潰瘍、導尿管置留、身上有引流管、人工關節感染，該人工關節尚未摘除者、頑固性或復發性之胸腔感染症病患。 (6)多發性硬化症(multiple sclerosis)。 8.須停止治療的情形： (1)療效不彰：療效評估未達繼	

dose)和維持劑量如下: Ⅰ.<30 公斤:起始劑量為 40 mg，隔週給予維持劑量，維持劑量為每隔一週給予 20 mg。 Ⅱ. ≥30 公斤:起始劑量為 80 mg，隔週給予維持劑量，維持劑量為每隔一週給予 40 mg。 (2)繼續使用adalimumab者，每24週評估療效一次。 6.須停止使用 adalimumab 的情形： (1)療效不彰：定義為 24 週 adalimumab治療後，出現以下任一情形： Ⅰ.前房發炎細胞比基礎值未改善或惡化。 Ⅱ.有眼球共病惡化(如視神經水腫、黃斑囊樣水腫或視力衰退)或治療期間發展出新的眼球共病。 (2)不良事件，包括： Ⅰ.惡性腫瘤。 Ⅱ.該藥物引起的嚴重毒性。 Ⅲ.嚴重的間發性感染症(intercurrent infection)(暫時停藥即可)。 7.需排除使用的情形 應參照藥物仿單，重要之排除使用狀況包括（以下未列者參照仿單所載)： (1)罹患活動性的感染症的病患。 (2)未經完整治療之結核病的病患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治	續使用標準者。 (2)其他事項包括： Ⅰ.惡性腫瘤。 Ⅱ.該藥物引起之嚴重毒性(白血球過低、嚴重過敏)。 Ⅲ.懷孕(暫時停藥即可)。 Ⅳ.嚴重間發性感染(暫時停藥即可)。 8.2.4.10.Adalimumab（如Humira）(109/9/1) 用於小兒葡萄膜炎治療部分 1.限使用於 2-17 歲小兒非感染性葡萄膜炎患者。 2.限具有眼科專科、風濕病專科醫師證書之內科、或具有小兒過敏免疫專科醫師證書之醫師處方。 3.需事前審查核准後使用。 (1)申報時需檢附 methotrexate 使用的劑量、治療時間、副作用、及前房發炎細胞的病情描述。 (2)每24週需再申請一次；需描述使用 adalimumab 後的療效、副作用或併發症。 4.需同時符合下述(1)(2)兩項條件者方可使用。 (1)最近 3 個月葡萄膜炎處於活動期（定義為前房發炎細胞大於等於+1 價)。 (2)標準療法失敗，定義為 methotrexate 10 毫克/身體表面積平方米/週的口服或注射治療達 3 個月以上，前房發炎細胞仍大於等於+1 價。若因藥物毒性無法忍受，以致於無法達到上項要求時，劑量可以酌情降低。 5.療效評估與繼續使用:	

療紀錄供審查） (3)身上帶有人工關節者，罹患或先前曾罹患過嚴重的敗血症(Sepsis)者。 (4)惡性腫瘤或具有癌症前兆(pre-malignancy)的患者。 8.2.5.Leflunomide（如Arava、Arheuma）：(92/9/1、93/5/1、97/9/1) 1.限治療成人類風濕性關節炎，且用於 methotrexate 治療無效，或無法忍受 methotrexate 副作用時使用。 2.限治療具活動性的成人乾癬性關節炎，且於DMARDs（疾病修飾抗風濕病藥物）治療無效後使用。(97/9/1) 8.2.6.短效干擾素、長效干擾素： 8.2.6.1.Interferon alpha-2a（如 Roferon-A）及 interferon alpha-2b（如 Intron A）（92/10/1、109/7/1）; peginterferon alfa-2a（如 Pegasys）(92/11/1-C肝、94/11/1-B肝、96/10/1、98/11/1、99/5/1-B 肝、100/6/1-B 肝、102/2/1、105/10/1、106/1/1、106/4/1、109/7/1、110/3/1)： 1.用於慢性病毒性B型或慢性病毒性 C 型肝炎患者之條件如下： (1)用於慢性病毒性 B 型肝炎患者	(1)初次申請 adalimumab 以 24 週為限。起始劑量(loading dose)和維持劑量如下: Ⅰ.<30 公斤:起始劑量為 40 mg，隔週給予維持劑量，維持劑量為每隔一週給予 20 mg。 Ⅱ. ≥30 公斤:起始劑量為 80 mg，隔週給予維持劑量，維持劑量為每隔一週給予 40 mg。 (2)繼續使用adalimumab者，每24週評估療效一次。 6.須停止使用 adalimumab 的情形： (1)療效不彰：定義為 24 週 adalimumab 治療後，出現以下任一情形： Ⅰ.前房發炎細胞比基礎值未改善或惡化。 Ⅱ.有眼球共病惡化(如視神經水腫、黃斑囊樣水腫或視力衰退)或治療期間發展出新的眼球共病。 (2)不良事件，包括： Ⅰ.惡性腫瘤。 Ⅱ.該藥物引起的嚴重毒性。 Ⅲ.嚴重的間發性感染症(intercurrent infection)(暫時停藥即可)。 7.需排除使用的情形 應參照藥物仿單，重要之排除使用狀況包括（以下未列者參照仿單所載)： (1)罹患活動性的感染症的病患。 (2)未經完整治療之結核病的病患（包括潛伏結核感染治	

Ⅰ.HBsAg (+) 超過六個月及HBeAg (+) 超過三個月，且ALT 值大於（或等於）正常值上限五倍以上 (ALT≧5X)，且無肝功能代償不全者。療程為 12 個月。（98/11/1、105/10/1） 註：肝代償不全條件為prothrombin time 延長≧3秒或 bilirubin (total)≧2.0mg/dL，prothrombin time 延長係以該次檢驗control 值為準。 Ⅱ.HBsAg (+) 超過六個月及HBeAg (+) 超過三個月，其ALT 值介於正常值上限二至五倍之間 (2X≦ALT<5X)，且血清 HBV DNA≧20,000 IU/mL 或經由肝組織切片（血友病患及類血友病患經照會消化系專科醫師同意後，得不作切片）證實HBcAg 陽性並有慢性肝炎變化，無 D 型或 C 型肝炎合併感染，且無肝功能代償不全者，可接受藥物治療，療程為 12 個月。（98/11/1、105/10/1） Ⅲ.HBsAg (+) 超過六個月及HBeAg (-) 超過三個月，且ALT 值半年有兩次以上（每次間隔三個月）大於或等於正常值上限二倍以上 (ALT≧2X)，且血清 HBV DNA≧2,000 IU/mL 或經由肝組織切片（血友病患及類血友病患經照會消化系專科醫師同意後，得不作切片）證實HBcAg 陽性，無 D 型或 C 型	療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查） (3)身上帶有人工關節者，罹患或先前曾罹患過嚴重的敗血症(Sepsis)者。 (4)惡性腫瘤或具有癌症前兆(pre-malignancy) 的患者。 8.2.5.Leflunomide（如Arava、Arheuma）：(92/9/1、93/5/1、97/9/1) 1.限治療成人類風濕性關節炎，且用於 methotrexate 治療無效，或無法忍受 methotrexate 副作用時使用。 2.限治療具活動性的成人乾癬性關節炎，且於 DMARDs（疾病修飾抗風濕病藥物）治療無效後使用。（97/9/1） 8.2.6.短效干擾素、長效干擾素： 8.2.6.1.Interferon alpha-2a（如 Roferon-A）及interferon alpha-2b（如Intron A）（92/10/1、109/7/1）;peginterferon alfa-2a（如 Pegasys）（92/11/1-C 肝、94/11/1-B 肝、96/10/1、98/11/1、99/5/1-B 肝、100/6/1-B 肝、102/2/1、105/10/1、106/1/1、106/4/1、109/7/1)： 1.用於慢性病毒性B型或慢性病毒性 C 型肝炎患者之條件如下：	

肝炎合併感染，且無肝功能代償不全之患者。療程為12個月。（98/11/1） IV.符合上述Ⅰ、Ⅱ、Ⅲ條件納入治療計畫且經完成治療後停藥者：經6個月觀察期，復發且符合上述Ⅰ、Ⅱ、Ⅲ條件者，無肝代償不全者，可使用 interferon alpha-2a、interferon alpha-2b、peginterferon alfa-2a再治療（一個療程）；或以 lamivudine 100mg、entecavir 0.5mg、telbivudine 600mg、tenofovir disoproxil 或 tenofovir alafenamide 再治療。惟若有肝代償不全者則應儘速使用 lamivudine 100mg、entecavir 1.0mg(每日限使用 1 粒)、telbivudine 600mg 或 tenofovir 300mg 再治療。（98/11/1、99/5/1、100/6/1、102/2/1、106/1/1、110/3/1） V.符合10.7.3之1及3至4項條件納入治療計畫經完成治療後停藥者：經觀察3至6個月，復發且符合上述Ⅰ、Ⅱ、Ⅲ條件且無肝代償不全者，可使用 interferon alpha-2a、interferon alpha-2b 或 peginterferon alfa-2a 再治療（一個療程），或以 lamivudine 100mg、entecavir 0.5mg、telbivudine 600mg、tenofovir disoproxil 或	(1)用於慢性病毒性 B 型肝炎患者 Ⅰ.HBsAg (+) 超過六個月及 HBeAg (+) 超過三個月，且 ALT 值大於（或等於）正常值上限五倍以上（ALT ≧5X)，且無肝功能代償不全者。療程為 12 個月。（98/11/1、105/10/1） 註：肝代償不全條件為 prothrombin time 延長≧3秒或 bilirubin (total) ≧2.0mg/dL，prothrombin time 延長係以該次檢驗 control 值為準。 Ⅱ. HBsAg (+) 超過六個月及 HBeAg (+) 超過三個月，其 ALT 值介於正常值上限二至五倍之間 (2X ≦ ALT<5X)，且血清 HBV DNA ≧20,000 IU/mL 或經由肝組織切片（血友病患及類血友病患經照會消化系專科醫師同意後，得不作切片）證實 HBcAg 陽性並有慢性肝炎變化，無D型或C型肝炎合併感染，且無肝功能代償不全者，可接受藥物治療，療程為 12 個月。（98/11/1、105/10/1） Ⅲ. HBsAg (+) 超過六個月及 HBeAg (-) 超過三個月，且 ALT 值半年有兩次以上(每次間隔三個月）大於或等於正常值上限二倍以上(ALT ≧ 2X)，且血清 HBV DNA≧2,000 IU/mL 或經由肝組織切片（血友病患及類血友病患經照會消化系	

tenofovir alafenamide 再治療。惟若有肝代償不全者，則應儘速使用 lamivudine 100mg、entecavir 1.0mg(每日限使用 1 粒)、telbivudine 600mg 或 tenofovir disoproxil 再治療。（98/11/1、100/6/1、102/2/1、106/1/1、110/3/1） VI.上述Ⅳ及Ⅴ停藥復發者再以口服抗病毒藥物治療之給付療程依 HBeAg(+) 或 HBeAg(-)而定：HBeAg(+)病患治療至 e 抗原轉陰並再給付最多 12 個月；HBeAg(-)病患治療至少二年，治療期間需檢驗血清 HBV DNA，並於檢驗血清 HBV DNA 連續三次，每次間隔 6 個月，均檢驗不出 HBV DNA 時停藥，每次療程至多給付 36 個月。再次復發時得再接受治療，不限治療次數。（106/1/1、106/4/1） (2)用於慢性病毒性 C 型肝炎治療時: Ⅰ.應與 Ribavirin 併用 Ⅱ.限 ALT 值異常者，且 Anti-HCV 與 HCV RNA 均為陽性，或經由肝組織切片（血友病患及類血友病患經照會消化系專科醫師同意後，得不作切片）以 METAVIR system 證實輕度纖維化大於或等於 F1 及肝炎變化，且無肝功能代償不全者。（98/11/1）	專科醫師同意後，得不作切片）證實 HBcAg 陽性，無 D 型或 C 型肝炎合併感染，且無肝功能代償不全之患者。療程為 12 個月。（98/11/1） IV.符合上述Ⅰ、Ⅱ、Ⅲ條件納入治療計畫且經完成治療後停藥者：經 6 個月觀察期，復發且符合上述Ⅰ、Ⅱ、Ⅲ條件者，無肝代償不全者，可使用 interferon alpha-2a、interferon alpha-2b、peginterferon alfa-2a 再治療（一個療程）；或以 lamivudine 100mg、entecavir 0.5mg、telbivudine 600mg 或 tenofovir 300mg 再治療。惟若有肝代償不全者則應儘速使用 lamivudine 100mg、entecavir 1.0mg(每日限使用 1 粒)、telbivudine 600mg 或 tenofovir 300mg 再治療。（98/11/1、99/5/1、100/6/1、102/2/1、106/1/1） V.符合 10.7.3 之 1 及 3 至 5 項條件納入治療計畫經完成治療後停藥者：經觀察 3 至 6 個月，復發且符合上述Ⅰ、Ⅱ、Ⅲ條件且無肝代償不全者，可使用 interferon alpha-2a、interferon alpha-2b 或 peginterferon alfa-2a 再治療（一個療程），或以	

Ⅲ.療程依Viral Kinetics區分如下:（98/11/1） a、有RVR (rapid virological response, 快速病毒反應)者，給付治療不超過 24週。 b、無 RVR，但有 EVR (early virologic response)者，給付治療48週。 c、到第12週未到EVR者，應中止治療，治療期間不超過16週。 d、第一次藥物治療24週後復發者，可以給予第二次治療，不超過48週。 ※復發的定義: 治療完成時，血中偵測不到病毒，停藥後血中病毒又再次偵測到。（98/11/1） (3)醫事服務機構及醫師資格：(109/7/1) Ⅰ.醫院： i.有消化系內科或消化系兒科專科醫師之醫院。 ii.醫師資格為前開醫院之消化系內科專科醫師、消化系兒科專科醫師、血液病專科醫師、腫瘤內科專科醫師、癌症相關科醫師及符合器官移植手術資格之專任或兼任專科醫師。 iii.前開非消化系專科醫師，需先照會消化系專科醫師，惟愛滋病毒感染患者併有 B型或C肝炎感染者，得由其照護之感染症內科專科醫師開立處方。 Ⅱ.基層院所： i.須具有消化系內科或消化系兒科專任專科醫師之基層院	lamivudine 100mg、entecavir 0.5mg、telbivudine 600mg 或 tenofovir 300mg再治療。惟若有肝代償不全者，則應儘速使用 lamivudine 100mg、entecavir 1.0mg(每日限使用1粒)、telbivudine 600mg 或 tenofovir 300mg再治療。（98/11/1、100/6/1、102/2/1、106/1/1） Ⅵ.上述Ⅳ及Ⅴ停藥復發者再以口服抗病毒藥物治療之給付療程依 HBeAg(+)或HBeAg(-)而定：HBeAg(+)病患治療至 e 抗原轉陰並再給付最多 12 個月；HBeAg(-)病患治療至少二年，治療期間需檢驗血清HBV DNA，並於檢驗血清HBV DNA連續三次，每次間隔6個月，均檢驗不出HBV DNA 時停藥，每次療程至多給付36個月。再次復發時得再接受治療，不限治療次數。（106/1/1、106/4/1） (2)用於慢性病毒性 C 型肝炎治療時: Ⅰ.應與Ribavirin併用 Ⅱ.限 ALT 值異常者，且 Anti-HCV 與 HCV RNA 均為陽性，或經由肝組織切片（血友病患及類血友病患經照會消化系專科醫師同意後，得不作切片）以	

所。 ii.肝炎治療醫療資源不足地區及山地離島地區，具有消化系內科或消化系兒科兼任專科醫師之基層院所，亦得開立處方，惟離島地區(如金門縣、連江縣、澎湖縣、台東縣蘭嶼鄉、台東縣綠島鄉)內科醫師之基層院所，亦得開立處方。 ◎附表三十四：肝炎治療醫療資源不足地區及山地離島地區一覽表 2.限用於下列癌瘤病患「限 interferon alpha-2a（如 Roferon-A）及 interferon alpha-2b（如 Intron A）」（93/4/1、97/8/1）: (1)Chronic myelogenous leukemia (2)Multiple myeloma (3)Hairy cell leukemia (4)T細胞淋巴瘤病例(限 a-2A、2B type)(87/4/1)。 (5)卡波西氏肉瘤（Kaposi’s sarcoma）病例使用（87/4/1）。 (6)小於七十歲以下，罹患中、晚期之低度非何杰金氏淋巴瘤（low grade non-Hodgkin’s lymphoma)，且具有高腫瘤負荷(high tumor burden)之病患。(89/1/1) (「高腫瘤負荷」定義：第三或第四期病患；或血清 LDH > 350 IU/L；或腫塊大於十公分以上。) (7)限使用於晚期不能手術切除	METAVIR system 證實輕度纖維化大於或等於 F1 及肝炎變化，且無肝功能代償不全者。(98/11/1) Ⅲ.療程依 Viral Kinetics 區分如下: (98/11/1) a、有 RVR (rapid virological response, 快速病毒反應)者，給付治療不超過 24 週。 b、無 RVR，但有 EVR (early virologic response)者，給付治療 48 週。 c、到第 12 週未到 EVR 者，應中止治療，治療期間不超過 16 週。 d、第一次藥物治療 24 週後復發者，可以給予第二次治療，不超過 48 週。 ※復發的定義: 治療完成時，血中偵測不到病毒，停藥後血中病毒又再次偵測到。(98/11/1) (3)醫事服務機構及醫師資格：(109/7/1) Ⅰ.醫院： i.有消化系內科或消化系兒科專科醫師之醫院。 ii.醫師資格為前開醫院之消化系內科專科醫師、消化系兒科專科醫師、血液病專科醫師、腫瘤內科專科醫師、癌症相關科醫師及符合器官移植手術資格之專任或兼任專科醫師。 iii.前開非消化系專科醫師，需先照會消化系專科醫師，惟愛滋病毒感染患者併有B型或C肝炎感染者，得由其照護之感染症內科	

或轉移性腎細胞癌之病患(限 a-2A type)(89/1/1) (8)kasabach-Merritt 症候群。(93/4/1) (9)用於一般療法無法治療的 Lymphangioma。(93/4/1、97/8/1) 8.2.6.2.Peginterferon alpha-2b(如Peg-Intron)(92/10/1、94/10/1、109/7/1);interferon alfacon-1(如 Infergen)(93/7/1、94/10/1、98/11/1、109/7/1) 1.限用於下列慢性病毒性C型肝炎患者,且應與 ribavirin 併用: (1)限 ALT 值異常者,且 Anti-HCV 與 HCV RNA 均為陽性,或經由肝組織切片(血友病患及類血友病患經照會消化系專科醫師同意後,得不作切片),以 METAVIR system 證實輕度纖維化大於或等於 F1 及肝炎變化,且無肝功能代償不全者。(98/11/1) (2)療程依 Viral kinetics 區分如下:(98/11/1) Ⅰ.有 RVR (rapid virological response, 快速病毒反應)者,給付治療不超過 24 週。 Ⅱ.無 RVR,但有 EVR (early virologic response)者,給付治療 48 週。 Ⅲ.到第 12 週未到 EVR 者,應中止治療,治療期間不超過16	專科醫師開立處方。 Ⅱ.基層院所: i.須具有消化系內科或消化系兒科專任專科醫師之基層院所。 ii.肝炎治療醫療資源不足地區及山地離島地區,具有消化系內科或消化系兒科兼任專科醫師之基層院所,亦得開立處方,惟離島地區(如金門縣、連江縣、澎湖縣、台東縣蘭嶼鄉、台東縣綠島鄉)內科醫師之基層院所,亦得開立處方。 ◎附表三十四:肝炎治療醫療資源不足地區及山地離島地區一覽表 2.限用於下列癌瘤病患「限 interferon alpha-2a(如 Roferon-A)及 interferon alpha-2b(如 Intron A)」(93/4/1、97/8/1): (1)Chronic myelogenous leukemia (2)Multiple myeloma (3)Hairy cell leukemia (4)T 細胞淋巴瘤病例(限 a-2A、2B type)(87/4/1)。 (5)卡波西氏肉瘤(Kaposi's sarcoma)病例使用(87/4/1)。 (6)小於七十歲以下,罹患中、晚期之低度非何杰金氏淋巴瘤(low grade non-Hodgkin's lymphoma),且具有高腫瘤負荷(high tumor burden)之病患。(89/1/1) (「高腫瘤負荷」定義:第三或	

週。 Ⅳ.第一次治療24週後復發者，可以給予第二次治療，給付不超過48週。 2.醫事服務機構及醫師資格：(109/7/1) (1)醫院： Ⅰ.有消化系內科或消化系兒科專科醫師之醫院。 Ⅱ.醫師資格為前開醫院之消化系內科專科醫師、消化系兒科專科醫師、血液病專科醫師、腫瘤內科專科醫師、癌症相關科醫師及符合器官移植手術資格之專任或兼任專科醫師。 Ⅲ.前開非消化系專科醫師，需先照會消化系專科醫師，惟愛滋病毒感染患者併有B型或C肝炎感染者，得由其照護之感染症內科專科醫師開立處方。 (2)基層院所： Ⅰ.須具有消化系內科或消化系兒科專任專科醫師之基層院所。 Ⅱ.肝炎治療醫療資源不足地區及山地離島地區，具有消化系內科或消化系兒科兼任專科醫師之基層院所，亦得開立處方，惟離島地區(如金門縣、連江縣、澎湖縣、台東縣蘭嶼鄉、台東縣綠島鄉)內科醫師之基層院所，亦得開立處方。 ◎附表三十四：肝炎治療醫療資源不足地區及山地離島地區一覽表 8.2.7.Rituximab注射劑（如Mabthera，不同劑型之適用	第四期病患；或血清LDH＞350 IU/L；或腫塊大於十公分以上。） (7)限使用於晚期不能手術切除或轉移性腎細胞癌之病患(限a-2A type) （89/1/1） (8)kasabach-Merritt症候群。（93/4/1） (9)用於一般療法無法治療的Lymphangioma。（93/4/1、97/8/1） 8.2.6.2.Peginterferon alpha-2b（如Peg-Intron）（92/10/1、94/10/1、109/7/1）；interferon alfacon-1（如Infergen）（93/7/1、94/10/1、98/11/1、109/7/1） 1.限用於下列慢性病毒性C型肝炎患者，且應與ribavirin併用: (1)限ALT值異常者，且Anti-HCV與HCV RNA均為陽性，或經由肝組織切片（血友病患及類血友病患經照會消化系專科醫師同意後，得不作切片），以METAVIR system證實輕度纖維化大於或等於F1及肝炎變化，且無肝功能代償不全者。（98/11/1） (2)療程依Viral kinetics區分如下:（98/11/1） Ⅰ.有RVR (rapid virological response, 快速病毒反應)者，給付治療不超過24週。 Ⅱ.無RVR，但有EVR (early	

範圍需符合藥品許可證登載之適應症)：用於類風濕性關節炎之成人治療部分（97/11/1、99/2/1、101/7/1、102/1/1、102/4/1、106/9/1、109/11/1） 1.用於類風濕性關節炎之成人治療部分：(109/11/1) (1)給付條件： Ⅰ.限用於曾經接受抗腫瘤壞死因子（如 etanercept、adalimumab 或 golimumab 等）治療，但未達療效，或無法耐受的成人活動性類風濕性關節炎患者。（101/7/1） i.Etanercept、adalimumab 或 golimumab 的療效：經治療後評估 DAS28 總積分下降程度大於等於(≧)1.2，或 DAS28 總積分小於 3.2 者。（101/7/1） ii.無法耐受的定義：無法忍受 etanercept、adalimumab 或 golimumab 治療的副作用。（101/7/1） Ⅱ.需與methotrexate併用（但對 methotrexate 過敏，或 methotrexate 引起嚴重血球低下、肝毒性及其它嚴重副作用者除外）。 Ⅲ.給予重複療程之時機： i.與前次治療相隔 24 週或以上，且 ii.符合下列給藥時機規定：DAS28總積分 ≧ 3.2，或與前次接受 rituximab 治療後第 21 週比較，DAS28 總積分上升 ≧ 0.6。	virologic response)者，給付治療 48 週。 Ⅲ.到第 12 週未到 EVR 者，應中止治療，治療期間不超過 16 週。 Ⅳ.第一次治療 24 週後復發者，可以給予第二次治療，給付不超過 48 週。 2.醫事服務機構及醫師資格：(109/7/1) (1)醫院： Ⅰ.有消化系內科或消化系兒科專科醫師之醫院。 Ⅱ.醫師資格為前開醫院之消化系內科專科醫師、消化系兒科專科醫師、血液病專科醫師、腫瘤內科專科醫師、癌症相關科醫師及符合器官移植手術資格之專任或兼任專科醫師。 Ⅲ.前開非消化系專科醫師，需先照會消化系專科醫師，惟愛滋病毒感染患者併有 B 型或 C 肝炎感染者，得由其照護之感染症內科專科醫師開立處方。 (2)基層院所： Ⅰ.須具有消化系內科或消化系兒科專任專科醫師之基層院所。 Ⅱ.肝炎治療醫療資源不足地區及山地離島地區，具有消化系內科或消化系兒科兼任專科醫師之基層院所，亦得開立處方，惟離島地區(如金門縣、連江縣、澎湖縣、台東縣蘭嶼鄉、台東縣綠島鄉)內科醫師之基層院所，亦得開立處方。 ◎附表三十四：肝炎治療醫療	

Ⅳ.每次療程為靜脈注射 500 毫克～1,000 毫克，兩週後相同劑量再注射一次，共注射兩次。 (2)限內科專科醫師且具有風濕或免疫專科醫師證書者處方。 (3)需經事前審查核准後使用： Ⅰ.申請初次治療：應檢附曾經使用抗腫瘤壞死因子之用藥結果，包括種類、劑量、治療前後 DAS28 積分及副作用報告等資料。並宜記錄患者 HBsAg 及 Anti-HCV 資料(若 HBsAg 檢驗為陽性，宜加作 HBV DNA)。 Ⅱ.申請給予重複療程：符合下列條件者，得再提出申請。 i.接受rituximab初次治療後第21週評估DAS28總積分，必須下降程度≧ 1.2，或DAS28總積分 ＜ 3.2 者，方可給予重複療程。 ii.重複療程之申請可於治療後第 21 週提出。申請第 1 次重複療程者，應先填寫初次療效;申請第 2 次以上重複療程者，必須填寫前兩次療效。並宜記錄患者發生之重大感染等副作用。 Ⅲ.每次申請時應檢附治療前後之相關照片。(99/2/1) (4) 需排除或停止使用 rituximab 治療之情形如下： - 對rituximab過敏 - 重度活動性感染症 - 未經完整治療之結核病的病	資源不足地區及山地離島地區一覽表 8.2.7.Rituximab 注射劑（如 Mabthera，不同劑型之適用範圍需符合藥品許可證登載之適應症)：用於類風濕性關節炎之成人治療部分（97/11/1、99/2/1、101/7/1 、 102/1/1 、 102/4/1 、 106/9/1 、 109/11/1） 1.用於類風濕性關節炎之成人治療部分：(109/11/1) (1)給付條件： Ⅰ.限用於曾經接受抗腫瘤壞死因子 （如 etanercept、adalimumab 或 golimumab 等）治療，但未達療效，或無法耐受的成人活動性類風濕性關節炎患者。（101/7/1） i.Etanercept、adalimumab 或 golimumab 的療效：經治療後評估 DAS28 總積分下降程度大於等於(≧)1.2，或 DAS28 總積分小於 3.2 者。(101/7/1) ii.無法耐受的定義：無法忍受 etanercept、adalimumab 或 golimumab 治療的副作用。(101/7/1) Ⅱ.需與methotrexate併用（但對methotrexate過敏，或 methotrexate 引起嚴重血球低下、肝毒性及其它嚴重副作用者除外）。 Ⅲ.給予重複療程之時機： i.與前次治療相隔 24 週或以上，且 ii.符合下列給藥時機規定：	

患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。(102/1/1) - 心衰竭病患（New York Heart Association class IV） - 懷孕或授乳婦女 - 未達療效 - 藥物引起嚴重毒性 ◎附表二十三：全民健康保險使用 rituximab 用於類風濕性關節炎申請表 2.Rituximab 注射劑與葡萄糖皮質素(glucocorticoids)併用，用於治療中度至重度尋常性天疱瘡(PV)的成人病人部分(限符合藥品許可證登載適應症之藥品)：(109/11/1) (1)限皮膚科、或內科專科醫師且具有風濕或免疫專科醫師證書者處方。 (2)限成人申請，且需經事前審查核准後使用。又申報時應檢附相關病例資料。 (3)給付條件： 併用葡萄糖皮質素(glucocorticoids)給付於中度至重度尋常性天疱瘡成人患者，且符合下列條件: Ⅰ.中度至重度尋常性天疱瘡：PDAI 評估指數為 15 分以上病人，且以 1.0 mg/kg/day(含)以上劑量的口服 prednisolone（或等劑量之類固醇)連續治療達 6 週仍未能控制疾病者，並檢具病理切片報告，及直接免	DAS28 總積分 ≧ 3.2，或與前次接受 rituximab 治療後第 21 週比較，DAS28 總積分上升 ≧ 0.6。 Ⅳ.每次療程為靜脈注射 500 毫克～1,000 毫克，兩週後相同劑量再注射一次，共注射兩次。 (2)限內科專科醫師且具有風濕或免疫專科醫師證書者處方。 (3)需經事前審查核准後使用： Ⅰ.申請初次治療：應檢附曾經使用抗腫瘤壞死因子之用藥結果，包括種類、劑量、治療前後 DAS28 積分及副作用報告等資料。並宜記錄患者 HBsAg 及 Anti-HCV 資料(若 HBsAg 檢驗為陽性，宜加作 HBV DNA)。 Ⅱ.申請給予重複療程：符合下列條件者，得再提出申請。 i.接受rituximab初次治療後第 21 週評估 DAS28 總積分，必須下降程度≧ 1.2，或 DAS28 總積分 ＜ 3.2 者，方可給予重複療程。 ii.重複療程之申請可於治療後第 21 週提出。申請第 1 次重複療程者，應先填寫初次療效;申請第 2 次以上重複療程者，必須填寫前兩次療效。並宜記錄患者發生之重大感染等副作用。 Ⅲ.每次申請時應檢附治療前後之相關照片。（99/2/1） (4) 需排除或停止使用 rituximab 治療之情形如	

疫螢光染色(DIF)報告，得給予起始劑量。 Ⅱ.類固醇依賴型尋常性天疱瘡：指非新診斷尋常性天疱瘡病人，且以 10mg/day 口服 prednisolone(或等劑量之類固醇)治療仍未能控制疾病者。此類病人須提供照相證明、病理切片報告，及直接免疫螢光染色(DIF)報告，證實曾符合上述「Ⅰ中度至重度尋常性天疱瘡」所述之條件，得給予起始劑量。 Ⅲ.經 rituximab 自費治療後非類固醇依賴型天疱瘡，此類病人須提供照相證明、病理切片報告及直接免疫螢光染色(DIF)報告，證實曾符合上述Ⅰ及Ⅱ中度至重度尋常性天疱瘡」所述之條件，得給予維持性治療。 Ⅳ.前開Ⅰ及Ⅱ所稱「未能控制疾病」者，指使用Ⅰ或Ⅱ所列藥物治療後，1 個月內仍有新的水疱≥3 個產生且大於一週仍無法癒合或是舊有水疱病灶仍持續擴大。（需附照片佐證)。 Ⅴ.若無前開Ⅰ、Ⅱ及Ⅲ所稱之直接免疫螢光染色(DIF)報告，得改以出具採用本國核准之 DSG1/DSG3 體外診斷用試劑檢測陽性，醫院或符合 CAP 或 ISO15189 認證實驗室之正式報告。在目前尚無本國核准試劑前，可以採用歐盟、日本、美國核准之試	下： - 對 rituximab 過敏 - 重度活動性感染症 - 未經完整治療之結核病的病患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查）。(102/1/1) - 心衰竭病患（New York Heart Association class IV) - 懷孕或授乳婦女 - 未達療效 - 藥物引起嚴重毒性 ◎附表二十三：全民健康保險使用 rituximab 用於類風濕性關節炎申請表 2.Rituximab 注射劑與葡萄糖皮質素(glucocorticoids)併用，用於治療中度至重度尋常性天疱瘡(PV)的成人病人部分(限符合藥品許可證登載適應症之藥品)：(109/11/1) (1)限皮膚科、或內科專科醫師且具有風濕或免疫專科醫師證書者處方。 (2)限成人申請，且需經事前審查核准後使用。又申報時應檢附相關病例資料。 (3)給付條件： 併用葡萄糖皮質素(glucocorticoids)給付於中度至重度尋常性天疱瘡成人患者，且符合下列條件: Ⅰ.中度至重度尋常性天疱瘡：PDAI 評估指數為 15 分以上病人，且以 1.0	

劑。 (4) 起始治療:1000mg rituximab 以靜脈輸注投予，兩週後投予第二劑1000 mg rituximab 靜脈輸注，同時依據病人嚴重度併用逐漸減量之葡萄糖皮質素(glucocorticoids)療程。 (5)維持治療應於第12個月時靜脈輸注投予 500mg 的維持治療，之後每 6 個月根據臨床評估投予。 (6)若於 rituximab 療療程中復發，病人可接受一劑1000mg rituximab 靜脈輸注。醫療專業人員也應根據臨床評估，考慮重新開始或增加病人的葡萄糖皮質素(glucocorticoids)劑量。 8.2.8.Palivizumab (如Synagis)(99/12/1、102/7/1、106/4/1) 限符合下列條件之一： 1.出生時懷孕週數小於或等於30 週之早產兒。(106/4/1) 2.併有慢性肺疾病(Chronic Lung Disease；CLD)之早產兒(小於或等於 35 週)。 3.一歲以下患有血液動力學上顯著異常之先天性心臟病童。需符合以下條件： (1)納入條件：符合下列條件之一 Ⅰ非發紺性先天性心臟病合併心臟衰竭：符合下列三項中至少兩項：(1)生長遲滯，體重小於第三百分位；(2)	mg/kg/day(含)以上劑量的口服 prednisolone (或等劑量之類固醇)連續治療達 6 週仍未能控制疾病者，並檢具病理切片報告，及直接免疫螢光染色(DIF)報告，得給予起始劑量。 Ⅱ.類固醇依賴型尋常性天疱瘡：指非新診斷尋常性天疱瘡病人，且以 10mg/day 口服 prednisolone(或等劑量之類固醇)治療仍未能控制疾病者。此類病人須提供照相證明、病理切片報告，及直接免疫螢光染色(DIF)報告，證實曾符合上述「Ⅰ中度至重度尋常性天疱瘡」所述之條件，得給予起始劑量。 Ⅲ.經 rituximab 自費治療後非類固醇依賴型天疱瘡，此類病人須提供照相證明、病理切片報告及直接免疫螢光染色(DIF)報告，證實曾符合上述Ⅰ及Ⅱ中度至重度尋常性天疱瘡」所述之條件，得給予維持性治療。 Ⅳ.前開Ⅰ及Ⅱ所稱「未能控制疾病」者，指使用 Ⅰ 或Ⅱ所列藥物治療後，1 個月內仍有新的水疱≥3 個產生且大於一週仍無法癒合或是舊有水疱病灶仍持續擴大。(需附照片佐證)。 Ⅴ.若無前開Ⅰ、Ⅱ及Ⅲ所稱之直接免疫螢光染色(DIF)報告，得改以出具採用本國核准之 DSG1/DSG3 體外診斷用試劑檢測陽性，醫院	

有明顯心臟擴大現象；(3)需兩種以上抗心臟衰竭藥物控制症狀。 Ⅱ發紺性先天性心臟病：完全矯正手術（含心導管或是外科手術矯正）前或是矯正手術後仍有發紺或是心臟衰竭症狀者。 (2)排除條件： Ⅰ非嚴重性先天性心臟病：不需藥物控制心臟衰竭，如心房中隔缺損，單純動脈瓣膜輕微狹窄等。 Ⅱ嚴重性先天性心臟病，但經心導管或外科手術治療，目前僅殘存輕微血行動力學異常，且無發紺症狀。 (3)施打方式： Ⅰ一歲之內每個月給予 15mg/kg palivizumab 肌肉注射一次，直到年齡滿一歲或直到矯正手術(包括開心及心導管手術)為止。 Ⅱ一歲之內接受體外循環開心矯正手術者，術後出院前再給一劑。 Ⅲ最多施打六劑。 8.2.9.Thalidomide（如 Thado）(100/2/1) 1.用於中度至重度痲瘋性結節性紅斑(ERYTHEMA NODOSUM LEPROSUM, ENL)出現皮膚徵兆之急性期治療。 2.可持續用於預防及抑制ENL皮膚徵兆復發。 3.不可單獨用於治療發生中度至重度神經炎之ENL。 4.需事前審查核准後使用。 8.2.10. Eculizumab（如 Soliris）（101/4/1、	或符合CAP或ISO15189認證實驗室之正式報告。在目前尚無本國核准試劑前，可以採用歐盟、日本、美國核准之試劑。 (4) 起始治療 :1000mg rituximab 以靜脈輸注投予，兩週後投予第二劑 1000 mg rituximab 靜脈輸注，同時依據病人嚴重度併用逐漸減量之葡萄糖皮質素(glucocorticoids)療程。 (5)維持治療應於第12個月時靜脈輸注投予 500mg 的維持治療，之後每 6 個月根據臨床評估投予。 (6)若於 rituximab 療療程中復發，病人可接受一劑 1000mg rituximab 靜脈輸注。醫療專業人員也應根據臨床評估，考慮重新開始或增加病人的葡萄糖皮質素(glucocorticoids)劑量。 8.2.8.Palivizumab（如 Synagis)(99/12/1、102/7/1、106/4/1) 限符合下列條件之一： 1.出生時懷孕週數小於或等於 30 週之早產兒。(106/4/1) 2.併有慢性肺疾病(Chronic Lung Disease；CLD)之早產兒(小於或等於35週)。 3.一歲以下患有血液動力學上顯著異常之先天性心臟病童。需符合以下條件： (1)納入條件：符合下列條件之一	

102/10/1 、 108/6/1 、108/9/1） 1. 用於陣發性夜間血紅素尿症患者：(108/6/1) (1)陣發性夜間血紅素尿症患者且PNH granulocyte clone size 經兩種抗體確認大於50%，並符合下列條件之一者使用： I. 有溶血性貧血，血紅素濃度至少有兩次檢測數值低於7g/dL 或有心肺功能不全症狀（New York Heart Association Class III 或IV）且血紅素濃度低於9g/dL，並須長期大量輸血（3 個月內至少輸血 6 個單位以上）。須排除其他原因引起之貧血，包括缺鐵性貧血或出血等。 II.有發生危及生命之虞之血栓並導致明顯器官功能受損者，但須排除其他已知原因引起之血栓。 i.任何位置之動脈血栓。 ii.重要部位之靜脈性血栓，包括腦部靜脈、靜脈竇、上下腔靜脈、近端深部靜脈、肝靜脈或肝門靜脈血栓等。 III.發生因血管內溶血導致的進行性腎功能衰竭（serum creatinine 大於 2.0 mg/dL），且無法以其他原因解釋者。 (2)排除有高危險之骨髓化生不良症候群（RAEB-1 或 RAEB-2）的病患。 (3)新個案需經專家小組特殊專案審查核准後使用，每次申	I 非發紺性先天性心臟病合併心臟衰竭：符合下列三項中至少兩項：(1)生長遲滯，體重小於第三百分位；(2)有明顯心臟擴大現象；(3)需兩種以上抗心臟衰竭藥物控制症狀。 II 發紺性先天性心臟病：完全矯正手術（含心導管或是外科手術矯正）前或是矯正手術後仍有發紺或是心臟衰竭症狀者。 (2)排除條件： I 非嚴重性先天性心臟病：不需藥物控制心臟衰竭，如心房中隔缺損，單純動脈瓣膜輕微狹窄等。 II 嚴重性先天性心臟病，但經心導管或外科手術治療，目前僅殘存輕微血行動力學異常，且無發紺症狀。 (3)施打方式： I 一歲之內每個月給予 15mg/kg palivizumab 肌肉注射一次，直到年齡滿一歲或直到矯正手術(包括開心及心導管手術)為止。 II 一歲之內接受體外循環開心矯正手術者，術後出院前再給一劑。 III 最多施打六劑。 8.2.9.Thalidomide（如Thado）(100/2/1) 1.用於中度至重度痲瘋性結節性紅斑(ERYTHEMA NODOSUM LEPROSUM, ENL)出現皮膚徵兆之急性期治療。 2.可持續用於預防及抑制ENL皮膚徵兆復發。 3.不可單獨用於治療發生中度	

請期限為6個月。 (4)每6個月須重新評估治療結果。若符合下列條件之一，則不予同意使用。 I. 接受治療的患者用藥後病情沒有改善者（LDH 超過正常值上限的1.5倍或最近3個月內輸血多於2個單位）。 II.PNH granulocyte clone size ≦50%。 III.發生嚴重再生不良性貧血者。（102/10/1） ◎附表三十之一：全民健康保險使用陣發性夜間血紅素尿症治療藥品 eculizumab 特殊專案審查申請表 ◎附表三十之二：陣發性夜間血紅素尿症患者事前申請Soliris (eculizumab)用藥檢附資料查檢表 2. 用於非典型性尿毒溶血症候群（Atypical Hemolytic Uremic Syndrome, aHUS)病人：(108/6/1、108/9/1) (1)定義： 非典型性尿毒溶血症候群為突然發生急性腎衰竭、急性溶血性貧血及低血小板(<150,000/μL)符合尿毒溶血症候群診斷，且不合併嚴重 ADAMTS13 功能欠損、分泌類志賀氏毒素大腸桿菌(shiga-like toxin-producing E. coli, STEC)感染、肺炎鏈球菌感染，且未具有相關併存疾病、藥物相關或其他等條件(coexisting	至重度神經炎之ENL。 4.需事前審查核准後使用。 8.2.10. Eculizumab（如Soliris）（101/4/1、102/10/1、108/6/1、108/9/1） 1. 用於陣發性夜間血紅素尿症患者：(108/6/1) (1) 陣發性夜間血紅素尿症患者且 PNH granulocyte clone size 經兩種抗體確認大於 50%，並符合下列條件之一者使用： I. 有溶血性貧血，血紅素濃度至少有兩次檢測數值低於 7g/dL 或有心肺功能不全症狀（New York Heart Association Class III 或 IV）且血紅素濃度低於9g/dL，並須長期大量輸血（3個月內至少輸血6個單位以上）。須排除其他原因引起之貧血，包括缺鐵性貧血或出血等。 II.有發生危及生命之虞之血栓並導致明顯器官功能受損者，但須排除其他已知原因引起之血栓。 i.任何位置之動脈血栓。 ii.重要部位之靜脈性血栓，包括腦部靜脈、靜脈竇、上下腔靜脈、近端深部靜脈、肝靜脈或肝門靜脈血栓等。 III.發生因血管內溶血導致的進行性腎功能衰竭（serum creatinine 大於 2.0 mg/dL），且無法以其他原因解釋者。 (2) 排除有高危險之骨髓化生	

diseases/conditions)者。少數也有可能因補體調節異常而產生非典型性尿毒溶血症候群，得視病患各別的情況由專家會議仔細評估及排除典型性尿毒溶血症候群的可能。 (2)治療對血漿治療反應不佳之非典型溶血性尿毒症候群(aHUS)病人，且同時符合下列Ⅰ~Ⅲ之全部條件。 I. 病人最近一週已進行至少 4 次的血漿置換或血漿輸液治療，仍出現血小板數<150,000/μL，且比最近一次(須至少一個月前)TMA 之前之 3 次血小板數平均值低至少 25%；若無法取得之過去之血小板檢驗數值，則最進一次發病時之血小板數值須≤ 75,000/μL，且病患最近一週已進行至少 4 次的血漿置換或血漿輸液治療，仍出現血小板數≤ 100,000/μL。 II.LDH 大於正常上限值(＞upper limit of normal (ULN))，或病人持續接受血漿置換治療，而 LDH 於最近一次發病時至少超過正常上限值。 III.血清肌酸酐 (creatinine)大於或等於年齡之正常上限值(≥ ULN for age)，或因急性腎衰竭須要緊急透析治療之病人。 (3)符合尿毒溶血症候群診斷且排除以下情況： I. 「典型性尿毒溶血症候群」 II.「次發性非典型性尿毒溶血	不良症候群（RAEB-1 或 RAEB-2）的病患。 (3) 新個案需經專家小組特殊專案審查核准後使用，每次申請期限為 6 個月。 (4) 每 6 個月須重新評估治療結果。若符合下列條件之一，則不予同意使用。 I. 接受治療的患者用藥後病情沒有改善者（LDH 超過正常值上限的 1.5 倍或最近 3 個月內輸血多於 2 個單位）。 II.PNH granulocyte clone size ≦50%。 III.發生嚴重再生不良性貧血者。(102/10/1) ◎附表三十之一：全民健康保險使用陣發性夜間血紅素尿症治療藥品 eculizumab 特殊專案審查申請表 ◎附表三十之二：陣發性夜間血紅素尿症患者事前申請 Soliris (eculizumab)用藥檢附資料查檢表 2. 用於非典型性尿毒溶血症候群(Atypical Hemolytic Uremic Syndrome, aHUS)病人：(108/6/1、108/9/1) (1)定義： 非典型性尿毒溶血症候群為突然發生急性腎衰竭、急性溶血性貧血及低血小板(<150,000/μL)符合尿毒溶血症候群診斷，且不合併嚴重 ADAMTS13 功能欠損、分泌類志賀氏毒素大腸桿菌 (shiga-like toxin-producing E.	

症候群」，與下列情形相關者： i.流感 ii.肺炎鏈球菌感染 iii.分泌類志賀氏毒素大腸桿菌 (shiga-like toxin-producing Escherichia coli)感染 iv.thrombotic thrombocytopenic purpura (TTP) v. 合併 HELLP (hemolytic anemia, elevated liver enzymes and low platelets) syndrome vi. 使用中藥物，如 calcineurin inhibitors、化學治療、血小板抑制劑、口服避孕藥等 vii.其他血栓性微血管病 (thrombotic microangiopathy)，包括惡性高血壓 (malignant hypertension)、抗磷脂質症候群 (antiphospholipid syndrome)、瀰漫性血管內凝血 (disseminated intravascular coagulation) viii.Cobalamin C 欠損相關之尿毒溶血症候群 (4)病人同時符合下列條件Ⅰ、Ⅱ、Ⅲ及Ⅳ-Ⅷ至少一個器官侵犯時，屬於重症。只有重症才需要使用血漿置換術或 eculizumab 治療 (但使用 eculizumab 之前，仍需	coli, STEC)感染、肺炎鏈球菌感染，且未具有相關併存疾病、藥物相關或其他等條件 (coexisting diseases/conditions) 者。少數也有可能因補體調節異常而產生非典型性尿毒溶血症候群，得視病患各別的情況由專家會議仔細評估及排除典型性尿毒溶血症候群的可能。 (2)治療對血漿治療反應不佳之非典型溶血性尿毒症候群 (aHUS)病人，且同時符合下列Ⅰ~Ⅲ之全部條件。 I. 病人最近一週已進行至少 4 次的血漿置換或血漿輸液治療，仍出現血小板數< 150,000/μL，且比最近一次(須至少一個月前)TMA 之前之 3 次血小板數平均值低至少 25%；若無法取得之過去之血小板檢驗數值，則最進一次發病時之血小板數值須≤ 75,000/μL，且病患最近一週已進行至少 4 次的血漿置換或血漿輸液治療，仍出現血小板數≤ 100,000/μL。 II.LDH 大於正常上限值(＞upper limit of normal (ULN))，或病人持續接受血漿置換治療，而 LDH 於最近一次發病時至少超過正常上限值。 III.血清肌酸酐 (creatinine) 大於或等於年齡之正常上限值(≥ ULN for age)，或因急性腎衰竭須要緊急透析治療之病人。	

符合前述最近一週已進行至少 4 次的血漿置換或血漿輸液治療反應不佳等條件)： I. 溶血性貧血(Hb 低於 10.0g/dl) II.血小板減少(血小板低於 150,000/μL) III.血清 LDH 升高(高於各醫院檢驗室之正常值) IV.急性腎衰竭(成人AKI第2期以上，兒童請參考表1) V. 腦血管病變(例如腦中風等) VI.心臟障礙(例如缺血性心臟病、心衰竭) VII.呼吸障礙(氧合能力 200mmHg < PaO2/FiO2 ≦ 300mmHg + PEEP 或 CPAP≧ 5cmH2O) VIII. 缺血性腸炎、小腸破裂 表 1 急性腎衰竭定義(詳 p.1745) (5)用藥禁忌 I. 病人有嚴重之腦膜炎球菌(Neisseria meningitis)感染 II.病人未施打過腦膜炎球菌疫苗，除非目前病情之權重高於腦膜炎感染之風險 (6)需檢送基因檢測報告經專家小組特殊專案審查核准後使用，每 24 週須重新申請，必要時得請照護病人之醫師專案報告。(108/9/1) (7)使用 eculizumab 治療 aHUS 之退場機制： I.Eculizumab 治療有效及無效	(3)符合尿毒溶血症候群診斷且排除以下情況： I. 「典型性尿毒溶血症候群」 II.「次發性非典型性尿毒溶血症候群」，與下列情形相關者： i.流感 ii.肺炎鏈球菌感染 iii.分泌類志賀氏毒素大腸桿菌(shiga-like toxin-producing Escherichia coli)感染 iv.thrombotic thrombocytopenic purpura (TTP) v. 合併 HELLP (hemolytic anemia, elevated liver enzymes and low platelets) syndrome vi. 使用中藥物，如 calcineurin inhibitors、化學治療、血小板抑制劑、口服避孕藥等 vii. 其他血栓性微血管病(thrombotic microangiopathy)，包括惡性高血壓(malignant hypertension)、抗磷脂質症候群(antiphospholipid syndrome)、瀰漫性血管內凝血(disseminated intravascular coagulation) viii.Cobalamin C 欠損相關之尿毒溶血症候群 (4)病人同時符合下列條件Ⅰ、Ⅱ、Ⅲ及Ⅳ-Ⅷ至少一個器	

定義，如下： i.治療有效定義：病人經使用 eculizumab 6 個月，其血栓性微血管病變獲得控制(指控制的定義為至少兩次檢驗，間隔超過一個月，血小板回復正常≧150,000/mm3，血紅素回復正常，LDH 下降至正常值下限，持續呈現器官血栓性微血管病變)。 ii.治療無效定義：病人經使用 eculizumab 6 個月，無法使血栓性微血管病變獲得控制(控制的定義如上)；但須排除劑量不足或藥物經由尿液流失特別是併發腎病症候群患者。 II.若治療反應無法達到有效，建議由其他專家再作劑量評估或排除非典型性尿毒溶血症候群之可能。 III.退場機制建議如下： i.治療無效 ii.慢性腎臟病第五期 iii.嚴重腦傷害導致神經性異常重度殘障 iv.若病患疾病是由於帶 MCP、CD46、CFI 基因異常導致，且超過易感染病毒年紀(5 歲以上)，或者在延長給藥時間或減少劑量下仍然無復發且 CH50<10%，可考慮停藥。 8.2.11.Plerixafor (如 Mozobil)：(102/12/1、106/10/1) 1.限用於須施行自體移植之非何杰金氏淋巴瘤或多發性骨髓瘤的病患，但驅動不佳	官侵犯時，屬於重症。只有重症才需要使用血漿置換術或 eculizumab 治療(但使用 eculizumab 之前，仍需符合前述最近一週已進行至少 4 次的血漿置換或血漿輸液治療反應不佳等條件)： I. 溶血性貧血(Hb 低於 10.0g/dl) II.血小板減少(血小板低於 150,000/μL) III.血清 LDH 升高(高於各醫院檢驗室之正常值) IV.急性腎衰竭(成人 AKI 第 2 期以上，兒童請參考表 1) V. 腦血管病變(例如腦中風等) VI.心臟障礙(例如缺血性心臟病、心衰竭) VII. 呼吸障礙(氧合能力 200mmHg < PaO2/FiO2 ≦ 300mmHg + PEEP 或 CPAP≧ 5cmH2O) VIII. 缺血性腸炎、小腸破裂 表 1 急性腎衰竭定義(詳 p.1763) (5)用藥禁忌 I. 病人有嚴重之腦膜炎球菌(Neisseria meningitis)感染 II.病人未施打過腦膜炎球菌疫苗，除非目前病情之權重高於腦膜炎感染之風險 (6)需檢送基因檢測報告經專家小組特殊專案審查核准後使用，每 24 週須重新申請，必要時得請照護病人之醫師專案報告。	

者。為至少使用一療程之 G-CSF 合併化學治療的幹細胞驅動治療，收集數量每公斤體重 CD34+細胞少於 2 百萬個才可申請使用。 2. 原則上使用不超過 2 天(106/10/1)。 3. 使用第 2 天應確實計算療程中已收集之 CD34+細胞總數，若仍未達每公斤體重 2 百萬個 CD34+細胞，方得再使用 1 天。 8.2.12.Canakinumab（如 Ilaris）：(104/8/1) 1. 限具有風濕或免疫專長之醫師處方。 2. 臨床診斷為 Cryopyrin 相關週期性症候群(CAPS)，包括：嚴重型的家族性冷因性自體發炎症候群(FCAS)/家族性寒冷蕁麻疹(FCU)、Muckle-Wells 症候群(MWS)、新生兒多重系統發炎疾病(NOMID)/慢性嬰兒神經學、皮膚、關節症候群(CINCA)，並符合下列所有條件： (1)具有 NLRP3 基因突變。 (2)有下列兩個以上之併發症： Ⅰ. 中樞神經系統併發症。 Ⅱ. 葡萄膜炎。 Ⅲ. 感覺神經性聽損。 Ⅳ. 腎臟類澱粉沉積症。 (3)hsCRP（high sensitivity CRP）＞ 1mg/dL 及 ESR＞25mm/h。 (4)經一般藥物及類固醇治療 3 個月以上無效。 3. 需經事前審查核准後使用：	(108/9/1) (7)使用 eculizumab 治療 aHUS 之退場機制： I. Eculizumab 治療有效及無效定義，如下： i. 治療有效定義：病人經使用 eculizumab 6 個月，其血栓性微血管病變獲得控制(指控制的定義為至少兩次檢驗，間隔超過一個月，血小板回復正常≧150,000/mm3，血紅素回復正常，LDH 下降至正常值下限，持續呈現器官血栓性微血管病變)。 ii. 治療無效定義：病人經使用 eculizumab 6 個月，無法使血栓性微血管病變獲得控制(控制的定義如上)；但須排除劑量不足或藥物經由尿液流失特別是併發腎病症候群患者。 II. 若治療反應無法達到有效，建議由其他專家再作劑量評估或排除非典型性尿毒溶血症候群之可能。 III. 退場機制建議如下： i. 治療無效 ii. 慢性腎臟病第五期 iii. 嚴重腦傷害導致神經性異常重度殘障 iv. 若病患疾病是由於帶 MCP、CD46、CFI 基因異常導致，且超過易感染病毒年紀(5 歲以上)，或者在延長給藥時間或減少劑量下仍然無復發且 CH50<10%，可考慮停藥。 8.2.11.Plerixafor（如 Mozobil）：(102/12/1、	

(1)初次申請需於給藥兩週後進行療效評估，達療效者方可繼續使用，自初次起計使用期間為 1 年，療效之定義為符合下列條件之一： Ⅰ.治療後 hsCRP≦ 1mg/dL 及 ESR≦ 25mm/h。 Ⅱ.治療後 hsCRP 及 ESR 改善程度≧50%。 (2)使用 1 年期間後須暫緩續用，倘 hsCRP 及 ESR 較暫緩續用前上升程度≧50%，則可申請續用，續用期間為 1 年。hsCRP 檢驗結果上升應排除其他非 CAPS 之情況所引起。 第 9 節抗癌瘤藥物 Antineoplastics drugs 9.1.Aromatase Inhibitors 9.1.1.Exemestane(如 Aromasin Sugar Coated Tablets)：(88/11/1、90/10/1、99/6/1、105/8/1) 1.限停經後或卵巢切除後，且女性荷爾蒙受體(estrogen receptor)陽性之晚期乳癌病患，經使用 tamoxifen 無效後，方可使用。 2.具有雌激素受體陽性之停經婦女，使用 tamoxifen 至少兩年之高危險早期侵犯性乳癌的輔助治療，且不得與 tamoxifen 或其他 aromatase inhibitor 併用。使用時需同時符合下列規定：(105/8/1)	106/10/1) 1.限用於須施行自體移植之非何杰金氏淋巴瘤或多發性骨髓瘤的病患，但驅動不佳者。為至少使用一療程之 G-CSF 合併化學治療的幹細胞驅動治療，收集數量每公斤體重 CD34+細胞少於 2 百萬個才可申請使用。 2.原則上使用不超過 2 天(106/10/1)。 3.使用第2天應確實計算療程中已收集之 CD34+細胞總數，若仍未達每公斤體重 2 百萬個 CD34+細胞，方得再使用 1 天。 8.2.12.Canakinumab (如 Ilaris)：(104/8/1) 1.限具有風濕或免疫專長之醫師處方。 2.臨床診斷為Cryopyrin相關週期性症候群(CAPS)，包括：嚴重型的家族性冷因性自體發炎症候群(FCAS)/家族性寒冷蕁麻疹(FCU)、Muckle-Wells 症候群(MWS)、新生兒多重系統發炎疾病(NOMID)/慢性嬰兒神經學、皮膚、關節症候群(CINCA)，並符合下列所有條件： (1)具有 NLRP3 基因突變。 (2)有下列兩個以上之併發症： Ⅰ.中樞神經系統併發症。 Ⅱ.葡萄膜炎。 Ⅲ.感覺神經性聽損。 Ⅳ.腎臟類澱粉沉積症。 (3)hsCRP (high sensitivity CRP) > 1mg/dL 及 ESR>	

(1)病歷上應詳細記載手術資料、病理報告(應包含 ER、PR 之檢測結果且無復發現象)。 (2)本案藥品使用不得超過三年。 9.1.2.Anastrozole(如 Arimidex)：(88/6/1、92/3/1、93/6/1) 1.停經後雌激素接受器為陽性或不清楚之局部晚期或轉移性乳癌第一線治療。(92/3/1) 2.停經後婦女晚期乳癌，雌激素接受器為陰性，但曾對 tamoxifen 有陽性反應者。(92/3/1) 3.停經後婦女罹患早期侵犯性乳癌，經外科手術切除後且雌激素接受器為陽性，且有血栓栓塞症或子宮內膜異常增生的高危險群，而無法使用 tamoxifen 治療者。(93/6/1) 備註：療程期間以不超過五年為原則。血栓栓塞症或子宮內膜異常增生的高危險群需符合下列情形之一： (1)有腦血管梗塞病史者。 (2)有靜脈血栓栓塞症病史者。 (3)有子宮異常出血病史，且「經陰道超音波檢查」判定為子宮內膜異常增生的高危險群。 9.1.3.Letrozole：(88/11/1、90/10/1、92/3/1、97/11/1、98/11/1、99/9/1、102/8/1)	25mm/h。 (4)經一般藥物及類固醇治療 3 個月以上無效。 3.需經事前審查核准後使用： (1)初次申請需於給藥兩週後進行療效評估，達療效者方可繼續使用，自初次起計使用期間為 1 年，療效之定義為符合下列條件之一： Ⅰ.治療後 hsCRP≦ 1mg/dL 及 ESR≦ 25mm/h。 Ⅱ.治療後 hsCRP 及 ESR 改善程度≧50%。 (2)使用 1 年期間後須暫緩續用，倘 hsCRP 及 ESR 較暫緩續用前上升程度≧50%，則可申請續用，續用期間為1年。hsCRP檢驗結果上升應排除其他非 CAPS 之情況所引起。 第 9 節抗癌瘤藥物 Antineoplastics drugs 9.1.Aromatase Inhibitors 9.1.1.Exemestane(如 Aromasin Sugar Coated Tablets)：(88/11/1、90/10/1、99/6/1、105/8/1) 1.限停經後或卵巢切除後，且女性荷爾蒙受體(estrogen receptor)陽性之晚期乳癌病患，經使用 tamoxifen 無效後，方可使用。 2.具有雌激素受體陽性之停經婦女，使用 tamoxifen 至少兩年之高危險早期侵犯性乳癌的輔助治療，且不	

1.接受抗動情激素治療失敗的自然或人工停經後之末期乳癌病人之治療、停經後之局部晚期或轉移性乳癌婦女患者之第一線治療用藥。 2.停經後且荷爾蒙接受體呈陽性，有淋巴結轉移之乳癌病人，作為 tamoxifen 治療五年後的延伸治療，且不得與其他aromatase inhibitor併用。使用時需同時符合下列規定：(97/11/1) (1)手術後大於等於 11 年且無復發者不得使用。 (2)每日最大劑量 2.5mg，使用不得超過四年。 3.停經後且荷爾蒙接受體呈陽性之早期乳癌病人，經外科手術切除後之輔助治療，且不得與 tamoxifen 或其他aromatase inhibitor併用。使用時需同時符合下列規定：(98/11/1、99/9/1、102/8/1) (1)每日最大劑量 2.5mg，使用不得超過五年； (2)若由 tamoxifen 轉換使用本品，則使用期限合計不得超過5年。 4.病歷上應詳細記載手術資料、病理報告(應包含 ER、PR 之檢測結果且無復發現象)及用藥紀錄(如tamoxifen使用五年證明)。 9.2.Carboplatin (如Paraplatin；Carboplatin	得與 tamoxifen 或其他aromatase inhibitor 併用。使用時需同時符合下列規定：(105/8/1) (1)病歷上應詳細記載手術資料、病理報告(應包含ER、PR 之檢測結果且無復發現象)。 (2)本案藥品使用不得超過三年。 9.1.2.Anastrozole(如Arimidex)：(88/6/1、92/3/1、93/6/1) 1.停經後雌激素接受器為陽性或不清楚之局部晚期或轉移性乳癌第一線治療。(92/3/1) 2.停經後婦女晚期乳癌，雌激素接受器為陰性，但曾對tamoxifen 有陽性反應者。(92/3/1) 3.停經後婦女罹患早期侵犯性乳癌，經外科手術切除後且雌激素接受器為陽性，且有血栓栓塞症或子宮內膜異常增生的高危險群，而無法使用 tamoxifen 治療者。(93/6/1) 備註：療程期間以不超過五年為原則。血栓栓塞症或子宮內膜異常增生的高危險群需符合下列情形之一： (1)有腦血管梗塞病史者。 (2)有靜脈血栓栓塞症病史者。 (3)有子宮異常出血病史，且「經陰道超音波檢查」判定為子宮內膜異常增生的高危險群。 9.1.3.Letrozole：	

inj)： 限 1.卵巢癌患者。 2.腎功能不佳(CCr<60)或曾作單側或以上腎切除之惡性腫瘤患者使用。 9.3.Docetaxel：(87/7/1、92/11/1、93/8/1、95/8/1、96/1/1、99/6/1、100/1/1、101/9/1、108/1/1) 1.乳癌： (1)局部晚期或轉移性乳癌。 (2)與 anthracycline 合併使用於腋下淋巴結轉移之早期乳癌之術後輔助性化學治療。(99/6/1) (3)早期乳癌手術後，經診斷為三陰性反應且無淋巴轉移的病人，得作為與 cyclophosphamide 併用 doxorubicin 的化學輔助療法。(101/9/1) 2.非小細胞肺癌：局部晚期或轉移性非小細胞肺癌。 3.前列腺癌：於荷爾蒙治療失敗之轉移性前列腺癌。 4.頭頸癌：限局部晚期且無遠端轉移之頭頸部鱗狀細胞癌且無法手術切除者，與 cisplatin 及 5-fluorouracil 併用，作為放射治療前的引導治療，限使用 4 個療程。(100/1/1) 5.胃腺癌：晚期胃腺癌患者，包括胃食道接合處之腺癌。(108/1/1) 9.4.Gemcitabine (如 Gemzar)：(92/12/1、	(88/11/1、90/10/1、92/3/1、97/11/1、98/11/1、99/9/1、102/8/1) 1.接受抗動情激素治療失敗的自然或人工停經後之末期乳癌病人之治療、停經後之局部晚期或轉移性乳癌婦女患者之第一線治療用藥。 2.停經後且荷爾蒙接受體呈陽性，有淋巴結轉移之乳癌病人，作為 tamoxifen 治療五年後的延伸治療，且不得與其他 aromatase inhibitor 併用。使用時需同時符合下列規定：(97/11/1) (1)手術後大於等於11年且無復發者不得使用。 (2)每日最大劑量 2.5mg，使用不得超過四年。 3.停經後且荷爾蒙接受體呈陽性之早期乳癌病人，經外科手術切除後之輔助治療，且不得與 tamoxifen 或其他 aromatase inhibitor 併用。使用時需同時符合下列規定：(98/11/1、99/9/1、102/8/1) (1)每日最大劑量 2.5mg，使用不得超過五年； (2)若由 tamoxifen 轉換使用本品，則使用期限合計不得超過5年。 4.病歷上應詳細記載手術資料、病理報告(應包含 ER、PR 之檢測結果且無復發現象)及用藥紀錄(如	

93/8/1、94/10/1、96/5/1、99/10/1、105/2/1) 限用於 1.晚期或無法手術切除之非小細胞肺癌及胰臟癌病患。 2.晚期膀胱癌病患。(92/12/1) 3.Gemcitabine 與 paclitaxel 併用，可使用於曾經使用過 anthracycline 之局部復發且無法手術切除或轉移性之乳癌病患。(94/10/1) 4.用於曾經使用含鉑類藥物(platinum-based)治療後復發且間隔至少 6 個月之卵巢癌，作為第二線治療。(96/5/1、99/10/1) 5.無法手術切除或晚期或復發之膽道癌(含肝內膽管)病患。(105/2/1) 9.5.Paclitaxel 成分劑：(88/8/1、88/11/1、89/6/1、89/10/1、91/4/1、91/8/1、93/8/1、94/1/1、98/8/1、108/11/1) 9.5.1.Paclitaxel 成分注射劑：(108/11/1) 限用於 1.晚期卵巢癌，作為第一線治療時需與 cisplatin 併用。(94/1/1) 2.非小細胞肺癌，作為第一線用藥時需與 cisplatin 併用。(94/1/1) 3.已使用合併療法(除非有禁忌症、至少應包括使用 anthracycline)失敗的轉移性	tamoxifen 使用五年證明)。 9.2.Carboplatin (如 Paraplatin；Carboplatin inj)： 限 1.卵巢癌患者。 2.腎功能不佳(CCr<60)或曾作單側或以上腎切除之惡性腫瘤患者使用。 9.3.Docetaxel：(87/7/1、92/11/1、93/8/1、95/8/1、96/1/1、99/6/1、100/1/1、101/9/1、108/1/1) 1.乳癌： (1)局部晚期或轉移性乳癌。 (2)與 anthracycline 合併使用於腋下淋巴結轉移之早期乳癌之術後輔助性化學治療。(99/6/1) (3)早期乳癌手術後，經診斷為三陰性反應且無淋巴轉移的病人，得作為與 cyclophosphamide 併用 doxorubicin 的化學輔助療法。(101/9/1) 2.非小細胞肺癌：局部晚期或轉移性非小細胞肺癌。 3.前列腺癌：於荷爾蒙治療失敗之轉移性前列腺癌。 4.頭頸癌：限局部晚期且無遠端轉移之頭頸部鱗狀細胞癌且無法手術切除者，與 cisplatin 及 5-fluorouracil 併用，作為放射治療前的引導治療，限使用 4 個療程。(100/1/1) 5.胃腺癌：晚期胃腺癌患者，	

乳癌患者。（91/4/1、94/1/1） 4.腋下淋巴轉移之乳癌且動情素受體為陰性之患者，paclitaxel 可作為接續含 doxorubicin 在內之輔助化學治療。（91/4/1、94/1/1、98/8/1） 5.卡波西氏肉瘤第二線用藥。（88/11/1） 9.5.2.Albumin-based paclitaxel（如 Abraxane）：(108/11/1) 限併用 gemcitabine，做為轉移性胰腺癌患者之第一線治療。 9.6.Streptococcus pyrogene(如 Picibanil)： 限惡性腫瘤患者患有惡性腹水，肋膜積水或心包膜積水時使用，需檢附病歷摘要。 9.7.（刪除）（87/7/1、94/1/1、109/10/1） 9.8.Toremifenetab（如 Fareston）：(88/6/1) 限用於停經後，且女性荷爾蒙接受體(estrogen receptor)為陽性之轉移性乳癌病患。 9.9.Vinorelbine：(91/1/1、95/6/1、96/9/1、101/3/1、106/11/1) 1.限用於： (1)晚期或無法手術切除之非小細胞肺癌及轉移性乳癌病患。 (2)病理分期第二期及第三期前半(stageII & stageIIIA)非	包括胃食道接合處之腺癌。(108/1/1) 9.4.Gemcitabine（如 Gemzar）：（92/12/1、93/8/1、94/10/1、96/5/1、99/10/1、105/2/1） 限用於 1.晚期或無法手術切除之非小細胞肺癌及胰臟癌病患。 2.晚期膀胱癌病患。（92/12/1） 3.Gemcitabine 與 paclitaxel 併用，可使用於曾經使用過 anthracycline 之局部復發且無法手術切除或轉移性之乳癌病患。（94/10/1） 4.用於曾經使用含鉑類藥物(platinum-based)治療後復發且間隔至少 6 個月之卵巢癌，作為第二線治療。(96/5/1、99/10/1) 5.無法手術切除或晚期或復發之膽道癌(含肝內膽管)病患。(105/2/1) 9.5.Paclitaxel 成分注射劑：（88/8/1、88/11/1、89/6/1、89/10/1、91/4/1、91/8/1、93/8/1、94/1/1、98/8/1、108/11/1） 9.5.1.Paclitaxel 成分注射劑：(108/11/1) 限用於 1.晚期卵巢癌，作為第一線治療時需與 cisplatin 併用。(94/1/1) 2.非小細胞肺癌，作為第一線用藥時需與 cisplatin 併	

小細胞肺癌於接受根治性手術後與鉑金類藥品併用之輔助治療，最多可使用 4 療程(106/11/1)。 2.本成分之口服劑型與注射劑型不得併用。 9.10.Oxaliplatin：(需符合藥品許可證登載之適應症)(89/7/1、91/10/1、93/8/1、98/2/1、98/3/1、98/7/1、102/9/1、102/12/1、109/12/1、110/5/1、110/6/1、110/7/1) 1.和 5-FU 和 folinic acid 併用 (1)治療轉移性結腸直腸癌，惟若再加用 irinotecan (如 Campto) 則不予給付。(91/10/1) (2)作為第三期結腸癌(Duke's C) 原發腫瘤完全切除手術後的輔助療法。(98/2/1) 2.與 fluoropyrimidine 類藥物(如 capecitabine、5-FU、UFUR，但不包含 TS-1)併用，可用於局部晚期及復發/轉移性胃癌之治療。(須依藥品許可證登載之適應症使用)。(98/2/1、98/3/1、98/7/1、102/9/1、102/12/1、109/12/1) 3. 與 5-fluorouracil、leucovorin 及 irinotecan 併用(FOLFIRINOX)，作為轉移性胰臟癌之第一線治療(限用 Oxalip、Opatin、Eloxatin、Folep、Oxaliplatine-Mylan、Orectalip)。(110/5/1、110/6/1、110/7/1)	用。(94/1/1) 3.已使用合併療法(除非有禁忌症、至少應包括使用 anthracycline)失敗的轉移性乳癌患者。(91/4/1、94/1/1) 4.腋下淋巴轉移之乳癌且動情素受體為陰性之患者，paclitaxel 可作為接續含 doxorubicin 在內之輔助化學治療。(91/4/1、94/1/1、98/8/1) 5.卡波西氏肉瘤第二線用藥。(88/11/1) 9.5.2.Albumin-based paclitaxel (如 Abraxane)：(108/11/1) 限併用 gemcitabine，做為轉移性胰腺癌患者之第一線治療。 9.6.Streptococcus pyrogene(如 Picibanil)： 限惡性腫瘤患者患有惡性腹水，肋膜積水或心包膜積水時使用，需檢附病歷摘要。 9.7.(刪除)(87/7/1、94/1/1、109/10/1) 9.8.Toremifenetab (如 Fareston)：(88/6/1) 限用於停經後，且女性荷爾蒙接受體(estrogen receptor)為陽性之轉移性乳癌病患。 9.9.Vinorelbine：(91/1/1、95/6/1、96/9/1、101/3/1、106/11/1) 1.限用於： (1)晚期或無法手術切除之非小	

9.11.Uracil-Tegafur ：（如 Ufur)(100/1/1) 1.限轉移性胃癌、轉移性直腸癌、轉移性結腸癌、轉移性乳癌之病患使用（89/10/1、97/12/1）。 2.頭頸部鱗狀上皮癌(93/4/1、98/3/1、99/10/1)。 3.與 cisplatin 併用治療轉移及末期肺癌。 4.直腸癌、結腸癌第Ⅱ、Ⅲ期患者之術後輔助性治療，且使用期限不得超過 2 年(94/10/1、97/12/1) 5.用於病理分期為 T2 且腫瘤≧3cm 之肺腺癌病人，作為手術後輔助治療，使用期限以二年為限。(100/1/1)	細胞肺癌及轉移性乳癌病患。 (2)病理分期第二期及第三期前半(stageII & stageIIIA)非小細胞肺癌於接受根治性手術後與鉑金類藥品併用之輔助治療，最多可使用 4 療程(106/11/1)。 2.本成分之口服劑型與注射劑型不得併用。	
9.10.Oxaliplatin ：（89/7/1、91/10/1、93/8/1、98/2/1、98/3/1、98/7/1、102/9/1、102/12/1、109/12/1）		
9.12.Irinotecan(90/10/1、107/8/1、110/5/1、110/7/1、110/8/1) 9.12.1.Irinotecan(如 Campto injection)：(需符合藥品許可證登載之適應症)(90/10/1、93/8/1、110/5/1、110/7/1、110/8/1) 1.限轉移性大腸直腸癌之第一線治療藥物: (1)與 5-FU 及 folinicacid 合併，使用於未曾接受過化學治療之患者。 (2)單獨使用於曾接受 5-FU 療程治療無效之患者。 2. 與 5-fluorouracil、leucovorin 及 oxaliplatin 併用(FOLFIRINOX)，做為轉移性胰臟癌之第一線治療(限用 Irino、Irinotel、Campto、Irinotecan	1.和 5-FU 及 folinic acid 併用 (1)治療轉移性結腸直腸癌，惟若再加用 irinotecan（如 Campto）則不予給付。(91/10/1) (2)作為第三期結腸癌(Duke's C) 原發腫瘤完全切除手術後的輔助療法。(98/2/1) 2.與 fluoropyrimidine 類藥物（如 capecitabine、5-FU、UFUR，但不包含 TS-1)併用，可用於局部晚期及復發/轉移性胃癌之治療。(須依藥品許可證登載之適應症使用）。(98/2/1、98/3/1、98/7/1、102/9/1、102/12/1、109/12/1)	

Injection Concentrate、Irican、Innocan)。(110/5/1、110/7/1、110/8/1) 9.12.2.Irinotecan 微脂體注射劑(如 Onivyde)：(107/8/1) 1.與 5-FU 及 leucovorin 合併使用於曾接受過 gemcitabine 治療後復發或惡化之轉移性胰腺癌。 2.需經事前審查核准後使用。 9.13.Aldesleukin(如 Proleukin for Injection)：(90/10/1、93/8/1) 限轉移性腎細胞癌及惡性黑色素瘤病患使用。 9.14.Doxorubicin hydrochloride liposome injection(如 Lipo-Dox、Caelyx)：(91/3/1、93/8/1、93/11/1、99/10/1) 限用於下列適應症:(99/10/1) 1.用於治療曾接受第一線含 platinum 及 paclitaxel 化學治療而失敗者或再復發之進行性或轉移性卵巢癌病人。(91/3/1) 2.用於治療 CD4 數量低下(<200 CD4 lymphocyte/mm^3)和粘膜、皮膚或內臟有病變的 AIDS related Kaposi's Sarcoma 的病人。(91/3/1) 3.用於單一治療有心臟疾病風險考量之轉移性乳癌患者。(93/11/1)	9.11.Uracil-Tegafur：(如 Ufur)(100/1/1) 1.限轉移性胃癌、轉移性直腸癌、轉移性結腸癌、轉移性乳癌之病患使用(89/10/1、97/12/1)。 2.頭頸部鱗狀上皮癌(93/4/1、98/3/1、99/10/1)。 3.與 cisplatin 併用治療轉移及末期肺癌。 4.直腸癌、結腸癌第Ⅱ、Ⅲ期患者之術後輔助性治療，且使用期限不得超過 2 年(94/10/1、97/12/1) 5.用於病理分期為 T2 且腫瘤≧3cm 之肺腺癌病人，作為手術後輔助治療，使用期限以二年為限。(100/1/1) 9.12.Irinotecan(90/10/1、107/8/1) 9.12.1.Irinotecan(如 Campto injection)：(90/10/1、93/8/1) 限轉移性大腸直腸癌之第一線治療藥物: 1.與 5-FU 及 folinicacid 合併，使用於未曾接受過化學治療之患者。 2.單獨使用於曾接受 5-FU 療程治療無效之患者。	

9.15.Tretinoin（如 Vesanoid Soft Gelatin）：（88/10/1） 限急性前髓性白血病使用。 9.16.Topotecan（如 Hycamtin）：（88/10/1、93/8/1、98/11/1、100/6/1） 9.16.1.Topotecan 注射劑（88/10/1、93/8/1、98/11/1） 1.限卵巢癌及小細胞肺癌之第二線化學治療（第一線治療應包括白金化合物）。 2.與 cisplatin 併用適用於治療經組織學檢查確定患有第 IV-B 期復發性或持續性子宮頸癌，且不適合以外科手術及（或）放射療法進行治療的患者。（98/11/1） 9.16.2.Topotecan 口服劑型（100/6/1） 限用於小細胞肺癌之第二線化學治療（第一線治療應包括白金化合物）。 9.17.Capecitabine（如 Xeloda）：（88/10/1、91/4/1、92/6/1、93/8/1、96/9/1、97/12/1、110/2/1） 1.Capecitabine 與 docetaxel 併用於治療對 anthracycline 化學治療無效之局部晚期或轉移性乳癌病患。 2.用於局部晚期或轉移性乳癌，需符合下列條件之一：(110/2/1) (1)Capecitabine 單獨用於無法接受 anthracycline 治療	9.12.2.Irinotecan 微脂體注射劑（如 Onivyde）：(107/8/1) 1.與 5-FU 及 leucovorin 合併使用於曾接受過 gemcitabine 治療後復發或惡化之轉移性胰腺癌。 2.需經事前審查核准後使用。 9.13.Aldesleukin(如 Proleukin for Injection)：(90/10/1、93/8/1) 限轉移性腎細胞癌及惡性黑色素癌病患使用。 9.14.Doxorubicin hydrochloride liposome injection(如 Lipo-Dox、Caelyx)：(91/3/1、93/8/1、93/11/1、99/10/1) 限用於下列適應症:(99/10/1) 1.用於治療曾接受第一線含 platinum 及 paclitaxel 化學治療而失敗者或再復發之進行性或轉移性卵巢癌病人。(91/3/1) 2.用於治療 CD4 數量低下（<200 CD4 lymphocyte/mm3）和粘膜、皮膚或內臟有病變的 AIDS related Kaposi’s	

者。 (2)Capecitabine 合併 ixabepilone 用於對 taxane 有抗藥性且無法接受 anthracycline 治療者。 (3)Capecitabine 單獨或合併 ixabepilone 用於對 taxane 及 anthracycline 治療無效者。 3.治療轉移性結腸直腸癌的第一線用藥。(92/6/1) 4.第三期結腸癌患者手術後的輔助性療法，以八個療程為限。(96/9/1) 5.Capecitabine 合併 platinum 可使用於晚期胃癌之第一線治療。(97/12/1) 9.18.Trastuzumab (如 Herceptin)：(91/4/1、93/8/1、95/2/1、99/1/1、99/8/1、99/10/1、101/1/1、105/11/1、108/5/1、109/2/1) 1.早期乳癌(99/1/1、99/8/1、99/10/1、101/1/1) (1)外科手術前後、化學療法(術前輔助治療或輔助治療)治療後，具 HER2 過度表現(IHC3+或 FISH+)，且具腋下淋巴結轉移但無遠處臟器轉移之早期乳癌患者，作為輔助性治療用藥。(99/10/1、101/1/1) (2)使用至多以一年為限(99/8/1)。 2.轉移性乳癌 (1)單獨使用於治療腫瘤細胞上有 HER2 過度表現(IHC3+或 FISH+)，曾接受過一次以上	Sarcoma 的病人。(91/3/1) 3.用於單一治療有心臟疾病風險考量之轉移性乳癌患者。(93/11/1) 9.15.Tretinoin（如 Vesanoid Soft Gelatin）：（88/10/1） 限急性前髓性白血病使用。 9.16.Topotecan (如 Hycamtin)：(88/10/1、93/8/1、98/11/1、100/6/1) 9.16.1.Topotecan 注射劑(88/10/1、93/8/1、98/11/1) 1.限卵巢癌及小細胞肺癌之第二線化學治療（第一線治療應包括白金化合物）。 2.與 cisplatin 併用適用於治療經組織學檢查確定患有第 IV-B 期復發性或持續性子宮頸癌，且不適合以外科手術及（或）放射療法進行治療的患者。（98/11/1） 9.16.2.Topotecan 口服劑型（100/6/1） 限用於小細胞肺癌之第二線化學治療（第一線治療應包括白金化合物）。 9.17.Capecitabine (如 Xeloda)：(88/10/1、91/4/1、92/6/1、93/8/1、96/9/1、97/12/1) 1.Capecitabine 與 docetaxel 併用於治療對 anthracycline 化學治療無效之局部晚期或轉移性	

化學治療之轉移性乳癌病人。(91/4/1、99/1/1) (2)與 paclitaxel 或 docetaxel 併用，使用於未曾接受過化學治療之轉移性乳癌病患，且為 HER2 過度表現(IHC3+或 FISH+) 者 。 (93/8/1 、95/2/1、99/1/1) (3)轉移性乳癌且 HER2 過度表現之病人，僅限先前未使用過本藥品者方可使用；但與 pertuzumab 及 docetaxel 併用時，不在此限。(99/1/1、108/5/1) 3.轉移性胃癌(限 IV 劑型) Trastuzumab 合併 capecitabine (或 5-fluorouracil)及 cisplatin 適用於未曾接受過化學治療之 HER2 過度表現(IHC3+或 FISH+)轉移性胃腺癌(或胃食道接合處腺癌)的治療。(109/2/1) 4.經事前審查核准後使用，核准後每 24 週須檢附療效評估資料再次申請，若疾病有惡化情形即不應再行申請(105/11/1)。 9.19.Estramustine sod. phosphate monohydrate(如 Estracyt)：(91/4/1) 限晚期前列腺癌病患且符合下列條件之一者使用： 1.經荷爾蒙治療無效。 2.經診斷對單獨使用荷爾蒙治療，具有預後療效不佳因素的初次治療病患。 9.20.Rituximab 注射劑(如 Mabthera，不同劑型之適用	乳癌病患。 2. 單獨用於對 taxanes 及 anthracycline 化學治療無效，或無法使用 anthracycline 治療之局部晚期或轉移性乳癌病患。 3.治療轉移性結腸直腸癌的第一線用藥。(92/6/1) 4.第三期結腸癌患者手術後的輔助性療法，以八個療程為限。(96/9/1) 5.Capecitabine 合併 platinum 可使用於晚期胃癌之第一線治療。(97/12/1) 9.18.Trastuzumab (如 Herceptin)：(91/4/1、93/8/1、95/2/1、99/1/1、99/8/1、99/10/1、101/1/1、105/11/1、108/5/1、109/2/1) 1.早期乳癌(99/1/1、99/8/1、99/10/1、101/1/1) (1)外科手術前後、化學療法(術前輔助治療或輔助治療)治療後，具 HER2 過度表現(IHC3+或 FISH+)，且具腋下淋巴結轉移但無遠處臟器轉移之早期乳癌患	

範圍需符合藥品許可證登載之適應症)：用於抗癌瘤部分(91/4/1、93/1/1、95/3/1、97/2/1、102/1/1、103/2/1、103/9/1、104/6/1、106/9/1)於 1.復發或對化學療效有抗性之低惡度 B 細胞非何杰金氏淋巴瘤。(91/4/1) 2.併用 CHOP 或其他化學療法，用於 CD20 抗原陽性之 B 瀰漫性大細胞非何杰金氏淋巴瘤之病患。(93/1/1、95/3/1) 3.併用 CVP 化學療法，用於未經治療之和緩性(組織型態為濾泡型)B 細胞非何杰金氏淋巴瘤的病人。(95/3/1) 4.作為濾泡性淋巴瘤患者於接受含 rituximab 誘導化學治療後產生反應(達 partial remission 或 complete remission)之病患，若在接受含 rituximab 誘導化學治療前有下列情形之一者，得接受 rituximab 維持治療，限用八劑，每三個月使用一劑，最多不超過二年。(97/2/1、104/6/1) (1)有單一腫瘤直徑超過 7 公分者； (2)有超過三顆腫瘤直徑超過 3 公分者； (3)脾臟腫大，其長度超過 16 公分者； (4)對 vitalorgans 造成擠壓	者，作為輔助性治療用藥。(99/10/1、101/1/1) (2)使用至多以一年為限(99/8/1)。 2.轉移性乳癌 (1)單獨使用於治療腫瘤細胞上有 HER2 過度表現(IHC3+或 FISH+)，曾接受過一次以上化學治療之轉移性乳癌病人。(91/4/1、99/1/1) (2)與 paclitaxel 或 docetaxel 併用，使用於未曾接受過化學治療之轉移性乳癌病患，且為 HER2 過度表現(IHC3+ 或 FISH+)者。(93/8/1、95/2/1、99/1/1) (3)轉移性乳癌且HER2過度表現之病人，僅限先前未使用過本藥品者方可使用；但與 pertuzumab 及 docetaxel 併用時，不在此限。(99/1/1、108/5/1) 3.轉移性胃癌(限 IV 劑型) Trastuzumab 合併 capecitabine(或 5-fluorouracil)及 cisplatin 適用於未曾接受過化學治療之 HER2 過度表現(IHC3+或 FISH+)轉移性胃腺癌(或胃食道接合處腺癌)的治療。(109/2/1) 4.經事前審查核准後使用，核准後每 24 週須檢附療效評估資料再次申請，若疾病有惡化情形即不應再行申請(105/11/1)。 9.19.Estramustine sod. phosphate monohydrate(如	

者； (5)周邊血中出現淋巴球增生超過5000/mm3者； (6)出現任一系列血球低下者(platelet<100,000/mm3，或Hb<10gm/dL，或absolute neutrophil count<1500/mm3)。 5.慢性淋巴球性白血病：(103/2/1) (1)Rai Stage Ⅲ/Ⅳ(或Binet C級)之CLL病人。若用於Rai Stage Ⅰ/Ⅱ(或Binet A/B級)併有疾病相關免疫性症候(如自體免疫性溶血、免疫性血小板低下紫癜症等)的病人時，需經過至少一種標準的烷化基劑治療無效或病情惡化者，且CD20陽性細胞須大於50%。 (2)與化學療法併用，做為復發或頑固性的CD20陽性慢性淋巴球性白血病病患的治療用藥，且CD20陽性細胞須大於50%。 (3)初次申請最多六個（月）療程，再次申請以三個療程為限。 6.與類固醇併用，治療嗜中性白血球細胞質抗體(ANCA)陽性之肉芽腫性血管炎及顯微多發性血管炎病人：(103/9/1) (1)需經事前審查核准後使用，診斷需有病理報告確定及血清學檢驗結果。 (2)初次發作之肉芽腫性血管炎及顯微多發性血管炎，經cyclophosphamide治療4週	Estracyt)：(91/4/1) 限晚期前列腺癌病患且符合下列條件之一者使用： 1.經荷爾蒙治療無效。 2.經診斷對單獨使用荷爾蒙治療，具有預後療效不佳因素的初次治療病患。 9.20.Rituximab注射劑（如Mabthera，不同劑型之適用範圍需符合藥品許可證登載之適應症)：用於抗癌瘤部分(91/4/1、93/1/1、95/3/1、97/2/1、102/1/1、103/2/1、103/9/1、104/6/1、106/9/1)於 1.復發或對化學療效有抗性之低惡度B細胞非何杰金氏淋巴瘤。(91/4/1) 2.併用CHOP或其他化學療法，用於CD20抗原陽性之B瀰漫性大細胞非何杰金氏淋巴瘤之病患。(93/1/1、95/3/1) 3.併用CVP化學療法，用於未經治療之和緩性（組織型態為濾泡型）B細胞非何杰金氏淋巴瘤的病人。(95/3/1) 4.作為濾泡性淋巴瘤患者於接受含rituximab誘導化學治療後產生反應（達partial remission或complete remission)之病患，若在接受含rituximab誘導化學治療前有下列情形之一者，得接受rituximab維持治療，限用八劑，每三個月使用一劑，最多不超過二	

以上但療效不佳者。 (3)復發之肉芽腫性血管炎(GPA，或稱為韋格納肉芽腫症 Wegener’s granulomatosis)及顯微多發性血管炎(MPA)，先前曾接受過 cyclophosphamide 治療者。 (4)對 cyclophosphamide 治療無法耐受且有具體事證，或具使用禁忌之肉芽腫性血管炎及顯微多發性血管炎。 (5)每次申請，以治療 4 週之療程為限。復發時可再次申請。 註：原發(初次發作)之肉芽腫性血管炎及顯微多發性血管炎，經 cyclophosphamide 治療 4 週以上但療效不佳者之定義為： 經 cyclophosphamide 治療 4 週以上，但至少有一項受侵犯的主要器官症狀未能改善，包括: A 肺部 B 腎臟 C 神經系統 D 腸胃道系統 申請時需檢附病歷及病理及影像資料等，經專科醫師事前審查同意後使用。 7.使用於 1、4、5 及 6 病人時，需經事前審查核准後使用。(102/1/1、103/2/1、103/9/1) 9.21.Fludarabine(如 Fludara Oral, Film-Coated Tablet 及 Fludara Lyophilized IV	年。(97/2/1、104/6/1) (1)有單一腫瘤直徑超過 7 公分者； (2)有超過三顆腫瘤直徑超過 3 公分者； (3)脾臟腫大，其長度超過16公分者； (4)對 vitalorgans 造成擠壓者； (5)周邊血中出現淋巴球增生超過 5000/mm3 者； (6)出現任一系列血球低下者(platelet<100,000/mm3，或 Hb<10gm/dL，或 absolute neutrophil count<1500/mm3)。 5.慢性淋巴球性白血病：(103/2/1) (1)Rai Stage Ⅲ/Ⅳ(或 Binet C 級)之 CLL 病人。若用於 Rai Stage Ⅰ/Ⅱ(或 Binet A/B 級)併有疾病相關免疫性症候(如自體免疫性溶血、免疫性血小板低下紫癜症等)的病人時，需經過至少一種標準的烷化基劑治療無效或病情惡化者，且 CD20 陽性細胞須大於 50%。 (2)與化學療法併用，做為復發或頑固性的 CD20 陽性慢性淋巴球性白血病病患的治療用藥，且 CD20 陽性細胞須大於 50%。 (3)初次申請最多六個（月）療程，再次申請以三個療程為限。 6.與類固醇併用，治療嗜中性白血球細胞質抗體(ANCA)陽性之肉芽腫性血管炎及	

Injection)：(92/12/1、93/3/1、94/10/1、99/10/1、106/11/1) 1.用於 B-細胞慢性淋巴性白血病（CLL）病患的起始治療及 CLL 與低惡性度 B 細胞非何杰金氏淋巴瘤(Indolent B-Cell NHL)病患，歷經至少一種標準內容的烷化基藥劑（alkylating agent）的治療方法都無效，或治療後雖有效但隨後疾病又繼續惡化的病人。 2.以本品作為第一線治療，限用於(94/10/1)。 (1)Rai Stage Ⅲ/IV(或 Binet C 級)之 CLL 病人。若用於 Rai Stage I/II(或 Binet A/B 級)併有疾病相關免疫性症候(如自體免疫性溶血、免疫性血小板低下紫癜症等)的病人時，需經過至少一種標準的烷化基劑治療無效或病情惡化者。 (2)每 3 個療程需進行療效評估，病歷應留存評估紀錄，無疾病惡化方可繼續使用。(106/11/1) 9.22.Imatinib(如 Glivec)：(91/5/1、93/7/1、97/8/1、99/6/1、100/2/1、102/9/1)附表九之八 限用於 1.治療正值急性轉化期(blast crisis)、加速期或經 ALPHA-干擾素治療無效之慢性期的慢性骨髓性白血病(CML)患者	顯微多發性血管炎病人：(103/9/1) (1)需經事前審查核准後使用，診斷需有病理報告確定及血清學檢驗結果。 (2)初次發作之肉芽腫性血管炎及顯微多發性血管炎，經 cyclophosphamide 治療 4 週以上但療效不佳者。 (3)復發之肉芽腫性血管炎(GPA，或稱為韋格納肉芽腫症 Wegener's granulomatosis)及顯微多發性血管炎(MPA)，先前曾接受過 cyclophosphamide 治療者。 (4)對 cyclophosphamide 治療無法耐受且有具體事證，或具使用禁忌之肉芽腫性血管炎及顯微多發性血管炎。 (5)每次申請，以治療 4 週之療程為限。復發時可再次申請。 註：原發(初次發作)之肉芽腫性血管炎及顯微多發性血管炎，經 cyclophosphamide 治療 4 週以上但療效不佳者之定義為： 經 cyclophosphamide 治療 4 週以上，但至少有一項受侵犯的主要器官症狀未能改善，包括: A 肺部 B 腎臟 C 神經系統 D 腸胃道系統 申請時需檢附病歷及病理及影像資料等，經專科醫師事	

使用。 2.用於治療初期診斷為慢性骨髓性白血病（CML）的病人。 3.惡性胃腸道基質瘤(GIST)： (1)治療成年人無法手術切除或轉移的惡性胃腸道基質瘤。 (2)作為成人胃腸道基質瘤完全切除後之術後輔助治療，符合下列一項條件可使用 3 年，須事前審查核准後使用。(100/2/1、102/9/1) A.腫瘤大於 10 公分。 B.有絲分裂指數 >10/50 HPF(high power field)。 C.腫瘤大於 5 公分且有絲分裂指數 >5/50 HPF(high power field)。 D.腫瘤破裂。 4.治療初診斷為費城染色體陽性急性淋巴性白血病(Ph+ALL)且併用化療之成年人。(99/6/1) 5.未曾使用 imatinib 治療之成人復發性或難治性費城染色體陽性急性淋巴性白血病(Ph+ALL)之單一療法。(99/6/1) 6.下列適應症患者必須在第一線的藥物如 hydroxyurea; corticosteroid 等無效後，經事前審查核准才可使用，且每 6 個月需重新申請審查。(99/6/1) (1)治療患有與血小板衍生生長因子受體（PDGFR)基因重組相關之骨髓發育不全症候群(MDS)/骨髓增生性疾病	前審查同意後使用。 7.使用於1、4、5及6病人時，需經事前審查核准後使用。(102/1/1、103/2/1、103/9/1) 9.21.Fludarabine(如 Fludara Oral, Film-Coated Tablet 及 Fludara Lyophilized IV Injection)：(92/12/1、93/3/1、94/10/1、99/10/1、106/11/1) 1.用於 B-細胞慢性淋巴性白血病（CLL）病患的起始治療及 CLL 與低惡性度 B 細胞非何杰金氏淋巴瘤(Indolent B-Cell NHL)病患，歷經至少一種標準內容的烷化基藥劑（alkylating agent）的治療方法都無效，或治療後雖有效但隨後疾病又繼續惡化的病人。 2.以本品作為第一線治療，限用於(94/10/1)。 (1)Rai Stage Ⅲ/IV(或 Binet C 級)之 CLL 病人。若用於 Rai Stage I/II(或 Binet A/B 級)併有疾病相關免疫性症候(如自體免疫性溶血、免疫性血小板低下紫癜症等)的病人時，需經過至少一種標準的烷化基劑治療無效或病情惡化者。 (2)每 3 個療程需進行療效評估，病歷應留存評估紀錄，無疾病惡化方可繼續使用。(106/11/1) 9.22.Imatinib(如 Glivec)：(91/5/1、93/7/1、	

(MPD)之成人。 (2)治療嗜伊紅性白血球增加症候群(HES)與/或慢性嗜伊紅性白血病(CEL)且有血小板衍生生長因子受體(PDGFR)基因重組之成人患者，且存在器官侵犯証據者。 7.治療患有無法手術切除、復發性或轉移性且有血小板衍生生長因子受體(PDGFR)基因重組之隆突性皮膚纖維肉瘤(DFSP)之成人患者。(99/6/1) 9.23.Arsenic trioxide(如Asadin Inj.)：(91/8/1、92/9/1) 限用於急性前骨髓細胞白血病患者。 9.24.Gefitinib(如Iressa):(93/11/1、96/8/1、96/11/1、100/6/1、101/5/1、101/10/1、103/5/1、106/11/1 108/6/1、108/11/1、109/4/1、109/6/1、109/10/1) 1.限單獨使用於 (1)具有 EGFR-TK 基因突變之局部侵犯性或轉移性(即第ⅢB、ⅢC 或第Ⅳ期)之肺腺癌病患之第一線治療，需檢附依全民健康保險醫療服務給付項目及支付標準伴隨式診斷編號 30101B 或 30102B 規定之認證實驗室以體外診斷醫療器材檢測（IVD）或實驗室自行研發檢測(LDT)檢驗之 EGFR 基因檢測結果報告。(100/6/1、108/6/1、	97/8/1、99/6/1、100/2/1、102/9/1)附表九之八 限用於 1.治療正值急性轉化期(blast crisis)、加速期或經ALPHA-干擾素治療無效之慢性期的慢性骨髓性白血病(CML)患者使用。 2.用於治療初期診斷為慢性骨髓性白血病（CML）的病人。 3.惡性胃腸道基質瘤(GIST)： (1)治療成年人無法手術切除或轉移的惡性胃腸道基質瘤。 (2)作為成人胃腸道基質瘤完全切除後之術後輔助治療，符合下列一項條件可使用 3 年，須事前審查核准後使用。(100/2/1、102/9/1) A.腫瘤大於 10 公分。 B.有絲分裂指數 >10/50 HPF(high power field)。 C.腫瘤大於5公分且有絲分裂指數>5/50 HPF(high power field)。 D.腫瘤破裂。 4.治療初診斷為費城染色體陽性急性淋巴性白血病(Ph+ALL)且併用化療之成年人。(99/6/1) 5.未曾使用 imatinib 治療之成人復發性或難治性費城染色體陽性急性淋巴性白血病(Ph+ALL)之單一療法。(99/6/1) 6.下列適應症患者必須在第一線的藥物如 hydroxyurea;	

108/11/1) (2)先前已使用過第一線含鉑化學治療，或70歲(含)以上接受過第一線化學治療，但仍局部惡化或轉移之肺腺癌。(96/11/1、100/6/1) 2.使用注意事項(106/11/1、109/4/1、109/10/1) (1)用於第一線用藥：病歷應留存確實患有肺腺癌之病理或細胞檢查報告，及 EGFR-TK 基因突變檢測報告。(100/6/1、106/11/1) (2)用於第二線以上用藥：病歷應留存確實患有肺腺癌之病理或細胞檢查報告，並附曾經接受第一線含鉑化學治療，或70歲(含)以上接受過第一線化學治療之證明，及目前又有疾病惡化之影像診斷證明（如胸部 X 光、電腦斷層或其他可作為評估的影像），此影像證明以可測量（measurable）的病灶為優先，如沒有可以測量的病灶，則可評估（evaluable）的病灶亦可採用。(96/11/1、100/6/1、101/10/1、106/11/1) (3)每次處方以 4 週為限，再次處方時需於病歷記錄治療後相關臨床資料，如每 4 週需追蹤胸部 X 光或電腦斷層等影像檢查，每8至12週需進行完整療效評估（如胸部 X 光或電腦斷層）。	corticosteroid 等無效後，經事前審查核准才可使用，且每 6 個月需重新申請審查。(99/6/1) (1)治療患有與血小板衍生生長因子受體（PDGFR)基因重組相關之骨髓發育不全症候群(MDS)/骨髓增生性疾病(MPD)之成人。 (2)治療嗜伊紅性白血球增加症候群(HES)與/或慢性嗜伊紅性白血病(CEL)且有血小板衍生生長因子受體(PDGFR)基因重組之成人患者，且存在器官侵犯証據者。 7.治療患有無法手術切除、復發性或轉移性且有血小板衍生生長因子受體(PDGFR)基因重組之隆突性皮膚纖維肉瘤(DFSP)之成人患者。(99/6/1) 9.23.Arsenic trioxide(如 Asadin Inj.)：(91/8/1、92/9/1) 限用於急性前骨髓細胞白血病患者。 9.24.Gefitinib(如 Iressa):(93/11/1、96/8/1、96/11/1、100/6/1、101/5/1、101/10/1、103/5/1、106/11/1 108/6/1、108/11/1、109/4/1、109/6/1、109/10/1) 1.限單獨使用於 (1)具有 EGFR-TK 基因突變之局部侵犯性或轉移性(即第ⅢB、ⅢC 或第Ⅳ期)之肺腺癌病患之第一線治療，需	

(101/5/1、106/11/1) (4)本藥品與 erlotinib 及 afatinib 不得併用。(96/8/1、103/5/1、109/4/1) (5)本藥品於第一線使用時，與 osimertinib及dacomitinib 僅得擇一使用，除因耐受性不良，不得互換。(109/10/1) Ⅰ.如需更換使用 osimertinib，必須符合 osimertinib 第一線使用於具有 EGFR Exon 19 Del 基因突變且無腦轉移（non-CNS）之轉移性（第Ⅳ期）肺腺癌之限制。(109/6/1) Ⅱ.如需更換使用 dacomitinib，必須符合 dacomitinib 第一線使用於具有 EGFR-TK Exon 19 Del 或 Exon 21 L858R 點突變，且無腦轉移(non-CNS)之局部侵犯性或轉移性肺腺癌之限制。(109/10/1) 9.25.Temozolomide(如 Temodal)：(94/3/1、97/1/1、98/9/1)附表八之二 限用於 1.經手術或放射線治療後復發之下列病人： (1)退行性星狀細胞瘤(AA-anaplastic astrocytoma) (2)多形神經膠母細胞瘤(GBM-Glioblastoma multiforme) (3)退行性寡樹突膠質細胞瘤	檢附依全民健康保險醫療服務給付項目及支付標準伴隨式診斷編號 30101B 或 30102B 規定之認證實驗室以體外診斷醫療器材檢測（IVD）或實驗室自行研發檢測(LDT)檢驗之 EGFR 基因檢測結果報告。(100/6/1、108/6/1、108/11/1) (2)先前已使用過第一線含鉑化學治療，或 70 歲(含)以上接受過第一線化學治療，但仍局部惡化或轉移之肺腺癌。(96/11/1、100/6/1) 2.使用注意事項(106/11/1、109/4/1、109/10/1) (1)用於第一線用藥：病歷應留存確實患有肺腺癌之病理或細胞檢查報告，及 EGFR-TK 基因突變檢測報告。(100/6/1、106/11/1) (2)用於第二線以上用藥：病歷應留存確實患有肺腺癌之病理或細胞檢查報告，並附曾經接受第一線含鉑化學治療，或 70 歲(含)以上接受過第一線化學治療之證明，及目前又有疾病惡化之影像診斷證明（如胸部 X 光、電腦斷層或其他可作為評估的影像），此影像證明以可測量（measurable）的病灶為優先，如沒有可以測量的病灶，則可評估（evaluable）的病灶亦可採用。(96/11/1、100/6/1、101/10/1、	

(anaplastic oligodendroglioma)(98/9/1) 2.新診斷的多形神經膠母細胞瘤，與放射線治療同步進行，然後作為輔助性治療。(97/1/1) 3.需經事前審查核准後使用。 4.若用於退行性寡樹突膠質細胞瘤，每日最大劑量200mg/m^2。每次申請事前審查之療程以三個月為限，再次申請時需附上治療後相關臨床評估資料並檢附 MRI 或 CT 檢查，若復發之惡性膠質細胞瘤有惡化之證據，則必須停止使用。(98/9/1) 9.26.Pemetrexed(如 Alimta)：(95/3/1、95/7/1、97/11/1、98/9/1、103/4/1、103/9/1、106/11/1) 1.限用於 (1)與 cisplatin 併用於惡性肋膜間質細胞瘤。 (2)以含鉑之化學療法治療或 70 歲(含)以上接受過第一線化學治療，但仍失敗之局部晚期或轉移性非小細胞肺癌病患（顯著鱗狀細胞組織型除外）之單一藥物治療。(95/7/1、97/11/1、98/9/1) (3)與含鉑類之化學療法併用，作為治療局部晚期或轉移性非小細胞肺癌（顯著鱗狀細胞組織型除外）之第一線化療用藥，且限用於 ECOG 為 0~1 之病患。(98/9/1)	106/11/1) (3)每次處方以 4 週為限，再次處方時需於病歷記錄治療後相關臨床資料，如每 4 週需追蹤胸部 X 光或電腦斷層等影像檢查，每 8 至 12 週需進行完整療效評估（如胸部 X 光或電腦斷層）。(101/5/1、106/11/1) (4)本藥品與 erlotinib 及 afatinib 不得併用。(96/8/1、103/5/1、109/4/1) (5)本藥品於第一線使用時，與 osimertinib 及 dacomitinib 僅得擇一使用，除因耐受性不良，不得互換。(109/10/1) Ⅰ.如需更換使用 osimertinib，必須符合 osimertinib 第一線使用於具有 EGFR Exon 19 Del 基因突變且無腦轉移（non-CNS）之轉移性（第Ⅳ期）肺腺癌之限制。(109/6/1) Ⅱ.如需更換使用 dacomitinib，必須符合 dacomitinib 第一線使用於具有 EGFR-TK Exon 19 Del 或 Exon 21 L858R 點突變，且無腦轉移(non-CNS)之局部侵犯性或轉移性肺腺癌之限制。(109/10/1) 9.25.Temozolomide(如 Temodal)：(94/3/1、97/1/1、98/9/1)附表八之二 限用於	

2.每 4 個療程需進行療效評估，病歷應留存評估紀錄，無疾病惡化方可繼續使用。(103/4/1 、 103/9/1 、106/11/1) 9.27.Cetuximab (如 Erbitux) ：(96/3/1 、98/7/1、98/8/1、99/10/1、101/12/1 、 104/11/1 、106/1/1、106/4/1、107/6/1、110/6/1) 1.直腸結腸癌治療部分： (1)與 FOLFIRI (Folinicacid/5-fluorouracil/irinotecan) 或 FOLFOX (Folinicacid/5-fluorouracil/oxaliplatin) 合併使用於治療具表皮生長因子受體表現型(EGFR expressing)，RAS 基因沒有突變之轉移性直腸結腸癌病患之第一線治療。需檢附依全民健康保險醫療服務給付項目及支付標準伴隨式診斷編號30104B規定之認證實驗室檢驗之 All-RAS 基因突變分析檢測報告。(101/12/1 、 104/11/1 、106/1/1、110/6/1) I.本藥品需經事前審查核准後使用，每次申請事前審查之療程以18週為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用。 II.Cetuximab 與 panitumumab 二者僅能擇一使用。唯有在無法忍受化療(其副作用)時	1.經手術或放射線治療後復發之下列病人： (1)退行性星狀細胞瘤(AA-anaplastic astrocytoma) (2)多形神經膠母細胞瘤(GBM-Glioblastoma multiforme) (3)退行性寡樹突膠質細胞瘤(anaplastic oligodendroglioma)(98/9/1) 2.新診斷的多形神經膠母細胞瘤，與放射線治療同步進行，然後作為輔助性治療。(97/1/1) 3.需經事前審查核准後使用。 4.若用於退行性寡樹突膠質細胞瘤，每日最大劑量200mg/m2。每次申請事前審查之療程以三個月為限，再次申請時需附上治療後相關臨床評估資料並檢附 MRI 或 CT 檢查，若復發之惡性膠質細胞瘤有惡化之證據，則必須停止使用。(98/9/1) 9.26.Pemetrexed(如 Alimta) ：(95/3/1 、95/7/1 、 97/11/1 、98/9/1 、 103/4/1 、103/9/1、106/11/1) 1.限用於 (1)與 cisplatin 併用於惡性肋膜間質細胞瘤。 (2)以含鉑之化學療法治療或 70 歲(含)以上接受過第一線化學治療，但仍失敗之局部晚期或轉移性非小細胞肺癌病患（顯著鱗狀細胞組織型除外）之單一藥物	

方可互換，二者使用總療程合併計算，以全部36週為上限。(107/6/1) III.本藥品不得與bevacizumab併用。 (2)與 irinotecan 合併使用，治療已接受過含 5-fluorouracil、irinotecan 及 oxaliplatin 二線以上之細胞毒性治療失敗、具有表皮生長因子受體(EGFR)表現型且 K-RAS 基因沒有突變的轉移性直腸結腸癌的病患。 <u>需檢附依全民健康保險醫療服務給付項目及支付標準伴隨式診斷編號30104B規定之認證實驗室檢驗之 All-RAS 基因突變分析檢測報告。(98/8/1、110/6/1)</u> I.本藥品需經事前審查核准後使用，每次申請事前審查之療程以 9 週為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用。 II.使用總療程以 18 週為上限。 2.口咽癌、下咽癌及喉癌治療部分：(98/7/1、99/10/1) (1)限與放射線療法合併使用於局部晚期之口咽癌、下咽癌及喉癌患者，且符合下列條件之一： I.年齡≧70 歲； II.Ccr＜50mL/min； Ⅲ.聽力障礙者(聽力障礙定義為 500Hz、1000Hz、2000Hz 平均聽力損失大於 25 分貝)； Ⅳ.無法耐受 platinum-based	治療。(95/7/1、97/11/1、98/9/1) (3)與含鉑類之化學療法併用，作為治療局部晚期或轉移性非小細胞肺癌（顯著鱗狀細胞組織型除外）之第一線化療用藥，且限用於 ECOG 為 0~1 之病患。(98/9/1) 2.每4個療程需進行療效評估，病歷應留存評估紀錄，無疾病惡化方可繼續使用。(103/4/1、103/9/1、106/11/1) 9.27.Cetuximab（如 Erbitux）：(96/3/1、98/7/1、98/8/1、99/10/1、101/12/1、104/11/1、106/1/1、106/4/1、107/6/1) 1.直腸結腸癌治療部分： (1)與 FOLFIRI（Folinicacid/5-fluorouracil/irinotecan）或 FOLFOX（Folinicacid/5-fluorouracil/oxaliplatin）合併使用於治療具表皮生長因子受體表現型(EGFR expressing)，RAS 基因沒有突變之轉移性直腸結腸癌病患之第一線治療。(101/12/1、104/11/1、106/1/1) I.本藥品需經事前審查核准後	

化學治療。 (2)使用總療程以接受 8 次輸注為上限。 (3)需經事前審查核准後使用。 3. 頭頸癌部分(106/1/1、106/4/1)： (1)限無法接受局部治療之復發及/或轉移性頭頸部鱗狀細胞癌，且未曾申報 cetuximab 之病患使用。 (2)須經事前審查核准後使用，每位病人使用總療程以18週為限，每 9 週申請一次，需無疾病惡化情形方得繼續使用。(106/4/1) 9.28.Bortezomib（如 Velcade）：（96/6/1、98/2/1、99/3/1、99/9/1、100/10/1、101/6/1、105/5/1、109/4/1、109/6/1、111/1/1）附表九之三 限用於 1.合併其他癌症治療藥品使用於多發性骨髓瘤病人：(99/3/1、100/10/1、101/6/1、109/4/1、109/6/1、111/1/1) (1)每人以 16 個療程為上限。(99/9/1、109/4/1、109/6/1、111/1/1) (2)需經事前申請後使用，每次申請4個療程。(101/6/1) (3)使用 4 個療程後，必須確定藥物使用後 paraprotein (M-protein)未上升（即表示為 response 或 stable status)，或對部分 non-secretory type MM 病人以	使用，每次申請事前審查之療程以 18 週為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用。 II.Cetuximab 與 panitumumab 二者僅能擇一使用。唯有在無法忍受化療(其副作用)時方可互換，二者使用總療程合併計算，以全部 36 週為上限。(107/6/1) III.本藥品不得與 bevacizumab 併用。 (2)與 irinotecan 合併使用，治療已接受過含 5-fluorouracil、irinotecan 及 oxaliplatin 二線以上之細胞毒性治療失敗、具有表皮生長因子受體(EGFR)表現型且 K-RAS 基因沒有突變的轉移性直腸結腸癌的病患。(98/8/1) I.本藥品需經事前審查核准後使用，每次申請事前審查之療程以 9 週為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用。 II.使用總療程以 18 週為上限。 2.口咽癌、下咽癌及喉癌治療部分：(98/7/1、99/10/1) (1)限與放射線療法合併使用於局部晚期之口咽癌、下咽癌及喉癌患者，且符合下	

骨髓檢查plasma cell之比率為療效依據，方可繼續使用。（101/6/1、109/4/1） (4)若病患於前線療程符合前項規定(3)之療效而醫師決定可暫時停藥，則後續療程可保留，於疾病復發時，再行申請使用。（101/6/1、109/4/1） 2.被套細胞淋巴瘤（Mantle Cell Lymphoma, MCL）病人：(98/2/1、105/5/1) (1)每人以8個療程為上限。(99/9/1) (2)每日最大劑量1.5mg/m2/day；每個療程第1,4,8,11日給藥。 (3)第一線使用過復發者，不得申請再次使用。(105/5/1) (4)需經事前審查核准後使用。 9.29. Erlotinib（如Tarceva）：（96/6/1、96/8/1、97/6/1、101/5/1、101/10/1、102/4/1、102/11/1、103/5/1、106/11/1、108/6/1、108/11/1、109/4/1、109/6/1、109/10/1） 1.限單獨使用於 (1)適用於具有EGFR-TK突變之局部侵犯性或轉移性(即第ⅢB、ⅢC或第Ⅳ期)之肺腺癌病患之第一線治療，需檢附依全民健康保險醫療服務給付項目及支付標準伴隨式診斷編號30101B或30102B規定之認證實驗室以體外診斷醫療器材檢測（IVD）或	列條件之一： I.年齡≧70歲； II.Ccr＜50mL/min； Ⅲ.聽力障礙者(聽力障礙定義為500Hz、1000Hz、2000Hz平均聽力損失大於25分貝)； Ⅳ.無法耐受platinum-based化學治療。 (2)使用總療程以接受8次輸注為上限。 (3)需經事前審查核准後使用。 3.頭頸癌部分(106/1/1、106/4/1)： (1)限無法接受局部治療之復發及/或轉移性頭頸部鱗狀細胞癌，且未曾申報cetuximab之病患使用。 (2)須經事前審查核准後使用，每位病人使用總療程以18週為限，每9週申請一次，需無疾病惡化情形方得繼續使用。(106/4/1) 9.28.Bortezomib（如Velcade）：（96/6/1、98/2/1、99/3/1、99/9/1、100/10/1、101/6/1、105/5/1、109/4/1、109/6/1）附表九之三 限用於 1.合併其他癌症治療藥品使用於多發性骨髓瘤病人：(99/3/1、100/10/1、101/6/1、109/4/1、109/6/1) (1)每人以16個療程為上限；Myzomib則每人以8個療程為上限。(99/9/1、109/4/1、109/6/1)	

實驗室自行研發檢測(LDT)檢驗之EGFR基因檢測結果報告。(102/11/1、108/6/1、108/11/1) (2)已接受4個週期platinum類第一線化學療法後，腫瘤範圍穩定(stable disease，不含 partial response 或 complete response)之局部晚期或轉移性肺腺癌的維持療法。(102/4/1) (3)先前已使用過 platinum 類第一線化學治療，或 70 歲(含)以上接受過第一線化學治療，但仍局部惡化或轉移之腺性非小細胞肺癌之第二線用藥。(97/6/1) (4)先前已使用過 platinum 類及 docetaxel 或 paclitaxel 化學治療後，但仍局部惡化或轉移之非小細胞肺癌之第三線用藥。 2.使用注意事項(106/11/1、109/4/1、109/10/1) (1)用於已接受 platinum 類第一線化學療法後，病情穩定之維持療法：病歷應留存確實患有肺腺癌之病理或細胞檢查報告，並附已接受 4 個週期platinum類第一線化學療法後，腫瘤範圍穩定(stable disease，不含 partial response 或 complete response)之影像診斷證明（如胸部 X 光、電腦斷層或其他可作為評估的影像）。(102/4/1、	(2)需經事前申請後使用，每次申請 4 個療程。(101/6/1) (3)使用 4 個療程後，必須確定藥物使用後 paraprotein (M-protein)未上升（即表示為 response 或 stable status)，或對部分 non-secretory type MM 病人以骨髓檢查 plasma cell 之比率為療效依據，方可繼續使用。(101/6/1、109/4/1) (4)若病患於前線療程符合前項規定(3)之療效而醫師決定可暫時停藥，則後續療程可保留，於疾病復發時，再行申請使用。(101/6/1、109/4/1) 2.被套細胞淋巴瘤（Mantle Cell Lymphoma, MCL）病人：(98/2/1、105/5/1) (1)每人以 8 個療程為上限。(99/9/1) (2)每日最大劑量 1.5mg/m2/day；每個療程第 1,4,8,11 日給藥。 (3)第一線使用過復發者，不得申請再次使用。(105/5/1) (4)需經事前審查核准後使用。 9.29. Erlotinib（如 Tarceva）：(96/6/1、96/8/1、97/6/1、101/5/1、101/10/1、102/4/1、102/11/1、103/5/1、106/11/1、108/6/1、108/11/1、109/4/1、109/6/1、109/10/1)	

106/11/1) (2)用於第二線用藥：病歷應留存確實患有非小細胞肺癌之病理或細胞檢查報告，並附曾經接受platinum類第一線化學治療，或70歲(含)以上接受過第一線化學治療之證明，及目前又有疾病惡化之影像診斷證明（如胸部 X 光、電腦斷層或其他可作為評估的影像），此影像證明以可測量（measurable）的病灶為優先，如沒有可以測量的病灶，則可評估（evaluable）的病灶亦可採用。（97/6/1、106/11/1） (3)用於第三線用藥：病歷應留存確實患有非小細胞肺癌之病理或細胞檢查報告，並附曾經接受第一線及第二線化學藥物如platinum(cisplatin 或carboplatin) 與taxane(paclitaxel 或docetaxel)治療之證明，及目前又有疾病惡化之影像診斷證明（如胸部 X 光、電腦斷層或其他可作為評估的影像），此影像證明以可測量（measurable）的病灶為優先，如沒有可以測量的病灶，則可評估（evaluable）的病灶亦可採用。（97/6/1、106/11/1） (4)每次處方以 4 週為限，再次處方時需於病歷記錄治療後	1.限單獨使用於 (1)適用於具有 EGFR-TK 突變之局部侵犯性或轉移性(即第ⅢB、ⅢC 或第Ⅳ期)之肺腺癌病患之第一線治療，需檢附依全民健康保險醫療服務給付項目及支付標準伴隨式診斷編號 30101B 或 30102B 規定之認證實驗室以體外診斷醫療器材檢測（IVD）或實驗室自行研發檢測(LDT)檢驗之 EGFR 基因檢測結果報告。(102/11/1、108/6/1、108/11/1) (2)已接受4個週期platinum類第一線化學療法後，腫瘤範圍穩定（stable disease，不含 partial response 或 complete response)之局部晚期或轉移性肺腺癌的維持療法。(102/4/1) (3)先前已使用過platinum類第一線化學治療，或 70 歲(含)以上接受過第一線化學治療，但仍局部惡化或轉移之腺性非小細胞肺癌之第二線用藥。（97/6/1） (4)先前已使用過platinum類及docetaxel 或 paclitaxel 化學治療後，但仍局部惡化或轉移之非小細胞肺癌之第三線用藥。 2.使用注意事項(106/11/1、109/4/1、109/10/1) (1)用於已接受platinum類第一線化學療法後，病情穩定之維持療法：病歷應留存	

相關臨床資料，如每 4 週需追蹤胸部 X 光或電腦斷層等影像檢查，每 8 至 12 週需進行完整療效評估（如胸部 X 光或電腦斷層）。(101/5/1、106/11/1) (5)本藥品與 gefitinib 及 afatinib 不得併用。(103/5/1、109/4/1) (6)本藥品於第一線使用時，與 osimertinib 及 dacomitinib 僅得擇一使用，除因耐受性不良，不得互換。(109/10/1) Ⅰ. 如需更換使用 osimertinib，必須符合 osimertinib 第一線使用於具有 EGFR Exon 19 Del 基因突變且無腦轉移（non-CNS）之轉移性（第Ⅳ期）肺腺癌之限制。(109/6/1) Ⅱ. 如需更換使用 dacomitinib，必須符合 dacomitinib 第一線使用於具有 EGFR-TK Exon 19 Del 或 Exon 21 L858R 點突變，且無腦轉移(non-CNS)之局部侵犯性或轉移性肺腺癌之限制。(109/10/1) 備註 1：非小細胞肺癌病患的第二線治療用藥之定義為：病患需先經第一線含鉑化學治療，或 70 歲(含)以上接受過第一線化學治療後，因疾病惡化，此時所給予之治療即為第二線用藥。(97/6/1)	確實患有肺腺癌之病理或細胞檢查報告，並附已接受 4 個週期 platinum 類第一線化學療法後，腫瘤範圍穩定(stable disease，不含 partial response 或 complete response)之影像診斷證明（如胸部 X 光、電腦斷層或其他可作為評估的影像）。(102/4/1、106/11/1) (2)用於第二線用藥：病歷應留存確實患有非小細胞肺癌之病理或細胞檢查報告，並附曾經接受 platinum 類第一線化學治療，或 70 歲(含)以上接受過第一線化學治療之證明，及目前又有疾病惡化之影像診斷證明（如胸部 X 光、電腦斷層或其他可作為評估的影像），此影像證明以可測量（measurable）的病灶為優先，如沒有可以測量的病灶，則可評估（evaluable）的病灶亦可採用。（97/6/1、106/11/1） (3)用於第三線用藥：病歷應留存確實患有非小細胞肺癌之病理或細胞檢查報告，並附曾經接受第一線及第二線化學藥物如 platinum(cisplatin 或 carboplatin) 與 taxane(paclitaxel 或 docetaxel)治療之證明，及目前又有疾病惡化之影像診斷證明（如胸部 X 光、電腦斷層或其他可作	

備註2：非小細胞肺癌病患的第三線治療用藥之定義為：病患需先經第一線化學藥物治療後，因疾病惡化，再經第二線不同的化學藥物治療之後，若疾病再度惡化，此時所給予之治療即為第三線用藥。 9.30.Dasatinib(如Sprycel)：(98/1/1、102/4/1、104/12/1、110/5/1) 限用於 1.第一線使用(102/4/1、104/12/1、110/5/1)： (1)治療新診斷的費城染色體陽性之慢性期慢性骨髓性白血病的成人。 (2)併用化療適用於新診斷費城染色體陽性急性淋巴性白血病(Ph+ ALL)之1歲以上兒童病人，無疾病惡化時的維持治療限使用2年。(110/5/1) 2.第二線使用(104/12/1)： (1)治療患有慢性、加速或急性期慢性骨髓性白血病，對先前經imatinib 400mg(含)以上治療後有抗藥性或無耐受性的成人。 (2)治療患有費城染色體陽性急性淋巴性白血病，且對先前經imatinib 400mg(含)以上治療後有抗藥性或無耐受性的成人。 (3)需檢送病歷及對imatinib耐受性不良或無效的證明(104/12/1)。 3.治療患有慢性期費城染色體陽性慢性骨髓性白血病(Ph+ CML)之1歲以上的兒童病	為評估的影像），此影像證明以可測量（measurable）的病灶為優先，如沒有可以測量的病灶，則可評估（evaluable）的病灶亦可採用。（97/6/1、106/11/1） (4)每次處方以4週為限，再次處方時需於病歷記錄治療後相關臨床資料，如每4週需追蹤胸部X光或電腦斷層等影像檢查，每8至12週需進行完整療效評估（如胸部X光或電腦斷層）。(101/5/1、106/11/1) (5)本藥品與gefitinib及afatinib不得併用。(103/5/1、109/4/1) (6)本藥品於第一線使用時，與osimertinib及dacomitinib僅得擇一使用，除因耐受性不良，不得互換。(109/10/1) Ⅰ.如需更換使用osimertinib，必須符合osimertinib第一線使用於具有EGFR Exon 19 Del基因突變且無腦轉移（non-CNS）之轉移性（第Ⅳ期）肺腺癌之限制。(109/6/1) Ⅱ.如需更換使用dacomitinib，必須符合dacomitinib第一線使用於具有EGFR-TK Exon 19 Del或Exon 21 L858R點突變，且無腦轉移(non-CNS)之局部侵犯性或轉移性肺	

人。(110/5/1) 9.31.Sunitinib（如 Sutent）：（98/2/1、98/5/1、99/1/1、99/2/1、101/5/1、102/1/1、104/12/1、110/12/1） 1.腸胃道間質腫瘤： (1)限用於以 imatinib 治療期間出現疾病惡化或對該藥出現不能忍受之腸胃道間質腫瘤(99/2/1)。 (2)若使用本藥品出現疾病惡化或無法忍受其副作用，不得替換使用 imatinib 治療(99/2/1)。 (3)需經事前審查核准後使用，送審時須檢送病歷及對 imatinib 耐受性不良或無效之證明。（98/5/1）(99/2/1) 2.晚期腎細胞癌：（99/1/1、110/12/1） (1)可用於第一線治療晚期或轉移性腎細胞癌，即病理上為亮細胞癌(clear cell renal carcinoma)。 (2)無效後則不給付 temsirolimus。（110/12/1） (3)需檢送影像資料，每三個月評估一次。(104/12/1) (4)病人若對藥物產生耐受性不佳（intolerance），則以原來藥物減量為原則，若嚴重耐受性不佳，可以換其他 TKI。 3.進展性，無法切除或轉移性分化良好之胰臟神經內分泌腫瘤的成人病患，須同時符合下列條件：(101/5/1)	腺癌之限制。(109/10/1) 備註 1：非小細胞肺癌病患的第二線治療用藥之定義為：病患需先經第一線含鉑化學治療，或 70 歲(含)以上接受過第一線化學治療後，因疾病惡化，此時所給予之治療即為第二線用藥。（97/6/1） 備註 2：非小細胞肺癌病患的第三線治療用藥之定義為：病患需先經第一線化學藥物治療後，因疾病惡化，再經第二線不同的化學藥物治療之後，若疾病再度惡化，此時所給予之治療即為第三線用藥。 9.30.Dasatinib(如 Sprycel)：(98/1/1、102/4/1、104/12/1) 限用於 1.第一線使用(102/4/1、104/12/1)： 治療新診斷的費城染色體陽性之慢性期慢性骨髓性白血病的成人。 2.第二線使用(104/12/1)： (1)治療患有慢性、加速或急性期慢性骨髓性白血病，對先前經 imatinib 400mg(含)以上治療後有抗藥性或無耐受性的成人。 (2)治療患有費城染色體陽性急	

(1)符合 WHO 2010 分類方式之 G1 or G2 胰臟神經內分泌瘤。 (2)於一年內影像檢查證實有明顯惡化者。 (3)不可合併使用化學治療或相關標靶藥物。(102/1/1) (4)經事前專案審查核准後使用，且需每 3 個月評估一次。	性淋巴性白血病，且對先前經 imatinib 400mg(含)以上治療後有抗藥性或無耐受性的成人。 (3)需檢送病歷及對 imatinib 耐受性不良或無效的證明(104/12/1)。	
9.32.Nilotinib：(98/6/1、99/1/1、101/7/1)附表九之六 9.32.1.Nilotinib 200mg(如 Tasigna 200mg)(98/6/1、99/1/1、104/12/1) 1. 限用於治療對 imatinib 400MG(含)以上耐受性不良或治療無效的「慢性期或加速期費城染色體(Philadelphia chromosome)陽性的慢性骨髓性白血病(CML)成年患者」。 2.必須檢附耐受性不良或治療無效的證明。(104/12/1) 3.Nilotinib 與 dasatinib 不得合併使用。 9.32.2.Nilotinib 150mg(如 Tasigna 150mg)：(101/7/1、104/12/1) 限用於新確診之慢性期費城染色體陽性的慢性骨髓性白血病。(104/12/1) 9.33.Thalidomide (如 Thado)：(98/7/1) 治療新診斷多發性骨髓瘤。使用時須和 prednisolone 及 oral	9.31.Sunitinib (如 Sutent)：(98/2/1、98/5/1、99/1/1、99/2/1、101/5/1、102/1/1、104/12/1) 1.腸胃道間質腫瘤： (1)限用於以 imatinib 治療期間出現疾病惡化或對該藥出現不能忍受之腸胃道間質腫瘤(99/2/1)。 (2)若使用本藥品出現疾病惡化或無法忍受其副作用，不得替換使用 imatinib 治療(99/2/1)。 (3)需經事前審查核准後使用，送審時須檢送病歷及對 imatinib 耐受性不良或無效之證明。(98/5/1)(99/2/1) 2.晚期腎細胞癌：(99/1/1) (1)可用於第一線治療晚期或轉移性腎細胞癌，即病理上為亮細胞癌(clear cell renal carcinoma)。 (2) 無效後則不給付 temsirolimus <u>及其他酪胺酸激酶阻斷劑(tyrosine kinase inhibitor,</u>	

melphalan 併用，或和骨髓移植併用，或和 palmidronate 併用於骨髓移植後之治療。 9.34.Sorafenib(如 Nexavar)：(98/10/1、100/6/1、101/8/1、104/12/1、105/11/1、106/1/1、107/7/1、108/6/1、108/12/1、109/1/1) 1.晚期腎細胞癌部分： (1)晚期腎細胞癌且已接受 interferon-alpha 或 interleukin-2 治療失敗，或不適合以上兩種藥物治療之病患。不適合以上兩種藥物治療之病患，須符合 cytokine 禁忌症者得直接使用 sorafenib。但須列舉出所符合之禁忌症及檢附相關證明。(100/6/1) (2)無效後則不給付 temsirolimus。(108/12/1) (3)需檢送影像資料，每 3 個月評估一次。(104/12/1) 2.晚期肝細胞癌部分：(101/8/1、105/11/1、108/6/1、109/1/1) (1)轉移性或無法手術切除且不適合局部治療或局部治療失敗之 Child-Pugh A class 晚期肝細胞癌成人患者，並符合下列條件之一： Ⅰ.肝外轉移（遠端轉移或肝外淋巴結侵犯）。 Ⅱ.大血管侵犯（腫瘤侵犯主門靜脈或侵犯左/右靜脈第一	TKI）。 (3)需檢送影像資料，每三個月評估一次。(104/12/1) (4)病人若對藥物產生耐受性不佳（intolerance），則以原來藥物減量為原則，若嚴重耐受性不佳，可以換其他 TKI。 3.進展性，無法切除或轉移性分化良好之胰臟神經內分泌腫瘤的成人病患，須同時符合下列條件：(101/5/1) (1)符合 WHO 2010 分類方式之 G1 or G2 胰臟神經內分泌瘤。 (2)於一年內影像檢查證實有明顯惡化者。 (3)不可合併使用化學治療或相關標靶藥物。(102/1/1) (4)經事前專案審查核准後使用，且需每 3 個月評估一次。 9.32.Nilotinib：(98/6/1、99/1/1、101/7/1)附表九之六 9.32.1.Nilotinib 200mg(如 Tasigna 200mg)(98/6/1、99/1/1、104/12/1) 1.限用於治療對 imatinib 400MG(含)以上耐受性不良或治療無效的「慢性期或加速期費城染色體(Philadelphia chromosome)陽性的慢性骨髓性白血病(CML)成年患者」。 2.必須檢附耐受性不良或治療無效的證明。(104/12/1)	

或第二分支） III.經導管動脈化學藥物栓塞治療（Transcatheter arterial chemo embolization,T.A.C.E.）失敗者，需提供患者於12個月內>=3 次局部治療之記錄。 (2) 需經事前審查核准後使用，初次申請之療程以 3 個月為限，之後每 2 個月評估一次。送審時需檢送影像資料，無疾病惡化方可繼續使用。 (3)每日至多處方4粒。 (4)Sorafenib與Lenvatinib僅得擇一使用，不得互換。(109/1/1) 3.用於放射性碘治療無效之局部晚期或轉移性的進行性(progressive)分化型甲狀腺癌(RAI-RDTC)：(106/1/1) (1)放射性碘治療無效之局部晚期或轉移性的進行性(progressive)分化型甲狀腺癌。 (2)需經事前審查核准後使用，每次申請之療程以3個月為限，送審時需檢送影像資料，每3個月評估一次。 (3)Sorafenib與lenvatinib不得合併使用。(107/7/1) 9.35.carmustine 植入劑(如Gliadel Wafer)：(100/2/1)附表八之四 1.作為復發性多形神經膠母細胞瘤病人的手術輔助，且不得與temozolomide併用。	3.Nilotinib與dasatinib不得合併使用。 9.32.2.Nilotinib 150mg(如Tasigna 150mg)：(101/7/1、104/12/1) 限用於新確診之慢性期費城染色體陽性的慢性骨髓性白血病。(104/12/1) 9.33.Thalidomide（如Thado）：(98/7/1) 治療新診斷多發性骨髓瘤。使用時須和prednisolone及oral melphalan併用，或和骨髓移植併用，或和palmidronate 併用於骨髓移植後之治療。 9.34.Sorafenib(如Nexavar)：(98/10/1、100/6/1、101/8/1、104/6/1、105/11/1、106/1/1、107/7/1、108/6/1、108/12/1、109/1/1) 1.晚期腎細胞癌部分： (1)晚期腎細胞癌且已接受interferon-alpha 或interleukin-2 治療失敗，或不適合以上兩種藥物治療之病患。不適合以上兩種藥物治療之病患，須符合cytokine禁忌症者得直接使用 sorafenib。但須列舉出所符合之禁忌症及檢附相關證明。(100/6/1) (2) 無效後則不給付temsirolimus。(108/12/1) (3)需檢送影像資料，每3個月評估一次。(104/12/1) 2. 晚期肝細胞癌部分：	

2.需經事前審查核准後使用。 9.36.Everolimus：（100/2/1、102/1/1）附表九之九 9.36.1.Everolimus 5mg 及 10mg(如 Afinitor 5mg 及 10mg)：（100/2/1、102/1/1、104/9/1、104/12/1、106/3/1、108/10/1、109/4/1） 1.治療經 VEGF-targeted 療法無效後之晚期腎細胞癌患者。 2.使用於胰臟神經內分泌腫瘤成人病患，需同時符合下列條件：（102/1/1） (1)無法切除或轉移的成人胰臟內分泌腫瘤，其分化程度為良好或中度，或 WHO 2010 年分類為 G1、G2 者。 (2)為進展性腫瘤，即過去 12 個月影像檢查為持續惡化者（RECIST 定義為疾病惡化者）。 (3)不可合併使用化學藥物或其他標靶藥物。 (4)除因病人使用本品後，發生嚴重不良反應或耐受不良之情形外，本品與 sunitinib 不得轉換使用。 3. 使用於無法切除、局部晚期或轉移之胃腸道或肺部來源之非功能性神經內分泌腫瘤成人病患，需同時符合下列條件：（108/10/1） (1)腫瘤分化程度為良好者。 (2)為進展性腫瘤，即過去 12	（101/8/1、105/11/1、108/6/1、109/1/1） (1) 轉移性或無法手術切除且不適合局部治療或局部治療失敗之 Child-Pugh A class 晚期肝細胞癌成人患者，並符合下列條件之一： Ⅰ.肝外轉移（遠端轉移或肝外淋巴結侵犯）。 Ⅱ.大血管侵犯（腫瘤侵犯主門靜脈或侵犯左/右靜脈第一或第二分支） III.經導管動脈化學藥物栓塞治療（Transcatheter arterial chemo embolization,T.A.C.E.）失敗者，需提供患者於 12 個月內>=3 次局部治療之記錄。 (2) 需經事前審查核准後使用，初次申請之療程以 3 個月為限，之後每 2 個月評估一次。送審時需檢送影像資料，無疾病惡化方可繼續使用。 (3)每日至多處方 4 粒。 (4)Sorafenib 與 Lenvatinib 僅得擇一使用，不得互換。(109/1/1) 3.用於放射性碘治療無效之局部晚期或轉移性的進行性(progressive)分化型甲狀腺癌（RAI-RDTC）：(106/1/1) (1)放射性碘治療無效之局部晚期或轉移性的進行性(progressive)分化型甲狀腺癌。 (2)需經事前審查核准後使用，	

個月影像檢查為持續惡化者（RECIST 定義為疾病惡化者）。 (3)不可合併使用化學藥物或其他標靶藥物。 4.與 exemestane 併用，作為先前已使用過非類固醇類之芳香環酶抑制劑治療無效，而未曾使用 exemestane 之荷爾蒙接受體陽性、HER2 受體陰性且尚未出現器官轉移危急症狀 (visceral crisis)之轉移性乳癌病人的治療，且使用本品無效後，不得申請 CDK4/6 抑制劑藥品（104/9/1、109/4/1） 5.除晚期腎細胞癌之外，其他疾病需經事前審查核准後使用，每次申請之療程以 3 個月為限。初次申請時需檢送病理報告及影像報告，之後每 3 個月申請一次，再次申請時需檢附影像資料及前次治療結果評估資料證實無惡化，才可繼續使用。(104/12/1、108/10/1) 6. 限每日最大劑量為 10mg。（108/10/1） 9.36.2.Everolimus 2.5mg 及 5mg(如 Votubia)：（102/1/1、106/4/1） 1.治療患有結節性硬化症(tuberous sclerosis)之腦室管膜下巨細胞星狀瘤(SEGA: subependymal giant cell astrocytoma)： (1)限併有水腦症狀或其他顯著	每次申請之療程以 3 個月為限，送審時需檢送影像資料，每 3 個月評估一次。 (3)Sorafenib 與 lenvatinib 不得合併使用。(107/7/1) 9.35.carmustine 植入劑(如 Gliadel Wafer)：(100/2/1)附表八之四 1.作為復發性多形神經膠母細胞瘤病人的手術輔助，且不得與 temozolomide 併用。 2.需經事前審查核准後使用。 9.36.Everolimus：（100/2/1、102/1/1）附表九之九 9.36.1.Everolimus 5mg 及 10mg(如 Afinitor 5mg 及 10mg)：（100/2/1、102/1/1、104/9/1、104/12/1、106/3/1、108/10/1、109/4/1） 1.治療經VEGF-targeted療法無效後之晚期腎細胞癌患者。 2.使用於胰臟神經內分泌腫瘤成人病患，需同時符合下列條件：(102/1/1) (1)無法切除或轉移的成人胰臟內分泌腫瘤，其分化程度為良好或中度，或 WHO 2010 年分類為 G1、G2 者。 (2)為進展性腫瘤，即過去12個月影像檢查為持續惡化者（RECIST 定義為疾病惡化者）。 (3)不可合併使用化學藥物或其他標靶藥物。 (4)除因病人使用本品後，發生	

神經學症狀，且經神經外科專科醫師評估不適合接受或無法以外科切除手術的患者使用。 (2)需經事前審查核准後使用，每次申請之療程以6個月為限，申請時需檢送影像檢查資料。 (3)申請續用時，除需檢送治療前後之影像資料，且再經神經外科專科醫師評估，其仍不適合接受或無法以外科切除手術者，始得續用。 (4)用藥後，若病情無法持續改善或疾病已惡化，則不予同意使用。 2.結節性硬化症併有腎血管肌脂肪瘤之成年病患，且需符合以下條件(106/4/1)： (1)限18(含)歲以上病人，其腎血管肌脂肪瘤最長直徑已達 4cm(含)以上且仍有持續進展之證據，且曾有發生臨床上有意義之出血或確認病灶有血管瘤(aneurysm)直徑≥5mm 者，病灶不只一處，且經腎臟或泌尿專科醫師評估無法以外科手術或動脈栓塞治療，或經動脈栓塞治療或外科手術後無效或復發者。 (2)需經事前審查核准後使用，每次申請之療程以6個月為限，申請時需檢送影像檢查(CT或MRI)資料。 (3)使用後需每 24 週評估一次，申請續用時，除檢送治療前之影像資料，需檢	嚴重不良反應或耐受不良之情形外，本品與 sunitinib 不得轉換使用。 3. 使用於無法切除、局部晚期或轉移之胃腸道或肺部來源之非功能性神經內分泌腫瘤成人病患，需同時符合下列條件：(108/10/1) (1)腫瘤分化程度為良好者。 (2)為進展性腫瘤，即過去12個月影像檢查為持續惡化者(RECIST 定義為疾病惡化者)。 (3)不可合併使用化學藥物或其他標靶藥物。 4.與 exemestane 併用，作為先前已使用過非類固醇類之芳香環酶抑制劑治療無效，而未曾使用 exemestane 之荷爾蒙接受體陽性、HER2 受體陰性且尚未出現器官轉移危急症狀 (visceral crisis)之轉移性乳癌病人之治療，且使用本品無效後，不得申請 CDK4/6 抑制劑藥品(104/9/1、109/4/1) 5.除晚期腎細胞癌之外，其他疾病需經事前審查核准後使用，每次申請之療程以3 個月為限。初次申請時需檢送病理報告及影像報告，之後每 3 個月申請一次，再次申請時需檢附影像資料及前次治療結果評估資料證實無惡化，才可繼續使用。(104/12/1、108/10/1)	

送治療後(第24週、48週、72 週…等)之影像檢查資料，若腫瘤總體積較治療前降低 30%(含)以上，且無新增直徑1公分以上的腫瘤或 grade2(含)以上腫瘤出血併發症，始得申請續用。(註：腫瘤出血併發症分級(grading)定義依 Common Terminology Criteria for Adverse Events(CTCAE), version4.0.) (4)限每日最大劑量為10mg。 9.37.Bevacizumab(如 Avastin)：(100/6/1、101/05/1、106/4/1、108/3/1、109/6/1) 1.轉移性大腸或直腸癌： (1)Bevacizumab 與 FOLFIRI(Folinicacid/5-fluorouracil/irinotecan)或 FOLFOX(Folinicacid/5-fluorouracil/oxaliplatin)或 5-fluorouracil/leucovorin 的化學療法合併使用，作為轉移性大腸或直腸癌患者的第一線治療。(108/3/1) (2)使用總療程以 36 週為上限(106/4/1)。 (3)須經事前審查核准後使用，每次申請事前審查之療程以 18 週為限，再次申請必須提出客觀證據(如：影像學)證實無惡化，才可繼續使用。(106/4/1) 2.惡性神經膠質瘤(WHO 第 4	6. 限每日最大劑量為 10mg。(108/10/1) 9.36.2.Everolimus 2.5mg 及 5mg(如 Votubia)：(102/1/1、106/4/1) 1.治療患有結節性硬化症(tuberous sclerosis)之腦室管膜下巨細胞星狀瘤(SEGA: subependymal giant cell astrocytoma)： (1)限併有水腦症狀或其他顯著神經學症狀，且經神經外科專科醫師評估不適合接受或無法以外科切除手術的患者使用。 (2)需經事前審查核准後使用，每次申請之療程以 6 個月為限，申請時需檢送影像檢查資料。 (3)申請續用時，除需檢送治療前後之影像資料，且再經神經外科專科醫師評估，其仍不適合接受或無法以外科切除手術者，始得續用。 (4)用藥後，若病情無法持續改善或疾病已惡化，則不予同意使用。 2.結節性硬化症併有腎血管肌脂肪瘤之成年病患，且需符合以下條件(106/4/1)： (1)限 18(含)歲以上病人，其腎血管肌脂肪瘤最長直徑已達 4cm(含)以上且仍有持續進展之證據，且曾有發生臨床上有意義之出血或確認病灶有血管瘤(aneurysm)直徑≥5mm 者，病灶不只一處，且經腎臟	

級)-神經膠母細胞瘤： (1)單獨使用可用於治療曾接受標準放射線治療且含temozolomide在內之化學藥物治療失敗之多型性神經膠母細胞瘤(Glioblastoma multiforme)復發之成人患者。(101/05/1) (2)須經事前審查核准後使用，每次申請事前審查之療程以12週為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用。 3.本藥品不得與 cetuximab、panitumumab 併用。(108/3/1) 4.復發性卵巢上皮細胞、輸卵管或原發性腹膜癌患者之治療：(109/6/1) (1)Bevacizumab 與 carboplatin 及 paclitaxel 合併使用，作為曾接受過第一線含鉑類藥物(Platinum-based)化學治療間隔 6-12 個月內再復發之治療。 (2)接著單獨使用 bevacizumab 治療，可以作為含鉑藥物具感受性之治療。 (3)須經事前審查核准後使用，每次申請事前審查之療程以16週為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用，總申請療程以15個療程(cycle)為上限。 5.持續性、復發性或轉移性之子宮頸癌：(109/6/1)	或泌尿專科醫師評估無法以外科手術或動脈栓塞治療，或經動脈栓塞治療或外科手術後無效或復發者。 (2)需經事前審查核准後使用，每次申請之療程以 6 個月為限，申請時需檢送影像檢查(CT 或 MRI)資料。 (3)使用後需每24週評估一次，申請續用時，除檢送治療前之影像資料，需檢送治療後(第 24 週、48 週、72 週…等)之影像檢查資料，若腫瘤總體積較治療前降低 30%(含)以上，且無新增直徑 1 公分以上的腫瘤或 grade2(含)以上腫瘤出血併發症，始得申請續用。(註：腫瘤出血併發症分級(grading)定義依 Common Terminology Criteria for Adverse Events(CTCAE), version4.0.) (4)限每日最大劑量為10mg。 9.37.Bevacizumab(如 Avastin)：(100/6/1、101/05/1、106/4/1、108/3/1、109/6/1) 1.轉移性大腸或直腸癌： (1)Bevacizumab 與 FOLFIRI (Folinicacid/5-fluorouracil/irinotecan) 或 FOLFOX (Folinicacid/5-fluorouracil/oxaliplatin) 或 5-fluorouracil/leucovorin 的化學療法合併使用，作	

(1)Bevacizumab 與 cisplatin 及paclitaxel合併使用，可用於持續性、復發性或轉移性之子宮頸癌。 (2)Bevacizumab 與 paclitaxel 及 topotecan 合併使用，作為無法接受含鉑類藥物治療患者之持續性、復發性或轉移性之子宮頸癌。 (3)須經事前審查核准後使用，每次申請事前審查之療程以16 週為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用。 9.38.Temsirolimus(如Torisel)：（101/1/1）附表九之十一 1.需經事前審查核准後使用，每次給付 3 個月藥量，送審時需檢送影像資料，每 3 個月評估一次。 (1)治療不限細胞型的高風險晚期腎細胞癌。 (2)需具有下列六個風險因子中至少 3 個以上因子： I.距離初次診斷出腎細胞癌之時間未達一年 II. Karnofsky Performance scale 介於 60 至 70 之間 III.血色素低於正常值 12gm/dL IV.矯正後血鈣值超過 10mg/dL V. 乳酸脫氫酶(lactate dehydrogenase)超過 1.5 倍正常值上限 VI.超過一個以上的器官有轉移病灶。 (3)無效後則不給付其他酪胺酸激酶阻斷劑 TKI。 2.病人若對藥物產生耐受性不	為轉移性大腸或直腸癌患者的第一線治療。(108/3/1) (2)使用總療程以 36 週為上限(106/4/1)。 (3)須經事前審查核准後使用，每次申請事前審查之療程以 18 週為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用。(106/4/1) 2.惡性神經膠質瘤(WHO 第 4 級)-神經膠母細胞瘤： (1)單獨使用可用於治療曾接受標準放射線治療且含 temozolomide 在內之化學藥物治療失敗之多型性神經膠母細胞瘤(Glioblastoma multiforme)復發之成人患者。(101/05/1) (2)須經事前審查核准後使用，每次申請事前審查之療程以 12 週為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用。 3.本藥品不得與 cetuximab、panitumumab 併用。(108/3/1) 4.復發性卵巢上皮細胞、輸卵管或原發性腹膜癌患者之治療：(109/6/1) (1)Bevacizumab與carboplatin 及 paclitaxel 合併使用，作為曾接受過第一線含鉑類藥物(Platinum-based)化學治療間隔 6-12 個月內再復發之治療。 (2)接著單獨使用 bevacizumab	

佳（intolerance），則以原來藥物減量為原則，若嚴重耐受性不佳，可以換其他酪胺酸激酶阻斷劑（tyrosine kinase inhibitor, TKI）。 9.39.Flutamide；buserelin：（90/8/1、101/7/1） 1.晚期（包括 T3、淋巴腺轉移、器官轉移）之腫瘤。 2.攝護腺癌病人接受根除性攝護腺切除手術治療後，PSA 逐漸升高有局部復發或遠處轉移之情況。 3.癌症臨床期別為 T2、T3，準備接受根除性攝護腺切除手術治療或其他定效治療，包括 irradiation 之前為求 tumor volume reduction，作為 neoadjuvant 治療之目的。 9.40.Bicalutamide：（89/10/1、101/7/1） 限用於與 LHRH 類似劑療法或手術去勢療法併用於進展性攝護腺癌。 9.41.Pazopanib（如 Votrient）：（101/8/1、104/4/1、106/3/1、110/12/1）附表九之十三 1.腎細胞癌：（106/3/1、110/12/1） (1)可用於第一線治療晚期或轉移性腎細胞癌，其病理上為亮細胞癌(clear cell renal carcinoma)。 (2)本品使用無效後，不得申請使用 temsirolimus。	治療，可以作為含鉑藥物具感受性之治療。 (3)須經事前審查核准後使用，每次申請事前審查之療程以 16 週為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用，總申請療程以 15 個療程(cycle)為上限。 5.持續性、復發性或轉移性之子宮頸癌：(109/6/1) (1)Bevacizumab 與 cisplatin 及 paclitaxel 合併使用，可用於持續性、復發性或轉移性之子宮頸癌。 (2)Bevacizumab 與 paclitaxel 及 topotecan 合併使用，作為無法接受含鉑類藥物治療患者之持續性、復發性或轉移性之子宮頸癌。 (3)須經事前審查核准後使用，每次申請事前審查之療程以 16 週為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用。 9.38.Temsirolimus(如 Torisel)：(101/1/1)附表九之十一 1.需經事前審查核准後使用，每次給付 3 個月藥量，送審時需檢送影像資料，每 3 個月評估一次。 (1)治療不限細胞型的高風險晚期腎細胞癌。 (2)需具有下列六個風險因子中至少 3 個以上因子： I.距離初次診斷出腎細胞癌之時間未達一年	

（110/12/1） (3)需檢送影像資料，每三個月評估一次。(106/3/1) (4)病人若對藥物產生耐受性不佳（intolerance），則以原來藥物減量為原則，若嚴重耐受性不佳，可以換其他TKI。 2.軟組織肉瘤：（104/4/1） (1)用於治療先前曾接受化療失敗的晚期軟組織肉瘤(STS)患者。其病情若能接受手術治療者，須先經手術治療。 (2)須排除胃腸道基質瘤、脂肪惡性肉瘤、橫紋肌惡性肉瘤、軟骨惡性肉瘤、骨性惡性肉瘤、依文氏(Ewing’s sarcoma)惡性肉瘤、原發性神經外胚層腫瘤(primitive neuroectodermal tumor)、突起性表皮纖維惡性腫瘤(dermatofibrosarcoma protuberance)或具骨轉移的患者。 (3)須經事前審查核准後使用，每次申請療程以三個月為限，每三個月需再次申請。(須檢附影像學報告) 9.42.Bendamustine（如Innomustine）：(101/10/1、103/2/1、108/10/1) 1.以本品作為第一線治療，限用於Binet C級之慢性淋巴性白血病病人(CLL)或 Binet B級併有免疫性症候(如自體免疫性溶血、免疫性血小板低	II. Karnofsky Performance scale 介於 60 至 70 之間 III.血色素低於正常值 12gm/dL IV.矯正後血鈣值超過 10mg/dL V. 乳酸脫氫酶(lactate dehydrogenase)超過 1.5 倍正常值上限 VI.超過一個以上的器官有轉移病灶。 (3)無效後則不給付其他酪胺酸激酶阻斷劑 TKI。 2.病人若對藥物產生耐受性不佳（intolerance），則以原來藥物減量為原則，若嚴重耐受性不佳，可以換其他酪胺酸激酶阻斷劑（tyrosine kinase inhibitor, TKI）。 9.39.Flutamide；buserelin：（90/8/1、101/7/1） 1.晚期（包括 T3、淋巴腺轉移、器官轉移）之腫瘤。 2.攝護腺癌病人接受根除性攝護腺切除手術治療後，PSA 逐漸升高有局部復發或遠處轉移之情況。 3.癌症臨床期別為 T2、T3，準備接受根除性攝護腺切除手術治療或其他定效治療，包括 irradiation 之前為求 tumor volume reduction，作為 neoadjuvant 治療之目的。 9.40.Bicalutamide：（89/10/1、101/7/1） 限用於與 LHRH 類似劑療法或手術去勢療法併用於進展性攝護腺癌。 9.41.Pazopanib（如	

下紫癜症等)相關疾病之 CLL 病人。 2.用於 B-細胞慢性淋巴性白血病（CLL）病患 Binet B 及 C 之第二線治療，在經歷至少一種標準內容的烷化基藥劑（alkylating agent）治療方法無效，或治療後雖有效但隨後疾病又繼續惡化進展的病人。 3.曾接受至少一種化療之和緩性非何杰金氏淋巴瘤，六個月內曾以 rituximab 治療失敗之單一治療。(103/2/1) 4. 合併 rituximab 適用於先前未曾接受治療的 CD20 陽性、第 III/IV 期和緩性非何杰金氏淋巴瘤。(108/10/1) 5. 合併 rituximab 用於先前未曾接受治療且不適合自體幹細胞移植的第 III/IV 期被套細胞淋巴瘤。（108/10/1） 6.不得與 fludarabine 合併使用。(103/2/1) 7.須經事前審查核准後使用，每次申請最多六個（月）療程。 9.43.Lenalidomide(如 Revlimid)：（101/12/1、106/10/1 、109/2/1 、109/8/1） 1.先前尚未接受過任何治療且不適用造血幹細胞移植的多發性骨髓瘤患者可使用 lenalidomide 併用 dexamethasone 作為第一線治療。（109/2/1、109/8/1）	Votrient）：（101/8/1、104/4/1、106/3/1）附表九之十三 1.腎細胞癌： (1)可用於第一線治療晚期或轉移性腎細胞癌，其病理上為亮細胞癌(clear cell renal carcinoma)。 (2)本品使用無效後，不得申請使用 temsirolimus 或其他酪胺酸激酶阻斷劑（tyrosine kinase inhibitor, TKI）等藥品。 (3)需檢送影像資料，每三個月評估一次。(106/3/1) (4)病人若對藥物產生耐受性不佳（intolerance），則以原來藥物減量為原則，若嚴重耐受性不佳，可以換其他 TKI。 2.軟組織肉瘤：（104/4/1） (1)用於治療先前曾接受化療失敗的晚期軟組織肉瘤(STS)患者。其病情若能接受手術治療者，須先經手術治療。 (2)須排除胃腸道基質瘤、脂肪惡性肉瘤、橫紋肌惡性肉瘤、軟骨惡性肉瘤、骨性惡性肉瘤、依文氏(Ewing’s sarcoma)惡性肉瘤、原發性神經外胚層腫瘤(primitive neuroectodermal tumor)、突起性表皮纖維惡性腫瘤(dermatofibrosarcoma	

2.與 dexamethasone 合併使用於先前已接受至少一種治療失敗之多發性骨髓瘤患者。 3.須經事前審查核准後使用，每次申請事前審查之療程以 4 個療程為限，每 4 個療程須再次申請。 (1)每天限使用 1 粒。 (2)使用 4 個療程後，必須確定 paraprotein(M-protein) 未上升(即表示對藥物有反應或為穩定狀態)或對部分 non-secretory type MM 病人以骨髓檢查 plasma cell 為療效依據，方可繼續使用。 4.每人至多給付 24 個療程為限(每療程為 4 週)。(106/10/1、109/2/1、109/8/1) 9.44.Azacitidine (如 Vidaza)：(102/1/1) 1.骨髓增生不良症候群高危險性病患：頑固性貧血併有過量芽細胞(RA with excess blasts, RAEB)、轉變中的頑固性貧血併有過量芽細胞(RAEB in transformation, RAEB-T)、及慢性骨髓單核細胞性白血病(chronic myelomonocytic leukemia, CMMoL)。 2.需經事前審查核准後使用，申請事前審查時必須確定病患無病情惡化至急性骨髓性白血病，即可繼續使用。	protuberance)或具骨轉移的患者。 (3)須經事前審查核准後使用，每次申請療程以三個月為限，每三個月需再次申請。(須檢附影像學報告) 9.42.Bendamustine (如 Innomustine)：(101/10/1、103/2/1、108/10/1) 1.以本品作為第一線治療，限用於 Binet C 級之慢性淋巴性白血病病人(CLL)或 Binet B級併有免疫性症候(如自體免疫性溶血、免疫性血小板低下紫癜症等)相關疾病之 CLL 病人。 2.用於 B-細胞慢性淋巴性白血病(CLL)病患 Binet B 及 C 之第二線治療，在經歷至少一種標準內容的烷化基藥劑(alkylating agent)治療方法無效，或治療後雖有效但隨後疾病又繼續惡化進展的病人。 3.曾接受至少一種化療之和緩性非何杰金氏淋巴瘤，六個月內曾以 rituximab 治療失敗之單一治療。(103/2/1) 4. 合併 rituximab 適用於先前未曾接受治療的 CD20 陽性、第 III/IV 期和緩性非何杰金氏淋巴瘤。(108/10/1) 5. 合併 rituximab 用於先前未曾接受治療且不適合自體幹細胞移植的第 III/IV 期被套細胞淋巴瘤。(108/10/1)	

(1)第一次申請 4 治療療程。 (2)第二次開始每 3 療程申請一次。 3.急性骨髓性白血病之定義：骨髓芽細胞（myeloblast）大於 30%。 9.45.Afatinib（如 Giotrif）：(103/5/1、106/11/1、108/6/1、108/11/1、109/4/1、109/6/1、109/10/1) 1. 限單獨使用於： (1)具有 EGFR-TK 基因突變之局部晚期或轉移性(即第ⅢB、ⅢC 期或第Ⅳ期)之肺腺癌病患之第一線治療，需檢附依全民健康保險醫療服務給付項目及支付標準伴隨式診斷編號 30101B 或 30102B 規定之認證實驗室以體外診斷醫療器材檢測（IVD）或實驗室自行研發檢測(LDT)檢驗之EGFR基因檢測結果報告。(108/6/1、108/11/1) (2)先前已使用過第一線含鉑化學治療，但仍惡化的局部晚期或轉移性之鱗狀組織非小細胞肺癌之第二線治療。(108/6/1) 2.使用注意事項(106/11/1、108/6/1、109/4/1、109/10/1) (1)用於具有 EGFR-TK 基因突變之局部晚期或轉移性肺腺癌之第一線治療：病歷應留存確實患有肺腺癌之病理或細胞檢查報告，及 EGFR-TK 基因突變檢測報告。	6.不得與 fludarabine 合併使用。(103/2/1) 7.須經事前審查核准後使用，每次申請最多六個（月）療程。 9.43.Lenalidomide(如 Revlimid)：(101/12/1、109/2/1、109/8/1) 1.先前尚未接受過任何治療且不適用造血幹細胞移植的多發性骨髓瘤患者可使用 lenalidomide 併用 dexamethasone 作為第一線治療。(109/2/1、109/8/1) 2.與dexamethasone合併使用於先前已接受至少一種治療失敗之多發性骨髓瘤患者。 3.須經事前審查核准後使用，每次申請事前審查之療程以 4 個療程為限，每 4 個療程須再次申請。 (1)每天限使用 1 粒。 (2)使用 4 個療程後，必須確定 paraprotein(M-protein)未上升(即表示對藥物有反應或為穩定狀態)或對部分 non-secretory type MM 病人以骨髓檢查plasma cell為療效依據，方可繼續使用。 4.每人至多給付 24 個療程為限（每療程為 4 週）。(106/10/1、109/2/1、109/8/1) 9.44.Azacitidine（如 Vidaza）：(102/1/1) 1.骨髓增生不良症候群高危險	

(2)用於局部晚期或轉移性之鱗狀組織非小細胞肺癌之第二線治療：病歷應留存曾經接受含鉑類化學治療之證明，及目前又有疾病惡化之影像診斷證明(如胸部X光、電腦斷層或其他可作為評估的影像)，此影像證明以可測量(measurable)的病灶為優先，如沒有可以測量的病灶，則可評估(evaluable)的病灶亦可採用。(108/6/1) (3)每次處方以4週為限，再次處方時需於病歷記錄治療後相關臨床資料，如每4週需追蹤胸部X光或電腦斷層等影像檢查，每8至12週需進行完整療效評估（如胸部X光或電腦斷層）。(106/11/1) (4)使用本藥品後，除因耐受性不良，否則不得轉換類似藥理機轉之其他酪胺酸激酶阻斷劑（tyrosine kinase inhibitor, TKI）。 (5)本藥品與gefitinib及erlotinib不得併用。(109/4/1) (6)本藥品於第一線使用時，與osimertinib及dacomitinib僅得擇一使用，除因耐受性不良，不得互換。(109/10/1) Ⅰ.如需更換使用osimertinib，必須符合osimertinib第一線使用於	性病患：頑固性貧血併有過量芽細胞（RA with excess blasts, RAEB）、轉變中的頑固性貧血併有過量芽細胞（RAEB in transformation, RAEB-T）、及慢性骨髓單核細胞性白血病（chronic myelomonocytic leukemia, CMMoL）。 2.需經事前審查核准後使用，申請事前審查時必須確定病患無病情惡化至急性骨髓性白血病，即可繼續使用。 (1)第一次申請4治療療程。 (2)第二次開始每3療程申請一次。 3.急性骨髓性白血病之定義：骨髓芽細胞（myeloblast）大於30%。 9.45.Afatinib（如Giotrif）：(103/5/1、106/11/1、108/6/1、108/11/1、109/4/1、109/6/1、109/10/1) 1. 限單獨使用於： (1)具有EGFR-TK基因突變之局部晚期或轉移性(即第ⅢB、ⅢC期或第Ⅳ期)之肺腺癌病患之第一線治療，需檢附依全民健康保險醫療服務給付項目及支付標準伴隨式診斷編號30101B或30102B規定之認證實驗室以體外診斷醫療器材檢測（IVD）或實驗室自行研發檢測(LDT)檢驗之EGFR基因檢測結果報告。	

具有 EGFR Exon 19 Del 基因突變且無腦轉移（non-CNS）之轉移性（第Ⅳ期）肺腺癌之限制。(109/6/1) Ⅱ. 如需更換使用 dacomitinib，必須符合 dacomitinib 第一線使用於具有 EGFR-TK Exon 19 Del 或 Exon 21 L858R 點突變，且無腦轉移(non-CNS)之局部侵犯性或轉移性肺腺癌之限制。(109/10/1) 9.46.Tegafur/gimeracil/oteracil 複方製劑(如 TS-1)：(103/6/1、105/12/1、109/2/1) 1.治療局部晚期無法手術切除或轉移性胰臟癌病人。 2.胃癌(105/12/1) (1)胃癌術後輔助性化療，用於罹患 TNMS tage Ⅱ(排除 T1)、ⅢA 或ⅢB 胃癌且接受過胃癌根除性手術的成年患者，限用 1 年。 (2)需經事前審查核准後使用。 3.非小細胞肺癌(109/2/1) (1)曾使用含鉑之化學藥物治療失敗的局部晚期或轉移性之非小細胞肺癌。 (2)不得與標靶治療、其他化療或免疫檢查點抑制劑併用。 9.47.lapatinib（如 Tykerb）：(103/9/1、106/11/1、110/2/1) 1.與 capecitabine 併用，使用於曾接受 anthracycline, taxane 以及 trastuzumab 治療後病況惡化之轉移性乳癌併有腦部轉移，且為 HER2 過	(108/6/1、108/11/1) (2)先前已使用過第一線含鉑化學治療，但仍惡化的局部晚期或轉移性之鱗狀組織非小細胞肺癌之第二線治療。(108/6/1) 2.使用注意事項(106/11/1、108/6/1、109/4/1、109/10/1) (1)用於具有 EGFR-TK 基因突變之局部晚期或轉移性肺腺癌之第一線治療：病歷應留存確實患有肺腺癌之病理或細胞檢查報告，及 EGFR-TK 基因突變檢測報告。 (2)用於局部晚期或轉移性之鱗狀組織非小細胞肺癌之第二線治療：病歷應留存曾經接受含鉑類化學治療之證明，及目前又有疾病惡化之影像診斷證明(如胸部 X 光、電腦斷層或其他可作為評估的影像)，此影像證明以可測量(measurable)的病灶為優先，如沒有可以測量的病灶，則可評估(evaluable)的病灶亦可採用。(108/6/1) (3)每次處方以 4 週為限，再次處方時需於病歷記錄治療後相關臨床資料，如每 4 週需追蹤胸部 X 光或電腦斷層等影像檢查，每 8 至 12 週需進行完整療效評估（如胸部 X 光或電腦斷層）。(106/11/1) (4)使用本藥品後，除因耐受性不良，否則不得轉換類似	

度表現(IHC3+或 FISH+)患者。 2.每 3 個月需進行療效評估，病歷應留存評估紀錄，無疾病惡化方可繼續使用。(106/11/1) 3.Lapatinib 和 trastuzumab emtansine 僅能擇一使用，不得互換。(110/2/1) 9.48.Eribulin (如 Halaven)：(103/12/1、106/11/1、108/12/1、110/2/1) 1.轉移性乳癌： (1)用於治療轉移性乳癌患者且先前曾接受過 anthracycline 和 taxane 兩種針對轉移性乳癌之化學治療輔助性治療。 (2)每 3 個療程需進行療效評估，病歷應留存評估紀錄，無疾病惡化方可繼續使用。(106/11/1) (3)Eribulin 與 ixabepilone 用於治療上述之轉移性乳癌患者時，僅得擇一使用，且不得互換(eribulin 限用於未曾使用過 ixabepilone 之病患)。(110/2/1) 2.脂肪肉瘤：(108/12/1) (1)限單獨使用於治療無法手術切除或轉移性脂肪肉瘤成人患者，且先前應至少接受一次含 anthracycline 之全身化療。 (2)須經事前審查核准後使用，每次申請以 3 個療程為限，再次申請時應檢附前次治療結果	藥理機轉之其他酪胺酸激酶阻斷劑(tyrosine kinase inhibitor, TKI)。 (5)本藥品與 gefitinib 及 erlotinib 不得併用。(109/4/1) (6)本藥品於第一線使用時，與 osimertinib 及 dacomitinib 僅得擇一使用，除因耐受性不良，不得互換。(109/10/1) Ⅰ.如需更換使用 osimertinib，必須符合 osimertinib 第一線使用於具有 EGFR Exon 19 Del 基因突變且無腦轉移(non-CNS)之轉移性(第Ⅳ期)肺腺癌之限制。(109/6/1) Ⅱ.如需更換使用 dacomitinib，必須符合 dacomitinib 第一線使用於具有 EGFR-TK Exon 19 Del 或 Exon 21 L858R 點突變，且無腦轉移(non-CNS)之局部侵犯性或轉移性肺腺癌之限制。(109/10/1) 9.46.Tegafur/gimeracil/oteracil 複方製劑(如 TS-1)：(103/6/1、105/12/1、109/2/1) 1.治療局部晚期無法手術切除或轉移性胰臟癌病人。 2.胃癌(105/12/1) (1)胃癌術後輔助性化療，用於罹患 TNMS tageⅡ(排除 T1)、ⅢA 或ⅢB 胃癌且接受過胃癌根除性手術的成年患者，限用 1 年。	

評估資料證實無惡化，才可繼續使用。 9.49.Abiraterone(如Zytiga)：(103/12/1、105/9/1、106/9/1、108/3/1、109/5/1、109/10/1、110/2/1、110/3/1、110/11/1) 1.與雄性素去除療法及prednisone或prednisolone併用，治療新診斷高風險轉移性的去勢敏感性前列腺癌(mCSPC)的成年男性(ECOG分數須≦1)。高風險需符合下列三項條件中至少兩項：(109/5/1、110/2/1) (1)葛里森分數(Gleason score)≧8； (2)骨骼掃描出現四個(含)以上病灶且至少其中一處以上為非中軸骨及骨盆腔轉移； (3)出現內臟轉移。 2.與prednisone或prednisolone併用，治療藥物或手術去勢抗性的轉移性前列腺癌(mCRPC)，且在雄性素去除療法失敗後屬無症狀或輕度症狀(ECOG分數0或1)，未曾接受化學治療者：(106/9/1) (1)若病患先前接受雄性素去除療法時，在小於12個月的時間內演化成去勢抗性前列腺癌(CRPC)，且葛里森分數(Gleason score)≧8時，不得於使用化學治療前使用abiraterone。(106/9/1) (2)申請時需另檢附：	(2)需經事前審查核准後使用。 3.非小細胞肺癌(109/2/1) (1)曾使用含鉑之化學藥物治療失敗的局部晚期或轉移性之非小細胞肺癌。 (2)不得與標靶治療、其他化療或免疫檢查點抑制劑併用。 9.47.lapatinib(如Tykerb)：(103/9/1、106/11/1) 1.與capecitabine併用，使用於曾接受anthracycline,taxane以及trastuzumab治療後病況惡化之轉移性乳癌併有腦部轉移，且為HER2過度表現(IHC3+或FISH+)患者。 2.每3個月需進行療效評估，病歷應留存評估紀錄，無疾病惡化方可繼續使用。(106/11/1) 9.48.Eribulin(如Halaven)：(103/12/1、106/11/1、108/12/1) 1.轉移性乳癌： (1)用於治療轉移性乳癌患者且先前曾接受過anthracycline和taxane兩種針對轉移性乳癌之化學治療輔助性治療。 (2)每3個療程需進行療效評估，病歷應留存評估紀錄，無疾病惡化方可繼續使用。(106/11/1)	

I.用藥紀錄(證明未常規使用止痛藥物，屬無症狀或輕度症狀)。 II.三個月內影像報告證明無臟器轉移。(106/9/1) 3. 與 prednisone 或 prednisolone 併用，治療藥物或手術去勢抗性的轉移性前列腺癌(ECOG 分數須≦2)且已使用過docetaxel 2個療程以上治療無效者。 4.須經事前審查核准後使用，每3個月需再次申請。 (1)申請時需檢附病理報告、使用雄性素去除療法紀錄及系列 PSA 和睪固酮數據。(106/9/1) (2)再申請時若 PSA 值下降未超過治療前的 50%以上，則需停藥。(109/10/1) (3)下降達最低值後之持續追蹤出現 PSA 較最低值上升 50%以上且 PSA≧2ng/ml，則需停藥，但影像學證據尚無疾病進展者，可以繼續使用。(106/9/1、109/10/1) (4)用於治療新診斷高風險轉移性的去勢敏感性前列腺癌(mCSPC)的成年男性，總療程以 24 個月為上限。(109/5/1、110/2/1) (5)去勢抗性前列腺癌(CRPC)病患若於化學治療前先使用過 abiraterone，當化學治療失敗後不得再申請使用 abiraterone。(106/9/1) (6)使用 abiraterone 治療之新	2.脂肪肉瘤：(108/12/1) (1)限單獨使用於治療無法手術切除或轉移性脂肪肉瘤成人患者，且先前應至少接受一次含 anthracycline 之全身化療。 (2)須經事前審查核准後使用，每次申請以 3 個療程為限，再次申請時應檢附前次治療結果評估資料證實無惡化，才可繼續使用。 9.49.Abiraterone(如 Zytiga)：(103/12/1、105/9/1、106/9/1、108/3/1、109/5/1、109/10/1) 1. 與雄性素去除療法及 prednisone 或 prednisolone 併用，治療新診斷具高風險的荷爾蒙敏感性轉移性前列腺癌(mHSPC)的成年男性(ECOG 分數須≦1)。高風險需符合下列三項條件中至少兩項：(109/5/1) (1) 葛里森分數(Gleason score)≧8； (2)骨骼掃描出現四個(含)以上病灶且至少其中一處以上為非中軸骨及骨盆腔轉移； (3)出現內臟轉移。 2. 與 prednisone 或	

診斷高風險轉移性的去勢敏感性前列腺癌(mCSPC)病患，若病情惡化為轉移性去勢抗性前列腺癌(CRPC)，不得再申請使用abiraterone。(109/5/1、110/2/1) 5.本品用於治療 mCSPC 時，與apalutamide 僅能擇一使用，且不可互換。但若屬嚴重藥品副作用耐受性不佳者，不在此限。(110/3/1) 6.去勢抗性前列腺癌(CRPC)病患若先前使用過 apalutamide 或 darolutamide 治療，後續不得申請使用 abiraterone。(110/11/1) 7.本品與 enzalutamide 僅能擇一使用，且不可互換。但若屬嚴重藥品副作用耐受性不佳者，不在此限。(105/9/1、106/9/1) 8. 本品與 radium-223 dichloride 不得合併使用。(108/3/1) 9.50.Crizotinib (如Xalkori)：(104/9/1、106/11/1、107/5/1、108/7/1、108/9/1、108/12/1、110/7/1) 1.適用於 ALK 陽性之晚期非小細胞肺癌患者。(106/11/1) 2.單獨使用於 ROS-1 陽性之晚期非小細胞肺癌患者。(108/9/1) 3.須經事前審查核准後使用: (1)需檢具確實患有非小細胞肺癌之病理或細胞檢查報告，以及符合診斷之 ALK 突變或 ROS-1 突變檢測報告。	prednisolone 併用，治療藥物或手術去勢抗性的轉移性前列腺癌(mCRPC)，且在雄性素去除療法失敗後屬無症狀或輕度症狀(ECOG 分數 0 或 1)，未曾接受化學治療者：(106/9/1) (1)若病患先前接受雄性素去除療法時，在小於 12 個月的時間內演化成去勢抗性前列腺癌(CRPC)，且葛里森分數(Gleason score)≧8 時，不得於使用化學治療前使用 abiraterone。(106/9/1) (2)申請時需另檢附： I.用藥紀錄(證明未常規使用止痛藥物，屬無症狀或輕度症狀)。 II.三個月內影像報告證明無臟器轉移。(106/9/1) 3. 與 prednisone 或 prednisolone 併用，治療藥物或手術去勢抗性的轉移性前列腺癌(ECOG 分數須 ≦ 2)且已使用過 docetaxel 2 個療程以上治療無效者。 4.須經事前審查核准後使用，每 3 個月需再次申請。 (1)申請時需檢附病理報告、使用雄性素去除療法紀錄及系列 PSA 和睪固酮數據。(106/9/1) (2)再申請時若 PSA 值下降未超過治療前的 50%以上，則需停藥。(106/9/1、109/10/1) (3)下降達最低值後之持續追蹤出現PSA較最低值上升50%	

(107/5/1、108/9/1) (2)每次申請事前審查之療程以三個月為限，每三個月需再次申請，再次申請時並需附上治療後相關臨床資料，如給藥 4 週後，需追蹤胸部 X 光或電腦斷層等影像檢查評估療效，往後每 4 週做胸部 X 光檢查，每隔 8 週需追蹤其作為評估藥效的影像(如胸部 X 光或電腦斷層），若病情惡化即不得再次申請。(108/12/1) 4.Crizotinib 與 ceritinib、alectinib 用於 ALK 陽性之晚期非小細胞肺癌時，僅得擇一使用，除因病人使用後，發生嚴重不良反應或耐受不良之情形外，不得互換。(108/7/1、108/12/1) 5.Crizotinib 與 entrectinib 用於 ROS-1 陽性之晚期非小細胞肺癌時，僅得擇一使用，除因病人使用後，發生嚴重不良反應或耐受不良之情形外，不得互換。(110/7/1) 6.每日最大劑量限 500mg。(108/9/1) 9.51.Regorafenib（如 Stivarga）：（104/9/1、105/8/1、107/12/1、108/6/1、110/5/1、110/6/1） 1.轉移性大腸直腸癌(mCRC)： (1)用於治療先前曾接受下列療法的轉移性大腸直腸癌(mCRC)患者，療法包括 fluoropyrimidine、	以上且 PSA≧2ng/ml，則需停藥，但影像學證據尚無疾病進展者，可以繼續使用。（106/9/1、109/10/1） (4)用於治療新診斷具高風險的荷爾蒙敏感性轉移性前列腺癌(mHSPC)的成年男性，總療程以 24 個月為上限。(109/5/1) (5)去勢抗性前列腺癌(CRPC)病患若於化學治療前先使用過 abiraterone，當化學治療失敗後不得再申請使用 abiraterone。（106/9/1） (6)使用 abiraterone 治療之荷爾蒙敏感性轉移性前列腺癌(mHSPC)病患，若病情惡化為轉移性去勢抗性前列腺癌(CRPC)，不得再申請使用 abiraterone。(109/5/1) 5.本品與 enzalutamide 僅能擇一使用，且不可互換。但若屬嚴重藥品副作用耐受性不佳者，不在此限。（105/9/1、106/9/1） 6.本品與 radium-223	

oxaliplatin、irinotecan 為基礎的化療，和抗血管內皮生長因子(anti-VEGF)等療法；若 K-ras 為原生型(wild type)，則需再加上接受過抗表皮生長因子受體(anti-EGFR) 療法。(110/6/1) (2)須經事前審查核准後使用，每次申請事前審查之療程以 8 週為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用。 2. 胃腸道間質瘤(GIST)(105/8/1) (1)先前曾接受 imatinib 與 sunitinib 治療的局部晚期、無法切除或轉移性的胃腸道間質瘤患者。 (2)需經事前審查核准後使用，每次申請之療程以 3 個月為限，送審時需檢送影像資料，每 3 個月評估一次。 3.肝細胞癌(HCC)：(108/6/1、110/5/1) (1)適用於曾接受 sorafenib 治療失敗後之轉移性或無法手術切除且不適合局部治療或局部治療失敗之 Child-Pugh A class 晚期肝細胞癌成人患者。 (2)需經事前審查核准後使用，初次申請之療程以 12 週為限，之後每 8 週評估一次。送審時需檢送影像資料，無疾病惡化方可繼續使用。 (3)每日至多處方 4 粒。 (4)Regorafenib 與 ramucirumab、nivolumab	dichloride 不得合併使用。(108/3/1) 9.50.Crizotinib（如 Xalkori）：(104/9/1、106/11/1、107/5/1、108/7/1、108/9/1、108/12/1) 1.適用於ALK陽性之晚期非小細胞肺癌患者。(106/11/1) 2.單獨使用於ROS-1陽性之晚期非小細胞肺癌患者。(108/9/1) 3.須經事前審查核准後使用: (1)需檢具確實患有非小細胞肺癌之病理或細胞檢查報告，以及符合診斷之 ALK 突變或 ROS-1 突變檢測報告。(107/5/1、108/9/1) (2)每次申請事前審查之療程以三個月為限，每三個月需再次申請，再次申請時並需附上治療後相關臨床資料，如給藥 4 週後，需追蹤胸部 X 光或電腦斷層等影像檢查評估療效，往後每 4 週做胸部 X 光檢查，每隔 8 週需追蹤其作為評估藥效的影像(如胸部 X 光或電腦斷層），若病情惡化即不得再次申請。(108/12/1) 4.Crizotinib 與 ceritinib、alectinib 用於 ALK 陽性之晚期非小細胞肺癌時，僅得擇一使用，除因病人使用後，發生嚴重不良反應或耐受不良之情形外，不得互換。(108/7/1、108/12/1)	

僅能擇一使用，不得互換。(110/5/1) 9.52.Vemurafenib(如Zelboraf)：(104/11/1、110/3/1) 1.用於治療BRAF V600突變陽性ECOG≤2且罹患無法切除(第ⅢC期)或轉移性(第Ⅳ期)黑色素瘤之病人。 2.需經事前審查核准後使用，每次申請療程以三個月為限，如發現病情惡化應停止使用。再申請應檢附前次治療結果評估資料。 3.本品與 dabrafenib（併用 trametinib）僅能擇一使用，除因耐受性不良，不得互換。(110/3/1) 9.53.Panitumumab（如Vectibix）：(105/4/1、107/6/1、110/6/1) 1.與FOLFOX（folinicacid/ 5-fluorouracil/oxaliplatin）或FOLFIRI（folinicacid/ 5-fluorouracil/irinotecan）合併使用於治療 K-RAS 基因及 N-RAS 基因沒有突變之轉移性直腸結腸癌病患之第一線治療。需檢附依全民健康保險醫療服務給付項目及支付標準伴隨式診斷編號30104B 規定之認證實驗室檢驗之 All-RAS 基因突變分析檢測報告。(98/8/1、110/6/1) 2.本藥品需經事前審查核准後使用，每次申請事前審查之療程以 18 週為限，再次申請必須提出客觀證據(如：影像	5. 每日最大劑量限 500mg。(108/9/1) 9.51.Regorafenib（如Stivarga）：(104/9/1、105/8/1、107/12/1、108/6/1) 1.轉移性大腸直腸癌(mCRC)： (1)用於治療先前曾接受下列療法的轉移性大腸直腸癌(mCRC)患者，療法包括fluoropyrimidine、oxaliplatin、irinotecan為基礎的化療，和抗血管內皮生長因子(anti-VEGF)等療法；若 K-ras 為原生型(wild type)，則需接受過抗表皮生長因子受體(anti-EGFR)療法。 (2)須經事前審查核准後使用，每次申請事前審查之療程以 8 週為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用。 2. 胃腸道間質瘤(GIST)(105/8/1) (1)先前曾接受 imatinib 與 sunitinib 治療的局部晚期、無法切除或轉移性的胃腸道間質瘤患者。 (2)需經事前審查核准後使用，每次申請之療程以 3 個月為限，送審時需檢送影像	

學)證實無惡化，才可繼續使用。 3.Panitumumab 與 cetuximab 二者僅能擇一使用，唯有在無法忍受化療(其副作用)時方可互換。二者使用總療程合併計算，以全部 36 週為上限。(107/6/1) 4.本藥品不得與 bevacizumab 併用。(107/6/1) 9.54.Enzalutamide (如 Xtandi)：(105/9/1、106/9/1、108/3/1、109/10/1、110/3/1、110/11/1) 1.治療藥物或手術去勢抗性的轉移性前列腺癌(mCRPC)，且在雄性素去除療法失敗後屬無症狀或輕度症狀(ECOG 分數 0 或 1)，未曾接受化學治療者：(106/9/1) (1)若病患先前接受雄性素去除療法時，在小於 12 個月的時間內演化成去勢抗性前列腺癌(CRPC)，且葛里森分數(Gleason score)≧8 時，不得於使用化學治療前使用 enzalutamide。(106/9/1) (2)申請時需另檢附：(106/9/1) I.用藥紀錄(證明未常規使用止痛藥物，屬無症狀或輕度症狀)。 II.三個月內影像報告證明無臟器轉移。 2.治療藥物或手術去勢抗性的轉移性前列腺癌(ECOG 分數須 ≦ 2)且已使用過 docetaxel 2 個療程以上治療	資料，每 3 個月評估一次。 3.肝細胞癌(HCC)：(108/6/1) (1) 適用於曾接受 sorafenib 治療失敗後之轉移性或無法手術切除且不適合局部治療或局部治療失敗之 Child-Pugh A class 晚期肝細胞癌成人患者。 (2) 需經事前審查核准後使用，初次申請之療程以 3 個月為限，之後每 2 個月評估一次。送審時需檢送影像資料，無疾病惡化方可繼續使用。 (3) 每日至多處方 4 粒。 9.52.Vemurafenib(如 Zelboraf)：(104/11/1) 1.用於治療 BRAF V600 突變陽性 WHO 體能狀態≤2 且罹患無法切除(第ⅢC 期)或轉移性(第Ⅳ期)黑色素瘤之病人。 2.需經事前審查核准後使用，每次申請療程以三個月為限，如發現病情惡化應停止使用。再申請應檢附前次治療結果評估資料。 9.53.Panitumumab(如 Vectibix)：(105/4/1、107/6/1)	

無效者。 3.須經事前審查核准後使用，每3個月需再次申請。 (1)申請時需檢附病理報告、使用雄性素去除療法紀錄及系列 PSA 和睪固酮數據。(106/9/1) (2)再申請時若 PSA 值下降未超過治療前的 50%以上，則需停藥。(106/9/1、109/10/1) (3)下降達最低值後之持續追蹤出現 PSA 較最低值上升 50%以上且 PSA≧2ng/ml，則需停藥，但影像學證據尚無疾病進展者，可以繼續使用。(106/9/1、109/10/1) 4.去勢抗性前列腺癌(CRPC)病患若於化學治療前先使用過 enzalutamide，當化學治療失敗後不得再申請使用 enzalutamide。(106/9/1) 5.去勢抗性前列腺癌(CRPC)病患若先前使用過 apalutamide 或 darolutamide 治療，後續不得申請使用 enzalutamide。(110/3/1、110/11/1) 6.本品與 abiraterone 僅能擇一使用，且不可互換。但若屬嚴重藥品副作用耐受性不佳者，不在此限。(106/9/1) 7. 本品與 radium-223 dichloride 不得合併使用。(108/3/1) 9.55.Ruxolitinib(如 Jakavi)：(105/10/1) 1.用於治療 International	1.與 FOLFOX（folinicacid/5-fluorouracil/oxaliplatin）或 FOLFIRI（folinicacid/5-fluorouracil/irinotecan）合併使用於治療 K-RAS 基因及 N-RAS 基因沒有突變之轉移性直腸結腸癌病患之第一線治療。 2.本藥品需經事前審查核准後使用，每次申請事前審查之療程以 18 週為限，再次申請必須提出客觀證據(如：影像學)證實無惡化，才可繼續使用。 3.Panitumumab 與 cetuximab 二者僅能擇一使用，唯有在無法忍受化療(其副作用)時方可互換。二者使用總療程合併計算，以全部 36 週為上限。(107/6/1) 4.本藥品不得與 bevacizumab 併用。(107/6/1) 9.54.Enzalutamide（如 Xtandi）：（105/9/1、106/9/1、108/3/1、109/10/1） 1.治療藥物或手術去勢抗性的轉移性前列腺癌(mCPRC)，且在雄性素去除療法失敗後屬無症狀或輕度症狀(ECOG 分數 0 或 1)，未曾接受化學治療者：(106/9/1)	

Working Group(IWG) Consensus Criteria 中度風險-2 或高風險之骨髓纖維化，包括原發性骨髓纖維化、真性紅血球增多症後骨髓纖維化、或血小板增多症後骨髓纖維化等疾病所造成脾臟腫大(symptomatic splenomegaly)及/或其他相關全身症狀且不適於接受幹細胞移植的病人(stem cell transplantation)。 2.需經事前審查核准後使用，每次申請之療程以 6 個月為限，送審時需檢送影像資料及症狀改善之病歷紀錄，每 6 個月評估一次。 3.用藥後，若沒有減少脾臟體積【(在增加脾臟長度與基期相較達 40%(約為脾臟體積增加達 25%)】且沒有明確的疾病相關之症狀改善，則不予同意使用。 4.Jakavi5mg 每日限最多使用 4 粒，Jakavi 15mg 或 20mg 每日限最多使用 2 粒，且其 5mg 不得與 15mg 或 20mg 併用。 9.56.Brentuximab vedotin(如 Adcetris) ：(105/10/1 、106/4/1、109/2/1) 限用於成人患者： 1.治療復發或頑固型 CD30+何杰金氏淋巴瘤(HL)： (1)已接受自體幹細胞移植(ASCT)，或(2)無法使用 ASCT 或多重藥物化療，且先前至少已接受兩種治療。	(1)若病患先前接受雄性素去除療法時，在小於 12 個月的時間內演化成去勢抗性前列腺癌(CRPC)，且葛里森分數(Gleason score)≧8 時，不得於使用化學治療前使用 enzalutamide。(106/9/1) (2)申請時需另檢附：(106/9/1) I.用藥紀錄(證明未常規使用止痛藥物，屬無症狀或輕度症狀)。 II.三個月內影像報告證明無臟器轉移。 2.治療藥物或手術去勢抗性的轉移性前列腺癌(ECOG 分數須≦2)且已使用過 docetaxel 2 個療程以上治療無效者。 3.須經事前審查核准後使用，每 3 個月需再次申請。 (1)申請時需檢附病理報告、使用雄性素去除療法紀錄及系列 PSA 和睪固酮數據。(106/9/1) (2)再申請時若 PSA 值下降未超過治療前的 50%以上，則需停藥。(106/9/1、109/10/1) (3)下降達最低值後之持續追蹤出現PSA較最低值上升50%以上且 PSA≧2ng/ml，則需停藥，但影像學證據尚無疾病進展者，可以繼續使用。(106/9/1、109/10/1) 4.去勢抗性前列腺癌(CRPC)病患若於化學治療前先使用	

2.治療復發或頑固型全身性退行分化型大細胞淋巴瘤(systemic anaplastic large cell lymphoma；sALCL)。 3. CD30+何杰金氏淋巴瘤(HL)病患接受ASCT後仍具有高復發風險之病患：需先前未曾使用過本品，並於ASCT前具有下列任一危險因子者：(109/2/1) (1)對於第1線治療未達完全緩解。 (2)第1線治療結束後12個月內復發或惡化。 (3)ASCT前出現的復發具有淋巴結外侵犯。 4.須經事前審查核准後使用: (1)前述第1及2項之病患：每次申請療程以4個療程為限，再申請應檢附前次治療結果評估資料。若病人病情已達完全緩解，得再給付4個療程;若病情惡化即須停止使用。健保給付以16個療程為上限。(106/4/1、109/2/1) (2)前述第3項之病患：每次申請療程以4個療程為限，再申請應檢附疾病無惡化之評估資料，若病情惡化即須停止使用。健保給付以16個療程為上限。曾依本項核准使用之病患，若之後疾病惡化或復發後將不再給付本藥品(109/2/1) 9.57.Clofarabine（如Evoltra）：(106/1/1、109/12/1) 1.使用於先前接受至少兩種化	過enzalutamide，當化學治療失敗後不得再申請使用enzalutamide。(106/9/1) 5.本品與abiraterone僅能擇一使用，且不可互換。但若屬嚴重藥品副作用耐受性不佳者，不在此限。(106/9/1) 6. 本品與radium-223 dichloride不得合併使用。(108/3/1) 9.55.Ruxolitinib(如Jakavi)：(105/10/1) 1.用於治療International Working Group(IWG) Consensus Criteria中度風險-2或高風險之骨髓纖維化，包括原發性骨髓纖維化、真性紅血球增多症後骨髓纖維化、或血小板增多症後骨髓纖維化等疾病所造成脾臟腫大(symptomatic splenomegaly)及/或其他相關全身症狀且不適於接受幹細胞移植的病人(stem cell transplantation)。 2.需經事前審查核准後使用，每次申請之療程以6個月為限，送審時需檢送影像資料及症狀改善之病歷紀錄，每6個月評估一次。 3.用藥後，若沒有減少脾臟體積【(在增加脾臟長度與基	

療療程(如 TPOG 之療程表)治療無效或已復發第二次或以上之急性淋巴母細胞白血病(acute lymphoblastic leukemia)病，且計畫進行造血幹細胞移植的病人(限 21 歲以下)，每位病人限給付一療程。 2.須事前審查核准後使用，申請時須檢附完整之造血幹細胞移植計畫，並詳細記載確認捐贈者名單、確認移植之執行醫院及移植前調適治療等資料。 3.不得與 blinatumomab 併用。(109/12/1) 9.58.Axitinib(如 Inlyta)：(106/1/1、108/12/1) 1.治療已接受過 sunitinib 或 cytokine 治療失敗的晚期腎細胞癌病患。 2. 無效後則不給付 temsirolimus。(108/12/1) 3.需經事前審查核准後使用，每次申請之療程以 3 個月為限，送審時需檢送影像資料，每 3 個月評估一次。 9.59.Ceritinib(如 Zykadia)：(106/9/1 、 106/11/1 、 108/7/1、108/12/1) 1.適用於 ALK 陽性之晚期非小細胞肺癌。(108/7/1) 2.須經事前審查核准後使用： (1)需檢具確實患有非小細胞肺癌之病理或細胞檢查報告，以及 ALK 突變檢測報告。(108/7/1)	期相較達 40%(約為脾臟體積增加達 25%)】且沒有明確的疾病相關之症狀改善，則不予同意使用。 4.Jakavi5mg 每日限最多使用 4 粒，Jakavi 15mg 或 20mg 每日限最多使用 2 粒，且其 5mg 不得與 15mg 或 20mg 併用。 9.56.Brentuximab vedotin(如 Adcetris)：(105/10/1、106/4/1、109/2/1) 限用於成人患者： 1.治療復發或頑固型 CD30+何杰金氏淋巴瘤(HL)： (1)已接受自體幹細胞移植(ASCT)，或(2)無法使用 ASCT 或多重藥物化療，且先前至少已接受兩種治療。 2.治療復發或頑固型全身性退行分化型大細胞淋巴瘤(systemic anaplastic large cell lymphoma；sALCL)。 3. CD30+何杰金氏淋巴瘤(HL)病患接受 ASCT 後仍具有高復發風險之病患：需先前未曾使用過本品，並於 ASCT 前具有下列任一危險因子者：(109/2/1) (1)對於第 1 線治療未達完全緩解。 (2)第 1 線治療結束後 12 個月內復發或惡化。 (3)ASCT 前出現的復發具有淋巴結外侵犯。 4.須經事前審查核准後使用: (1)前述第 1 及 2 項之病患：每次申請療程以 4 個療程為	

(2)每次申請之療程以 3 個月為限，每 3 個月需再次申請，再次申請時並需附上治療後相關臨床資料，如給藥 4 週後，需追蹤胸部 X 光或電腦斷層等影像檢查評估療效，往後每4週做胸部X光檢查，每隔 8 週需追蹤其作為評估藥效的影像（如胸部 X 光或電腦斷層），若病情惡化即不得再次申請。(108/12/1) 3.Ceritinib 與 crizotinib、alectinib 用於 ALK 陽性之晚期非小細胞肺癌時，僅得擇一使用，除因病人使用後，發生嚴重不良反應或耐受不良之情形外，不得互換。(108/7/1、108/12/1) 4.每日最大劑量限 450mg。(108/7/1) 9.60.Alectinib(如 Alecensa)：(106/11/1、108/12/1) 1.適用於 ALK 陽性之晚期非小細胞肺癌。(108/12/1) 2.須經事前審查核准後使用: (1)需檢具確實患有非小細胞肺癌之病理或細胞檢查報告，以及 ALK 突變檢測報告。(108/12/1) (2)每次申請事前審查之療程以三個月為限，每三個月需再次申請，再次申請時並需附上治療後相關臨床資料，如給藥4週後，需追蹤胸部X光或電腦斷層等影像檢查評估療效，往後每4週做胸部X光檢查，每隔 8 週需追蹤其作	限，再申請應檢附前次治療結果評估資料。若病人病情已達完全緩解，得再給付 4 個療程;若病情惡化即須停止使用。健保給付以 16 個療程為上限。(106/4/1、109/2/1) (2)前述第 3 項之病患：每次申請療程以 4 個療程為限，再申請應檢附疾病無惡化之評估資料，若病情惡化即須停止使用。健保給付以 16 個療程為上限。曾依本項核准使用之病患，若之後疾病惡化或復發後將不再給付本藥品(109/2/1) 9.57.Clofarabine（如 Evoltra）：（106/1/1、109/12/1） 1.使用於先前接受至少兩種化療療程(如 TPOG 之療程表)治療無效或已復發第二次或以上之急性淋巴母細胞白血病(acute lymphoblastic leukemia)病，且計畫進行造血幹細胞移植的病人(限 21 歲以下)，每位病人限給付一療程。 2.須事前審查核准後使用，申請時須檢附完整之造血幹細胞移植計畫，並詳細記載確認捐贈者名單、確認移植之執行醫院及移植前調適治療等資料。 3.不得與 blinatumomab 併用。（109/12/1） 9.58.Axitinib(如 Inlyta)：（106/1/1、108/12/1） 1.治療已接受過 sunitinib 或	

為評估藥效的影像(如胸部 X 光或電腦斷層），若病情惡化即不得再次申請。 3.Alectinib 與 ceritinib、crizotinib 用於 ALK 陽性之晚期非小細胞肺癌時，僅得擇一使用，除因病人使用後，發生嚴重不良反應或耐受不良之情形外，不得互換。(108/12/1) 4.每日最大劑量限 1200mg。(108/12/1) 9.61.Ibrutinib(如 Imbruvica)：(106/11/1、108/9/1、111/1/1) 1.用於先前接受過至少一種化學或標靶治療方式無效或復發的被套細胞淋巴瘤病人。 (1)需經事前審查核准後使用。首次申請事前審查之療程以四個月為限，之後每三個月需再次申請，再次申請時應檢附前次治療結果評估資料，如影像學檢查報告。 (2)若疾病進展或無法耐受藥物副作用，則必須停止使用。 (3)每位病人限給付 20 個月。(111/1/1) (4)每日至多處方 4 粒。(108/9/1) 2.單獨使用於具有 17p 缺失的慢性淋巴球性白血病(CLL)患者。(108/9/1) (1)限先前曾接受至少 1 種包括 alkylating agent 與 anti-CD20（如 R-CVP、R-CHOP、	cytokine 治療失敗的晚期腎細胞癌病患。 2.無效後則不給付 temsirolimus。(108/12/1) 3.需經事前審查核准後使用，每次申請之療程以 3 個月為限，送審時需檢送影像資料，每 3 個月評估一次。 9.59.Ceritinib(如 Zykadia)：(106/9/1、106/11/1、108/7/1、108/12/1) 1.適用於ALK陽性之晚期非小細胞肺癌。(108/7/1) 2.須經事前審查核准後使用： (1)需檢具確實患有非小細胞肺癌之病理或細胞檢查報告，以及 ALK 突變檢測報告。(108/7/1) (2)每次申請之療程以 3 個月為限，每 3 個月需再次申請，再次申請時並需附上治療後相關臨床資料，如給藥4週後，需追蹤胸部X光或電腦斷層等影像檢查評估療效，往後每 4 週做胸部 X 光檢查，每隔 8 週需追蹤其作為評估藥效的影像（如胸部 X 光或電腦斷層），若病情惡化即不得再次申請。(108/12/1) 3. Ceritinib 與 crizotinib、alectinib 用於 ALK 陽性之晚期非小細胞肺癌時，僅得擇一使用，除因病人使用後，發生嚴重不良反應或耐受不良之情形外，不得互換。(108/7/1、108/12/1)	

rituximab 加 bendamustine 等)的治療 2 個療程以上仍惡化或復發者。 (2)開始使用前之疾病狀態需出現下列任一情形： I. 進行性的血液相惡化至 Hb < 10.0 gm/dL 或 PLT < 100 K/uL，且無其他原因可以解釋。 II. 脾臟腫大超過左肋骨下緣 6 cm。 III. 淋巴結腫大，最長徑超過 10 cm。 IV. 周邊血液淋巴球在 2 個月內增加 50%以上，或倍增時間(doubling time)小於 6 個月。 V. 出現自體免疫併發症，且經類固醇治療無效。 VI. 出現具症狀的淋巴結外病灶。 (3)需經事前審查核准後使用，每 3 個月需再次申請。再次申請時需檢附療效評估資料，若未達 iwCLL (International Workshop on CLL)最新定義之 partial remission 或 complete remission，則不予給付。 (4)Ibrutinib 與 venetoclax 二者僅能擇一使用，唯有在出現無法忍受其副作用時方可互換。二者使用總療程合併計算，以全部 24 個月為上限。 (5)每日至多處方 3 粒。 9.62. Pomalidomide(如 Pomalyst):(107/1/1、	4. 每日最大劑量限 450mg。(108/7/1) 9.60. Alectinib(如 Alecensa)：(106/11/1、108/12/1) 1. 適用於 ALK 陽性之晚期非小細胞肺癌。(108/12/1) 2. 須經事前審查核准後使用： (1)需檢具確實患有非小細胞肺癌之病理或細胞檢查報告，以及 ALK 突變檢測報告。(108/12/1) (2)每次申請事前審查之療程以三個月為限，每三個月需再次申請，再次申請時並需附上治療後相關臨床資料，如給藥 4 週後，需追蹤胸部 X 光或電腦斷層等影像檢查評估療效，往後每 4 週做胸部 X 光檢查，每隔 8 週需追蹤其作為評估藥效的影像(如胸部 X 光或電腦斷層），若病情惡化即不得再次申請。 3. Alectinib 與 ceritinib、crizotinib 用於 ALK 陽性之晚期非小細胞肺癌時，僅得擇一使用，除因病人使用後，發生嚴重不良反應或耐受不良之情形外，不得互換。(108/12/1) 4. 每日最大劑量限 1200mg。(108/12/1) 9.61. Ibrutinib(如 Imbruvica)：(106/11/1、108/9/1) 1. 用於先前接受過至少一種化學或標靶治療方式無效或復發的被套細胞淋巴瘤病人。	

109/2/1) 1.與 dexamethasone 合併使用，核准用於多發性骨髓瘤患者，且先前接受過含 lenalidomide 和 bortezomib 在內的至少兩種療法，且確認完成前次治療時或結束治療後六十天內發生疾病惡化(disease progression)。 2.需經事前審查核准後使用，每位病人限給付 6 個療程，每 3 個療程申請一次，疾病若發生惡化情形應即停止使用。 3.不得與蛋白酶體抑制劑(proteasome inhibitor)或免疫調節劑(immunomodulatory drugs)併用。(109/2/1) 9.63.Lenvatinib(如 Lenvima)：(107/7/1、109/1/1、109/8/1) 1.用於放射性碘治療無效之局部晚期或轉移性的進行性(progressive)分化型甲狀腺癌(RAI-RDTC)： (1)需經事前審查核准後使用，每次申請之療程以 3 個月為限，送審時需檢送影像資料，每 3 個月評估一次。 (2)Lenvatinib 與 sorafenib 不得合併使用。(109/8/1) 2.晚期肝細胞癌部分：(109/1/1、109/8/1) (1)轉移性或無法手術切除且不適合局部治療或局部治療失敗之 Child-Pugh A class 晚期肝細胞癌成人患者，並符合下列	(1)需經事前審查核准後使用。首次申請事前審查之療程以四個月為限，之後每三個月需再次申請，再次申請時應檢附前次治療結果評估資料，如影像學檢查報告。 (2)若疾病進展或無法耐受藥物副作用，則必須停止使用。 (3)每位病人限給付 13 個月。 (4)每日至多處方 4 粒。(108/9/1) 2.單獨使用於具有 17p 缺失的慢性淋巴球性白血病(CLL)患者。(108/9/1) (1)限先前曾接受至少 1 種包括 alkylating agent 與 anti-CD20 (如 R-CVP、R-CHOP、rituximab 加 bendamustine 等)的治療 2 個療程以上仍惡化或復發者。 (2)開始使用前之疾病狀態需出現下列任一情形： I. 進行性的血液相惡化至 Hb < 10.0 gm/dL 或 PLT < 100 K/uL，且無其他原因可以解釋。 II. 脾臟腫大超過左肋骨下緣 6 cm。 III. 淋巴結腫大，最長徑超過 10 cm。 IV. 周邊血液淋巴球在 2 個月內增加 50%以上，或倍增時間(doubling time)小於 6 個月。 V. 出現自體免疫併發症，且經類固醇治療無效。	

條件之一： I.肝外轉移（遠端轉移或肝外淋巴結侵犯）。 II.大血管侵犯（腫瘤侵犯主門靜脈或侵犯左/右靜脈第一或第二分支）。 III.經導管動脈化學藥物栓塞治療（Transcatheter arterial chemo embolization, T.A.C.E.）失敗者，需提供患者於 12 個月內>=3 次局部治療之記錄。 (2)需經事前審查核准後使用，初次申請之療程以 3 個月為限，之後每 2 個月評估一次。送審時需檢送影像資料，無疾病惡化方可繼續使用。 (3)Lenvatinib 與 sorafenib 僅得擇一使用，不得互換；且 lenvatinib 治療失敗後，不得申請使用 Stivarga 或 Opdivo。(109/1/1、109/8/1) 9.64.Blinatumomab(如 Blincyto)：(107/9/1、109/12/1) 1.適用於治療先前接受至少兩種化療療程(如 TPOG 之療程表)治療無效或已復發第二次或以上費城染色體陰性復發型或頑固型 B 細胞前驅因子之急性淋巴芽細胞白血病之(Ph(-) Relapse/Refractory B-cell precursor Acute Lymphoblastic Leukemia；Ph(-) B-cell precursor R/R ALL)成人病患，且計畫進行	VI. 出現具症狀的淋巴結外病灶。 (3)需經事前審查核准後使用，每 3 個月需再次申請。再次申請時需檢附療效評估資料，若未達 iwCLL (International Workshop on CLL)最新定義之 partial remission 或 complete remission，則不予給付。 (4)Ibrutinib 與 venetoclax 二者僅能擇一使用，唯有在出現無法忍受其副作用時方可互換。二者使用總療程合併計算，以全部 24 個月為上限。 (5)每日至多處方 3 粒。 9.62.Pomalidomide(如 Pomalyst):(107/1/1、109/2/1) 1.與 dexamethasone 合併使用，核准用於多發性骨髓瘤患者，且先前接受過含 lenalidomide 和 bortezomib 在內的至少兩種療法，且確認完成前次治療時或結束治療後六十天內發生疾病惡化(disease progression)。 2.需經事前審查核准後使用，每位病人限給付 6 個療程，每 3 個療程申請一次，疾病若發生惡化情形應即停止使用。 3.不得與蛋白酶體抑制劑(proteasome inhibitor)或免疫調節劑(immunomodulatory drugs)併用。(109/2/1)	

造血幹細胞移植的病人，每位病人限給付2療程。 2.用於復發型或頑固型 B 細胞前驅細胞之急性淋巴芽細胞白血病之未滿 18 歲兒童病患，且計畫進行造血幹細胞移植的病人，每位病人限給付 2 療程，不得與 clofarabine 併用。(109/12/1) 3.須事前審查核准後使用，申請時須檢附完整之造血幹細胞移植計畫，並詳細記載確認捐贈者名單、確認移植之執行醫院及移植前調適治療等資料。 9.65.Pralatrexate(如 Folotyn)：(107/10/1、110/5/1) 1.用於接受化學治療失敗後之復發或頑固性周邊 T 細胞淋巴瘤(PTCL)病患，作為進行骨髓/造血幹細胞移植期間之銜接治療。 2.需經事前審查核准後使用，初次申請時應檢附移植計劃資料。 3.每人至多給付3個療程，第1個療程後需進行疾病評估，若病情仍持續惡化，應即停止使用。(110/5/1) 9.66.Trifluridine/tipiracil (如Lonsurf)：(107/12/1、109/12/1、110/6/1) 1.轉移性大腸直腸癌： (1)用於治療先前曾接受下列療法的轉移性大腸直腸癌之成人患者，包括	9.63.Lenvatinib(如 Lenvima)：(107/7/1、109/1/1、109/8/1) 1.用於放射性碘治療無效之局部晚期或轉移性的進行性(progressive)分化型甲狀腺癌(RAI-RDTC)： (1)需經事前審查核准後使用，每次申請之療程以 3 個月為限，送審時需檢送影像資料，每 3 個月評估一次。 (2)Lenvatinib 與 sorafenib 不得合併使用。(109/8/1) 2.晚期肝細胞癌部分：(109/1/1、109/8/1) (1)轉移性或無法手術切除且不適合局部治療或局部治療失敗之 Child-Pugh A class 晚期肝細胞癌成人患者，並符合下列條件之一： I.肝外轉移（遠端轉移或肝外淋巴結侵犯）。 II.大血管侵犯（腫瘤侵犯主門靜脈或侵犯左/右靜脈第一或第二分支）。 III.經導管動脈化學藥物栓塞治療（Transcatheter arterial chemo embolization, T.A.C.E.）失敗者，需提供患者於 12 個月內>=3 次局部治療之記錄。 (2)需經事前審查核准後使用，初次申請之療程以 3 個月為限，之後每 2 個月評估一次。送審時需檢送影像資料，無疾病惡化方可繼續使用。	

fluoropyrimidine, oxaliplatin 及 irinotecan 為基礎的化療，和抗血管內皮生長因子(anti-VEGF)等療法；若 RAS 為原生型(wild type)，則需再加上接受過抗表皮生長因子受體(anti-EGFR) 療法。(110/6/1) (2)須經事前審查核准後使用，每次申請事前審查之療程以 8 週為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用。 (3)本藥品不得與 regorafenib 併用。 2.轉移性胃癌：(109/12/1) (1)用於治療先前曾接受兩種（含）以上治療（包括含 fluoropyrimidine－、platinum－、taxane－或 irinotecan 為基礎的化學療法，以及 HER2/neu 標靶治療[如果適合]）的轉移性胃腺癌或胃食道接合處腺癌病人。 (2)須經事前審查核准後使用，每次申請事前審查之療程以 8 週為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用。 9.67.Ponatinib(如 Iclusig)：(107/12/1) 1.用於費城染色體陽性或 BCR-ABL 融合基因陽性之慢性骨髓性白血病(CML)或急性淋巴性白血病(ALL)成人患者，且符合下列條件之一：	(3)Lenvatinib 與 sorafenib 僅得擇一使用，不得互換；且 lenvatinib 治療失敗後，不得申請使用 Stivarga 或 Opdivo。(109/1/1、109/8/1) 9.64.Blinatumomab(如 Blincyto)：(107/9/1、109/12/1) 1. 適用於治療先前接受至少兩種化療療程(如 TPOG 之療程表)治療無效或已復發第二次或以上費城染色體陰性復發型或頑固型 B 細胞前驅因子之急性淋巴芽細胞白血病之(Ph(-) Relapse/Refractory B-cell precursor Acute Lymphoblastic Leukemia；Ph(-) B-cell precursor R/R ALL)成人病患，且計畫進行造血幹細胞移植的病人，每位病人限給付 2 療程。 2.用於復發型或頑固型 B 細胞前驅細胞之急性淋巴芽細胞白血病之未滿 18 歲兒童病患，且計畫進行造血幹細胞移植的病人，每位病人限給付 2 療程，不得與 clofarabine 併用。(109/12/1) 3. 須事前審查核准後使用，申請時須檢附完整之造血幹細胞移植計畫，並詳細記載確認捐贈者名單、確認移植之執行醫院及移植前調適治療等資料。 9.65.Pralatrexate(如 Folotyn)：(107/10/1)	

(1).具有 T315I 突變者； (2).加速期或急性期之慢性骨髓性白血病(CML)患者，先前曾使用 imatinib、nilotinib 與 dasatinib 其中兩種(含)以上藥物治療失敗或無法耐受； (3).急性淋巴性白血病(ALL)患者，先前曾使用 imatinib 與 dasatinib 兩種藥物治療均失敗或無法耐受。 2.需經事前審查核准後使用。首次申請事前審查之療程以 3 個月為限，之後每 3 個月需再次申請，再次申請時應檢附前次治療結果評估資料，包含 BCR-ABL 定量 RT-PCR 報告。 3.若使用後未出現治療反應、無法耐受藥物副作用或疾病進展，則必須停止使用。 9.68.Radium-223(如 Xofigo)：(108/3/1) 限用於治療去勢抗性攝護腺癌(castration-resistant prostate cancer)病患，其合併有症狀的骨轉移且尚未有臟器轉移者，且病人須符合下列三項條件： 1.患者須合併有症狀之骨轉移且骨轉移≧2 處 2.每位患者最高使用六個療程 3.須經事前審查核准後使用，申請時需檢附： (1) .用藥紀錄(證明為有症狀的骨轉移、需常規使用止痛藥物)	1. 用於接受化學治療失敗後之復發或頑固性周邊 T 細胞淋巴瘤(PTCL)病患，作為進行骨髓/造血幹細胞移植期間之銜接治療。 2. 需經事前審查核准後使用，初次申請時應檢附移植計劃資料。 3. 每人至多給付 2 個療程，第 1 個療程後需進行疾病評估，若病情仍持續惡化，應即停止使用。 9.66.Trifluridine/tipiracil(如 Lonsurf)：(107/12/1、109/12/1) 1. 轉移性大腸直腸癌： (1)用於治療先前曾接受下列療法的轉移性大腸直腸癌之成人患者，包括 fluoropyrimidine, oxaliplatin 及 irinotecan 為基礎的化療，和抗血管內皮生長因子(anti-VEGF)等療法；若 RAS 為原生型(wild type)，則需接受過抗表皮生長因子受體(anti-EGFR)療法。 (2) 須經事前審查核准後使用，每次申請事前審查之療程以 8 週為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用。 (3)本藥品不得與 regorafenib 併用。 2.轉移性胃癌：(109/12/1) (1)用於治療先前曾接受兩種（含）以上治療（包括含	

(2)　　.三個月內影像報告證明骨轉移≧2處 (3)　　.三個月內影像報告證明無臟器轉移 4.不得合併使用abiraterone、enzalutamide 及其他治療因惡性腫瘤伴隨骨骼事件之藥品，如 denosumab、bisphosphonates 等。 9.69.免疫檢查點 PD-1、PD-L1 抑制劑（如 atezolizumab；nivolumab；pembrolizumab；avelumab 製劑）：(108/4/1、108/6/1、109/4/1、109/6/1、109/11/1、110/5/1、110/10/1)： 1.本類藥品得於藥品許可證登載之適應症及藥品仿單內，單獨使用於下列患者： (1)黑色素瘤：腫瘤無法切除或轉移之第三期或第四期黑色素瘤病人，先前曾接受過至少一次全身性治療失敗者。 (2)非小細胞肺癌：(109/4/1、109/11/1) I.不適合接受化學治療之轉移性非小細胞肺癌成人患者，非鱗狀癌者需為 EGFR/ALK/ROS-1 腫瘤基因原生型、鱗狀癌者需為 EGFR/ALK 腫瘤基因原生型，且皆需符合下列條件之一： i.CTCAE(the common terminology criteria for	fluoropyrimidine－、platinum－、taxane－或 irinotecan 為基礎的化學療法，以及 HER2/neu 標靶治療[如果適合]）的轉移性胃腺癌或胃食道接合處腺癌病人。 (2)須經事前審查核准後使用，每次申請事前審查之療程以 8 週為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用。 9.67.Ponatinib(如 Iclusig)：(107/12/1) 1.用於費城染色體陽性或 BCR-ABL 融合基因陽性之慢性骨髓性白血病(CML)或急性淋巴性白血病(ALL)成人患者，且符合下列條件之一： (1).具有 T315I 突變者； (2).加速期或急性期之慢性骨髓性白血病(CML)患者，先前曾使用 imatinib、nilotinib與dasatinib其中兩種(含)以上藥物治療失敗或無法耐受； (3).急性淋巴性白血病(ALL)患者，先前曾使用 imatinib 與 dasatinib 兩種藥物治療均失敗或無法耐受。 2.需經事前審查核准後使用。首次申請事前審查之療程以 3 個月為限，之後每 3 個月需再次申請，再次申請時應檢附前次治療結果評估資料，包含 BCR-ABL 定量 RT-PCR 報告。 3.若使用後未出現治療反應、	

adverse events) v4.0 grade ≧2 audiometric hearing loss ii.CTCAE v4.0 grade ≧ 2 peripheral neuropathy iii.CIRS(the cumulative illness rating scale) score >6 II.先前已使用過 platinum 類化學治療失敗後，又有疾病惡化，且 EGFR/ALK 腫瘤基因為原生型之晚期鱗狀非小細胞肺癌成人患者。 III.先前已使用過 platinum 類及 docetaxel/paclitaxel 類二線(含)以上化學治療均失敗，又有疾病惡化，且 EGFR/ALK/ROS-1 腫瘤基因為原生型之晚期非小細胞肺腺癌成人患者。 (3)典型何杰金氏淋巴瘤：先前已接受自體造血幹細胞移植(HSCT)與移植後 brentuximab vedotin (BV)治療，但又復發或惡化的典型何杰金氏淋巴瘤成人患者。 (4)泌尿道上皮癌：(109/11/1) I.不適合接受化學治療之轉移性泌尿道上皮癌成人患者，且需符合下列條件之一： i.CTCAE(the common terminology criteria for adverse events) v4.0 grade ≧2 audiometric hearing loss ii.CTCAE v4.0 grade ≧ 2	無法耐受藥物副作用或疾病進展，則必須停止使用。 9.68.Radium-223(如 Xofigo)：(108/3/1) 限用於治療去勢抗性攝護腺癌(castration-resistant prostate cancer)病患，其合併有症狀的骨轉移且尚未有臟器轉移者，且病人須符合下列三項條件： 1. 患者須合併有症狀之骨轉移且骨轉移≧2 處 2. 每位患者最高使用六個療程 3. 須經事前審查核准後使用，申請時需檢附： (1) .用藥紀錄(證明為有症狀的骨轉移、需常規使用止痛藥物) (2) .三個月內影像報告證明骨轉移≧2 處 (3) .三個月內影像報告證明無臟器轉移 4. 不得合併使用 abiraterone、enzalutamide 及其他治療因惡性腫瘤伴隨骨骼事件之藥品，如 denosumab、bisphosphonates 等。 9.69.免疫檢查點 PD-1、PD-L1 抑制劑(如 atezolizumab；nivolumab；pembrolizumab；avelumab 製劑)：(108/4/1、108/6/1、109/4/1、109/6/1、109/11/1)： 1. 本類藥品得於藥品許可證	

peripheral neuropathy iii.CIRS(the cumulative illness rating scale) score >6 II.先前已使用過 platinum 類化學治療失敗後疾病惡化的局部晚期無法切除或轉移性泌尿道上皮癌成人患者。 (5)頭頸部鱗狀細胞癌：先前已使用過 platinum 類化學治療失敗後，又有疾病惡化的復發或轉移性頭頸部鱗狀細胞癌(不含鼻咽癌)成人患者。本類藥品與 cetuximab 僅能擇一使用，且治療失敗時不可互換。(109/11/1) (6)轉移性胃癌：先前已使用過二線(含)以上化學治療均失敗，又有疾病惡化的轉移性胃腺癌成人患者，且於 109 年 4 月 1 日前經審核同意用藥，後續評估符合續用申請條件者。(109/4/1) (7)晚期腎細胞癌：先前已使用過至少二線標靶藥物治療均失敗，又有疾病惡化之晚期腎細胞癌，其病理上為亮細胞癌(clear cell renal carcinoma)之成人患者。 (8)晚期肝細胞癌：需同時符合下列所有條件： I.Child-Pugh A class 肝細胞癌成人患者。 II.先前經 T.A.C.E.於 12 個月內>=3 次局部治療失敗者。 III.已使用過至少一線標靶藥	登載之適應症及藥品仿單內，單獨使用於下列患者： (1)黑色素瘤：腫瘤無法切除或轉移之第三期或第四期黑色素瘤病人，先前曾接受過至少一次全身性治療失敗者。 (2)非小細胞肺癌：(109/4/1、109/11/1) I.不適合接受化學治療之轉移性非小細胞肺癌成人患者，非鱗狀癌者需為 EGFR/ALK/ROS-1 腫瘤基因原生型、鱗狀癌者需為 EGFR/ALK 腫瘤基因原生型，且皆需符合下列條件之一： i. CTCAE(the common terminology criteria for adverse events) v4.0 grade ≧ 2 audiometric hearing loss ii. CTCAE v4.0 grade ≧ 2 peripheral neuropathy iii.CIRS(the cumulative illness rating scale) score >6 II. 先前已使用過 platinum 類化學治療失敗後，又有疾病惡化，且 EGFR/ALK 腫瘤基因為原生型之晚期鱗狀非小細胞肺癌成人患者。 III.先前已使用過 platinum 類及 docetaxel/paclitaxel 類二線(含)以上化學治療均失敗，又有疾病惡化，且 EGFR/ALK/ROS-1 腫瘤基因為原生型之晚期非小細	

物治療失敗，又有疾病惡化者。本類藥品與regorafenib、ramucirumab僅能擇一使用，且治療失敗時不可互換。(108/6/1、110/5/1) IV.未曾進行肝臟移植。 V.於109年4月1日前經審核同意用藥，後續評估符合續用申請條件者。(109/4/1) (9)默克細胞癌：限 avelumab 用於先前已使用過 platinum 類化學治療失敗後，又有疾病惡化之轉移性第四期默克細胞癌(Merkel Cell Carcinoma)之成人患者。(109/6/1) 2.使用條件： (1) 病人身體狀況良好(ECOG≦1)。 (2) 病人之心肺與肝腎功能須符合下列所有條件： I.NYHA(the New York Heart Association) Functional Class I或II II.GOT<60U/L 及 GPT<60U/L，且 T-bilirubin<1.5mg/dL(晚期肝細胞癌病人可免除此條件) III.腎功能：(晚期腎細胞癌病人可免除此條件)(109/4/1) i 泌尿道上皮癌第一線用藥：eGFR>30mL/min/1.73m2 且<60mL/min/1.73m2。 ii.泌尿道上皮癌第二線用藥：eGFR>30mL/min/1.73m2。 iii. 其他癌別：Creatinine<1.5mg/dL 且 eGFR>60mL/min/1.73m2。	胞肺腺癌成人患者。 (3) 典型何杰金氏淋巴瘤：先前已接受自體造血幹細胞移植(HSCT)與移植後 brentuximab vedotin (BV)治療，但又復發或惡化的典型何杰金氏淋巴瘤成人患者。 (4)泌尿道上皮癌：(109/11/1) I. 不適合接受化學治療之轉移性泌尿道上皮癌成人患者，且需符合下列條件之一： i. CTCAE(the common terminology criteria for adverse events) v4.0 grade ≧ 2 audiometric hearing loss ii. CTCAE v4.0 grade ≧ 2 peripheral neuropathy iii. CIRS(the cumulative illness rating scale) score >6 II. 先前已使用過platinum類化學治療失敗後疾病惡化的局部晚期無法切除或轉移性泌尿道上皮癌成人患者。 (5)頭頸部鱗狀細胞癌：先前已使用過platinum類化學治療失敗後，又有疾病惡化的復發或轉移性頭頸部鱗狀細胞癌(不含鼻咽癌)成人患者。本類藥品與 cetuximab 僅能擇一使用，且治療失敗時不可互換。(109/11/1) (6)轉移性胃癌：先前已使用過二線(含)以上化學治療均	

(3)病人之生物標記表現：除avelumab外，依個別藥品使用其對應之第三等級體外診斷醫療器材(class III IVD)所檢測之PD-L1表現量需符合下表：(109/4/1、109/6/1)

給付範圍	pembrolizumab (Dako 22C3或Ventana SP263*)	nivolumab (Dako 28-8或Ventana SP263*)	atezolizumab (Ventana SP142)
黑色素瘤	不需檢附報告	不需檢附報告	本藥品尚未給付於此適應症
非小細胞肺癌第一線用藥	TPS ≧50%	本藥品尚未給付於此適應症	本藥品尚未給付於此適應症
非小細胞肺癌第二線用藥	TPS ≧50%	TC ≧50%	TC≧50%或 IC≧10%
非小細胞肺癌第三線用藥	TPS ≧50%	TC ≧50%	TC≧50%或 IC≧10%

失敗，又有疾病惡化的轉移性胃腺癌成人患者，且於109年4月1日前經審核同意用藥，後續評估符合續用申請條件者。(109/4/1)

(7)晚期腎細胞癌：先前已使用過至少二線標靶藥物治療均失敗，又有疾病惡化之晚期腎細胞癌，其病理上為亮細胞癌(clear cell renal carcinoma)之成人患者。

(8)晚期肝細胞癌：需同時符合下列所有條件：

I. Child-Pugh A class肝細胞癌成人患者。

II.先前經T.A.C.E.於12個月內>=3次局部治療失敗者。

III.已使用過至少一線標靶藥物治療失敗，又有疾病惡化者。本類藥品與regorafenib僅能擇一使用，且治療失敗時不可互換。(108/6/1)

IV.未曾進行肝臟移植。

V.於109年4月1日前經審核同意用藥，後續評估符合續用申請條件者。(109/4/1)

(9)默克細胞癌：限avelumab用於先前已使用過platinum類化學治療失敗後，又有疾病惡化之轉移性第四期默克細胞癌(Merkel Cell Carcinoma)之成人患者。(109/6/1)

2.使用條件：

(1) 病人身體狀況良好(ECOG≦1)。

典型何杰氏金淋巴瘤	不需檢附報告	不需檢附報告	本藥品尚未給付於此適應症
泌尿道上皮癌第一線用藥	CPS ≧10	本藥品尚未給付於此適應症	IC≧5%
泌尿道上皮癌第二線用藥	CPS ≧10	TC≧5%	IC≧5%
頭頸部鱗狀細胞癌	TPS ≧50%	TC ≧10%	本藥品尚未給付於此適應症
胃癌	CPS≧1	不需檢附報告	本藥品尚未給付於此適應症
晚期腎細胞癌	本藥品尚未給付於此適應症	不需檢附報告	本藥品尚未給付於此適應症
晚期肝細胞癌	本藥品尚未給付於此適應症	不需檢附報告	本藥品尚未給付於此適應症

(4)每位病人每個適應症限使用一種免疫檢查點抑制劑且不得互換，亦不可合併使用標靶藥物，無效後則不再給付該適應症相關之標靶藥物。

(2) 病人之心肺與肝腎功能須符合下列所有條件：

I. NYHA(the New York Heart Association) Functional Class I 或 II

II. GOT<60U/L 及 GPT<60U/L，且 T-bilirubin<1.5mg/dL (晚期肝細胞癌病人可免除此條件)

III. 腎功能：(晚期腎細胞癌病人可免除此條件)(109/4/1)

i 泌尿道上皮癌第一線用藥：eGFR>30mL/min/1.73m2 且 <60mL/min/1.73m2。

ii. 泌尿道上皮癌第二線用藥：eGFR>30mL/min/1.73m2。

iii. 其他癌別：Creatinine<1.5mg/dL 且 eGFR>60mL/min/1.73m2。

(3)病人之生物標記表現：除 avelumab 外，依個別藥品使用其對應之第三等級體外診斷醫療器材(class III IVD)所檢測之 PD-L1 表現量需符合下表：(109/4/1、109/6/1)

給付範圍	pembrolizumab (Dako 22C3 或 Ventana SP263*)	nivolumab (Dako 28-8 或 Ventana SP263*)	atezolizumab (Ventana SP142)
黑色素瘤	不需檢附報告	不需檢附報告	本藥品尚未給付於此適應症

(5)給付時程期限：自初次處方用藥日起算 2 年。(109/4/1、109/11/1) (6)需經單筆電子申請事前審查核准後使用(不適用緊急報備，惟已獲核定用藥之病人因轉院需緊急申請續用者除外)，申請時需上傳病歷資料。(108/4/1、110/10/1) (7) 每次申請以 12 週為限，初次申請時需檢附以下資料：(108/6/1、109/11/1) I.確實患有相關癌症之病理或細胞檢查報告，黑色素瘤患者需另檢附 BRAF 腫瘤基因檢測結果、非小細胞肺癌患者需另檢附符合給付適應症內容規定之腫瘤基因檢測結果。 II.生物標記表現量檢測報告：符合使用條件之 PD-L1 表現量檢測結果，並由病理專科醫師簽發報告。 III.病人身體狀況良好(ECOG≦1)及心肺與肝腎功能之評估資料。 IV.病人 12 週內之疾病影像檢查及報告(如胸部 X 光、電腦斷層或其他可作為評估的影像)，此影像證明以可測量(measurable)的病灶為優先，如沒有可以測量的病灶，則可評估(evaluable)的病灶亦可採用。 備註：上述影像檢查之給付範圍不包括正子造影(PET)。 V.先前已接受過之治療與完整用藥資料(如化學治療、標靶	非小細胞肺癌第一線藥用	TPS ≧ 50%	本藥品尚未給付於此適應症	本藥品尚未給付於此適應症	
	非小細胞肺癌第二線藥用	TPS ≧ 50%	TC ≧ 50%	TC≧50% 或 IC≧10%	
	非小細胞肺癌第三線藥用	TPS ≧ 50%	TC ≧ 50%	TC≧50% 或 IC≧10%	
	典型何杰氏金淋巴瘤	不需檢附報告	不需檢附報告	本藥品尚未給付於此適應症	
	泌尿道上皮癌第一線藥用	CPS ≧ 10	本藥品尚未給付於此適應症	IC≧5%	
	泌尿道上皮癌第二線藥用	CPS ≧ 10	TC≧5%	IC≧5%	
	頭頸部鱗狀細胞癌	TPS ≧ 50%	TC ≧ 10%	本藥品尚未給付於此適應症	

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<tr>
<td>藥物及自費等用藥之劑量及療程)及其治療結果；典型何杰金氏淋巴瘤患者需另檢附自體造血幹細胞移植之病歷紀錄；肝細胞癌患者需另檢附T.A.C.E.治療紀錄。

VI.使用免疫檢查點抑制劑之治療計畫(treatment protocol)。
VII.使用於非小細胞肺癌及泌尿道上皮癌第一線用藥時，須另檢附下列其中一項佐證資料：
i.CTCAE(the common terminology criteria for adverse events) v4.0 grade ≧2 audiometric hearing loss
ii.CTCAE v4.0 grade ≧ 2 peripheral neuropathy
iii.CIRS(the cumulative illness rating scale) score >6

VIII.其他佐證病歷資料。
(8)用藥後每 12 週至少評估一次，以 i-RECIST 標準(HCC 患者以 mRECIST 標準)評定藥物療效反應，依下列原則申請續用：(109/4/1、109/11/1)
I.有療效反應(PR 及 CR)者得繼續用藥；
II.出現疾病惡化(PD)或出現中、重度或危及生命之藥物不良反應者，應停止用藥；

III.出現疾病併發症或輕度藥物不良反應等，暫停用藥</td>
<td>
<table>
<tr><td>胃癌</td><td>CPS≧1</td><td>不需檢附報告</td><td>本藥品尚未給付於此適應症</td></tr>
<tr><td>晚期腎細胞癌</td><td>本藥品尚未給付於此適應症</td><td>不需檢附報告</td><td>本藥品尚未給付於此適應症</td></tr>
<tr><td>晚期肝細胞癌</td><td>本藥品尚未給付於此適應症</td><td>不需檢附報告</td><td>本藥品尚未給付於此適應症</td></tr>
</table>
(4)每位病人每個適應症限使用一種免疫檢查點抑制劑且不得互換，亦不可合併使用標靶藥物，無效後則不再給付該適應症相關之標靶藥物。
(5)給付時程期限：自初次處方用藥日起算 2 年。(109/4/1、109/11/1)
(6)需經單筆電子申請事前審查核准後使用(不適用緊急報備)，申請時需上傳病歷資料。

(7) 每次申請以 12 週為限，初次申請時需檢附以下資料：(108/6/1、109/11/1)
I.確實患有相關癌症之病理或細胞檢查報告，黑色素瘤患者需另檢附 BRAF 腫瘤基因檢測結果、非小細胞肺癌患者需另檢附符合給付適應症內容規定之腫瘤基因檢測結果。
II.生物標記表現量檢測報告：符合使用條件之 PD-L1 表
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超過原事前審查核定日起24 週期限者，不得申請續用。 IV.用藥後評估疾病呈穩定狀態者(SD)，可持續再用藥 12 週，並於 12 週後再次評估；經連續二次評估皆為SD者，不得申請續用。 (9)申請續用時，需檢附病人12週內之評估資料如下：(108/6/1、109/11/1) I.病人身體狀況良好(ECOG≦1)及心肺與肝腎功能之評估資料。 II.以 i-RECIST 標準(HCC 患者以 mRECIST 標準)評定之藥物療效反應(PR、CR、SD)資料、影像檢查及報告(如胸部X光、電腦斷層或其他可作為評估的影像)，此影像證明以可測量(measurable)的病灶為優先，如沒有可以測量的病灶，則可評估(evaluable)的病灶亦可採用。 備註：上述影像檢查之給付範圍不包括正子造影(PET)。 III. 使用於非小細胞肺癌及泌尿道上皮癌第一線用藥時，須另檢附下列其中一項佐證資料： i.CTCAE(the common terminology criteria for adverse events) v4.0 grade ≧2 audiometric hearing loss ii.CTCAE v4.0 grade ≧ 2 peripheral neuropathy iii.CIRS(the cumulative	現量檢測結果，並由病理專科醫師簽發報告。 III.病人身體狀況良好(ECOG≦1)及心肺與肝腎功能之評估資料。 IV.病人12週內之疾病影像檢查及報告(如胸部X光、電腦斷層或其他可作為評估的影像)，此影像證明以可測量(measurable)的病灶為優先，如沒有可以測量的病灶，則可評估(evaluable)的病灶亦可採用。 備註：上述影像檢查之給付範圍不包括正子造影(PET)。 V.先前已接受過之治療與完整用藥資料(如化學治療、標靶藥物及自費等用藥之劑量及療程)及其治療結果；典型何杰金氏淋巴瘤患者需另檢附自體造血幹細胞移植之病歷紀錄；肝細胞癌患者需另檢附 T.A.C.E.治療紀錄。 VI.使用免疫檢查點抑制劑之治療計畫(treatment protocol)。 VII.使用於非小細胞肺癌及泌尿道上皮癌第一線用藥時，須另檢附下列其中一項佐證資料： i. CTCAE(the common terminology criteria for adverse events) v4.0 grade ≧ 2 audiometric hearing loss ii.CTCAE v4.0 grade ≧ 2 peripheral neuropathy	

illness rating scale) score >6 IV.其他佐證病歷資料。 3. 登錄與結案作業：(109/11/1) (1)醫師處方使用本類藥品須配合依限登錄病人身體狀況、生物標記(PD-L1)檢測、病情發展、藥品使用成效與副作用等資料。 (2)病人倘結束治療、停止用藥、未通過續用申請、暫停用藥超過原事前審查核定日起24週期限或達給付時程期限時，醫事機構須在28天內於 VPN 系統登錄結案。逾期未登錄結案者，系統自動結案，且不予支付該個案自前次事前審查核定日後申報之藥費。 (3)已結案者自結案日後不予支付藥費。 9.70.Pertuzumab(如 Perjeta)：(108/5/1、108/12/1) 1. Pertuzumab 與 Herceptin(trastuzumab) 及 docetaxel 併用於治療轉移後未曾以抗 HER2 或化學療法治療之 HER2 過度表現(IHC3+或 FISH+)轉移性乳癌病患。(108/12/1) 2.須經事前審查核准後使用，核准後每 18 週須檢附療效評估資料再次申請，若疾病有惡化情形即不應再行申請，每位病人至多給付 18 個月為限。 9.71.Venetoclax (如	iii.CIRS(the cumulative illness rating scale) score >6 VIII.其他佐證病歷資料。 (8)用藥後每 12 週至少評估一次，以 i-RECIST 標準(HCC 患者以 mRECIST 標準)評定藥物療效反應，依下列原則申請續用：(109/4/1、109/11/1) I.有療效反應(PR 及 CR)者得繼續用藥； II.出現疾病惡化(PD)或出現中、重度或危及生命之藥物不良反應者，應停止用藥； III.出現疾病併發症或輕度藥物不良反應等，暫停用藥超過原事前審查核定日起 24 週期限者，不得申請續用。 IV.用藥後評估疾病呈穩定狀態者(SD)，可持續再用藥 12 週，並於 12 週後再次評估；經連續二次評估皆為 SD 者，不得申請續用。 (9)申請續用時，需檢附病人 12 週內之評估資料如下：(108/6/1、109/11/1) I. 病人身體狀況良好(ECOG≦1)及心肺與肝腎功能之評估資料。 II.以 i-RECIST 標準(HCC 患者以 mRECIST 標準)評定之藥物療效反應(PR、CR、SD)資料、影像檢查及報告(如胸部 X 光、電腦斷層或其他可作為評估的影像)，此影像證明以可測量(measurable)的病灶為優	

Venclexta) ： (108/9/1 、110/7/1) 1.單獨使用於具有 17p 缺失的慢性淋巴球性白血病(CLL)患者。 (1)限先前曾接受至少 1 種包括 alkylating agent 與 anti-CD20 (如 R-CVP、R-CHOP、rituximab 加 bendamustine 等)的治療 2 個療程以上仍惡化或復發者。 (2)開始使用前之疾病狀態需出現下列任一情形： Ⅰ.進行性的血液相惡化至 Hb<10.0gm/dL 或 PLT<100K/uL，且無其他原因可以解釋。 Ⅱ.脾臟腫大超過左肋骨下緣 6cm。 Ⅲ.淋巴結腫大，最長徑超過 10cm。 Ⅳ.周邊血液淋巴球在 2 個月內增加 50%以上，或倍增時間(doubling time)小於 6 個月。 Ⅴ.出現自體免疫併發症，且經類固醇治療無效。 Ⅵ.出現具症狀的淋巴結外病灶。 (3)需經事前審查核准後使用，每 3 個月需再次申請。再次申請時需檢附療效評估資料，若未達 iwCLL(International Workshop on CLL)最新定義之 partial remission 或 complete remission，則不予給付。 (4)Venetoclax 與 ibrutinib 二	先，如沒有可以測量之病灶，則可評估(evaluable)的病灶亦可採用。 備註：上述影像檢查之給付範圍不包括正子造影(PET)。 III. 使用於非小細胞肺癌及泌尿道上皮癌第一線用藥時，須另檢附下列其中一項佐證資料： i. CTCAE(the common terminology criteria for adverse events) v4.0 grade ≧ 2 audiometric hearing loss ii.CTCAE v4.0 grade ≧ 2 peripheral neuropathy iii.CIRS(the cumulative illness rating scale) score >6 IV.其他佐證病歷資料。 3. 登錄與結案作業：(109/11/1) (1)醫師處方使用本類藥品須配合依限登錄病人身體狀況、生物標記(PD-L1)檢測、病情發展、藥品使用成效與副作用等資料。 (2)病人倘結束治療、停止用藥、未通過續用申請、暫停用藥超過原事前審查核定日起 24 週期限或達給付時程期限時，醫事機構須在 28 天內於 VPN 系統登錄結案。逾期未登錄結案者，系統自動結案，且不予支付該個案自前次事前審查核定日後申報之藥費。 (3)已結案者自結案日後不予支	

者僅能擇一使用，唯有在出現無法忍受其副作用時方可互換。二者使用總療程合併計算，以全部 24 個月為上限。 (5)每日至多處方 4 粒。 2.併用低劑量 cytarabine，使用於無法接受高強度化學治療之初診斷急性骨髓性白血病(AML)病人：(110/7/1) (1)需具有下列 I.或Ⅱ.的條件之一： I.75 歲以上。 Ⅱ.18 歲以上但未滿 75 歲時，需 ECOG performance status 為 2 或 3，且符合下列任一條件者： A.具有心臟衰竭治療病史，且 left ventricle ejection fraction (LVEF)＜50%。 B.具慢性肺部疾病史，且 DLCO ＜65%。 C.具肝功能異常：Bilirubin level 在 1.5-3.0 倍正常值間。 (2)需未曾因骨髓化生不良症候群 (myelodysplastic syndrome, MDS)接受過 azacitidine 治療者。 (3)需經事前審查核准後使用，每 2 個療程需再次申請；再次申請時需檢附療效評估資料，若病情惡化應即停止使用。 (4)每日至多處方 6 粒，最多給付 4 個療程。 9.72.CDK4/6 抑制劑 (如 ribociclib；palbociclib)：(108/10/1、108/12/1 、 109/4/1 、	付藥費。 9.70.Pertuzumab(如 Perjeta)：(108/5/1、108/12/1) 1. Pertuzumab 與 Herceptin(trastuzumab)及 docetaxel 併用於治療轉移後未曾以抗 HER2 或化學療法治療之 HER2 過度表現(IHC3+或 FISH+)轉移性乳癌病患。(108/12/1) 2. 須經事前審查核准後使用，核准後每 18 週須檢附療效評估資料再次申請，若疾病有惡化情形即不應再行申請，每位病人至多給付 18 個月為限。 9.71.Venetoclax (如 Venclexta)：(108/9/1) 單獨使用於具有 17p 缺失的慢性淋巴球性白血病(CLL)患者。 1.限先前曾接受至少 1 種包括 alkylating agent 與 anti-CD20 (如 R-CVP、R-CHOP、rituximab 加 bendamustine 等)的治療 2 個療程以上仍惡化或復發者。 2.開始使用前之疾病狀態需出現下列任一情形： (1)進行性的血液相惡化至 Hb ＜ 10.0 gm/dL 或 PLT ＜ 100 K/uL，且無其他原因可以解釋。 (2)脾臟腫大超過左肋骨下緣 6 cm。 (3)淋巴結腫大，最長徑超過 10 cm。	

109/10/1 、 110/5/1 、110/10/1) 1. 做為停經後乳癌婦女發生遠端轉移後之全身性藥物治療，須完全符合以下條件：(109/10/1 、 110/5/1 、110/10/1) (1)荷爾蒙接受體為強陽性：ER 或 PR >30%。 (2)HER-2 檢測為陰性。 (3)經完整疾病評估後未出現器官轉移危急症狀 (visceral crisis)且無中樞神經系統(CNS)轉移。(110/10/1) (4)骨轉移不可為唯一轉移部位。(110/10/1) (5)病患目前未接受卵巢功能抑制治療 (包含GnRH analogue等) 且滿足下列條件之一：(110/5/1) Ⅰ.年齡滿 55 歲。 Ⅱ.曾接受雙側卵巢切除術。 Ⅲ.FSH 及 estradiol 血液檢測值在停經後數值範圍內。 2.經事前審查核准後使用，核准後每 24 週須檢附療效評估資料再次申請，若疾病惡化即必須停止使用，且後續不得再申請使用本類藥品。(110/10/1) 3.使用限制： (1)ribociclib 每日最多處方 3 粒。 (2)palbociclib 每日最多處方 1 粒。 (3)本類藥品僅得擇一使用，唯有在耐受不良時方可轉換使用，使用總療程合併計算，以每人終生給付 24 個月為上限，惟 110 年 9 月 30 日以前	(4)周邊血液淋巴球在 2 個月內增加 50%以上，或倍增時間(doubling time)小於 6 個月。 (5)出現自體免疫併發症，且經類固醇治療無效。 (6)出現具症狀的淋巴結外病灶。 3.需經事前審查核准後使用，每 3 個月需再次申請。再次申請時需檢附療效評估資料，若未達 iwCLL (International Workshop on CLL)最新定義之 partial remission 或 complete remission，則不予給付。 4.Venetoclax 與 ibrutinib 二者僅能擇一使用，唯有在出現無法忍受其副作用時方可互換。二者使用總療程合併計算，以全部 24 個月為上限。 5.每日至多處方 4 粒。	

已核定用藥之病人，得經事前審查核准後，使用至疾病惡化或總療程達 24 個月為止，且後續不得再申請使用本類藥品。(110/10/1) 4.若先前使用 everolimus 無效後，不得再申請本類藥品。(109/4/1) 9.73.Inotuzumab ozogamicin (如 Besponsa)：(108/11/1) 1.適用於治療患有復發型或頑固型且 CD22 為陽性之 B 細胞前驅因子之急性淋巴芽細胞白血病(B-ALL)，且計畫進行造血幹細胞移植之成人病患。 2.上述成人病患如具費城染色體陽性(Ph+)，應至少使用過兩種酪胺酸激酶抑制劑(TKI)藥物治療無效。 3.每位病人限給付 2 療程，需事前審查核准後使用。申請時需檢附完整之造血幹細胞移植計畫，並詳細記載確認移植之執行醫院及移植前調適治療等資料。 4.不得與 blinatumomab（如 Blincyto）或酪胺酸激酶抑制劑（TKI）（如 imatinib、dasatinib、ponatinib）等併用。 9.74.Cabozantinib (如 Cabometyx)：(108/12/1、110/12/1) 1.適用於未曾接受過治療的中度/重度風險晚期腎細胞癌病人。(110/12/1) (1)無效後則不給付 temsirolimus。	9.72.CDK4/6 抑制劑（如 ribociclib；palbociclib)：(108/10/1、108/12/1、109/4/1、109/10/1) 1.限用於與芳香環轉化酶抑制劑併用，做為停經後乳癌婦女發生遠端轉移後之第 1 線全身性藥物治療，須完全符合以下條件：(109/10/1) (1)荷爾蒙接受體為強陽性：ER 或 PR >30%。 (2)HER-2 檢測為陰性。 (3)經完整疾病評估後未出現器官轉移危急症狀(visceral crisis)。	

(2)病人若對藥物產生耐受性不佳（intolerance），則以原來藥物減量為原則，若嚴重耐受性不佳，可以換其他TKI。 2.適用於先前經抗血管新生療法 (anti-angiogenic therapy)治療無效的晚期腎細胞癌病人。 3.須經事前審查核准後使用，每次申請療程以 3 個月為限，送審時需檢送影像資料，每 3 個月評估一次，無疾病惡化方可繼續使用。(110/12/1) 4.病患於第一線使用本藥物後再復發或惡化時，不得再次申請使用。(110/12/1) 5.每日限用 1 粒。 9.75. Carfilzomib (如 Kyprolis)：(109/2/1) 1.與 dexamethasone 合併使用於先前曾接受含 bortezomib 及 lenalidomide 兩種治療後無法耐受或惡化之病患，且須具有良好日常體能狀態(ECOG < 2)及足夠腎功能(CrCl ≥50 ml/minute)的多發性骨髓瘤成年患者。 2.需經事前審查核准後使用： (1)初次申請以 4 個療程(每療程為 4 週)為限，再次申請時必須確定 paraprotein (M-protein)未上升(即表示對藥物有反應或為穩定狀態)；或對部分 non-secretory type MM 病人以骨髓檢查 plasma cell 為療效依據，證明為對藥物有	2.經事前審查核准後使用，核准後每 24 週須檢附療效評估資料再次申請，若疾病惡化即必須停止使用。 3.使用限制： (1)ribociclib 每日最多處方 3 粒。 (2)palbociclib每日最多處方1粒。 (3)本類藥品僅得擇一使用，唯有在耐受不良時方可轉換使用。 本類藥品使用總療程合併計算，以每人給付 24 個月為上限。 4.若先前使用 everolimus 無效後，不得再申請本類藥品。(109/4/1) 9.73.Inotuzumab ozogamicin (如 Besponsa)：(108/11/1) 1.適用於治療患有復發型或頑固型且 CD22 為陽性之 B 細胞前驅因子之急性淋巴芽細胞白血病(B-ALL)，且計畫進行造血幹細胞移植之成人病患。	

反應或為穩定狀態，方可繼續使用。續用時的申請每次以3個療程為限。 (2)每人以10個療程為上限。 3.不得與蛋白酶體抑制劑(proteasome inhibitor)或免疫調節劑(immunomodulatory drugs)併用。 9.76.Midostaurin（如Rydapt)：(109/2/1) 1.限用於新確診為FLT3突變陽性的急性骨髓性白血病(AML)成人病患之標準前導與鞏固性化療時合併使用。 2.需排除急性前骨髓性細胞白血病（acute promyelocytic leukemia，APL）的患者。 3.首次用於標準前導期，可免事前審查，以2個療程為限，若2個療程後仍未達完全緩解之病患即不得再使用。 4.續用時需經事前審查核准後使用，申請時須檢附FLT3突變陽性檢測結果及日期、化學治療處方紀錄及療效評估，每次續用申請以2個療程為限，並需檢附前次治療結果評估資料證實無疾病進展，才可繼續使用。每人以總共給付6個療程為上限。 5.若病患接受造血幹細胞移植後則將不再給付本藥品。 9.77.Ixazomib（如Ninlaro)：(109/3/1) 1.與lenalidomide及	2.上述成人病患如具費城染色體陽性(Ph+)，應至少使用過兩種酪胺酸激酶抑制劑(TKI)藥物治療無效。 3.每位病人限給付2療程，需事前審查核准後使用。申請時需檢附完整之造血幹細胞移植計畫，並詳細記載確認移植之執行醫院及移植前調適治療等資料。 4.不得與blinatumomab（如Blincyto）或酪胺酸激酶抑制劑（TKI）（如imatinib、dasatinib、ponatinib）等併用。 9.74. Cabozantinib（如Cabometyx)：(108/12/1) 1.適用於先前經抗血管新生療法(anti-angiogenic therapy)治療無效的晚期腎細胞癌病人。 2.須經事前審查核准後使用，每次申請療程以3個月為限，送審時需檢送影像資料，每3個月評估一次。	

dexamethasone 合併使用於先前已接受至少一種治療失敗之多發性骨髓瘤病患，並符合下列條件之一： (1)體能不適合(unfit)化療標靶注射治療者。 (2)曾接受 bortezomib 治療失敗，但有重大心血管共病無法接受 carfizomib 治療之病患。 2.前述病患若於第二線治療使用，則需為具高風險細胞遺傳異常的病人群（包括具 del（17p）、t（4；14）、t(14 ; 16) 及 1q21 amplification 等染色體變化者)；若為第三線以上治療使用，則不需為具高風險遺傳異常者。 3.需經事前審查核准後使用： (1)每次申請以 4 個療程(每療程為 4 週)為限，使用 4 個療程後，必須確定 paraprotein (M-protein)未上升(即表示對藥物有反應或為穩定狀態)或對部分 non-secretory type MM 病人以骨髓檢查 plasma cell 為療效依據，方可繼續使用。 (2)每人以 12 個療程為上限。 4.本案藥品不得與 bortezomib 或 pomalidomide 併用。 9.78.Daratumumab(如 Darzalex)：(109/4/1) 1.限與 bortezomib/dexamethasone 或 lenalidomide/dexamethason	3.每日限用 1 粒。 9.75. Carfilzomib (如 Kyprolis)：(109/2/1) 1.與 dexamethasone 合併使用於先前曾接受含 bortezomib 及 lenalidomide 兩種治療後無法耐受或惡化之病患，且須具有良好日常體能狀態(ECOG < 2)及足夠腎功能 (CrCl ≥50 ml/minute)的多發性骨髓瘤成年患者。 2.需經事前審查核准後使用： (1)初次申請以 4 個療程(每療程為 4 週)為限，再次申請時必須確定 paraprotein (M-protein)未上升(即表示對藥物有反應或為穩定狀態); 或對部分 non-secretory type MM 病人以骨髓檢查 plasma cell 為療效依據，證明為對藥物有反應或為穩定狀態，方可繼續使用。續用時的申請每次以 3 個療程為限。 (2)每人以 10 個療程為上限。 3.不得與蛋白酶體抑制劑(proteasome inhibitor)或免疫調節劑(immunomodulatory drugs)併用。 9.76.Midostaurin (如 Rydapt)：(109/2/1) 1.限用於新確診為 FLT3 突變陽性的急性骨髓性白血病(AML)成人病患之標準前導與鞏固性化療時合併使用。	

e 併用，治療先前曾接受至少一種含 bortezomib 或 lenalidomide 之療法治療失敗的多發性骨髓瘤成人患者，且須具有良好日常體能狀態(ECOG < 2)者。 2.須經事前審查核准後使用，首次申請為 10 次輸注，之後申請則為每次 4 次輸注。 3. 再次申請必須確定 paraprotein (M-protein)未上升(即表示對藥物有反應或為穩定狀態)，或對部分 non-secretory type MM 病人以骨髓檢查 plasma cell 為療效依據，方可繼續使用。 4.每位病人限給付 22 次輸注。 5. 不得與 ixazomib、carfilzomib 或 pomalidomide 併用。 9.79.Obinutuzumab(如 Gazyva)：(109/4/1) 1. 限用於第一次接受含 rituximab 治療後治療無效或治療結束後 6 個月內復發的濾泡性淋巴瘤(follicular lymphoma)患者。 2.需經事前審查核准後使用： (1)首次申請限 6 個療程(共 8 次治療)，且需與 bendamustine 併用。 (2) 經治療後達 partial remission 或 complete remission 病患可續申請 obinutuzumab 單一藥物維持治療，每次申請最多 12 個	2.需排除急性前骨髓性細胞白血病(acute promyelocytic leukemia，APL)的患者。 3.首次用於標準前導期，可免事前審查，以 2 個療程為限，若 2 個療程後仍未達完全緩解之病患即不得再使用。 4.續用時需經事前審查核准後使用，申請時須檢附 FLT3 突變陽性檢測結果及日期、化學治療處方紀錄及療效評估，每次續用申請以 2 個療程為限，並需檢附前次治療結果評估資料證實無疾病進展，才可繼續使用。每人以總共給付 6 個療程為上限。 5.若病患接受造血幹細胞移植後則將不再給付本藥品。 9.77.Ixazomib (如 Ninlaro)：(109/3/1) 1. 與 lenalidomide 及 dexamethasone 合併使用於先前已接受至少一種治療失敗之多發性骨髓瘤病患，並符合下列條件之一： (1)體能不適合(unfit)化療標靶注射治療者。 (2)曾接受 bortezomib 治療失敗，但有重大心血管共病無法接受 carfizomib 治療之病患。 2.前述病患若於第二線治療使用，則需為具高風險細胞遺傳異常的病人群 (包括具 del (17p)、t (4；14)、t(14；16)及 1q21	

月(6 個療程)，每 12 個月須進行疾病評估，若病情惡化應即停止使用。 (3)每位病人最多給付 24 個月(12 個療程) 維持治療。 3.病患曾使用本藥物後再復發或惡化時，不得再申請使用。 9.80.Osimertinib (如 Tagrisso) : (109/4/1、109/6/1、109/10/1) 1.限單獨使用於： (1)具有 EGFR Exon 19 Del 基因突變且無腦轉移（non-CNS）之轉移性（第Ⅳ期）肺腺癌病患之第一線治療。 (2)先前已使用過 EGFR 標靶藥物 gefitinib、erlotinib、afatinib 或 dacomitinib 治療失敗，且具有 EGFR T790M 基因突變之局部侵犯性或轉移性之非小細胞肺癌之第二線治療。(109/10/1) 2.使用注意事項：(109/10/1) (1)須經事前審查核准後使用，申請時需檢附： I.確實患有肺腺癌之病理或細胞檢查報告，及EGFR 基因突變檢測報告。 II.第二線治療用藥者，需另檢附曾經接受 gefitinib、erlotinib、afatinib 或 dacomitinib治療之證明，以及目前又有疾病惡化之影像診斷證明（如胸部 X 光、電腦斷層或其他可作為評估的影像），此影像證明以可測量（measurable）的病灶為	amplification 等染色體變化者)；若為第三線以上治療使用，則不需為具高風險遺傳異常者。 3.需經事前審查核准後使用： (1)每次申請以4個療程(每療程為4週)為限，使用4個療程後，必須確定 paraprotein (M-protein)未上升(即表示對藥物有反應或為穩定狀態)或對部分 non-secretory type MM 病人以骨髓檢查plasma cell為療效依據，方可繼續使用。 (2)每人以12個療程為上限。 4.本案藥品不得與 bortezomib 或pomalidomide併用。 9.78.Daratumumab(如 Darzalex)：(109/4/1) 1.限與 bortezomib/dexamethasone 或 lenalidomide/dexamethasone 併用，治療先前曾接受至少一種含 bortezomib 或 lenalidomide 之療法治療失敗的多發性骨髓瘤成人患者，且須具有良好日常體能狀態(ECOG < 2)者。 2.須經事前審查核准後使用，首次申請為10次輸注，之後申請則為每次 4 次輸注。 3.再次申請必須確定 paraprotein (M-protein)未上升(即表示對藥物有反應或為穩定狀態)，或對部分non-secretory type MM	

優先，如沒有可以測量的病灶，則可評估（evaluable）的病灶亦可採用。(109/10/1) III.每次申請事前審查之療程以三個月為限，每三個月需再次申請，再次申請時需附上治療後相關臨床資料，每次處方以 4 週為限，再次處方時需於病歷記錄治療後相關臨床資料，如每 4 週需追蹤胸部 X 光或電腦斷層等影像檢查，每 8 至 12 週需進行完整療效評估（如胸部 X 光或電腦斷層）。 IV.需檢附依全民健康保險醫療服務給付項目及支付標準伴隨式診斷編號 30101B 或 30102B 規定之認證實驗室以體外診斷醫療器材檢測（IVD）或實驗室自行研發檢測（LDT）檢驗之 EGFR 基因檢測結果報告。 (2)本藥品於第一線使用時，與 gefitinib、erlotinib、afatinib 及 dacomitinib 僅得擇一使用，除因耐受性不良，不得互換。(109/10/1) I.如需更換使用本藥品，必須符合本藥品第一線使用於具有 EGFR Exon 19 Del 基因突變且無腦轉移（non-CNS）之轉移性（第Ⅳ期）肺腺癌之限制。(109/6/1) Ⅱ.如需更換使用 dacomitinib，必須符合 dacomitinib 第一線使用於具	病人以骨髓檢查 plasma cell 為療效依據，方可繼續使用。 4.每位病人限給付 22 次輸注。 5.不得與 ixazomib、carfilzomib 或 pomalidomide 併用。 9.79.Obinutuzumab(如 Gazyva)：(109/4/1) 1.限用於第一次接受含 rituximab 治療後治療無效或治療結束後 6 個月內復發的濾泡性淋巴瘤(follicular lymphoma)患者。 2.需經事前審查核准後使用： (1)首次申請限 6 個療程(共 8 次治療)，且需與 bendamustine 併用。 (2)經治療後達 partial remission 或 complete remission 病患可續申請 obinutuzumab 單一藥物維持治療，每次申請最多 12 個月(6 個療程)，每 12 個月須進行疾病評估，若病情惡化應即停止使用。 (3)每位病人最多給付 24 個月(12 個療程）維持治療。 3.病患曾使用本藥物後再復發或惡化時，不得再申請使用。 9.80.Osimertinib（如 Tagrisso）：(109/4/1、109/6/1、109/10/1) 1.限單獨使用於： (1)具有 EGFR Exon 19 Del 基因突變且無腦轉移（non-CNS）之轉移性（第Ⅳ期）肺腺癌病患之第一線治	

有 EGFR-TK Exon 19 Del 或 Exon 21 L858R 點突變，且無腦轉移(non-CNS)之局部侵犯性或轉移性肺腺癌之限制。(109/10/1) (3)每日限用 1 粒。 9.81.Lorlatinib（如 Lorviqua)：(109/6/1) 1. 適用於在 ceritinib 或 alectinib 治療中惡化且併有腦部轉移之 ALK 陽性的晚期非小細胞肺癌患者。 2.須經事前審查核准後使用。 3.每次申請事前審查之療程以三個月為限，每三個月需再次申請，再次申請時並需附上治療後相關臨床資料，若病情惡化即不得再次申請。 9.82.Brigatinib（如 Alunbrig)：(109/8/1) 1.適用於在 crizotinib 治療中惡化之 ALK 陽性的晚期非小細胞肺癌患者。 2.需經事前審查核准後使用。 3.每次申請事前審查之療程以 3 個月為限，每 3 個月需再次申請，再次申請時並需附上治療後相關臨床資料，若病情惡化即不得再次申請。 9.83.Dacomitinib（如 Vizimpro)：(109/10/1) 1. 限單獨使用具有 EGFR-TK Exon 19 Del 或 Exon 21 L858R 點突變，且無腦轉移(non-CNS)之局部侵犯性或轉移性(即第ⅢB、ⅢC 或第Ⅳ期)之肺腺癌病患之第一線治	療。 (2)先前已使用過EGFR標靶藥物 gefitinib、erlotinib、afatinib 或 dacomitinib 治療失敗，且具有 EGFR T790M 基因突變之局部侵犯性或轉移性之非小細胞肺癌之第二線治療。(109/10/1) 2.使用注意事項：(109/10/1) (1)須經事前審查核准後使用，申請時需檢附： I.確實患有肺腺癌之病理或細胞檢查報告，及 EGFR 基因突變檢測報告。 II.第二線治療用藥者，需另檢附曾經接受 gefitinib、erlotinib、afatinib 或 dacomitinib 治療之證明，以及目前又有疾病惡化之影像診斷證明（如胸部 X 光、電腦斷層或其他可作為評估的影像），此影像證明以可測量（measurable）的病灶為優先，如沒有可以測量的病灶，則可評估（evaluable）的病灶亦可採用。(109/10/1) III.每次申請事前審查之療程以三個月為限，每三個月需再次申請，再次申請時需附上治療後相關臨床資料，每次處方以 4 週為限，再次處方時需於病歷記錄治療後相關臨床資料，如每4週需追蹤胸部X光或電腦斷層等影像檢查，每8至12週需進行完整療效評估（如胸部 X 光	

療，需檢附依全民健康保險醫療服務給付項目及支付標準伴隨式診斷編號30101B或30102B規定之認證實驗室以體外診斷醫療器材檢測（IVD）或實驗室自行研發檢測(LDT)檢驗之EGFR基因檢測結果報告。 2.使用注意事項 (1)病歷應留存確實患有肺腺癌之病理或細胞檢查報告，及EGFR-TK基因突變檢測報告。 (2)每次處方以4週為限，再次處方時需於病歷記錄治療後相關臨床資料，如每4週需追蹤胸部X光或電腦斷層等影像檢查，每8至12週需進行完整療效評估（如胸部X光或電腦斷層）。 (3)本藥品與gefitinib、erlotinib、afatinib及osimertinib，僅得擇一使用，除因耐受性不良，不得互換。如需更換使用本藥品，必須符合本藥品第一線使用於具有EGFR-TK Exon 19 Del或Exon 21 L858R點突變，且無腦轉移(non-CNS)之局部侵犯性或轉移性(即第ⅢB、ⅢC或第Ⅳ期)肺腺癌之限制。如需更換使用osimertinib，必須符合osimertinib第一線使用於具有EGFR Exon 19 Del基因突變且無腦轉移（non-CNS）之轉移性（第Ⅳ期）肺腺癌之限制。	或電腦斷層）。 Ⅳ.需檢附依全民健康保險醫療服務給付項目及支付標準伴隨式診斷編號30101B或30102B規定之認證實驗室以體外診斷醫療器材檢測（IVD）或實驗室自行研發檢測（LDT）檢驗之EGFR基因檢測結果報告。 (2)本藥品於第一線使用時，與gefitinib、erlotinib、afatinib及dacomitinib僅得擇一使用，除因耐受性不良，不得互換。(109/10/1) Ⅰ.如需更換使用本藥品，必須符合本藥品第一線使用於具有EGFR Exon 19 Del基因突變且無腦轉移（non-CNS）之轉移性（第Ⅳ期）肺腺癌之限制。(109/6/1) Ⅱ.如需更換使用dacomitinib，必須符合dacomitinib第一線使用於具有EGFR-TK Exon 19 Del或Exon 21 L858R點突變，且無腦轉移(non-CNS)之局部侵犯性或轉移性肺腺癌之限制。(109/10/1) (3)每日限用1粒。 9.81.Lorlatinib（如Lorviqua)：(109/6/1) 1.適用於在ceritinib或alectinib治療中惡化且併有腦部轉移之ALK陽性的晚期非小細胞肺癌患者。 2.須經事前審查核准後使用。 3.每次申請事前審查之療程以三個月為限，每三個月需	

(4)每日限用 1 粒。 9.84.Copanlisib（如 Aliqopa）：(109/11/1) 1.單獨使用於治療曾接受至少兩次全身性治療無效或復發之濾泡淋巴瘤成人病人，患者需曾接受過至少一種anti-CD20 monoclonal antibody 及一種靜脈注射型之 alkylating agent 治療。 2.需經事前審查核准後使用： (1)需提供兩次全身性治療無效或治療後復發的紀錄。 (2)初次申請以 4 個療程為限並需檢送病理報告及影像報告，再次申請時需檢附影像資料（CT 或MRI）進行疾病評估，證實無惡化，方可繼續使用，核准後可再使用 3 個療程，每位病人至多給付 7 個療程，若病情惡化應即停止使用。 3. 若病患先前曾使用 obinutuzumab，不得申請使用本藥品。 9.85.Olaparib（如 Lynparza)：(109/11/1) 1.卵巢、輸卵管或原發性腹膜癌： (1)單獨使用於具下列所有條件的病患做為維持治療，限用兩年： A.對第一線含鉑化療有治療反應後使用。 B.具生殖細胞或體細胞 BRCA 1/2致病性或疑似致病性突變。 C.FIGO (International	再次申請，再次申請時並需附上治療後相關臨床資料，若病情惡化即不得再次申請。 9.82.Brigatinib（如 Alunbrig)：(109/8/1) 1.適用於在 crizotinib 治療中惡化之 ALK 陽性的晚期非小細胞肺癌患者。 2.需經事前審查核准後使用。 3.每次申請事前審查之療程以 3 個月為限，每 3 個月需再次申請，再次申請時並需附上治療後相關臨床資料，若病情惡化即不得再次申請。 9.83.Dacomitinib（如 Vizimpro)：(109/10/1) 1.限單獨使用具有 EGFR-TK Exon 19 Del 或 Exon 21 L858R 點突變，且無腦轉移(non-CNS)之局部侵犯性或轉移性(即第ⅢB、ⅢC 或第Ⅳ期)之肺腺癌病患之第一線治療，需檢附依全民健康保險醫療服務給付項目及支付標準伴隨式診斷編號30101B或30102B規定之認證實驗室以體外診斷醫療器材檢測（IVD）或實驗室自行研發檢測(LDT)檢驗之 EGFR 基因檢測結果報告。 2.使用注意事項 (1)病歷應留存確實患有肺腺癌之病理或細胞檢查報告，及 EGFR-TK 基因突變檢測報告。 (2)每次處方以 4 週為限，再次處方時需於病歷記錄治療	

Federation of Gynecology and Obstetrics) Stage III or IV disease。 (2)須經事前審查核准後使用，每次申請事前審查之療程以 6 個月為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用。 2.三陰性乳癌： (1)單獨使用於曾接受前導性、術後輔助性或轉移性化療，且具生殖細胞 BRCA1/2 致病性或疑似致病性突變之三陰性(荷爾蒙接受體及 HER2 受體皆為陰性)轉移性乳癌病人。 (2)須經事前審查核准後使用，每次申請事前審查之療程以 3 個月為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用。 3.每日最多使用 4 粒。 9.86.Vandetanib（如 Caprelsa)：(109/11/1) 1.適用於無法進行手術切除的局部侵犯或轉移性甲狀腺髓質癌，並且為症狀性及疾病侵襲性的患者。 2.需經事前審查核准後使用，每次申請之療程以 6 個月為限，送審時需檢送影像資料，每 6 個月評估一次。 3.出現疾病惡化或無法忍受之藥物不良反應，應立即停用。 4.每日最大劑量為 300 毫克。	後相關臨床資料，如每 4 週需追蹤胸部 X 光或電腦斷層等影像檢查，每 8 至 12 週需進行完整療效評估（如胸部 X 光或電腦斷層）。 (3)本藥品與 gefitinib、erlotinib、afatinib 及 osimertinib，僅得擇一使用，除因耐受性不良，不得互換。如需更換使用本藥品，必須符合本藥品第一線使用於具有 EGFR-TK Exon 19 Del 或 Exon 21 L858R 點突變，且無腦轉移(non-CNS)之局部侵犯性或轉移性(即第ⅢB、ⅢC 或第Ⅳ期)肺腺癌之限制。如需更換使用 osimertinib，必須符合 osimertinib 第一線使用於具有 EGFR Exon 19 Del 基因突變且無腦轉移（non-CNS）之轉移性（第Ⅳ期）肺腺癌之限制。 (4)每日限用 1 粒。 9.84.Copanlisib（如 Aliqopa）：(109/11/1) 1.單獨使用於治療曾接受至少兩次全身性治療無效或復發之濾泡淋巴瘤成人病人，患者需曾接受過至少一種 anti-CD20 monoclonal antibody 及一種靜脈注射型之 alkylating agent 治療。 2.需經事前審查核准後使用： (1)需提供兩次全身性治療無效或治療後復發的紀錄。 (2)初次申請以 4 個療程為限並	

9.87.Trastuzumab emtansine (如 Kadcyla)：(110/2/1) 1.限單獨使用於 HER2 過度表現(IHC3+或 FISH+)之轉移性乳癌患者作為二線治療，且同時符合下列情形： (1) 之前分別接受過 trastuzumab 與一種 taxane 藥物治療，或其合併療法，或 pertuzumab 與 trastuzumab 與一種 taxane 藥物治療。 (2)之前已經接受過轉移性癌症治療，或在輔助療法治療期間或完成治療後 6 個月內癌症復發。 (3)合併有主要臟器(不包含骨及軟組織)轉移。 2.經事前審查核准後使用，核准後每 12 週須檢附療效評估資料再次申請，若疾病有惡化情形即不應再行申請，每位病人至多給付 10 個月(13 個療程為上限)。 3.Trastuzumab emtansine 和 lapatinib 僅能擇一使用，不得互換。 9.88.Ixabepilone (如 Ixempra)：(110/2/1) 1. 限 Ixabepilone 合併 capecitabine 用於局部晚期或轉移性乳癌患者，需符合以下條件之一： (1)對 taxane 有抗藥性且無法接受 anthracycline 治療者。 (2)對 taxane 及 anthracycline 治療無效者。 2.每 3 個療程需進行療效評估，病歷應留存評估紀錄，無疾病惡化方可繼續使用。	需檢送病理報告及影像報告，再次申請時需檢附影像資料（CT 或 MRI）進行疾病評估，證實無惡化，方可繼續使用，核准後可再使用 3 個療程，每位病人至多給付 7 個療程，若病情惡化應即停止使用。 3. 若病患先前曾使用 obinutuzumab，不得申請使用本藥品。 9.85.Olaparib (如 Lynparza)：(109/11/1) 1.卵巢、輸卵管或原發性腹膜癌： (1)單獨使用於具下列所有條件的病患做為維持治療，限用兩年： A. 對第一線含鉑化療有治療反應後使用。 B. 具生殖細胞或體細胞 BRCA 1/2 致病性或疑似致病性突變。 C. FIGO (International Federation of Gynecology and Obstetrics) Stage III or IV disease。 (2)須經事前審查核准後使用，每次申請事前審查之療程以 6 個月為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用。 2.三陰性乳癌： (1)單獨使用於曾接受前導性、術後輔助性或轉移性化療，且具生殖細胞 BRCA1/2 致病性或疑似致病性突變之三陰性(荷爾蒙	

3.Ixabepilone 與 eribulin 用於治療上述之轉移性乳癌患者時，僅得擇一使用，且不得互換(ixabepilone 限用於未曾使用過 eribulin 之病患)。 9.89.Talazoparib（如 Talzenna)：(110/3/1) 1.限用於治療同時符合下列條件之 18 歲以上局部晚期或轉移性乳癌病患： (1)曾接受前導性、術後輔助性或轉移性化療者，或是無法接受化療者。 (2)具生殖細胞 BRCA 1/2 (germline BRCA 1/2)突變。 (3)第二型人類表皮生長因子接受體(HER2)、雌激素受體(ER)以及黃體素受體(PR)均呈現陰性。 2.須經事前審查核准後使用，每次申請事前審查之療程以 3 個月為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用。 9.90.Apalutamide（如 Erleada）：(110/3/1、110/11/1) 1.治療高風險非轉移性去勢抗性前列腺癌(high risk nmCRPC)的成年男性。 (1)須經事前審查核准後使用。 (2)初次申請時需檢附病理報告、使用雄性素去除療法紀錄，系列 PSA 和睪固酮數據，三個月內影像報告證明無遠端轉移。 (3)ECOG 分數須≦1。 (4)PSA doubling time≦10 個	接受體及 HER2 受體皆為陰性)轉移性乳癌病人。 (2)須經事前審查核准後使用，每次申請事前審查之療程以 3 個月為限，再次申請必須提出客觀證據（如：影像學）證實無惡化，才可繼續使用。 3.每日最多使用 4 粒。 9.86.Vandetanib（如 Caprelsa)：(109/11/1) 1.適用於無法進行手術切除的局部侵犯或轉移性甲狀腺髓質癌，並且為症狀性及疾病侵襲性的患者。 2.需經事前審查核准後使用，每次申請之療程以 6 個月為限，送審時需檢送影像資料，每 6 個月評估一次。 3.出現疾病惡化或無法忍受之藥物不良反應，應立即停用。 4.每日最大劑量為 300 毫克。	

月。 (5)每 3 個月需再次申請，再申請時若影像學報告證實轉移則需停藥。 (6)本品用於治療 nmCRPC 時，與 darolutamide 僅能擇一使用，且不可互換。但若屬嚴重藥品副作用耐受性不佳者，不在此限。（110/11/1） 2.治療高風險轉移性的去勢敏感性前列腺癌(mCSPC)，總療程以 24 個月為上限。 (1)須經事前審查核准後使用 (2)每 3 個月需再次申請，再申請時若 PSA 值下降未超過治療前的 50%以上，則需停藥。 (3)下降達最低值後之持續追蹤出現 PSA 較最低值上升 50%以上且 PSA≧2ng/mL，則需停藥，但影像學證據尚無疾病進展者，可以繼續使用。 3.本品用於治療 mCSPC 時，與 abiraterone 僅能擇一使用，且不可互換。但若屬嚴重藥品副作用耐受性不佳者，不在此限。 9.91.Dabrafenib（如 Tafinlar）、Trametinib（如 Mekinist）：(110/3/1) 1.Dabrafenib 和 trametinib 併用於治療 BRAF V600 突變陽性 ECOG≤ 2 且罹患無法切除(第ⅢC 期)或轉移性(第Ⅳ期)黑色素瘤之病人： (1)需經事前審查核准後使用，每次申請療程以 3 個月為限，如發現病情惡化應停止使用。		

(2)再申請時應檢附前次治療結果評估資料。 2.Dabrafenib和trametinib併用於BRAF V600突變陽性且完全切除之第三期黑色素瘤病人術後輔助治療： (1)需經事前審查核准後使用，每次申請療程以 6 個月為限，如發現病情惡化應停止使用。 (2)限用1年。 3. 本品(dabrafenib 併用 trametinib 之治療組合)與 vemurafenib 僅能擇一使用，除因耐受性不良，不得互換。 9.92. Ramucirumab (如 Cyramza)：(110/5/1) 1.單一療法適用於接受過sorafenib治療失敗後之轉移性或無法手術切除且不適合局部治療或局部治療失敗，且 alpha- fetoprotein (AFP)≥ 400ng/mL 之 Child-Pugh A class晚期肝細胞癌成人患者。 2.需經事前審查核准後使用，初次申請之療程以 12 週為限，之後每 8 週評估一次。送審時需檢送影像資料，無疾病惡化方可繼續使用。 3.Ramucirumab 與 regorafenib、nivolumab 僅能擇一使用，不得互換。 9.93.Entrectinib (如 Rozlytrek)：(110/7/1) 1.單獨使用於 ROS-1 陽性之局部晚期或轉移性非小細胞肺癌的成人病人。 2.須經事前審查核准後使用：		

(1)需檢具確實患有非小細胞肺癌之病理或細胞檢查報告，以及符合診斷之 ROS-1 突變檢測報告。 (2)每次申請事前審查之療程以三個月為限，每三個月需再次申請，再次申請時並需附上治療後相關臨床資料，如給藥 4 週後，需追蹤胸部 X 光或電腦斷層等影像檢查評估療效，往後每 4 週做胸部 X 光檢查，每隔 8 週需追蹤其作為評估藥效的影像(如胸部 X 光或電腦斷層)，若病情惡化即不得再次申請。 3.Entrectinib 與 crizotinib 用於 ROS-1 陽性之晚期非小細胞肺癌時，僅得擇一使用，除因病人使用後，發生嚴重不良反應或耐受不良之情形外，不得互換。 4.每日最大劑量限 600mg。 9.94.Darolutamide(如 Nubeqa)：(110/11/1) 1.治療高風險非轉移性去勢抗性前列腺癌(high risk nmCRPC)的成年男性。 2.須經事前審查核准後使用。 3.初次申請時需檢附病理報告、使用雄性素去除療法紀錄，系列 PSA 和睪固酮數據，三個月內影像報告證明無遠端轉移。 4.ECOG 分數須≦1。 5.PSA doubling time≦10 個月。 6.每 3 個月需再次申請，再申請時若影像學報告證實轉移則需停藥。		

7.本品用於治療 nmCRPC 時，與 apalutamide 僅能擇一使用，且不可互換。但若屬嚴重藥品副作用耐受性不佳者，不在此限。 第 10 節 抗微生物劑 Antimicrobial agents 10.1.抗微生物劑用藥給付規定通則： 1.凡醫師診斷為感染症，確有臨床需要者得適當使用抗微生物製劑。 2.門診使用抗微生物製劑以不超過三日份用量為原則。如有必要，每次以七日為限；慢性骨髓炎病患得視病情需要延長抗微生物製劑給藥日數，惟每次門診處方仍以兩週為上限(87/7/1)。 3.「上呼吸道感染病患」如屬一般感冒（common cold）或病毒性感染者，不應使用抗生素。如需使用，應有細菌性感染之臨床佐證，例如診斷為細菌性中耳炎、細菌性鼻竇炎、細菌性咽喉炎，始得使用抗生素治療（90/2/1）。 4.使用抗微生物製劑，宜以同療效、價廉為原則。使用三種抗微生物製劑(含)以上，需附微生物培養及藥物敏感試驗報告，藥物敏感試驗報告應包括第一線及第二線抗微生物製劑及各類常用藥物；同類同抗菌範疇之抗微生物製劑，若未能都進行藥物敏感性試驗時，得以其中		

之一種藥物的敏感性試驗結果做為使用其他同類同抗菌範疇藥物合理性之判定參考。(87/4/1) 5.使用抗微生物製劑應以本保險規定之第一線抗微生物製劑優先使用，如欲使用第一線以外之抗微生物製劑，需依規定第6、7項辦理。 6.醫師得按下列病情及診斷於進行微生物培養及藥物敏感試驗後直接使用第一線以外抗微生物製劑，惟若微生物培養證明第一線抗微生物製劑有效，應考慮改用第一線抗微生物製劑。(91/4/1) (1)感染病情嚴重者，包括： Ⅰ.敗血症(sepsis)或敗血性休克(septic shock) Ⅱ.中樞神經感染 Ⅲ.使用呼吸器者。 (2)免疫狀態不良併發感染者： Ⅰ.接受免疫抑制劑。 Ⅱ.接受抗癌化學療法。 Ⅲ.白血球數在1000/cumm以下或多核白血球數在500/cumm以下。 (3)經感染症專科醫師會診，確認有感染症需使用者（申報費用時需檢附會診紀錄及相關之病歷資料)(86/10/1、92/9/1)。 (4)手術中發現有明顯感染病灶者。 (5)脾臟切除病人有不明原因發熱者。 (6)臟器穿孔。	第10節　抗微生物劑 Antimicrobial agents 10.1.抗微生物劑用藥給付規定通則： 1.凡醫師診斷為感染症，確有臨床需要者得適當使用抗微生物製劑。 2.門診使用抗微生物製劑以不超過三日份用量為原則。如有必要，每次以七日為	

(7)嚴重污染傷口病人。 (8)患疑似感染之早產兒及新生兒（出生二個月以內）。 (9)發生明確嚴重院內感染症者。 (10)常有厭氧菌與非厭氧菌混合感染之組織部位感染時（如糖尿病足部壞疽併感染、骨盆腔內感染），得直接使用可同時治療厭氧菌與非厭氧菌多重感染之單一非第一線抗微生物製劑。 7.醫師得按下列病情改用第一線以外抗微生物製劑： (1)使用第一線抗微生物製劑超過72小時，經微生物培養及藥物敏感試驗證實對第一線抗微生物製劑具抗藥性，確有需要使用者，並請檢附該檢驗報告。 (2)每 72 小時更換第一線抗微生物製劑一次，歷經 7 日以上仍無效，由其他醫療機構轉送至有微生物培養室醫院病人者。 (3)嬰幼兒（出生二個月以上至滿五足歲）患疑似感染疾病，在使用第一線抗微生物製劑 72 小時仍無明顯療效者。 8.預防性的使用抗微生物製劑：（105/2/1）。 (1)清淨的手術：大致可分甲、乙兩類。 甲類：如單純性疝氣手術、精索靜脈曲張手術、甲狀腺手術、乳房切除手術…等，原則上可「免用」抗微生物製劑，如	限；慢性骨髓炎病患得視病情需要延長抗微生物製劑給藥日數，惟每次門診處方仍以兩週為上限(87/7/1)。 3.「上呼吸道感染病患」如屬一般感冒（common cold）或病毒性感染者，不應使用抗生素。如需使用，應有細菌性感染之臨床佐證，例如診斷為細菌性中耳炎、細菌性鼻竇炎、細菌性咽喉炎，始得使用抗生素治療（90/2/1）。 4.使用抗微生物製劑，宜以同療效、價廉為原則。使用三種抗微生物製劑(含)以上，需附微生物培養及藥物敏感試驗報告，藥物敏感試驗報告應包括第一線及第二線抗微生物製劑及各類常用藥物；同類同抗菌範疇之抗微生物製劑，若未能都進行藥物敏感性試驗時，得以其中之一種藥物的敏感性試驗結果做為使用其他同類同抗菌範疇藥物合理性之判定參考。（87/4/1） 5.使用抗微生物製劑應以本保險規定之第一線抗微生物製劑優先使用，如欲使用第一線以外之抗微生物製劑，需依規定第 6、7 項辦理。 6.醫師得按下列病情及診斷於進行微生物培養及藥物敏感試驗後直接使用第一線以外抗微生物製劑，惟若微生物培養證明第一線抗	

需使用，可術前一劑量，手術時間超過二小時者得於術中追加一劑，使用之抗微生物製劑應以本表之第一線抗微生物製劑為限（90/2/1）。 乙類：如心臟手術、腦部手術、臟器移植手術及放置人工植入物之手術，原則上使用不可超過 24 小時，以本表之第一線抗微生物製劑為主；如需使用第一線以外之抗微生物製劑或超過 48 小時，請詳敘理由，俾利審查（90/2/1、95/6/1） (2)清淨但易受污染的手術。 術野是清淨但術中易受污染，如肝膽胃腸手術、泌尿道手術、肺部手術、婦科手術、耳鼻喉科手術、牙科手術…等手術。原則上抗微生物製劑使用 24 小時，以本表之第一線抗微生物製劑為主，若有厭氧菌與嗜氧菌混合污染之可能時，得使用 Cephamycin（cefoxitin,cefmetazole）或 ampicillin 類合併 β-lactamase inhibitor（ampicillin/sulbactam,amoxicillin/clavulanic acid）之藥物；如需使用第一線以外之抗微生物製劑或超過 48 小時，請詳敘理由，俾利審查（90/2/1、95/6/1）。 (3)免疫不全病人經醫師判斷感	微生物製劑有效，應考慮改用第一線抗微生物製劑。(91/4/1) (1)感染病情嚴重者，包括： Ⅰ.敗血症(sepsis)或敗血性休克(septic shock) Ⅱ.中樞神經感染 Ⅲ.使用呼吸器者。 (2)免疫狀態不良併發感染者： Ⅰ.接受免疫抑制劑。 Ⅱ.接受抗癌化學療法。 Ⅲ.白血球數在 1000/cumm 以下或多核白血球數在 500/cumm 以下。 (3)經感染症專科醫師會診，確認有感染症需使用者（申報費用時需檢附會診紀錄及相關之病歷資料）（86/10/1、92/9/1）。 (4)手術中發現有明顯感染病灶者。 (5)脾臟切除病人有不明原因發熱者。 (6)臟器穿孔。 (7)嚴重污染傷口病人。 (8)患疑似感染之早產兒及新生兒（出生二個月以內）。 (9)發生明確嚴重院內感染症者。 (10)常有厭氧菌與非厭氧菌混合感染之組織部位感染時（如糖尿病足部壞疽併感染、骨盆腔內感染），得直接使用可同時治療厭氧菌與非厭氧菌多重感染之單一非第一線抗微生物製劑。 7.醫師得按下列病情改用第一線以外抗微生物製劑： (1)使用第一線抗微生物製劑超	

染風險高，依實證及流行病學資料及相關治療指引等，經感染症專科醫師認定需使用者，得適當使用預防性抗微生物製劑。申報費用時需檢附會診紀錄及相關之病歷資料。（105/2/1）。 9.污染性傷口之手術及手術後發生感染併發症，依本保險規定之抗微生物製劑使用原則用藥（90/2/1）。 10.本保險第一線抗微生物製劑範圍暫訂如附表一，並得視實際需要予以增減。 11.使用本表以外之抗微生物製劑超過七日時，除需附微生物培養與敏感試驗報告外，尚需附相關檢驗報告（如血、尿…等）與 TPR chart 影本並註明使用抗微生物製劑之規格、劑量、使用日期以利審核。 12.非第一線抗微生物製劑其於本藥品給付規定中另訂有規定者，依各該規定給付之。 13.有關結核病治療選擇的藥物種類、使用的劑量與治療的時程，應依衛生福利部疾病管制署最新版「結核病診治指引」辦理。(99/11/1、102/7/23、108/12/1) 10.2. 盤尼西林類 Penicillins 10.2.1.Amoxicillin + clavulanic acid（如 Augmentin tab）：(85/1/1、109/10/1)	過 72 小時，經微生物培養及藥物敏感試驗證實對第一線抗微生物製劑具抗藥性，確有需要使用者，並請檢附該檢驗報告。 (2)每 72 小時更換第一線抗微生物製劑一次，歷經 7 日以上仍無效，由其他醫療機構轉送至有微生物培養室醫院病人者。 (3)嬰幼兒（出生二個月以上至滿五足歲）患疑似感染疾病，在使用第一線抗微生物製劑 72 小時仍無明顯療效者。 8.預防性的使用抗微生物製劑：（105/2/1）。 (1)清淨的手術：大致可分甲、乙兩類。 甲類：如單純性疝氣手術、精索靜脈曲張手術、甲狀腺手術、乳房切除手術…等，原則上可「免用」抗微生物製劑，如需使用，可術前一劑量，手術時間超過二小時者得於術中追加一劑，使用之抗微生物製劑應以本表之第一線抗微生物製劑為限（90/2/1）。 乙類：如心臟手術、腦部手術、臟器移植手術及放置人工植入物之手術，原則上使用不可超過 24 小時，以本表之第一線抗微生物製劑為主；如需使用第一線以外之抗微生物製劑或超過 48 小時，請詳敘理由，俾利審查（90/2/1、	

用於急性化膿性中耳炎或急性化膿性鼻竇炎、急性下呼吸道感染、厭氧性細菌感染、菌血症等適應症，得免附細菌敏感試驗報告，惟以十日為限。 10.2.2.Ampicillin + sulbactam 注射劑（如 Unasyn 注射劑、Ansullina 注射劑）：(91/7/1) 單次處方劑量為 1.5 公克時，不得以 0.75 公克兩瓶申報。 10.3. 頭孢子菌素 Cephalosporins 10.3.1.Cefaclor：（85/1/1、89/7/1、109/10/1） 用於急性化膿性中耳炎或急性化膿性鼻竇炎、急性下呼吸道感染、敗血症等適應症，得免附細菌敏感試驗報告，惟以十日為限。 10.3.2.Cefuroxime tab：（87/4/1、109/10/1） 用於急性化膿性中耳炎或急性化膿性鼻竇炎、急性下呼吸道感染、敗血症等適應症，得免附細菌敏感試驗報告，惟以十日為限。 10.3.3.Ceftriaxone：（95/6/1） 用於疑似或證實為淋病尿道炎、子宮頸炎、軟性下疳時，可第一線單一劑量使用。 10.3.4.Cefixime：（95/6/1） 用於疑似或證實為淋病尿道炎、子宮頸炎、軟性下疳時，可第一線單一劑量使用。	95/6/1） (2)清淨但易受污染的手術。 術野是清淨但術中易受污染，如肝膽胃腸手術、泌尿道手術、肺部手術、婦科手術、耳鼻喉科手術、牙科手術…等手術。原則上抗微生物製劑使用 24 小時，以本表之第一線抗微生物製劑為主，若有厭氧菌與嗜氧菌混合污染之可能時，得使用 Cephamycin（cefoxitin,cefmetazole）或 ampicillin 類合併 β-lactamase inhibitor（ampicillin/sulbactam, amoxicillin/clavulanic acid）之藥物；如需使用第一線以外之抗微生物製劑或超過 48 小時，請詳敘理由，俾利審查（90/2/1、95/6/1）。 (3)免疫不全病人經醫師判斷感染風險高，依實證及流行病學資料及相關治療指引等，經感染症專科醫師認定需使用者，得適當使用預防性抗微生物製劑。申報費用時需檢附會診紀錄及相關之病歷資料。（105/2/1）。 9.污染性傷口之手術及手術後發生感染併發症，依本保險規定之抗微生物製劑使用原則用藥（90/2/1）。 10.本保險第一線抗微生物製劑範圍暫訂如附表一，並得視實際需要予以增減。 11.使用本表以外之抗微生物製	

10.3.5.Ceftaroline fosamil（如 Zinforo）：(108/2/1、108/12/1、110/11/1） 1.限下列條件之一且經感染症專科醫師會診確認需使用者: (1)社區性肺炎，經使用第一線社區性肺炎抗生素(如盤尼西林類抗生素、第三代頭孢子菌素、quinolone 類抗生素)治療失敗或致病菌對第一線抗生素不具感受性。 (2)證實或高度懷疑 MRSA 複雜性皮膚和皮膚構造感染，並符合下列條件之一： Ⅰ.有全身性感染徵兆且白血球數異常(>12,000 或<4,000 cells /mcL)。 Ⅱ.免疫功能不全。 2.申報費用時須檢附會診紀錄及相關之病歷資料。 10.3.6.Ceftazidime+avibactam sodium(如 Zavicefta):(109/6/1) 1.限下列條件之一且經感染症專科醫師會診確認需使用者： (1)複雜性腹腔內感染 (2)複雜性泌尿道感染 (3)院內感染型肺炎 (4)其他臨床感染症 2.申報費用時需檢附會診紀錄及相關之病歷資料。 10.3.7.ceftolozane+tazobactam (如Zerbaxa):(110/3/1) 1.治療 18 歲以上成人，患有對 ceftolozane/tazobactam 有感受性的致病菌引起的以下感染症: (1)複雜性腹內感染，需與	劑超過七日時，除需附微生物培養與敏感試驗報告外，尚需附相關檢驗報告（如血、尿…等）與 TPR chart 影本並註明使用抗微生物製劑之規格、劑量、使用日期以利審核。 12.非第一線抗微生物製劑其於本藥品給付規定中另訂有規定者，依各該規定給付之。 13.有關結核病治療選擇的藥物種類、使用的劑量與治療的時程，應依衛生福利部疾病管制署最新版「結核病診治指引」辦理。(99/11/1、102/7/23、108/12/1) 10.2. 盤尼西林類 Penicillins 10.2.1.Amoxicillin + clavulanic acid（如 Augmentin tab）：(85/1/1、109/10/1) 用於急性化膿性中耳炎或急性化膿性鼻竇炎、急性下呼吸道感染、厭氧性細菌感染、菌血症等適應症，得免附細菌敏感試驗報告，惟以十日為限。 10.2.2.Ampicillin + sulbactam 注射劑（如 Unasyn 注射劑、Ansullina 注射劑）：(91/7/1) 單次處方劑量為1.5公克時，不得以 0.75 公克兩瓶申報。 10.3. 頭孢子菌素 Cephalosporins 10.3.1.Cefaclor：（85/1/1、	

metronidazole 併用。 (2)複雜性泌尿道感染，包括腎盂腎炎。 (3)院內感染性肺炎，包括呼吸器相關肺炎。 2.需經會診感染科醫師同意後使用。申報費用時，需檢附感染科醫師會診報告。 10.4.巨環類 Macrolides（如 erythromycin、azithromycin、clarithromycin、roxithromycin）：(90/11/1、93/9/1、97/12/1、98/10/1、100/5/1、108/1/1、110/4/1) 1.限用於經臨床診斷或實驗室診斷為黴漿菌(mycoplasma)或披衣菌(chlamydia)或退伍軍人桿菌(legionella)引起之感染、或經培養證實為 macrolides 有效之致病菌感染（需於病歷記載診斷依據，俾利審查）。 2.Erythromycin lactobionate（如 Erythrocin lactobionate-I.V.） (1)限用於無法口服之病患。 (2)使用期間不得超過 10 日。 (3)若需使用高劑量（成人每日劑量大於 2g）或延長治療者，需經感染症專科醫師會診確認需要使用。(110/4/1) 3.(1)Azithromycin a.錠劑膠囊劑(如 Zithromax capsules)使用期間不得超過 3 日，每日最大劑量 500mg。	89/7/1、109/10/1） 用於急性化膿性中耳炎或急性化膿性鼻竇炎、急性下呼吸道感染、敗血症等適應症，得免附細菌敏感試驗報告，惟以十日為限。 10.3.2.Cefuroxime tab：（87/4/1、109/10/1） 用於急性化膿性中耳炎或急性化膿性鼻竇炎、急性下呼吸道感染、敗血症等適應症，得免附細菌敏感試驗報告，惟以十日為限。 10.3.3.Ceftriaxone：（95/6/1） 用於疑似或證實為淋病尿道炎、子宮頸炎、軟性下疳時，可第一線單一劑量使用。 10.3.4.Cefixime：（95/6/1） 用於疑似或證實為淋病尿道炎、子宮頸炎、軟性下疳時，可第一線單一劑量使用。 10.3.5.Ceftaroline（如 Zinforo）：(108/2/1、108/12/1） 1.限下列條件之一且經感染症專科醫師會診確認需使用者: (1)限用於成人及 2 個月以上兒童之社區性肺炎，經使用第一線社區性肺炎抗生素(如盤尼西林類抗生素、第三代頭孢子菌素、quinolone 類抗生素)治療失敗或致病菌對第一線抗生素不具感受性。 (2) 證實為 MRSA 複雜性皮膚和皮膚構造感染，並符合下	

對於「禽結核桿菌(Mycobacterium avium-intracellulare complex, MAC)」感染患者，使用期限及劑量則不受上述之限制。(100/5/1) b. 口服液劑(如 Zithromax Powder for Oral Suspension)使用期間不得超過 3 日，每日最大劑量 500mg。(100/5/1) (2)Azithromycin 長效製劑(如 Zmax extended release powder for oral suspension)限單次投予，每次最大劑量為 2g；不受全民健康保險藥品給付規定通則八之限制。(97/12/1、100/5/1) 4.(1)Clarithromycin (如 Klaricid Tab、Klaricid Paediatric Suspension)使用期間不得超過10日，每日最大劑量 500mg。對於「非結核分枝(耐酸)桿菌 (NTM) 」感染患者，每日得使用 1000mg，且得持續使用 6 個月以上。(93/9/1、100/5/1) (2)Clarithromycin (如 Klaricid Tab) 用於消化性潰瘍之胃幽門桿菌消除治療，使用總量以28顆(每顆250mg)為限；依比例換算使用 clarithromycin 500mg 者，則使用總量以 14 顆為限。(98/10/1、100/5/1) (3)Clarithromycin (如 Klaricid IV)(108/1/1) Ⅰ.限用於無法口服之病患。	列條件之一： Ⅰ.有全身性感染徵兆且白血球數異常(>12,000 或<4,000 cells /mcL)。 Ⅱ.免疫功能不全。 2.申報費用時需檢附會診紀錄及相關之病歷資料。 10.3.6.Ceftazidime+avibactam sodium(如 Zavicefta):(109/6/1) 1.限下列條件之一且經感染症專科醫師會診確認需使用者： (1)複雜性腹腔內感染 (2)複雜性泌尿道感染 (3)院內感染型肺炎 (4)其他臨床感染症 2.申報費用時需檢附會診紀錄及相關之病歷資料。 10.4.巨環類 Macrolides(如 erythromycin、azithromycin、clarithromycin、roxithromycin):(90/11/1 、 93/9/1 、	

Ⅱ.若需使用高劑量（成人每日劑量大於 1g）或延長治療者，需經感染症專科醫師會診確認需要使用。 5.Roxithromycin（如 Rulid)使用期間不得超過 10 日，每日最大劑量 500mg。(100/5/1) 6.本類製劑應儘量避免合併使用其他抗生素，用於治療「非結核分枝(耐酸)桿菌(NTM)」者不在此限。(100/5/1) 10.5.Carbapenem 類抗微生物製劑： 10.5.1.Imipenem + cilastatin（如Tienam）；meropenem（如 Mepem）：(87/11/1 、 93/2/1 、93/5/1、99/5/1、99/8/1) 1.經細菌培養證實有意義之致病菌且對其他抗微生物製劑均具抗藥性，而對 carbapenem 具有感受性(sensitivity)。 2.經細菌培養，發現有意義之致病菌對 carbapenem 及其他抗微生物製劑具有感受性，但病患對其他抗微生物製劑過敏無其他藥物可供選用時。 3.臨床上為嚴重之細菌感染，且經其他廣效性的非第一線抗微生物製劑治療仍無法控制病情者。 4.經感染症專科醫師會診，確認有感染症需使用者（申報費用時需檢附會診紀錄及相關之病歷資料)。(93/5/1)	97/12/1 、 98/10/1 、100/5/1、108/1/1) 1.限用於經臨床診斷或實驗室診斷為黴漿菌(mycoplasma)或披衣菌(chlamydia)或退伍軍人桿菌(legionella)引起之感染、或經培養證實為 macrolides 有效之致病菌感染（需於病歷記載診斷依據，俾利審查）。 2.(1)Azithromycin a.錠劑膠囊劑(如 Zithromax capsules)使用期間不得超過 3 日，每日最大劑量 500mg。對於「禽結核桿菌(Mycobacterium avium-intracellulare complex, MAC)」感染患者，使用期限及劑量則不受上述之限制。(100/5/1) b.口服液劑(如 Zithromax Powder for Oral Suspension)使用期間不得超過 3 日，每日最大劑量 500mg。(100/5/1) (2)Azithromycin 長效製劑(如 Zmax extended release	

10.5.2.Ertapenem（如 Invanz inj.）：(93/5/1、96/12/1) 1.臨床上為中、重度細菌感染，且經其他抗微生物製劑治療仍無法控制病情者，但限用於： (1)複雜的腹腔內感染 (2)感染性肺炎 (3)急性骨盆感染 2.經感染症專科醫師會診，確認有感染症需使用者（申報費用時需檢附會診紀錄及相關之病歷資料）。 10.5.3.Doripenem（如 Finibax)：(99/8/1) 1.經細菌培養證實有意義之致病菌且對其他抗微生物製劑均具抗藥性或對其他具有感受性抗微生物製劑過敏，而對 carbapenem 具有感受性(sensitivity)之複雜性泌尿道感染(包括腎盂腎炎)及複雜性腹腔內感染。 2.臨床上為嚴重之複雜性泌尿道感染(包括腎盂腎炎)及複雜性腹腔內感染，且經其他廣效性的非第一線抗微生物製劑治療仍無法控制病情者。 3.經感染症專科醫師會診，確認有感染症需使用者(申報費用時需檢附會診紀錄及相關之病歷資料)。 10.6.抗黴菌劑 Antifungal drugs 10.6.1. Fluconazole 10.6.1.1.Fluconazole 錠劑膠囊劑（如 Diflucan	powder for oral suspension)限單次投予，每次最大劑量為 2g；不受全民健康保險藥品給付規定通則八之限制。(97/12/1、100/5/1) 3.(1)Clarithromycin（如 Klaricid Tab、Klaricid Paediatric Suspension)使用期間不得超過 10 日，每日最大劑量 500mg。對於「非結核分枝(耐酸)桿菌（NTM）」感染患者，每日得使用 1000mg，且得持續使用 6 個月以上。(93/9/1、100/5/1) (2)Clarithromycin（如 Klaricid Tab）用於消化性潰瘍之胃幽門桿菌消除治療，使用總量以 28 顆（每顆 250mg）為限；依比例換算使用 clarithromycin 500mg 者，則使用總量以 14 顆為限。(98/10/1、100/5/1) (3)Clarithromycin（如 Klaricid IV)(108/1/1) Ⅰ.限用於無法口服之病患。 Ⅱ.若需使用高劑量（成人每日劑量大於 1g）或延長治療者，需經感染症專科醫師會診確認需要使用。 4.Roxithromycin（如 Rulid)使用期間不得超過 10 日，每日最大劑量 500mg。(100/5/1) 5.本類製劑應儘量避免合併使用其他抗生素，用於治療「非結核分枝(耐酸)桿菌(NTM)」者不在此限。	

oral）：（85/10/1、87/4/1、108/12/1） 限 1.全身黴菌感染之治療。 2.免疫不全病例，治療或預防黴菌感染時使用。 3.非愛滋病隱球菌腦膜炎患者使用，原則上使用6到8週，視病人臨床反應，抗原效價及培養結果調整療期，而治黴菌藥物之終止以效價下降四倍及兩次培養陰性為原則。 4.用於念珠性陰道炎，限頑固性疾病或無性經驗病人無法使用塞劑治療者單一劑量使用。 10.6.1.2.Fluconazole 注射劑（如 Diflucan inj）：(85/10/1、108/12/1) 限 1.已證實為全身性黴菌感染(經組織或培養證實)病例使用。 2.非愛滋病隱球菌腦膜炎患者使用，原則上使用6到8週，視病人臨床反應，抗原效價及培養結果調整療期，而治黴菌藥物之終止以效價下降四倍及兩次培養陰性為原則。 10.6.1.3. Fluconazole口服液劑（如Fluzole powder for oral suspension）：(108/12/1) 1.限用於 12 歲(含)以下兒童或吞嚥困難患者，併下列條件之一使用： 念珠球菌局部或全身感染、囊珠菌感染。	(100/5/1) 10.5.Carbapenem 類抗微生物製劑： 10.5.1.Imipenem + cilastatin（如 Tienam）；meropenem（如 Mepem）：(87/11/1、93/2/1、93/5/1、99/5/1、99/8/1) 1.經細菌培養證實有意義之致病菌且對其他抗微生物製劑均具抗藥性，而對 carbapenem 具有感受性(sensitivity)。 2.經細菌培養，發現有意義之致病菌對 carbapenem 及其他抗微生物製劑具有感受性，但病患對其他抗微生物製劑過敏無其他藥物可供選用時。 3.臨床上為嚴重之細菌感染，且經其他廣效性的非第一線抗微生物製劑治療仍無法控制病情者。 4.經感染症專科醫師會診，確認有感染症需使用者（申報費用時需檢附會診紀錄及相關之病歷資料）。(93/5/1) 10.5.2.Ertapenem（如 Invanz inj.）：(93/5/1、96/12/1) 1.臨床上為中、重度細菌感染，且經其他抗微生物製劑治療仍無法控制病情者，但限用於： (1)複雜的腹腔內感染 (2)感染性肺炎 (3)急性骨盆感染 2.經感染症專科醫師會診，確認有感染症需使用者（申	

預防後天免疫缺乏症候群病人的黴菌感染。 2.病人接受本品治療期間，不得併用其他同類藥品。 10.6.2.刪除(108/12/1) 10.6.3.Itraconazole：(85/1/1、91/4/1、91/8/1、96/6/1、96/8/1、96/10/1、98/8/1) 10.6.3.1.Itraconazole 膠囊劑(如 Sporanox cap)：(85/1/1、91/4/1、91/8/1、98/8/1、104/1/1) 限 1.甲癬病人使用。使用時，手指甲癬限用 84 顆，每顆 100mg (以 itraconazole 100mg 計算，每日服用 2 顆)，需於 9 週內使用完畢。足趾甲癬限用 168 顆，需於 17 週內使用完畢。治療結束日起算，並各在 6 及 12 個月內不得重複使用本品或其他同類口服藥品。(91/4/1、98/8/1) 2.念珠性陰道炎(限頑固性疾病或無性經驗病人無法使用塞劑治療病人)。 3.其他頑固性體癬。 4.全身性或侵入性黴菌感染(經組織切片、微生物或抗原檢測確定之全身性或侵入性黴菌感染，且經感染症專科醫師或皮膚科專科醫師判定需使用本劑者，以12週至24週為原則)。(91/8/1、98/8/1)	報費用時需檢附會診紀錄及相關之病歷資料)。 10.5.3.Doripenem (如 Finibax)：(99/8/1) 1.經細菌培養證實有意義之致病菌且對其他抗微生物製劑均具抗藥性或對其他具有感受性抗微生物製劑過敏，而對 carbapenem 具有感受性(sensitivity)之複雜性泌尿道感染(包括腎盂腎炎)及複雜性腹腔內感染。 2.臨床上為嚴重之複雜性泌尿道感染(包括腎盂腎炎)及複雜性腹腔內感染，且經其他廣效性的非第一線抗微生物製劑治療仍無法控制病情者。 3.經感染症專科醫師會診，確認有感染症需使用者(申報費用時需檢附會診紀錄及相關之病歷資料)。 10.6.抗黴菌劑 Antifungal drugs 10.6.1. Fluconazole 10.6.1.1.Fluconazole 錠劑膠囊劑(如 Diflucan oral)：(85/10/1、87/4/1、108/12/1) 限 1.全身黴菌感染之治療。 2.免疫不全病例，治療或預防黴菌感染時使用。 3.非愛滋病隱球菌腦膜炎患者使用，原則上使用 6 到 8 週，視病人臨床反應，抗原效價及培養結果調整療期，而治黴菌藥物之終止以效價下降四倍及兩次培	

5.用於復發性汗斑之治療，每日使用200mg治療7天為一療程，每月以一療程為限。(104/1/1) 6.每次門診時，應註明使用日期，目前已使用週數及預定停藥日期。 7.病人接受本品治療期間，不得併用其他同類藥品。 10.6.3.2.Itraconazole注射劑（如 Sporanox inj.）：（96/6/1、96/8/1、99/10/1） 1.限用於第一線治療藥物amphotericin B治療無效或有嚴重副作用之侵入性麴菌症、侵入性念珠菌感染症、組織漿病菌之第二線用藥使用，以14日為限。 2.限用於第一線治療藥物無法使用或無效的免疫功能不全及中樞神經系統罹患隱球菌病(包括隱球菌腦膜炎)的病人，並以14日為限。 3.因病情需要，經感染症專科醫師會診確認需要使用者(申報費用時需檢附會診紀錄及相關之病歷資料)。(96/8/1、99/10/1) 10.6.3.3.Itraconazole 內服液劑（如 Itrazole oral solution)：(96/10/1) 限用於 HIV 陽性反應及其它免疫功能不全病人的口腔念珠菌感染及食道念珠菌感染者。 10.6.4.Terbinafine（如 Lamisil tab)：(85/1/1、	養陰性為原則。 4.用於念珠性陰道炎，限頑固性疾病或無性經驗病人無法使用塞劑治療者單一劑量使用。 10.6.1.2.Fluconazole 注射劑（如 Diflucan inj）：(85/10/1、108/12/1) 限 1.已證實為全身性黴菌感染(經組織或培養證實)病例使用。 2.非愛滋病隱球菌腦膜炎患者使用，原則上使用 6 到 8 週，視病人臨床反應，抗原效價及培養結果調整療期，而治黴菌藥物之終止以效價下降四倍及兩次培養陰性為原則。 10.6.1.3. Fluconazole口服液劑（如 Fluzole powder for oral suspension）：(108/12/1) 1.限用於 12 歲(含)以下兒童或吞嚥困難患者，併下列條件之一使用： 念珠球菌局部或全身感染、囊珠菌感染。 預防後天免疫缺乏症候群病人的黴菌感染。 2.病人接受本品治療期間，不得併用其他同類藥品。 10.6.2.(刪除)(108/12/1) 10.6.3.Itraconazole：（85/1/1、91/4/1、91/8/1、96/6/1、96/8/1、96/10/1、98/8/1） 10.6.3.1.Itraconazole膠囊劑（如 Sporanox cap）：	

91/4/1、98/8/1) 限 1.手指甲癬及足趾甲癬病例使用，每日 250 mg，手指甲癬限用 42 顆，需於 8 週內使用完畢。足趾甲癬限用 84 顆，需於 16 週內使用完畢。治療結束日起算，各在 6 及 12 個月內不得重複使用本品或其他同類口服藥品。(98/8/1) 2.其他頑固性體癬及股癬病例使用，每日一次，最長使用 2 週，治療期間不得併用其他同類藥品。 3.頭癬病例使用，每日一次，最長使用 4 週，若確需延長治療時間，需於病歷詳細載明備查。(98/8/1) 10.6.5.Amphotericin B Injection colloidal dispersion 及 liposomal complex 劑型（如 Amphocil Injection、AmBisome for Injection）：(91/8/1、93/2/1) 限用於侵入性黴菌感染（invasive fungal infection），且腎功能不全患者 10.6.6.Caspofungin Injection 劑型（如 Cancidas Injection 50mg)：(92/8/1、94/1/1、96/7/1、99/10/1) 限符合下列規定之一： 1.限用於其他黴菌藥物治療無效或有嚴重副作用之侵入性	（85/1/1、91/4/1、91/8/1、98/8/1、104/1/1） 限 1.甲癬病人使用。使用時，手指甲癬限用 84 顆，每顆 100mg（以 itraconazole 100mg 計算，每日服用 2 顆)，需於 9 週內使用完畢。足趾甲癬限用 168 顆，需於 17 週內使用完畢。治療結束日起算，並各在 6 及 12 個月內不得重複使用本品或其他同類口服藥品。(91/4/1、98/8/1) 2.念珠性陰道炎(限頑固性疾病或無性經驗病人無法使用塞劑治療病人)。 3.其他頑固性體癬。 4.全身性或侵入性黴菌感染(經組織切片、微生物或抗原檢測確定之全身性或侵入性黴菌感染，且經感染症專科醫師或皮膚科專科醫師判定需使用本劑者，以 12 週至 24 週為原則)。(91/8/1、98/8/1) 5.用於復發性汗斑之治療，每日使用 200mg 治療 7 天為一療程，每月以一療程為限。(104/1/1) 6.每次門診時，應註明使用日期，目前已使用週數及預定停藥日期。 7.病人接受本品治療期間，不得併用其他同類藥品。 10.6.3.2.Itraconazole 注射劑（如 Sporanox inj.）：（96/6/1、96/8/1、	

麴菌症、侵入性念珠菌感染症之第二線用藥。 2.經感染症專科醫師認定需使用者，惟治療食道念珠菌感染限用於 fluconazole 無效或有嚴重副作用者。(99/10/1) 10.6.7.Micafungin Injection 劑型(如 Mycamine for Injection)：(96/4/1)(97/10/1) 限用於 1.治療 16 歲以上成人的食道念珠菌感染。 2.預防接受造血幹細胞移植病患的念珠菌感染。 3.治療念珠菌血症與其他侵襲性之念珠菌感染。(97/10/1) 10.6.8.Flucytosine (如 Flusine Tablets)(96/6/1) 限用於 Cryptococcus infection 的病患。 10.6.9.Anidulafungin 注射劑(如 Eraxis for Injection)(97/10/1、105/8/1) 限用於治療成人侵襲性念珠菌感染。 10.6.10.Posaconazole (如 Posanol)：(101/1/1、104/7/1、106/5/1) 1.限下列條件之一使用： (1)對 amphotericin B 或 itraconazole 或 voriconazole 治療無效或不能忍受之成人侵入性麴菌病(invasive aspergillosis)的第二線	99/10/1) 1.限用於第一線治療藥物 amphotericin B 治療無效或有嚴重副作用之侵入性麴菌症、侵入性念珠菌感染症、組織漿病菌之第二線用藥使用，以 14 日為限。 2.限用於第一線治療藥物無法使用或無效的免疫功能不全及中樞神經系統罹患隱球菌病(包括隱球菌腦膜炎)的病人，並以 14 日為限。 3.因病情需要，經感染症專科醫師會診確認需要使用者(申報費用時需檢附會診紀錄及相關之病歷資料)。(96/8/1、99/10/1) 10.6.3.3.Itraconazole 內服液劑(如 Itrazole oral solution)：(96/10/1) 限用於HIV陽性反應及其它免疫功能不全病人的口腔念珠菌感染及食道念珠菌感染者。 10.6.4.Terbinafine (如 Lamisil tab)：(85/1/1、91/4/1、98/8/1) 限 1.手指甲癬及足趾甲癬病例使用，每日 250 mg，手指甲癬限用 42 顆，需於 8 週內使用完畢。足趾甲癬限用 84 顆，需於 16 週內使用完畢。治療結束日起算，各在 6 及 12 個月內不得重複使用本品或其他同類口服藥品。(98/8/1) 2.其他頑固性體癬及股癬病例	

用藥。（無效的定義是先前用有效抗黴菌劑的治療劑量至少 7 天，感染惡化或未改善）。 (2) 對 itraconazole 或 fluconazole 治療無效或不能忍受之成人口咽念珠菌感染（oropharyngeal candidiasis）的第二線用藥。（無效的定義是先前用有效抗黴菌劑的治療劑量至少治療一段時間：持續性黴菌血症 3 天，非黴菌血症型感染 7 天，食道念珠菌病 14 天，感染惡化或未改善）限使用口服懸液劑劑型。(104/7/1) (3)用於造血幹細胞移植接受者因發生嚴重(grade Ⅲ、Ⅳ)急性植體宿主反應(acute graft versus host reaction, GVHD)，而接受高劑量免疫抑制劑(prednisolone 使用劑量超過 0.8mg/kg/day)治療之高危險病人(口服劑型限用於 13 歲以上病人、注射劑限用於 18 歲以上病人)，做為預防侵入性黴菌感染，使用期間以3個月為限。(106/5/1) (4)急性骨髓性白血病 (acute myelogenous leukemia)或高危險骨髓化生不良症候群(myelodysplastic syndrome) 病人接受誘導性化學治療者，給付條件如下：(104/7/1) Ⅰ.用於初診斷之誘導性化學治療、誘導失敗進行第二次誘	使用，每日一次，最長使用 2 週，治療期間不得併用其他同類藥品。 3.頭癬病例使用，每日一次，最長使用 4 週，若確需延長治療時間，需於病歷詳細載明備查。(98/8/1) 10.6.5.Amphotericin B Injection colloidal dispersion 及 liposomal complex 劑型（如 Amphocil Injection、AmBisome for Injection）：(91/8/1、93/2/1) 限用於侵入性黴菌感染（invasive fungal infection），且腎功能不全患者 10.6.6.Caspofungin Injection 劑型（如 Cancidas Injection 50mg）：(92/8/1、94/1/1、96/7/1、99/10/1) 限符合下列規定之一： 1.限用於其他黴菌藥物治療無效或有嚴重副作用之侵入性麴菌症、侵入性念珠菌感染症之第二線用藥。 2.經感染症專科醫師認定需使用者，惟治療食道念珠菌感染限用於 fluconazole 無效或有嚴重副作用者。(99/10/1) 10.6.7.Micafungin Injection 劑型(如 Mycamine for Injection）：(96/4/1)(97/10/1) 限用於	

導性化學治療，或復發病患進行復發後第一次誘導性化學治療者。 Ⅱ.誘導性化學治療需使用「cytarabine(Ara-C)7 天及 anthracycline 類藥物 3 天」、或「高劑量 Ara-C」、或「老年人(＞60 歲)使用 cytarabine (Ara-C)5 天及 anthracycline 類藥物 2 天」、或較上述療法更強的化學治療。 Ⅲ.自化學治療第一天開始使用，當絕對嗜中性白血球數(absolute neutrophil count,ANC)大於 500/mm3，或出現侵入性黴菌感染時應停止使用。每次療程投予 posaconazole 預防以一個月為限，最多給付 2 次誘導性化學治療療程。 Ⅳ.口服劑型限用於 13 歲以上病人、注射劑限用於18歲以上病人。(106/5/1) 2.使用本藥須經感染症專科醫師會診確認需要使用，申報費用時需檢附會診紀錄及相關之病歷資料。 3.注射劑限用於無法口服之病人。(106/5/1) 10.6.11.Isavuconazole（如 Cresemba)：(110/2/1) 1.限用於: (1)侵犯性麴菌症（invasive aspergillosis） (2)使用於不適合接受 amphotericin B 的病人治療白黴菌病（mucormycosis）	1.治療 16 歲以上成人的食道念珠菌感染。 2.預防接受造血幹細胞移植病患的念珠菌感染。 3.治療念珠菌血症與其他侵襲性之念珠菌感染。(97/10/1) 10.6.8.Flucytosine（如 Flusine Tablets)(96/6/1) 限用於 Cryptococcus infection 的病患。 10.6.9.Anidulafungin 注射劑（如 Eraxis for Injection）(97/10/1、105/8/1) 限用於治療成人侵襲性念珠菌感染。 10.6.10.Posaconazole（如 Posanol）：(101/1/1、104/7/1、106/5/1) 1.限下列條件之一使用： (1)對 amphotericin B 或 itraconazole 或 voriconazole 治療無效或不能忍受之成人侵入性麴菌病（invasive aspergillosis）的第二線用藥。（無效的定義是先前用有效抗黴菌劑的治療劑量至少 7 天，感染惡化或未改善）。 (2)對 itraconazole 或 fluconazole 治療無效或不能忍受之成人口咽念珠菌感染（oropharyngeal candidiasis）的第二線用藥。（無效的定義是先前用有效抗黴菌劑的治療劑量至少治療一段時間：持	

2.使用本藥須經感染症專科醫師會診確認需要使用，申報費用時需檢附會診紀錄及相關之病歷資料。 3.注射劑限用於無法口服之病人。 10.7.抗病毒劑 Antiviral drugs（98/11/1） 10.7.1.抗疱疹病毒劑（98/11/1） 10.7.1.1.全身性抗疱疹病毒劑 1.Acyclovir ：（98/11/1、100/7/1、107/12/1、108/3/1、108/6/1） (1)使用本類製劑，除200mg(限Deherp)、400mg及800mg(限Virless)規格量口服錠劑外，應以下列條件為限：(107/12/1、108/3/1、108/6/1) I.疱疹性腦炎。 Ⅱ.帶狀疱疹或單純性疱疹侵犯三叉神經第一分枝VI皮節，可能危及眼角膜者。 Ⅲ.帶狀疱疹或單純性疱疹侵犯薦椎S2皮節，將影響排泄功能者。 Ⅳ.免疫機能不全、癌症、器官移植等病患之感染帶狀疱疹或單純性疱疹者。 Ⅴ.新生兒或免疫機能不全患者的水痘感染。 Ⅵ.罹患水痘，合併高燒(口溫38℃以上)及肺炎(需X光顯示)或腦膜炎，並需住院者。（85/1/1） Ⅶ.帶狀疱疹或單純性疱疹所引起之角膜炎或角膜潰瘍者。 Ⅷ.急性視網膜壞死症(acute	續性黴菌血症 3 天，非黴菌血症型感染 7 天，食道念珠菌病 14 天，感染惡化或未改善）限使用口服懸液劑劑型。(104/7/1) (3)用於造血幹細胞移植接受者因發生嚴重(grade Ⅲ、Ⅳ)急性植體宿主反應(acute graft versus host reaction, GVHD)，而接受高劑量免疫抑制劑(prednisolone 使用劑量超過 0.8mg/kg/day)治療之高危險病人(口服劑型限用於13歲以上病人、注射劑限用於 18 歲以上病人)，做為預防侵入性黴菌感染，使用期間以 3 個月為限。(106/5/1) (4)急性骨髓性白血病 (acute myelogenous leukemia)或高危險骨髓化生不良症候群 (myelodysplastic syndrome) 病人接受誘導性化學治療者，給付條件如下：(104/7/1) Ⅰ.用於初診斷之誘導性化學治療、誘導失敗進行第二次誘導性化學治療，或復發病患進行復發後第一次誘導性化學治療者。 Ⅱ.誘導性化學治療需使用「cytarabine(Ara-C)7 天及anthracycline類藥物3天」、或「高劑量 Ara-C」、或「老年人(＞60歲)使用cytarabine (Ara-C)5天及anthracycline類藥物 2 天」、或較上述療法更強的化學治療。	

retina necrosis)。 Ⅸ.帶狀疱疹發疹三日內且感染部位在頭頸部、生殖器周圍之病人，可給予五日內之口服或外用藥品。(86/1/1、87/4/1) Ⅹ.骨髓移植術後病患得依下列規定預防性使用acyclovir：(87/11/1) A.限接受異體骨髓移植病患。 B.接受高劑量化療或全身放射治療 (TBI) 前一天至移植術後第三十天為止。 (2)其中Ⅰ與Ⅵ應優先考慮注射劑型的 acyclovir。疱疹性腦炎得使用 14 至 21 天。(95/6/1、100/7/1) (3)使用 acyclovir 200mg(限Deherp)、400mg及800mg(限Virless)規格量口服錠劑除用於前述(1)外，療程以7天為限。(107/12/1、108/3/1、108/6/1) 2.Famciclovir；valaciclovir：(100/7/1、101/5/1) 使用本類製劑應以下列條件為限： (1)帶狀疱疹或單純性疱疹侵犯三叉神經第一分枝Ⅵ皮節，可能危及眼角膜者。 (2)帶狀疱疹或單純性疱疹侵犯薦椎S2皮節，將影響排泄功能者。 (3)免疫機能不全、癌症、器官移植等病患之感染帶狀疱疹或單純性疱疹者。 (4)帶狀疱疹或單純性疱疹所引起之角膜炎或角膜潰瘍者。	Ⅲ.自化學治療第一天開始使用，當絕對嗜中性白血球數(absolute neutrophil count,ANC) 大於500/mm3，或出現侵入性黴菌感染時應停止使用。每次療程投予 posaconazole 預防以一個月為限，最多給付 2 次誘導性化學治療療程。 Ⅳ.口服劑型限用於13歲以上病人、注射劑限用於18歲以上病人。(106/5/1) 2.使用本藥須經感染症專科醫師會診確認需要使用，申報費用時需檢附會診紀錄及相關之病歷資料。 3.注射劑限用於無法口服之病人。(106/5/1) 10.6.11.Isavuconazole (如Cresemba)：(110/2/1) 1.限用於: (1)侵犯性麴菌症(invasive aspergillosis) (2)使用於不適合接受amphotericin B 的病人治療白黴菌病(mucormycosis) 2.使用本藥須經感染症專科醫師會診確認需要使用，申報費用時需檢附會診紀錄及相關之病歷資料。 3.注射劑限用於無法口服之病人。 10.7.抗病毒劑 Antiviral drugs (98/11/1) 10.7.1.抗疱疹病毒劑(98/11/1) 10.7.1.1.全身性抗疱疹病毒劑 1.Acyclovir：(98/11/1、	

(5)急性視網膜壞死症 (acute retina necrosis)。 (6)帶狀疱疹發疹 3 日內且感染部位在頭頸部、生殖器周圍之病人，可給予 5 日內之口服或外用藥品。 (7)骨髓移植術後病患得依下列規定用於預防復發性生殖器疱疹：(101/5/1) A.限接受異體骨髓移植病患。 B.接受高劑量化療或全身放射治療 (TBI) 前一天至移植術後第 30 天為止。 3.Acyclovir、famciclovir 及 valaciclovir 除上述特別規定外，使用療程原則以 10 天為限，口服、注射劑及外用藥膏擇一使用，不得合併使用。(95/6/1、100/7/1、101/5/1) 10.7.1.2.局部抗疱疹病毒劑 (如 Acyclovir 外用製劑；tromantadine 外用製劑；penciclovir 外用製劑)：(97/12/1、98/11/1、100/7/1、102/7/1) 1.單純性疱疹(感染部位在頭頸部、生殖器周圍、嘴唇、口腔、陰部)3 日內可使用 acyclovir 或 tromantadine 藥膏，每次給予藥量限 5 公克以內(100/7/1)。 2.Penciclovir 藥膏用於治療由單純皰疹病毒引起之復發性唇皰疹，每次處方以 1 支(2 公克)為原則。(102/7/1)	100/7/1、107/12/1、108/3/1、108/6/1) (1)使用本類製劑，除 200mg(限 Deherp)、400mg 及 800mg(限 Virless)規格量口服錠劑外，應以下列條件為限：(107/12/1、108/3/1、108/6/1) I.疱疹性腦炎。 Ⅱ.帶狀疱疹或單純性疱疹侵犯三叉神經第一分枝 VI 皮節，可能危及眼角膜者。 Ⅲ.帶狀疱疹或單純性疱疹侵犯薦椎 S2 皮節，將影響排泄功能者。 Ⅳ.免疫機能不全、癌症、器官移植等病患之感染帶狀疱疹或單純性疱疹者。 Ⅴ.新生兒或免疫機能不全患者的水痘感染。 Ⅵ.罹患水痘，合併高燒(口溫 38℃以上)及肺炎(需 X 光顯示)或腦膜炎，並需住院者。(85/1/1) Ⅶ.帶狀疱疹或單純性疱疹所引起之角膜炎或角膜潰瘍者。 Ⅷ.急性視網膜壞死症(acute retina necrosis)。 Ⅸ.帶狀疱疹發疹三日內且感染部位在頭頸部、生殖器周圍之病人，可給予五日內之口服或外用藥品。(86/1/1、87/4/1) Ⅹ.骨髓移植術後病患得依下列規定預防性使用 acyclovir：(87/11/1) A.限接受異體骨髓移植病患。 B.接受高劑量化療或全身放射治療 (TBI) 前一天至移植	

3.口服、注射劑及外用藥膏擇一使用，不得合併使用。 10.7.2. Ribavirin 膠囊劑（如 Robatrol、Rebetol）(93/2/1、93/7/1、93/8/1、95/11/1、98/11/1、100/4/1、109/7/1)： 1.限用於下列慢性病毒性 C 型肝炎患者且應與 interferon-alfa 2a 或 interferon-alfa 2b 或 interferon alfacon-1 或 peginterferon alfa-2b 或 peginterferon alfa-2a 合併治療： (1)限 ALT 值異常者，且 Anti-HCV 與 HCV RNA 均為陽性，或經由肝組織切片（血友病患及類血友病患經照會消化系專科醫師同意後，得不作切片），以 METAVIR system 證實輕度纖維化大於或等於 F1 及肝炎變化，且無肝功能代償不全者。(98/11/1) (2)療程依 Viral Kinetics 區分如下:(98/11/1) Ⅰ.有 RVR (rapid virological response, 快速病毒反應)者，給付治療不超過 24 週。 Ⅱ.無 RVR，但有 EVR (early virologic response)者，給付治療 48 週。 Ⅲ.到第 12 週未到 EVR 者，應中止治療，治療期間不超過 16 週。 Ⅳ.第一次治療 24 週後復發者，可以給予第二次治療，	術後第三十天為止。 (2)其中Ⅰ與Ⅵ應優先考慮注射劑型的 acyclovir。疱疹性腦炎得使用 14 至 21 天。(95/6/1、100/7/1) (3)使用 acyclovir 200mg(限 Deherp)、400mg 及 800mg(限 Virless)規格量口服錠劑除用於前述(1)外，療程以 7 天為限。(107/12/1、108/3/1、108/6/1) 2.Famciclovir；valaciclovir：(100/7/1、101/5/1) 使用本類製劑應以下列條件為限： (1)帶狀疱疹或單純性疱疹侵犯三叉神經第一分枝 VI 皮節，可能危及眼角膜者。 (2)帶狀疱疹或單純性疱疹侵犯薦椎 S2 皮節，將影響排泄功能者。 (3)免疫機能不全、癌症、器官移植等病患之感染帶狀疱疹或單純性疱疹者。 (4)帶狀疱疹或單純性疱疹所引起之角膜炎或角膜潰瘍者。 (5)急性視網膜壞死症 (acute retina necrosis)。 (6)帶狀疱疹發疹 3 日內且感染部位在頭頸部、生殖器周圍之病人，可給予 5 日內之口服或外用藥品。 (7)骨髓移植術後病患得依下列規定用於預防復發性生殖器疱疹：(101/5/1) A.限接受異體骨髓移植病患。 B.接受高劑量化療或全身放射	

給付不超過48週。 2.醫事服務機構及醫師資格：(109/7/1) (1)醫院： Ⅰ.有消化系內科或消化系兒科專科醫師之醫院。 Ⅱ.醫師資格為前開醫院之消化系內科專科醫師、消化系兒科專科醫師、血液病專科醫師、腫瘤內科專科醫師、癌症相關科醫師及符合器官移植手術資格之專任或兼任專科醫師。 Ⅲ.前開非消化系專科醫師，需先照會消化系專科醫師，惟愛滋病毒感染患者併有B型或C肝炎感染者，得由其照護之感染症內科專科醫師開立處方。 (2)基層院所： Ⅰ.須具有消化系內科或消化系兒科專任專科醫師之基層院所。 Ⅱ.肝炎治療醫療資源不足地區及山地離島地區，具有消化系內科或消化系兒科兼任專科醫師之基層院所，亦得開立處方，惟離島地區(如金門縣、連江縣、澎湖縣、台東縣蘭嶼鄉、台東縣綠島鄉)內科醫師之基層院所，亦得開立處方。 ◎附表三十四：肝炎治療醫療資源不足地區及山地離島地區一覽表 10.7.3.Lamivudine 100mg(如Zeffix)；entecavir (如Baraclude)；telbivudine (如Sebivo)；tenofovir disoproxil (如Viread)；	治療(TBI)前一天至移植術後第30天為止。 3.Acyclovir、famciclovir 及valaciclovir 除上述特別規定外，使用療程原則以10 天為限，口服、注射劑及外用藥膏擇一使用，不得合併使用。(95/6/1、100/7/1、101/5/1) 10.7.1.2.局部抗疱疹病毒劑(如Acyclovir 外用製劑；tromantadine 外用製劑；penciclovir 外用製劑)：(97/12/1、98/11/1、100/7/1、102/7/1) 1.單純性疱疹(感染部位在頭頸部、生殖器周圍、嘴唇、口腔、陰部)3 日內可使用acyclovir 或tromantadine 藥膏，每次給予藥量限5 公克以內(100/7/1)。 2.Penciclovir 藥膏用於治療由單純皰疹病毒引起之復發性唇皰疹，每次處方以1支(2 公克)為原則。(102/7/1) 3.口服、注射劑及外用藥膏擇一使用，不得合併使用。 10.7.2. Ribavirin 膠囊劑(如Robatrol、Rebetol)(93/2/1、93/7/1、93/8/1、95/11/1、98/11/1、100/4/1、109/7/1)： 1.限用於下列慢性病毒性C型肝炎患者且應與interferon-alfa 2a 或interferon-alfa 2b 或	

tenofovir alafenamide (如Vemlidy)：(92/10/1、93/2/1、93/8/1、94/10/1、95/10/1、95/11/1、97/8/1、98/11/1、99/5/1、99/7/1、100/6/1、102/2/1、104/12/1、106/1/1、106/4/1、107/2/1、108/2/1、108/5/1、109/1/1、109/7/1、110/3/1) 用於慢性病毒性 B 型肝炎患者之條件如下： 1.HBsAg(+)且已發生肝代償不全者，以 lamivudine 100mg、entecavir 1.0mg、telbivudine、或 tenofovir disoproxil 治療，其給付療程如下：(98/11/1、100/6/1、102/2/1、104/12/1、106/1/1、106/4/1、108/5/1) (1)HBeAg 陽性病患治療至 e 抗原轉陰並再給付最多12個月治療。 (2)HBeAg 陰性病患治療至少二年，治療期間需檢驗血清 HBV DNA，並於檢驗血清 HBV DNA 連續三次，每次間隔 6 個月，均檢驗不出 HBV DNA 時停藥，每次療程至多給付 36 個月。 註： Ⅰ.肝代償不全條件為 prothrombin time 延長≧3 秒或 bilirubin (total)≧2.0mg/dL，prothrombin time 延長係以該次檢驗	interferon alfacon-1 或 peginterferon alfa-2b 或 peginterferon alfa-2a 合併治療： (1)限 ALT 值異常者，且 Anti-HCV 與 HCV RNA 均為陽性，或經由肝組織切片（血友病患及類血友病患經照會消化系專科醫師同意後，得不作切片），以 METAVIR system 證實輕度纖維化大於或等於 F1 及肝炎變化，且無肝功能代償不全者。(98/11/1) (2)療程依 Viral Kinetics 區分如下:(98/11/1) Ⅰ.有 RVR (rapid virological response, 快速病毒反應)者，給付治療不超過 24 週。 Ⅱ.無 RVR，但有 EVR (early virologic response)者，給付治療 48 週。 Ⅲ.到第 12 週未到 EVR 者，應中止治療，治療期間不超過 16 週。 Ⅳ.第一次治療24週後復發者，可以給予第二次治療，給付不超過48週。 2.醫事服務機構及醫師資格：(109/7/1) (1)醫院： Ⅰ.有消化系內科或消化系兒科專科醫師之醫院。 Ⅱ.醫師資格為前開醫院之消化系內科專科醫師、消化系兒科專科醫師、血液病專科醫師、腫瘤內科專科醫師、癌症相關科醫師及符合器官移植手術資格之專	

control 值為準。 Ⅱ.Entecavir 每日限使用 1 粒。 2.慢性B型肝炎病毒帶原者HBsAg(+)，或 HBsAg(-)但 B型肝炎核心抗體(anti-HBc)陽性者：(98/11/1、110/3/1) (1)接受非肝臟之器官移植者，自移植前 7 天內可開始預防性使用，或接受非肝臟之器官移植後，B 型肝炎發作者，可長期使用。(98/11/1、110/3/1) (2)接受癌症化學療法中，B 型肝炎發作者，經照會消化系專科醫師同意後，可長期使用。(93/2/1、94/10/1、98/11/1) (3)接受肝臟移植者，可預防性使用。(95/10/1、98/11/1) (4)接受癌症化學療法，經照會消化系專科醫師同意後，可於化學療法前 1 週開始給付使用，直至化學療法結束後 6 個月，以預防B型肝炎發作。(98/11/1) (5)肝硬化病患，可長期使用。(99/7/1、110/3/1) 註：肝硬化條件為需同時符合下列二項條件:(99/7/1) I.HBsAg(+)且可檢驗到血清 HBV DNA。(110/3/1) Ⅱ.診斷標準： a.肝組織切片(Metavir F4 或 Ishak F5 以上，血友病患及類血友病患經照會消化系專科醫師同意後，得不作切片)；或	任或兼任專科醫師。 Ⅲ.前開非消化系專科醫師，需先照會消化系專科醫師，惟愛滋病毒感染患者併有B型或C肝炎感染者，得由其照護之感染症內科專科醫師開立處方。 (2)基層院所： Ⅰ.須具有消化系內科或消化系兒科專任專科醫師之基層院所。 Ⅱ.肝炎治療醫療資源不足地區及山地離島地區，具有消化系內科或消化系兒科兼任專科醫師之基層院所，亦得開立處方，惟離島地區(如金門縣、連江縣、澎湖縣、台東縣蘭嶼鄉、台東縣綠島鄉)內科醫師之基層院所，亦得開立處方。 ◎附表三十四：肝炎治療醫療資源不足地區及山地離島地區一覽表 10.7.3.Lamivudine 100mg(如 Zeffix)；entecavir (如 Baraclude)；telbivudine (如 Sebivo)；tenofovir disoproxil (如Viread)；tenofovir alafenamide (如 Vemlidy)：(92/10/1、93/2/1、93/8/1、94/10/1、95/10/1、95/11/1、97/8/1、98/11/1、99/5/1、99/7/1、100/6/1、102/2/1、104/12/1、106/1/1、106/4/1、107/2/1、108/2/1、108/5/1、109/1/1、109/7/1)	

b.超音波診斷為肝硬化併食道或胃靜脈曲張，或超音波診斷為肝硬化併脾腫大、超音波診斷為肝硬化且血小板<120,000/μL，或肝硬度超音波診斷為肝硬化。若患者因其他臨床適應症接受電腦斷層或核磁共振檢查而被診斷為肝硬化時，可做為診斷依據。(110/3/1) 註：以肝硬度超音波證實等同 METAVIR system 纖維化等於 F4 之定義：transient elastography (Fibroscan) ≧ 12 Kpa 或 Acoustic Radiation Force Impulse elastography (ARFI) ≧ 1.98。(110/3/1) (6)在異體造血幹細胞移植時：(104/12/1) Ⅰ.捐贈者之 HBsAg 為陽性反應，則捐贈者可自其確認為移植捐贈者後開始使用預防性抗病毒藥物治療，原則上治療到血液中偵測不到 HBV DNA；若捐贈者符合 10.7.3 之 3 至 5 項治療條件，則依其規範給付。 Ⅱ. 受贈者之 HBsAg 為陽性反應，或捐贈來源之 HBsAg 為陽性反應，則受贈者可在經照會消化系專科醫師同意後，於移植前一週起至移植後免疫抑制藥物停用後 6 個月內，給付使用抗 B 型肝炎病毒藥物以預防發作。 (7)血清 HBV DNA≧ 10^6 IU/mL 之懷孕者，可於懷孕滿 27 週後開始給付使用	用於慢性病毒性B型肝炎患者之條件如下： 1.HBsAg(+)且已發生肝代償不全者，以 lamivudine 100mg、entecavir 1.0mg、telbivudine、或 tenofovir disoproxil 治療，其給付療程如下：(98/11/1、100/6/1、102/2/1、104/12/1、106/1/1、106/4/1、108/5/1) (1)HBeAg 陽性病患治療至 e 抗原轉陰並再給付最多 12 個月治療。 (2)HBeAg 陰性病患治療至少二年，治療期間需檢驗血清 HBV DNA，並於檢驗血清 HBV DNA 連續三次，每次間隔 6 個月，均檢驗不出 HBV DNA 時停藥，每次療程至多給付 36 個月。 註： Ⅰ.肝代償不全條件為 prothrombin time 延長≧3 秒或 bilirubin (total) ≧2.0mg/dL，prothrombin time 延長係以該次檢驗 control 值為準。 Ⅱ.Entecavir 每日限使用 1 粒。 2.慢性 B 型肝炎病毒帶原者 HBsAg(+)：(98/11/1) (1)接受非肝臟之器官移植後，B 型肝炎發作者，可長期使用。(98/11/1)	

telbivudine 或 tenofovir disoproxil，直至產後 4 週。（107/2/1、108/5/1） (8)確診為肝癌並接受根除性治療且可檢驗到血清 HBV DNA，可長期使用，直至肝癌復發且未能再次接受根除性治療止。（108/2/1、110/3/1） 註： a.根除性治療包括手術切除、肝臟移植、射頻燒灼(radiofrequency ablation)、局部酒精注射及微波消融(microwave ablation)、冷凍治療(cryotherapy)。(109/1/1) b.已符合肝硬化給付條件可長期使用者，不在此限。 (9)接受免疫抑制劑治療者：(110/3/1) Ⅰ.預防使用：HBsAg(+)者，於接受下列免疫抑制藥物治療前一週起，至免疫抑制藥物停用後 6 個月內，免疫抑制藥物如下列: i.Rituximab。 ii.Anthracycline 類衍生物。 iii.中高劑量類固醇（指 prednisolone≧ 20mg/day 或相當之劑量，使用時間超過 4 週。） Ⅱ.HBsAg(+)者，或 HBsAg(-)但 B 型肝炎核心抗體陽性者，於接受免疫抑制藥物治療後 B 型肝炎發作，開始給付使用抗病毒藥物治療，給付至免疫抑制劑停用後 6 個月。	(2)接受癌症化學療法中，B 型肝炎發作者，經照會消化系專科醫師同意後，可長期使用。(93/2/1、94/10/1、98/11/1) (3)接受肝臟移植者，可預防性使用。(95/10/1、98/11/1) (4)接受癌症化學療法，經照會消化系專科醫師同意後，可於化學療法前 1 週開始給付使用，直至化學療法結束後 6 個月，以預防 B 型肝炎發作。(98/11/1) (5)肝硬化病患，可長期使用。(99/7/1) 註：肝硬化條件為需同時符合下列二項條件:(99/7/1) I.HBsAg(+)且血清 HBV DNA≧ 2,000IU/mL 者。 Ⅱ.診斷標準： a.肝組織切片（Metavir F4 或 Ishak F5 以上，血友病患及類血友病患經照會消化系專科醫師同意後，得不作切片）；或 b.超音波診斷為肝硬化併食道或胃靜脈曲張，或超音波診斷為肝硬化併脾腫大。若患者因其他臨床適應症接受電腦斷層或核磁共振檢查而被診斷為肝硬化時，可做為診斷依據。	

3.HBsAg(+)超過 6 個月(或 IgM anti-HBc 為陰性)及 HBeAg(+)，且符合以下條件之一者，其給付療程為治療至 e 抗原轉陰並再給付最多 12 個月：(93/8/1、95/11/1、98/11/1、99/5/1、106/1/1、110/3/1) (1)ALT 值大於(或等於)正常值上限 5 倍以上(ALT≧5X)。 (2)ALT 值介於正常值上限 2 至 5 倍之間(2X≦ALT<5X)，且血清 HBV DNA ≧ 20,000 IU/mL，或經由肝組織切片(血友病患及類血友病患經照會消化系專科醫師同意後，得不作切片)證實 HBcAg 陽性。(93/8/1、98/11/1) (3)經由肝組織切片或肝臟纖維化掃描或 Fibrosis-4 (FIB-4) 證實，等同 METAVIR system 纖維化大於或等於 F3 者，其 ALT 值半年有兩次以上(間隔大於 3 個月)大於正常值上限(ALT>X)，且血清 HBV DNA ≧ 20,000 IU/mL 或經由肝組織切片(血友病患及類血友病患經照會消化系專科醫師同意後，得不作切片)證實 HBcAg 陽性之患者。(110/3/1) 註：以肝臟纖維化掃描或 Fibrosis-4 (FIB-4)證實等同 METAVIR system 纖維化大於或等於 F3 之定義為： Ⅰ.肝臟纖維化掃描 transient elastography (Fibroscan)	(6)在異體造血幹細胞移植時：(104/12/1) Ⅰ.捐贈者之 HBsAg 為陽性反應，則捐贈者可自其確認為移植捐贈者後開始使用預防性抗病毒藥物治療，原則上治療到血液中偵測不到 HBV DNA；若捐贈者符合 10.7.3 之 3 至 5 項治療條件，則依其規範給付。 Ⅱ. 受贈者之 HBsAg 為陽性反應，或捐贈來源之 HBsAg 為陽性反應，則受贈者可在經照會消化系專科醫師同意後，於移植前一週起至移植後免疫抑制藥物停用後 6 個月內，給付使用抗 B 型肝炎病毒藥物以預防發作。 (7)血清 HBV DNA≧ 106 IU/mL 之懷孕者，可於懷孕滿 27 週後開始給付使用 telbivudine 或 tenofovir disoproxil，直至產後 4 週。(107/2/1、108/5/1) (8)確診為肝癌並接受根除性治療且 HBV DNA ≧ 2000 IU/mL，可長期使用，直至肝癌復發且未能再次接受根除性治療止。(108/2/1) 註：	

≧ 9.5Kpa 或 Acoustic Radiation Force Impulse elastography (ARFI) ≧ 1.81。 Ⅱ .Fibrosis-4 (FIB-4) ≧ 3.25，計算公式為[Age(years) × AST(U/L)] / [Platelet count(109/L) × √ALT(U/L)]。 4.HBsAg(+)超過 6 個月(或 IgM anti-HBc 為陰性)及 HBeAg(-)，且符合以下條件之一者，其療程至少二年，治療期間需檢驗血清 HBV DNA，並於檢驗血清 HBV DNA 連續三次，每次間隔 6 個月，均檢驗不出 HBV DNA 時停藥，每次療程至多給付 36 個月：(93/8/1、95/11/1、98/11/1、106/1/1、106/4/1、110/3/1) (1)ALT 值半年有兩次以上(每次間隔 3 個月)大於或等於正常值上限 2 倍以上(ALT≧2X)，且血清 HBV DNA≧2,000 IU/mL，或經由肝組織切片(血友病患及類血友病患經照會消化系專科醫師同意後，得不作切片)證實 HBcAg 陽性。(93/8/1、95/11/1、98/11/1) (2)肝纖維化程度大於或等於 F3 者，其 ALT 值半年有兩次以上(間隔大於 3 個月)大於正常值上限(ALT>X)，且血清 HBV DNA≧ 20,000 IU/mL 或經由肝組織切片(血友病患及類血友病患經照會消化系專科醫師同意後，	a. 根除性治療包括手術切除、肝臟移植、射頻燒灼(radiofrequency ablation)、局部酒精注射及微波消融(microwave ablation)、冷凍治療(cryotherapy)。(109/1/1) b. 已符合肝硬化給付條件可長期使用者，不在此限。 3.HBsAg(+)超過 6 個月及 HBeAg(+)超過 3 個月，且 ALT 值大於(或等於)正常值上限 5 倍以上(ALT≧5X)，符合前述條件者，其給付療程為治療至 e 抗原轉陰並再給付最多 12 個月。(98/11/1、99/5/1、106/1/1)	

得不作切片）證實 HBcAg 陽性。(110/3/1) 5. 若上述治療中出現 lamivudine 100mg、entecavir、telbivudine 抗藥性病毒株，可改換對於抗藥株有效之 B 型肝炎抗病毒藥劑治療，治療藥物及療程之規定詳如 10.7.4.之 1 至 4 項。（98/11/1、99/5/1、99/7/1、102/2/1、104/12/1） 6. 符合第 3 至 4 項條件者，若使用 entecavir，劑量為每日 0.5mg。(104/12/1、110/3/1) 7. 醫事服務機構及醫師資格：(109/7/1) (1)醫院： Ⅰ. 有消化系內科或消化系兒科專科醫師之醫院。 Ⅱ. 醫師資格為前開醫院之消化系內科專科醫師、消化系兒科專科醫師、血液病專科醫師、腫瘤內科專科醫師、癌症相關科醫師及符合器官移植手術資格之專任或兼任專科醫師。 Ⅲ. 前開非消化系專科醫師，需先照會消化系專科醫師，惟愛滋病毒感染患者併有 B 型或 C 肝炎感染者，得由其照護之感染症內科專科醫師開立處方。 (2)基層院所： Ⅰ. 須具有消化系內科或消化系兒科專任專科醫師之基層院所。 Ⅱ. 肝炎治療醫療資源不足地區及山地離島地區，具有消化	4. HBsAg(+) 超過 6 個月及 HBeAg(+)超過 3 個月，其 ALT 值介於正常值上限 2 至 5 倍之間(2X≦ALT<5X)，且血清 HBV DNA ≧ 20,000 IU/mL，或經由肝組織切片（血友病患及類血友病患經照會消化系專科醫師同意後，得不作切片）證實 HBcAg 陽性之患者，符合前述條件者，其給付療程為治療至 e 抗原轉陰並再給付最多 12 個月。（93/8/1、95/11/1、98/11/1、99/5/1、106/1/1） 5. HBsAg(+) 超過 6 個月及 HBeAg(-)超過 3 個月，且	

系內科或消化系兒科兼任專科醫師之基層院所，亦得開立處方，惟離島地區(如金門縣、連江縣、澎湖縣、台東縣蘭嶼鄉、台東縣綠島鄉)內科醫師之基層院所，亦得開立處方。 ◎附表三十四：肝炎治療醫療資源不足地區及山地離島地區一覽表 10.7.4.Adefovir dipivoxil（如 Hepsera Tablets 10mg）；Entecavir（如 Baraclude 1.0mg）；tenofovir disoproxil（如 Viread）；tenofovir alafenamide（如 Vemlidy）：(95/9/1、95/10/1、97/8/1、98/11/1、99/5/1、99/7/1、102/2/1、104/12/1、106/1/1、106/4/1、108/5/1、109/7/1) 用於慢性病毒性 B 型肝炎患者之條件如下： 1.經使用 lamivudine 100mg、entecavir 0.5mg 或 1.0mg、telbivudine 治療或預防 B 型肝炎發作出現抗藥株(指於治療中一旦 HBV DNA 從治療期間之最低值上升超過一個對數值（1 log IU/mL），以下條件擇一給付：（98/11/1、99/5/1、102/2/1、104/12/1、106/4/1） (1)得以原治療藥物再加上 adefovir 進行合併救援治療（rescue therapy）；	ALT 值半年有兩次以上(每次間隔 3 個月)大於或等於正常值上限 2 倍以上(ALT≧2X)，且血清 HBV DNA≧2,000 IU/mL，或經由肝組織切片（血友病患及類血友病患經照會消化系專科醫師同意後，得不作切片）證實 HBcAg 陽性之患者，符合前述條件者，其療程至少二年，治療期間需檢驗血清 HBV DNA，並於檢驗血清 HBV DNA 連續三次，每次間隔 6 個月，均檢驗不出 HBV DNA 時停藥，每次療程至多給付 36 個月。（93/8/1、95/11/1、98/11/1、	

(95/9/1、95/10/1、97/8/1、98/11/1、99/5/1、99/7/1、106/4/1) (2)改用 entecavir 1.0mg(僅限於 lamivudine 產生抗藥性之病人)單一藥物治療；(98/11/1、99/5/1、99/7/1、106/4/1) (3)以 Interferon alpha-2a(如 Roferon-A)或 interferon alpha-2b(如 Intron A)或 peginterferon alfa-2a(如 Pegasys)治療 1 年。(98/11/1、99/5/1、99/7/1) (4)改用 tenofovir disoproxil 或 tenofovir alafenamide 單一藥物治療。(104/12/1、106/4/1、108/5/1) (5)原已接受其他口服抗病毒藥物救援治療，治療期間出現抗藥株，或治療未達預期之病毒學反應，得改以 tenofovir disoproxil 或 tenofovir alafenamide 單一藥物救援治療。(104/12/1、106/4/1、108/5/1) 2.若停藥後復發，得以合併療法，或 tenofovir disoproxil 或 tenofovir alafenamide 單一藥物再治療，或以干擾素再治療 1 年。(99/7/1、104/12/1、106/1/1、106/4/1、108/5/1) 3.慢性 B 型肝炎表面抗原	106/1/1、106/4/1) 6.若上述治療中出現 lamivudine 100mg、entecavir、telbivudine 抗藥性病毒株，可改換對於抗藥株有效之 B 型肝炎抗病毒藥劑治療，治療藥物及療程之規定詳如 10.7.4.之 1 至 4 項。(98/11/1、99/5/1、99/7/1、102/2/1、104/12/1) 7.符合第 2 至 5 項條件者，若使用 entecavir，劑量為每日 0.5mg。(104/12/1) 8.醫事服務機構及醫師資格：(109/7/1) (1)醫院： Ⅰ.有消化系內科或消化系兒科專科醫師之醫院。 Ⅱ.醫師資格為前開醫院之消化系內科專科醫師、消化系兒科專科醫師、血液病專科醫師、腫瘤內科專科醫師、癌症相關科醫師及符合器官移植手術資格之專任或兼任專科醫師。 Ⅲ.前開非消化系專科醫師，需先照會消化系專科醫師，惟愛滋病毒感染患者併有	

（HBsAg）帶原者： (1)肝硬化之病患。(99/7/1) (2)接受非肝臟之器官移植後發作或接受肝臟移植，須持續接受免疫抑制劑時。（95/10/1、97/8/1、99/5/1）上述病患長期使用 lamivudine 100mg、entecavir 0.5mg、telbivudine，以治療或預防 B 型肝炎發作，若出現抗藥性病毒株者，治療藥物及療程之規定詳如10.7.4.之1項。（95/10/1、97/8/1、99/5/1、99/7/1、102/2/1） 4.臨床上若產生多重抗藥病毒株時可給予 tenofovir disoproxil 或 tenofovir alafenamide 單一藥物治療，或合併entecavir 1.0mg 及 tenofovir disoproxil 治療，或合併entecavir 1.0mg 及 tenofovir alafenamide 治療。(104/12/1、106/4/1、108/5/1) 註：多重抗藥病毒株指病毒對 lamivudine、telbivudine、entecavir 或 adefovir 產生二種(含)藥物以上之抗藥性。(104/12/1) 5.前述以口服抗病毒藥物治療之給付療程依 HBeAg(+)或 HBeAg(-)而定：HBeAg(+)病患治療至e抗原轉陰並再給付最多 12 個月；HBeAg(-)病患治療至少二年，治療期間需	B型或C肝炎感染者，得由其照護之感染症內科專科醫師開立處方。 (2)基層院所： Ⅰ.須具有消化系內科或消化系兒科專任專科醫師之基層院所。 Ⅱ.肝炎治療醫療資源不足地區及山地離島地區，具有消化系內科或消化系兒科兼任專科醫師之基層院所，亦得開立處方，惟離島地區(如金門縣、連江縣、澎湖縣、台東縣蘭嶼鄉、台東縣綠島鄉)內科醫師之基層院所，亦得開立處方。 ◎附表三十四：肝炎治療醫療資源不足地區及山地離島地區一覽表 10.7.4.Adefovir dipivoxil（如 Hepsera Tablets 10mg）；Entecavir（如 Baraclude 1.0mg）；tenofovir disoproxil（如 Viread）；tenofovir alafenamide（如 Vemlidy）：(95/9/1、95/10/1、97/8/1、98/11/1、99/5/1、99/7/1、102/2/1、104/12/1、106/1/1、106/4/1、108/5/1、109/7/1) 用於慢性病毒性B型肝炎患者之條件如下： 1.經使用 lamivudine 100mg、entecavir 0.5mg 或 1.0mg、telbivudine 治療或預防 B 型肝炎發作出現抗藥株(指於治療中一旦	

檢驗血清 HBV DNA，並於檢驗血清 HBV DNA 連續三次，每次間隔 6 個月，均檢驗不出 HBV DNA 時停藥，每次療程至多給付 36 個月。再次復發時得再接受治療，不限治療次數。(106/4/1) 6.醫事服務機構及醫師資格：(109/7/1) (1)醫院： Ⅰ.有消化系內科或消化系兒科專科醫師之醫院。 Ⅱ.醫師資格為前開醫院之消化系內科專科醫師、消化系兒科專科醫師、血液病專科醫師、腫瘤內科專科醫師、癌症相關科醫師及符合器官移植手術資格之專任或兼任專科醫師。 Ⅲ.前開非消化系專科醫師，需先照會消化系專科醫師，惟愛滋病毒感染患者併有 B 型或 C 肝炎感染者，得由其照護之感染症內科專科醫師開立處方。 (2)基層院所： Ⅰ.須具有消化系內科或消化系兒科專任專科醫師之基層院所。 Ⅱ.肝炎治療醫療資源不足地區及山地離島地區，具有消化系內科或消化系兒科兼任專科醫師之基層院所，亦得開立處方，惟離島地區(如金門縣、連江縣、澎湖縣、台東縣蘭嶼鄉、台東縣綠島鄉)內科醫師之基層院所，亦得開立處方。 ◎附表三十四：肝炎治療醫療	HBV DNA 從治療期間之最低值上升超過一個對數值（1 log IU/mL），以下條件擇一給付：（98/11/1、99/5/1、102/2/1、104/12/1、106/4/1） (1)得以原治療藥物再加上 adefovir 進行合併救援治療（rescue therapy）；(95/9/1、95/10/1、97/8/1、98/11/1、99/5/1、99/7/1、106/4/1) (2)改用 entecavir 1.0mg(僅限於 lamivudine 產生抗藥性之病人)單一藥物治療；（98/11/1、99/5/1、99/7/1、106/4/1） (3)以 Interferon alpha-2a（如 Roferon-A）或 interferon alpha-2b（如 Intron A）或 peginterferon alfa-2a（如 Pegasys）治療 1 年。（98/11/1、99/5/1、99/7/1） (4)改用 tenofovir disoproxil 或 tenofovir alafenamide 單一藥物治療。(104/12/1、106/4/1、108/5/1) (5)原已接受其他口服抗病毒藥物救援治療，治療期間出現抗藥株，或治療未達預期之病毒學反應，得改以 tenofovir disoproxil 或 tenofovir alafenamide 單一藥物救援治療。(104/12/1、106/4/1、108/5/1)	

資源不足地區及山地離島地區一覽表 10.7.5. Daclatasvir（如 Daklinza）及 asunaprevir（如 Sunvepra）(106/1/24、106/5/15、107/6/1、108/1/1、108/6/1、109/1/1）：(刪除) 10.7.6. Ombitasvir/paritaprevir/ ritonavir（如 Viekirax）及 dasabuvir (如 Exviera) (106/1/24、106/5/15、107/6/1、108/1/1、108/6/1、109/1/1、109/7/1、110/6/1）：(刪除) 10.7.7.Elbasvir/grazoprevir（如 Zepatier）(106/8/1、107/6/1、108/1/1、108/6/1、109/1/1、109/7/1、110/6/1）： 1.限用於成人慢性病毒性 C 型肝炎患者，並依據「C 型肝炎全口服新藥健保給付執行計畫」辦理。(109/1/1、109/7/1) 2.限使用於 HCV RNA 為陽性及無肝功能代償不全之病毒基因型第 1 型或第 4 型成人病患。(107/6/1、108/1/1、108/6/1) 3.給付療程如下，醫師每次開藥以 4 週為限。(108/1/1) (1)基因型第 1a 型且治療前未帶有 NS5A 抗藥性相關多形	2.若停藥後復發，得以合併療法，或 tenofovir disoproxil 或 tenofovir alafenamide 單一藥物再治療，或以干擾素再治療 1 年。(99/7/1、104/12/1、106/1/1、106/4/1、108/5/1) 3.慢性 B 型肝炎表面抗原（HBsAg）帶原者： (1)肝硬化之病患。(99/7/1) (2)接受非肝臟之器官移植後發作或接受肝臟移植，須持續接受免疫抑制劑時。(95/10/1、97/8/1、99/5/1）上述病患長期使用 lamivudine 100mg、entecavir 0.5mg、telbivudine，以治療或預防 B 型肝炎發作，若出現抗藥性病毒株者，治療藥物及療程之規定詳如 10.7.4. 之 1 項。(95/10/1、97/8/1、99/5/1、99/7/1、102/2/1) 4.臨床上若產生多重抗藥病毒株時可給予 tenofovir disoproxil 或 tenofovir alafenamide 單一藥物治療，或合併 entecavir 1.0mg 及 tenofovir disoproxil 治療，或合併 entecavir 1.0mg 及 tenofovir alafenamide 治療。(104/12/1、106/4/1、108/5/1) 註：多重抗藥病毒株指病毒對 lamivudine、telbivudine、entecavir	

性病毒株： Ⅰ.給付12週。 Ⅱ.若為先前使用 interferon/ribavirin/蛋白酶抑制劑(protease inhibitor)合併治療失敗者，需合併ribavirin 治療，給付 12週。 (2)基因型第 1a 型且治療前帶有 NS5A 抗藥性相關多形性病毒株，需合併 ribavirin 治療，給付16週。 (3)基因型第1b型： Ⅰ.給付12週。 Ⅱ.若為先前使用 interferon/ribavirin/蛋白酶抑制劑合併治療失敗者，需合併ribavirin 治療，給付 12週。 (4)基因型第4型： Ⅰ.給付12週。 Ⅱ.若為先前使用 interferon/ribavirin 合併治療中發生病毒學失敗者，需合併ribavirin 治療，給付 16週。 4.限未曾申請給付其他同類全口服直接抗病毒藥物(direct-acting anti-viral, DAAs)，且不得併用其他DAAs，惟若曾接受本項藥品或其他 DAAs 第一次治療並符合下列情形之一者，可再治療一次（一個療程）：(110/6/1) (1)接受第一次治療時中斷療程，且中斷原因屬專業醫療評估必須停藥者。 (2)接受第一次治療結束後第12週，血中偵測不到病毒，目	或adefovir 產生二種(含)藥物以上之抗藥性。(104/12/1) 5.前述以口服抗病毒藥物治療之給付療程依 HBeAg(+)或HBeAg(-)而定：HBeAg(+)病患治療至 e 抗原轉陰並再給付最多 12 個月；HBeAg(-)病患治療至少二年，治療期間需檢驗血清HBV DNA，並於檢驗血清HBV DNA連續三次，每次間隔6個月，均檢驗不出HBV DNA 時停藥，每次療程至多給付36個月。再次復發時得再接受治療，不限治療次數。(106/4/1) 6.醫事服務機構及醫師資格：(109/7/1) (1)醫院： Ⅰ.有消化系內科或消化系兒科專科醫師之醫院。 Ⅱ.醫師資格為前開醫院之消化系內科專科醫師、消化系兒科專科醫師、血液病專科醫師、腫瘤內科專科醫師、癌症相關科醫師及符合器官移植手術資格之專任或兼任專科醫師。 Ⅲ.前開非消化系專科醫師，需先照會消化系專科醫師，惟愛滋病毒感染患者併有B型或C肝炎感染者，得由其照護之感染症內科專科醫師開立處方。 (2)基層院所： Ⅰ.須具有消化系內科或消化系兒科專任專科醫師之基層院所。 Ⅱ.肝炎治療醫療資源不足地區	

前血中又再次偵測到病毒者。 10.7.8.Sofosbuvir/ledipasvir（如 Harvoni）(107/1/1、107/6/1、107/10/1、108/1/1、108/6/1、109/1/1、109/7/1、110/6/1)： 1.限用於慢性病毒性 C 型肝炎患者，並依據「C 型肝炎全口服新藥健保給付執行計畫」辦理。(109/1/1、109/7/1) 2.限使用於HCV RNA為陽性之下列病患：(107/6/1、107/10/1、108/1/1、108/6/1) (1)病毒基因型第 1 型、第 2 型、第4型、第5型或第6型成人病患。 (2)12歲(含)以上且未併有失代償性肝硬化之病毒基因型第1型兒童患者。 3.給付療程如下，醫師每次開藥以4週為限。(108/1/1) (1)給付12週。 (2)下列情況需合併 ribavirin 治療，給付12週： Ⅰ.若為先前使用 interferon、ribavirin 且合併或未合併蛋白酶抑制劑治療失敗，且具代償性肝硬化(Child-Pugh score A)者。 Ⅱ.肝功能代償不全(Child-Pugh score B或C)者。 Ⅲ.無肝功能代償不全之基因型第 1 型或第 4 型肝臟移植者。	及山地離島地區，具有消化系內科或消化系兒科兼任專科醫師之基層院所，亦得開立處方，惟離島地區(如金門縣、連江縣、澎湖縣、台東縣蘭嶼鄉、台東縣綠島鄉)內科醫師之基層院所，亦得開立處方。 ◎附表三十四：肝炎治療醫療資源不足地區及山地離島地區一覽表 10.7.5. Daclatasvir（如 Daklinza）及 asunaprevir（如 Sunvepra）(106/1/24、106/5/15、107/6/1、108/1/1、108/6/1、109/1/1) 10.7.6. Ombitasvir/paritaprevir/ ritonavir（如 Viekirax）及 dasabuvir (如Exviera)(106/1/24、106/5/15、107/6/1、108/1/1、108/6/1、109/1/1、109/7/1)： 1.限用於成人慢性病毒性C型肝炎患者，並依據「C 型肝炎全口服新藥健保給付執行計畫」辦理。(109/1/1、109/7/1) 2.Ombitasvir/paritaprevir/ritonavir與dasabuvir合併使用於 HCV RNA 為陽性及無肝功能代償不全之病毒基因型第 1 型成人病患。(106/5/15、107/6/1、108/1/1、	

4.限未曾申請給付其他同類全口服直接抗病毒藥物(direct-acting anti-viral, DAAs)，且不得併用其他 DAAs，惟若曾接受本項藥品或其他 DAAs 第一次治療且符合下列情形之一者，可再治療一次（一個療程）：(110/6/1) (1)接受第一次治療時中斷療程，且中斷原因屬專業醫療評估必須停藥者。 (2)接受第一次治療結束後第 12 週，血中偵測不到病毒，目前血中又再次偵測到病毒者。 10.7.9.Sofosbuvir（如 Sovaldi）(107/1/1、107/6/1、108/1/1、108/6/1、109/1/1、109/7/1)： 1.限用於成人慢性病毒性 C 型肝炎患者，並依據「C 型肝炎全口服新藥健保給付執行計畫」辦理。(109/1/1、109/7/1) 2.限使用於 HCV RNA 為陽性及無肝功能代償不全之病毒基因型第 2 型成人病患。(107/6/1、108/1/1、108/6/1) 3.需合併 ribavirin 治療，每人給付療程 12 週，醫師每次開藥以 4 週為限。(108/1/1) 4.限未曾申請給付其他同類全口服直接抗病毒藥物(direct-acting anti-viral, DAAs)，且不得併用其他 DAAs。	108/6/1) 3.給付療程如下，醫師每次開藥以 4 週為限。(108/1/1) (1)基因型 1a 型且無肝硬化者，需合併 ribavirin 治療，給付 12 週。 (2)基因型 1a 型且具代償性肝硬化(Child-Pugh score A)者，需合併 ribavirin 治療，給付 24 週。 (3)基因型 1b 型且無肝硬化者或具代償性肝硬化(Child-Pugh score A)者，給付 12 週。 4.限未曾申請給付其他同類全口服直接抗病毒藥物(direct-acting anti-viral, DAAs)，且不得併用其他 DAAs。 10.7.7. Elbasvir/grazoprevir（如 Zepatier）(106/8/1、107/6/1、108/1/1、108/6/1、109/1/1、109/7/1)： 1.限用於成人慢性病毒性 C 型肝炎患者，並依據「C 型肝炎全口服新藥健保給付執行計畫」辦理。(109/1/1、109/7/1) 2.限使用於 HCV RNA 為陽性及無肝功能代償不全之病毒基因型第 1 型或第 4 型成人病患。(107/6/1、108/1/1、108/6/1) 3.給付療程如下，醫師每次開藥以 4 週為限。(108/1/1) (1)基因型第 1a 型且治療前未帶	

10.7.10.Glecaprevir/pibrentasvir（如 Maviret）(107/8/1、108/1/1、108/6/1、109/1/1、109/4/1、109/7/1、109/8/1、110/6/1)： 1.限用於成人慢性病毒性 C 型肝炎患者，並依據「C 型肝炎全口服新藥健保給付執行計畫」辦理。(109/1/1、109/7/1) 2.限使用於HCV RNA為陽性及無肝功能代償不全之病毒基因型第1型、第2型、第3型、第4型、第5型或第6型12歲(含)以上病患。(108/1/1、108/6/1、109/8/1) 3.給付療程如下，醫師每次開藥以4週為限。(108/1/1、109/4/1、110/6/1) (1)未曾接受治療之患者，給付8週。(109/4/1、109/8/1) (2)曾接受含(peg)interferon及ribavirin及合併或不合併 sofosbuvir 治療組合之患者：(110/6/1) Ⅰ.基因型第1、2、4、5或6型： i.無肝硬化者，給付8週。 ii.具代償性肝硬化(Child-Pugh score A)者，給付12週。 Ⅱ.基因型第3型，且無肝硬化或具代償性肝硬化(Child-Pugh score A)者，給付16週。 (3)曾接受含 NS5A 抑制劑或 NS3/4A 蛋白酶抑制劑治療之有 NS5A 抗藥性相關多形性病毒株： Ⅰ.給付12週。 Ⅱ.若為先前使用 interferon/ribavirin/蛋白酶抑制劑(protease inhibitor)合併治療失敗者，需合併 ribavirin 治療，給付12週。 (2)基因型第1a型且治療前帶有 NS5A 抗藥性相關多形性病毒株，需合併 ribavirin 治療，給付16週。 (3)基因型第1b型： Ⅰ.給付12週。 Ⅱ.若為先前使用 interferon/ribavirin/蛋白酶抑制劑合併治療失敗者，需合併 ribavirin 治療，給付12週。 (4)基因型第4型： Ⅰ.給付12週。 Ⅱ.若為先前使用 interferon/ribavirin 合併治療中發生病毒學失敗者，需合併 ribavirin 治療，給付16週。 4.限未曾申請給付其他同類全口服直接抗病毒藥物(direct-acting anti-viral, DAAs)，且不得併用其他DAAs。		

基因型第1型患者： Ⅰ.若曾接受 NS3/4A 蛋白酶抑制劑治療，但未曾接受NS5A抑制劑治療者，給付 12週。 Ⅱ.若曾接受 NS5A 抑制劑治療，但未曾接受 NS3/4A 蛋白酶抑制劑治療者，給付16週。 4.限未曾申請給付其他同類全口服直接抗病毒藥物(direct-acting anti-viral, DAAs)，且不得併用其他 DAAs，惟若符合下列情形之一者，可再治療一次（一個療程）：(110/6/1) (1)接受本項藥品或其他 DAAs 第一次治療時中斷療程，且中斷原因屬專業醫療評估必須停藥者。 (2)接受本項藥品或其他 DAAs 第一次治療結束後第 12 週，血中偵測不到病毒，目前血中又再次偵測到病毒者。 (3)接受其他 DAAs 第一次治療，於治療完成時或治療結束後第 12 週，血中仍偵測到病毒者，或治療 4 週後之病毒量未能下降超過二個對數值(即下降未達 100 倍)發生在108年1月1日前者。 10.7.11.Sofosbuvir/velpatasvir（如 Epclusa）(108/6/1、109/1/1、109/7/1、110/6/1)： 1.限用於成人慢性病毒性 C 型肝炎患者，並依據「C型肝炎全口服新藥健保給付執行計畫」辦理。(109/1/1、	10.7.8.Sofosbuvir/ledipasvir（如 Harvoni）(107/1/1、107/6/1、107/10/1、108/1/1、108/6/1、109/1/1、109/7/1)： 1.限用於慢性病毒性C型肝炎患者，並依據「C 型肝炎全口服新藥健保給付執行計畫」辦理。(109/1/1、109/7/1) 2.限使用於HCV RNA為陽性之下列病患：(107/6/1、107/10/1、108/1/1、108/6/1) (1)病毒基因型第 1 型、第 2 型、第4型、第5型或第6型成人病患。 (2)12歲(含)以上且未併有失代償性肝硬化之病毒基因型第1型兒童患者。 3.給付療程如下，醫師每次開藥以 4 週為限。(108/1/1) (1)給付12週。 (2)下列情況需合併 ribavirin 治療，給付12週： Ⅰ.若為先前使用 interferon、ribavirin 且合併或未合併蛋白酶抑制劑治療失敗，且具代償性肝硬化(Child-Pugh score A)者。 Ⅱ.肝功能代償不全(Child-Pugh score B或C)者。 Ⅲ.無肝功能代償不全之基因型第 1 型或第 4 型肝臟移植	

109/7/1) 2.限使用於HCV RNA為陽性之病毒基因型第1型、第2型、第3型、第4型、第5型或第6型成人病患。 3.給付療程如下，醫師每次開藥以4週為限。(110/6/1) (1)未曾接受或曾接受全口服直接抗病毒藥物(direct-acting anti-viral, DAAs)治療，未併有或併有代償性肝硬化(Child-Pugh score A)者，給付12週。 (2)未曾接受或曾接受DAAs治療，併有失代償性肝硬化(Child-Pugh score B或C)者，需合併ribavirin治療，給付12週。 4.限未曾申請給付其他同類全口服直接抗病毒藥物(direct-acting anti-viral, DAAs)，且不得併用其他DAAs，惟若符合下列情形之一者，可再治療一次(一個療程)：(110/6/1) (1)接受本項藥品或其他DAAs第一次治療時中斷療程，且中斷原因屬專業醫療評估必須停藥者。 (2)接受本項藥品或其他DAAs第一次治療結束後第12週，血中偵測不到病毒，目前血中又再次偵測到病毒者。 (3)接受未含NS5A抑制劑之DAAs第一次治療，於治療完成時或治療結束後第12週，血中仍偵測到病毒者，或治療4週後之病毒量未能下降超過二個對數值(即下	者。 4.限未曾申請給付其他同類全口服直接抗病毒藥物(direct-acting anti-viral, DAAs)，且不得併用其他DAAs。 10.7.9.Sofosbuvir (如Sovaldi)(107/1/1、107/6/1、108/1/1、108/6/1、109/1/1、109/7/1)： 1.限用於成人慢性病毒性C型肝炎患者，並依據「C型肝炎全口服新藥健保給付執行計畫」辦理。(109/1/1、109/7/1) 2.限使用於HCV RNA為陽性及無肝功能代償不全之病毒基因型第2型成人病患。(107/6/1、108/1/1、108/6/1) 3.需合併ribavirin治療，每人給付療程12週，醫師每次開藥以4週為限。(108/1/1) 4.限未曾申請給付其他同類全口服直接抗病毒藥物(direct-acting anti-viral, DAAs)，且不得併	

降未達100倍)發生在108年1月1日前者。 10.7.12.Letermovir（如Prevymis）：(109/6/1) 1.經事前審查核准後使用。 2.適用於接受異體造血幹細胞移植(allogeneic HSCT)的18歲以上且受贈者為 CMV 血清抗體陽性之病患，藉以預防巨細胞病毒(CMV)感染及相關疾病。 3.僅限於第一次接受異體造血幹細胞移植時可使用。 4.限用於移植術後至第 84 天為止。 5.具下列條件之一的 CMV 感染之高風險病患方得使用： (1)親屬間捐贈：其 HLA-A/B/C/DR 具有 2 個或以上之位點不相符者。 (2)非親屬間捐贈：其 HLA-A/B/C/DR 具有 1 個或以上之位點不相符者。 (3)接受臍帶血移植者。 10.7.13.Sofosbuvir/velpatasvir/voxilaprevir（如Vosevi）：(110/9/1) 1.限用於成人慢性病毒性 C 型肝炎患者，並依據「C 型肝炎全口服新藥健保給付執行計畫」辦理。 2.限使用於HCV RNA為陽性，且未併有肝硬化或併有代償性肝硬化（Child-Pugh A 級）之病毒基因型第 1 型、第 2 型、第3型、第4型、第5型或第6型病患。 3.給付療程如下，醫師每次開	用其他DAAs。 10.7.10.Glecaprevir/pibrentasvir（如 Maviret）(107/8/1、108/1/1、108/6/1、109/1/1、109/4/1、109/7/1、109/8/1)： 1.限用於慢性病毒性C型肝炎患者，並依據「C 型肝炎全口服新藥健保給付執行計畫」辦理。(109/1/1、109/7/1) 2.限使用於HCV RNA為陽性及無肝功能代償不全之病毒基因型第1型、第2型、第3型、第4型、第5型或第6型 12 歲(含)以上病患。(108/1/1、108/6/1、109/8/1) 3.給付療程如下，醫師每次開藥以 4 週為限。(108/1/1、109/4/1) (1)未曾接受治療之患者，給付8週。(109/4/1、109/8/1) (2)曾接受 interferon 或 pegylated interferon 治療，或 sofosbuvir 及 ribavirin 合併治療之患者： Ⅰ.基因型第 1、2、4、5 或 6 型： i.無肝硬化者，給付8週。 ii.具代償性肝硬化(Child-Pugh score A)者，給付12週。 Ⅱ.基因型第 3 型，且無肝硬化或具代償性肝硬化(Child-Pugh score A)者，給付16	

藥以4週為限。 (1)基因型1、2、3、4、5、6，且曾接受含 NS5A 抑制劑治療失敗者，給付12週。 (2)基因型1a或3，且曾經接受含sofosbuvir但無NS5A抑制劑治療失敗者，給付 12週。 4.限未曾申請給付本藥品且曾接受其他全口服直接抗病毒藥物（direct-acting anti-viral, DAAs）第一次治療並符合下列情形之一者： (1)接受第一次治療時中斷療程，且中斷原因屬專業醫療評估必須停藥者。 (2)接受第一次治療完成時或治療結束後第 12 週，血中仍偵測到病毒者，或治療4週後之病毒量未能下降超過二個對數值（即下降未達 100倍）發生在108年1月1日前者。 10.8.其他 Miscellaneous 10.8.1.Teicoplanin 及vancomycin：（88/3/1、110/7/1） 10.8.1.1.Teicoplanin 及vancomycin 注射劑：(88/3/1、110/7/1) 1.對其他抗生素有抗藥性之革蘭氏陽性菌感染。 2.病患對其他抗生素有嚴重過敏反應之革蘭氏陽性菌感染。 3.治療抗生素引起之腸炎(antibiotics-associated colitis)，經使用metronidazole無效者始可使	週。 (3)曾接受含 NS5A 抑制劑或NS3/4A 蛋白酶抑制劑治療之基因型第1型患者： Ⅰ.若曾接受NS3/4A蛋白酶抑制劑治療，但未曾接受 NS5A抑制劑治療者，給付 12週。 Ⅱ.若曾接受NS5A抑制劑治療，但未曾接受NS3/4A蛋白酶抑制劑治療者，給付 16週。 4.限未曾申請給付其他同類全口服直接抗病毒藥物(direct-acting anti-viral, DAAs)，且不得併用其他DAAs。 10.7.11.Sofosbuvir/velpatasvir（如 Epclusa）(108/6/1、109/1/1、109/7/1)： 1.限用於成人慢性病毒性C型肝	

用口服 vancomycin。 4. vancomycin 10 gm(溶液用粉劑)限骨髓移植病例使用。 5. 其他經感染症專科醫師認定需使用者。 10.8.1.2. Vancomycin 口服製劑(110/7/1) 1. 限用於梭狀桿菌引起之假膜性結腸炎，且需符合下列診斷方法之一： (1)內視鏡檢查證實有假膜性結腸炎之病理變化。 (2)臨床上有腸炎、結腸炎之相關症狀，如腹瀉、腹痛、腸阻塞(ileus)等，加上下列任一種條件： I. 糞便檢驗證實有梭狀桿菌之 toxin A 或 toxin B 存在、或其毒素基因存在。 II. 糞便細菌培養證實有梭狀桿菌或糞便之抗原檢測證實有 GDH(glutamate dehydrogenase)存在。 2. 申報時應檢附下列報告之一： (1)內視鏡檢查報告。 (2)臨床症狀敘述，加上 Toxin A+B 檢測報告、糞便細菌培養結果、糞便細菌抗原檢測(GDH)結果或 PCR 基因檢測結果。 10.8.2. Quinolone 類：(96/9/1、97/9/1、107/1/1、108/12/1) 限使用於下列疾病，若使用於結核病不予給付，請向衛生福利部疾病管制署申請並依最新版「結核病診治指引」辦理。(96/9/1、108/12/1)	炎患者，並依據「C 型肝炎全口服新藥健保給付執行計畫」辦理。(109/1/1、109/7/1) 2. 限使用於 HCV RNA 為陽性之病毒基因型第 1 型、第 2 型、第 3 型、第 4 型、第 5 型或第 6 型成人病患。 3. 給付療程如下，醫師每次開藥以 4 週為限。 (1)未併有或併有代償性肝硬化(Child-Pugh score A)者，給付 12 週。 (2)併有失代償性肝硬化(Child-Pugh score B 或 C)者，需合併 ribavirin 治療，給付 12 週。 4. 限未曾申請給付其他同類全口服直接抗病毒藥物(direct-acting anti-viral, DAAs)，且不得併用其他 DAAs。	

10.8.2.1.Moxifloxacin（如 Avelox）：(91/2/1、92/11/1、94/3/1、97/9/1、105/8/1) 限用於成人(18 歲以上)之下列感染症： 1.慢性支氣管炎的急性惡化、社區性肺炎、複雜性腹腔內感染。 2.急性鼻竇炎或複雜性皮膚和軟組織感染，因抗藥性細菌感染及病情需要，經感染科醫師會診確認需要使用者。 10.8.2.2.Gemifloxacin（如 Factive）：(96/6/1、97/9/1) 限用於成人(18 歲以上)之慢性支氣管炎的急性惡化、社區性肺炎。 10.8.2.3.Levofloxacin（如 Cravit）(97/9/1) 限用於成人(18 歲以上)之慢性支氣管炎的急性惡化、社區性肺炎、複雜性泌尿道感染。 10.8.2.4.Nemonoxacin（如 Taigexyn)：(107/1/1) 限用於成人(18 歲以上)適合於門診治療之社區性肺炎。 10.8.3.Linezolid（如 Zyvox Injection 及 Tablets）：(91/4/1、100/7/1、105/2/1、108/4/1) 1.限下列條件之一使用： (1)確定或高度懷疑為 MRSA 肺炎（痰液培養出 MRSA，伴隨全身發炎反應，且 CXR 出現新的浸潤或痰液性狀改變或氧氣需求增加），並符合下	10.7.12.Letermovir（如 Prevymis）：(109/6/1) 1. 經事前審查核准後使用。 2. 適用於接受異體造血幹細胞移植(allogeneic HSCT)的 18 歲以上且受贈者為 CMV 血清抗體陽性之病患，藉以預防巨細胞病毒(CMV)感染及相關疾病。 3. 僅限於第一次接受異體造血幹細胞移植時可使用。 4. 限用於移植術後至第 84 天為止。 5. 具下列條件之一之 CMV 感染之高風險病患方得使用： (1)親屬間捐贈：其 HLA-A/B/C/DR 具有 2 個或以上之位點不相符者。 (2)非親屬間捐贈：其 HLA-A/B/C/DR 具有 1 個或以上之位點不相符者。 (3)接受臍帶血移植者。	

列危險因子之一：（105/2/1、108/4/1） Ⅰ.65歲以上。 Ⅱ.BMI≧30。 Ⅲ.急性腎衰竭、腎功能不穩定時。 Ⅳ.過去 90 天內曾使用 glycopeptides 者。（108/4/1） (2)因嚴重肺炎致呼吸衰竭或合併嚴重敗血症之患者，同時有其他部位懷疑或證實為 MRSA 感染，得以經驗性使用；惟後續呼吸道微生物學檢查結果無MRSA呼吸道感染證據時，應停止使用。（108/4/1） (3)證實為 MRSA 複雜性皮膚和皮膚構造感染，並符合下列條件之一：（108/4/1） Ⅰ.有全身性感染徵兆且白血球數異常（>12,000 或<4,000 cells/mcL）。 Ⅱ.免疫功能不全。 (4)證實為 VRE（vancomycin-resistant enterococci)感染，且其 VRE 菌株對 ampicillin 為抗藥者。（108/4/1） (5)其他抗藥性革蘭氏陽性球菌感染，因病情需要，經感染症專科醫師會診確認需要使用者。 2.心內膜炎（endocarditis）病患不建議使用。（108/4/1） 3.申報費用時需檢附會診紀錄或相關之病歷資料。 10.8.4.Telithromycin（如 Ketek)：(93/10/1)	10.8.其他 Miscellaneous 10.8.1.Teicoplanin 及 vancomycin：（88/3/1） 1.對其他抗生素有抗藥性之革蘭氏陽性菌感染。 2.病患對其他抗生素有嚴重過敏反應之革蘭氏陽性菌感染。 3.治療抗生素引起之腸炎	

限用於成人(18 歲以上)之慢性支氣管炎的急性惡化或輕度至中度社區性肺炎。 10.8.5.Tigecycline (如 Tygacil)：(95/12/1、100/7/1) 1.限下列條件之一使用： (1)經細菌培養證實有意義之致病菌且對其他抗微生物製劑均具抗藥性或對其他具有感受性抗微生物製劑過敏，而對 tigecycline 具有感受性(sensitivity)之複雜性皮膚及皮膚結構感染或複雜性腹腔內感染症使用。 (2)其他經感染症專科醫師會診，認定需使用之下列感染症：複雜性皮膚及皮膚結構感染、複雜性腹腔內感染、社區感染性肺炎。(100/7/1) 2.申報費用時需檢附會診紀錄或相關之病歷資料。 10.8.6 Colistin 可用於靜脈注射劑(97/9/1、98/9/1、99/2/1) 限經感染症專科醫師會診，確定使用於一般抗生素無效，且具多重抗藥性之革蘭氏陰性菌之嚴重感染。 10.8.7.Daptomycin 注射劑：(98/1/1) 1.證實為 MRSA (methicillin-resistant staphylococcus aureus)複雜皮膚和皮膚組織感染，且證明為 vancomycin 抗藥菌株或使用 vancomycin、teicoplanin 治療失敗者或對 vancomycin、	(antibiotics-associated colitis)，經使用 metronidazole 無效者始可使用口服 vancomycin。 4.vancomycin 10 gm(溶液用粉劑)限骨髓移植病例使用。 5.其他經感染症專科醫師認定需使用者。 10.8.2. Quinolone 類：(96/9/1、97/9/1、107/1/1、108/12/1) 限使用於下列疾病，若使用於結核病不予給付，請向衛生福利部疾病管制署申請	

teicoplanin 治療無法耐受者。 2.其他抗藥性革蘭氏陽性菌引起的複雜皮膚和皮膚組織感染或 MRSA 菌血症(含右側感染性心內膜炎)，因病情需要經感染症專科醫師會診確認需要使用者(申報費用時需檢附會診及相關之病歷資料)。 10.8.8. Fidaxomicin(如 Dificid)：(103/9/1) 1.限用於經第一線藥物 metronidazole 及 vancomycin 治療無效或復發，且細菌培養或毒素分析(toxin assay)報告證實為困難梭狀桿菌相關腹瀉(C. difficile-associated diarrhoea, CDAD)，並經感染症專科醫師會診，確認有感染症需使用者。 2.申報費用時需檢附會診紀錄及相關之病歷資料。 10.9.抗人類免疫缺乏病毒藥品使用規定(106/2/4) 1.限在台灣地區確診且服藥兩年以上之病患使用。 2.依衛生福利部疾病管制署最新版「抗人類免疫缺乏病毒藥品處方使用規範」之建議辦理。 第 13 節 皮膚科製劑 Dermatological 13.1.(刪除)(104/6/1)	並依最新版「結核病診治指引」辦理。(96/9/1、108/12/1) 10.8.2.1.Moxifloxacin (如 Avelox)：(91/2/1、92/11/1、94/3/1、97/9/1、105/8/1) 限用於成人(18 歲以上)之下列感染症： 1.慢性支氣管炎的急性惡化、社區性肺炎、複雜性腹腔內感染。 2.急性鼻竇炎或複雜性皮膚和軟組織感染，因抗藥性細菌感染及病情需要，經感染科醫師會診確認需要使用者。 10.8.2.2.Gemifloxacin (如 Factive)：(96/6/1、97/9/1) 限用於成人(18 歲以上)之慢性支氣管炎的急性惡化、社區性肺炎。 10.8.2.3.Levofloxacin (如 Cravit) (97/9/1) 限用於成人(18 歲以上)之慢性支氣管炎的急性惡化、社區性肺炎、複雜性泌尿道感染。 10.8.2.4.Nemonoxacin (如 Taigexyn)：(107/1/1) 限用於成人(18 歲以上)適合於門診治療之社區性肺炎。 10.8.3.Linezolid (如 Zyvox Injection 及 Tablets)：(91/4/1、100/7/1、105/2/1、108/4/1) 1.限下列條件之一使用： (1)確定或高度懷疑為MRSA肺炎(痰液培養出 MRSA，伴隨	

13.2.Cadexomer iodine（如 Iodosorb powder）：（87/4/1） 限慢性腿部潰瘍病例及慢性感染性潰瘍傷口使用，每日用量超過一包時，需檢附傷口照片以利審查。 13.3.Calcipotriol 外用製劑：（87/4/1、89/2/1、94/3/1、94/5/1、99/12/1、109/10/1） 13.3.1.Calcipotriol 外用單方製劑（87/4/1、89/2/1、94/3/1、99/12/1） 限確經診斷為尋常性牛皮癬（psoriasis）之病例使用，使用量以每星期不高於 30gm 或 30mL 為原則，若因病情需要使用量需超過每星期 30gm 或 30mL 者，應於病歷詳細記錄理由。 13.3.2.含 calcipotriol 及類固醇之外用複方製劑（如 Daivobet）（94/5/1、99/12/1、109/10/1） 1.限確經診斷為尋常性牛皮癬（psoriasis）之病例使用，使用量以每星期不高於 30gm 為原則，若因病情需要使用量需超過每星期 30gm 者，應於病歷詳細記錄理由。 2.若因病情需要需連續使用超過 8 週者，應於病歷詳細記錄理由。（109/10/1） 13.3.3 與 tazarotene 併用，兩者合計總量每星期不超過 30gm 或 30mL，若因病情需	全身發炎反應，且 CXR 出現新的浸潤或痰液性狀改變或氧氣需求增加），並符合下列危險因子之一：（105/2/1、108/4/1） Ⅰ.65 歲以上。 Ⅱ.BMI≧30。 Ⅲ.急性腎衰竭、腎功能不穩定時。 Ⅳ.過去 90 天內曾使用 glycopeptides 者。（108/4/1） (2)因嚴重肺炎致呼吸衰竭或合併嚴重敗血症之患者，同時有其他部位懷疑或證實為 MRSA 感染，得以經驗性使用；惟後續呼吸道微生物學檢查結果無 MRSA 呼吸道感染證據時，應停止使用。（108/4/1） (3)證實為MRSA複雜性皮膚和皮膚構造感染，並符合下列條件之一：（108/4/1） Ⅰ.有全身性感染徵兆且白血球數異常（>12,000 或 <4,000 cells/mcL）。 Ⅱ.免疫功能不全。 (4)證實為 VRE（vancomycin-resistant enterococci）感染，且其 VRE 菌株對 ampicillin 為抗藥者。（108/4/1） (5)其他抗藥性革蘭氏陽性球菌感染，因病情需要，經感染症專科醫師會診確認需要使用者。 2.心內膜炎（endocarditis）病患不建議使用。（108/4/1） 3.申報費用時需檢附會診紀錄	

要兩者合併使用量需超過每星期 30gm 者，應於病歷詳細記錄理由。(99/12/1) 13.4.Isotretinoin 口服製劑（如 Roaccutane）：（86/9/1、87/4/1、94/3/1） 1.限皮膚科專科醫師使用。 2.需檢附病人之服藥同意書(詳附表十)，以及經傳統治療無效之病歷資料或治療前之照片，經事前審查核准後使用。 3.每次申請以一療程為限，若需再次療程，請檢附原來照片與最近照片再次申請事前審查核准後使用（每一療程最高總劑量為 100 mg －120 mg/kg，於四至六個月完成)。 13.5.Acitretin（如 Neotigason）：(87/11/1) 申報費用時需檢具病患同意書(附表十一)，並檢送含確定診斷之詳細病歷資料，俾利審查。 13.6.Methoxsalen 製劑：(87/11/1) 限皮膚科專科醫師使用於 PUVA 治療（配合紫外線照射)，申報費用時需檢送含確定診斷之詳細病歷資料，俾利審查。 13.7.Doxepin HCl cream（如 Ichderm)：(88/6/1) 限成人使用，每次處方不超過七天。 13.8.Tazarotene 外用製劑：(91/4/1、99/12/1、	或相關之病歷資料。 10.8.4.Telithromycin（如 Ketek)：(93/10/1) 限用於成人(18 歲以上)之慢性支氣管炎的急性惡化或輕度至中度社區性肺炎。 10.8.5.Tigecycline（如 Tygacil）：(95/12/1、100/7/1) 1.限下列條件之一使用： (1)經細菌培養證實有意義之致病菌且對其他抗微生物製劑均具抗藥性或對其他具有感受性抗微生物製劑過敏，而對 tigecycline 具有感受性(sensitivity)之複雜性皮膚及皮膚結構感染或複雜性腹腔內感染症使用。 (2)其他經感染症專科醫師會診，認定需使用之下列感染症：複雜性皮膚及皮膚結構感染、複雜性腹腔內感染、社區感染性肺炎。(100/7/1) 2.申報費用時需檢附會診紀錄或相關之病歷資料。 10.8.6 Colistin 可用於靜脈注射劑(97/9/1、98/9/1、99/2/1) 限經感染症專科醫師會診，確定使用於一般抗生素無效，且具多重抗藥性之革蘭氏陰性菌之嚴重感染。 10.8.7.Daptomycin 注射劑：(98/1/1) 1.證實為 MRSA (methicillin-resistant staphylococcus aureus)複雜皮膚和皮膚組織感	

101/2/1) 1.限乾癬之病例使用。 2.使用量以每星期不高於 30gm 為原則。若因病情需要，使用量需超過每星期 30gm 者，應於病歷詳細記載理由。(99/12/1) 3. 與 calcitriol (或 calcipotriol)併用，兩者合計總量每星期不超過 30gm 或 30mL，若因病情需要兩者合併使用量需超過每星期 30gm 者，應於病歷詳細記載理由。(99/12/1) 13.9.Calcitriol (如 Silkis ointment)：(92/11/1、93/9/1、99/12/1) 1.限用於小於 35%體表面積之輕度至中重度乾癬之病例，使用量以每星期不高於 30gm 為原則，若因病情需要使用量需超過每星期 30gm 者，應於病歷詳細記錄理由。其面積計算:依照 rule of nines 計算法。(同 13.10 備註 1) 2.與 tazarotene 併用，兩者合計總量每星期不超過 30gm 或 30mL，若因病情需要兩者合併使用量需超過每星期 30gm 者，應於病歷詳細記錄理由。 (99/12/1) 13.10.Tacrolimus (如 Protopic Ointment)：(91/12/1、93/8/1、95/7/1、99/12/1) 限二歲以上孩童、青少年及成人因為潛在危險而不宜使用其	染，且證明為 vancomycin 抗藥菌株或使用 vancomycin、teicoplanin 治療失敗者或對 vancomycin、teicoplanin 治療無法耐受者。 2.其他抗藥性革蘭氏陽性菌引起的複雜皮膚和皮膚組織感染或 MRSA 菌血症(含右側感染性心內膜炎)，因病情需要經感染症專科醫師會診確認需要使用者(申報費用時需檢附會診及相關之病歷資料)。 10.8.8. Fidaxomicin(如 Dificid)：(103/9/1) 1.限用於經第一線藥物 metronidazole 及 vancomycin 治療無效或復發，且細菌培養或毒素分析(toxin assay)報告證實為困難梭狀桿菌相關腹瀉(C. difficile-associated diarrhoea, CDAD)，並經感染症專科醫師會診，確認有感染症需使用者。 2.申報費用時需檢附會診紀錄及相關之病歷資料。 10.9.抗人類免疫缺乏病毒藥品使用規定(106/2/4) 1.限在台灣地區確診且服藥兩年以上之病患使用。 2.依衛生福利部疾病管制署最新版「抗人類免疫缺乏病毒藥品處方使用規範」之建議辦理。 第 13 節 皮膚科製劑 Dermatological	

他傳統治療、或對其他傳統治療反應不充分、或無法耐受其他傳統治療且患部面積>30%之中、重度異位性皮膚炎之下列病患第二線使用：(95/7/1) 1.成人患部面積 30%~50%，每星期不超過 30gm；患部面積>50%，每星期不超過 60gm。(99/12/1) 2.孩童患部面積 30%~50%，每兩星期不超過 30gm；患部面積>50%，每星期不超過 30gm。(99/12/1) 3.面積計算：成人依照 rule of nines(詳備註 1)，由部位乘予大約比例之總和，兒童依比例 (備註 2，Barkin 公式) 修訂。 4.使用一個月後，症狀若無改善，應改用其他藥物治療。 5.以三個月為一個療程，作間歇性長期治療者，若需繼續治療，每月限使用 30 公克。(93/8 /1) 6.不可合併紫外線治療。(93/8 /1) 7.與 pimecrolimus 併用時(99/12/1)： (1)成人：患部面積 30%~50%，每星期兩者合併用量不超過 30gm；患部面積>50%，兩者每星期合併用量不超過 60gm。 (2)孩童：患部面積 30%~50%，每兩星期兩者合併用量不超過 30gm；患部面積>50%，每星期兩者合併用量不超過	preparations 13.1.(刪除)(104/6/1) 13.2.Cadexomer iodine (如 Iodosorb powder)：(87/4/1) 限慢性腿部潰瘍病例及慢性感染性潰瘍傷口使用，每日用量超過一包時，需檢附傷口照片以利審查。 13.3.Calcipotriol 外用製劑：(87/4/1、89/2/1、94/3/1、94/5/1、99/12/1、109/10/1) 13.3.1.Calcipotriol 外用單方製劑(87/4/1、89/2/1、94/3/1、99/12/1) 限確經診斷為尋常性牛皮癬(psoriasis)之病例使用，使用量以每星期不高於 30gm 或 30mL 為原則，若因病情需要使用量需超過每星期 30gm 或 30mL 者，應於病歷詳細記錄理由。 13.3.2.含 calcipotriol 及類固醇之外用複方製劑(如 Daivobet)(94/5/1、99/12/1、109/10/1) 1.限確經診斷為尋常性牛皮癬(psoriasis)之病例使用，使用量以每星期不高於 30gm 為原則，若因病情需要使用量需超過每星期 30gm 者，應於病歷詳細記錄理由。 2.若因病情需要需連續使用超過 8 週者，應於病歷詳細記錄理由。(109/10/1)	

30gm。 (3)若因病情需要兩者合併使用量需超過限制者，應於病歷詳細記錄理由。 備註 1：Rule of nines 計算法：頭頸 9%，兩上肢 18%，軀幹 18%，背 18%，兩下肢 36%，陰部 1%。 備註 2：兒童患部面積計算如附表十七 (From Roger M. Barkin) 13.11.Pimecrolimus (Elidel 1%)：(92/11/1、93/8/1、94/3/1 、 95/7/1 、 99/12/1、110/12/1) 限 2 歲以上孩童、青少年及成人且患部面積>30%之中、重度異位性皮膚炎，或敏感性皮膚部位(頭頸部、眼瞼、耳後區、生殖器、皮膚彎曲處、腋下、鼠蹊部)異位性皮膚炎之下列病患第二線使用：(94/3/1、95/7/1、110/12/1) 1.成人患部面積 30%~50%，每星期不超過 30gm；患部面積>50%，每星期不超過 60gm。(94/3/1、99/12/1) 2.孩童患部面積 30%~50%，每兩星期不超過 30gm；患部面積>50%，每星期不超過 30gm。(99/12/1) 3.敏感性皮膚部位(頭頸部、眼瞼、耳後區、生殖器、皮膚彎曲處、腋下、鼠蹊部)異位性皮膚炎部分：成人每月不超過 30gm，孩童每月不超過不超過 20gm，且不得與全身用藥分開計算。(110/12/1) 4.使用一個月後，症狀若無改	13.3.3 與 tazarotene 併用，兩者合計總量每星期不超過 30gm 或 30mL，若因病情需要兩者合併使用量需超過每星期 30gm 者，應於病歷詳細記錄理由。(99/12/1) 13.4.Isotretinoin 口服製劑(如 Roaccutane)：(86/9/1 、 87/4/1 、 94/3/1) 1.限皮膚科專科醫師使用。 2.需檢附病人之服藥同意書(詳附表十)，以及經傳統治療無效之病歷資料或治療前之照片，經事前審查核准後使用。 3.每次申請以一療程為限，若需再次療程，請檢附原來照片與最近照片再次申請事前審查核准後使用(每一療程最高總劑量為 100 mg －120 mg/kg，於四至六個月完成)。 13.5.Acitretin (如 Neotigason)：(87/11/1) 申報費用時需檢具病患同意書(附表十一)，並檢送含確定診斷之詳細病歷資料，俾利審查。 13.6.Methoxsalen 製劑：(87/11/1) 限皮膚科專科醫師使用於 PUVA 治療(配合紫外線照射)，申報費用時需檢送含確定診斷之詳細病歷資料，俾利審查。 13.7.Doxepin HCl cream (如 Ichderm)：(88/6/1) 限成人使用，每次處方不超過	

善，應改用其他藥物治療。 5.以三個月為一個療程，作間歇性長期治療者，若需繼續治療，每月限使用 30 公克。(93/8/1) 6.不可合併紫外線治療。(93/8/1) 7.與 tacrolimus 併用時(99/12/1)： (1)成人：患部面積 30%~50%，每星期兩者合併用量不超過 30gm；患部面積>50%，兩者每星期合併用量不超過 60gm。 (2)孩童：患部面積 30%~50%，每兩星期兩者合併用量不超過 30gm；患部面積>50%，每星期兩者合併用量不超過 30gm。 (3)若因病情需要兩者合併使用量需超過限制者，應於病歷詳細記錄理由。 13.12.Amorolfine (如 Amocoat)：(99/4/1) 1.限用於皮真菌、酵母菌及黴菌引起之甲癬。 2.每年限使用一瓶 5mL。 3.許可證類別若變更為指示用藥，將不予給付。 13.13.Podophyllotoxin (如 Wart Del Cream)：(102/9/1) 1.限皮膚、泌尿、婦產專科醫師或經病理診斷確認，使用於生殖器疣 (包括外生殖器及肛門附近)之治療。 2.每次限給付乙支(5gm)，一個月內不得重複處方，每次療程間應相隔至少 3 個月，治療	七天。 13.8.Tazarotene 外用製劑：(91/4/1、99/12/1、101/2/1) 1.限乾癬之病例使用。 2.使用量以每星期不高於 30gm 為原則。若因病情需要，使用量需超過每星期 30gm 者，應於病歷詳細記載理由。(99/12/1) 3.與 calcitriol (或 calcipotriol)併用，兩者合計總量每星期不超過 30gm 或 30mL，若因病情需要兩者合併使用量需超過每星期 30gm 者，應於病歷詳細記載理由。(99/12/1) 13.9.Calcitriol (如 Silkis ointment)：(92/11/1、93/9/1、99/12/1) 1.限用於小於 35%體表面積之輕度至中重度乾癬之病例，使用量以每星期不高於 30gm 為原則，若因病情需要使用量需超過每星期 30gm 者，應於病歷詳細記錄理由。其面積計算:依照 rule of nines 計算法。(同 13.10 備註 1) 2.與 tazarotene 併用，兩者合計總量每星期不超過 30gm 或 30mL，若因病情需要兩者合併使用量需超過每星期 30gm 者，應於病歷詳細記錄理由。 (99/12/1) 13.10.Tacrolimus (如 Protopic Ointment)：(91/12/1、93/8/1、	

期間不得與其它冷凍、電燒、雷射治療合併申報。 3.若病灶侵犯生殖器部位超過50%，每療程處方之總劑量以10gm 為上限，並且需於病歷上詳載，併得合併申報冷凍、電燒或雷射治療。 13.14.Ingenol（如Picato）：(105/11/1) 限用於治療局部性、非過度角化 (non-hyperkeratotic)、非肥厚型(non-hypertrophic)光化性角化症 1.限用於局部性治療 25cm^{2}的連續治療面積內，4 個(含)以上病灶數量。 2.須經皮膚科醫師診斷為光化性角化症，並附照片備查。 3.療程: (1)150 微克/克(0.015%)用於臉部或頭皮，每天一次、連續塗抹 3 天，每部位每一次療程限處方 3 支； 500 微克/克(0.05%)用於身軀或四肢，每天一次，連續塗抹 2 天，每部位每一次療程限處方 2 支。 (2)若未達完全清除、或病灶復發或出現新病灶，須進行第二次療程，須距第一次療程八週以上，一年內以兩療程為限。 (3)於局部治療範圍處，八週內不得同時併用其他光化性角化症治療，如冷凍治療、雷射、電燒等。	95/7/1、99/12/1) 限二歲以上孩童、青少年及成人因為潛在危險而不宜使用其他傳統治療、或對其他傳統治療反應不充分、或無法耐受其他傳統治療且患部面積>30%之中、重度異位性皮膚炎之下列病患第二線使用：(95/7/1) 1.成人患部面積 30%~50%，每星期不超過 30gm；患部面積>50%，每星期不超過60gm。(99/12/1) 2.孩童患部面積 30%~50%，每兩星期不超過 30gm；患部面積>50%，每星期不超過30gm。(99/12/1) 3.面積計算：成人依照 rule of nines(詳備註1)，由部位乘予大約比例之總和，兒童依比例（備註 2，Barkin 公式）修訂。 4.使用一個月後，症狀若無改善，應改用其他藥物治療。 5.以三個月為一個療程，作間歇性長期治療者，若需繼續治療，每月限使用 30 公克。(93/8 /1) 6.不可合併紫外線治療。(93/8 /1) 7.與 pimecrolimus 併用時(99/12/1)： (1)成人：患部面積 30%~50%，每星期兩者合併用量不超過 30gm；患部面積>50%，兩者每星期合併用量不超過 60gm。 (2)孩童：患部面積 30%~50%，	

13.15. Permethrin 外用製劑：(106/9/1) 1.每人每次限用 1 支(30gm)，需要時得於 7 天後再使用一支。 2.半年內需使用第 3 次時，須經皮膚科醫師確診處方。 13.16.Ivermectin (如 Stromectol)：(107/8/1) 1.限鏡檢呈陽性之確診的疥瘡病患使用，須附照片備查。 2.結痂性疥瘡患者，可合併外用疥瘡藥物治療，但需附照片備查，且每次處方時，限仍有新典型臨床病灶及鏡檢呈陽性者。 13.17.Dupilumab (如 Dupixent)：(108/12/1、109/8/1) 1.限用於經照光治療及其他系統性(全身性)治療無效(治療需 6 個月的完整療程，得合併它院就診病歷)，或因醫療因素而無法接受照光治療及其他系統性(全身性)治療之全身慢性重度之異位性皮膚炎患者。 (1)所稱”慢性”重度之異位性皮膚炎，指病灶持續至少 6 個月，且 Eczema area severity index (EASI) ≧20 且異位性皮膚炎皮膚紅腫體表面積需≧30% 且 Investigator's Global Assessment (IGA):3~4。 註：Eczema area severity index (EASI)之異位性皮膚炎面積計算，只含皮膚紅腫濕疹	每兩星期兩者合併用量不超過 30gm；患部面積>50%，每星期兩者合併用量不超過 30gm。 (3)若因病情需要兩者合併使用量需超過限制者，應於病歷詳細記錄理由。 備註 1：Rule of nines 計算法：頭頸 9%，兩上肢 18%，軀幹 18%，背 18%，兩下肢 36%，陰部 1%。 備註 2：兒童患部面積計算如附表十七 (From Roger M. Barkin) 13.11.Pimecrolimus (Elidel 1%)：(92/11/1、93/8/1、94/3/1、95/7/1、99/12/1) 限二歲以上孩童、青少年及成人且患部面積>30%之中、重度異位性皮膚炎之下列病患第二線使用：(94/3/1、95/7/1) 1.成人患部面積 30%~50%，每星期不超過 30gm；患部面積>50%，每星期不超過 60gm。(94/3/1、99/12/1) 2.孩童患部面積 30%~50%，每兩星期不超過 30gm；患部面積>50%，每星期不超過 30gm。(99/12/1) 3.面積計算：成人依照 rule of nines(詳 13.10 之備註 1)，由部位乘予大約比例之總和，兒童依比例(詳 13.10 之備註 2，Barkin 公	

部位，單純的皮膚乾燥、脫皮、抓痕，不可列入計算。 (2)所稱治療無效，指 3 個月內連續兩次治療後嚴重度仍符合上列第(1)點情況，且兩次評估之間相隔至少 4 週。 Ⅰ.治療必須包括足量之照光治療及包括以下三種系統性(全身性)治療之至少二種，包括 methotrexate、azathioprine、cyclosporin。 Ⅱ.照光治療應依學理，如光化療法(PUVA)及窄頻 UVB(nb-UVB)必須每週至少 2 次，療程達 12 週。申請時必須附病歷影印及詳細照光劑量紀錄。 Ⅲ.Methotrexate 合理劑量需達每週 15mg。Azathioprine 為 2mg/kg/d。Cyclosporin 為 5mg/kg/d。足量治療至少各分別使用 12 週無效或是有客觀證據產生不良反應(如相隔至少 4 週，兩次肝功能 AST/ALT >2.5 UNL，白血球低於 4000/μL，高血壓或腎功能異常，或是至少兩次經培養確診之皰疹性皮膚炎)或有禁忌症後，且不應同時合併使用兩種或以上傳統用藥。 2.需經事前審查核准後使用。 (1)初次申請時，以 6 個月為 1 個療程，持續使用時每 6 個月需再申報一次，且應於期滿前 1 個月提出，並於申請時檢附	式)修訂。(94/3/1) 4.使用一個月後，症狀若無改善，應改用其他藥物治療。 5.以三個月為一個療程，作間歇性長期治療者，若需繼續治療，每月限使用 30 公克。(93/8/1) 6.不可合併紫外線治療。(93/8/1) 7.與 tacrolimus 併用時(99/12/1)： (1)成人：患部面積 30%~50%，每星期兩者合併用量不超過 30gm；患部面積>50%，兩者每星期合併用量不超過 60gm。 (2)孩童：患部面積 30%~50%，每兩星期兩者合併用量不超過 30gm；患部面積>50%，每星期兩者合併用量不超過 30gm。 (3)若因病情需要兩者合併使用量需超過限制者，應於病歷詳細記錄理由。 13.12.Amorolfine (如 Amocoat)：(99/4/1) 1.限用於皮真菌、酵母菌及黴菌引起之甲癬。 2.每年限使用一瓶 5mL。 3.許可證類別若變更為指示用藥，將不予給付。 13.13.Podophyllotoxin (如	

照片。 (2)Dupilumab 起始劑量 600mg (300mg 注射兩劑)，接著以 300 mg隔週注射一次，且於16週時，須先行評估，至少有 EASI50 療效方可使用。 (3)初次申請後每 6 個月須再次申請續用，續用時，與初次治療前之療效達 EASI50 方可使用，續申請時需檢附照片。停藥超過 3 個月再申請者，視同新申請案件，否則視為續用案件。 (4)若患者曾核准使用治療乾癬之生物製劑，需等到乾癬症狀消失後，至少兩年才能提出申請。或申請前須切片確定排除乾癬診斷並經皮膚科專科醫師確立診斷。 3.需排除使用的情形應參照藥物仿單資訊，重要之排除使用狀況包括： (1)懷孕或正在授乳的婦女。 (2)寄生蟲（蠕蟲）感染。 4.需停止治療應參照藥物仿單之禁忌情形，如果發生下列現象應停止治療： (1)不良事件，包括： Ⅰ. 惡性腫瘤。 Ⅱ. 懷孕與授乳期間。 Ⅲ. 寄生蟲（蠕蟲）感染。 (2)療效不彰：患者經過 6 個月治療（初次療程）後未達療效者，療效定義指 EASI 改善未達 50%。 5.暫緩續用之相關規定： (1)暫緩續用時機：使用生物製劑治療 1 年後符合 EASI≦20	Wart Del Cream)：(102/9/1) 1.限皮膚、泌尿、婦產專科醫師或經病理診斷確認，使用於生殖器疣（包括外生殖器及肛門附近)之治療。 2.每次限給付乙支(5gm)，一個月內不得重複處方，每次療程間應相隔至少 3 個月，治療期間不得與其它冷凍、電燒、雷射治療合併申報。 3.若病灶侵犯生殖器部位超過 50%，每療程處方之總劑量以 10gm 為上限，並且需於病歷上詳載，併得合併申報冷凍、電燒或雷射治療。 13.14.Ingenol（如 Picato）：(105/11/1) 限用於治療局部性、非過度角化 (non-hyperkeratotic)、非肥厚型 (non-hypertrophic) 光化性角化症 1.限用於局部性治療 25cm2 的連續治療面積內，4 個(含)以上病灶數量。 2.須經皮膚科醫師診斷為光化性角化症，並附照片備查。 3.療程: (1)150 微克/克(0.015%)用於臉部或頭皮，每天一次、連續塗抹 3 天，每部位每一次療程限處方 3 支； 500 微克/克(0.05%)用於身軀或四肢，每天一次，連續塗抹 2 天，每部位每一次療程限處方 2 支。	

者。 (2)暫緩續用後若疾病再復發，可重新申請使用，須符合至少有 50%復發或 EASI≧20（需附上次療程治療前、後，及本次照片）。 ◎附表三十二：異位性皮膚炎面積暨嚴重度指數【Eczema Area and Severity Index (EASI)】(108/12/1) ◎附表三十二之一：全民健康保險異位性皮膚炎使用 Dupilumab 生物製劑申請表(109/8/1)13.18.Nadifloxacin 外用製劑（如 Nadixa)(110/6/1) 1.限用於傳統外用抗生素治療無效之毛囊炎及尋常性鬚瘡，不得合併其他局部抗生素藥膏使用。 2.臉部每個月限用一條（25gm）。 第 14 節 眼科製劑 Ophthalmic preparations 14.1.高眼壓及青光眼眼用製劑(101/12/1、102/8/1、104/4/1 、 106/2/1 、110/5/1) 本類藥物療程劑量如下：(106/2/1) 1.多次使用包裝(規格量≧2.5mL): (1)單眼每 4 週處方為 1 瓶，雙眼得每 2 週或 3 週處方 1 瓶 。 (101/12/1 、102/8/1、104/4/1) (2) Latanoprostene bunod(如	(2)若未達完全清除、或病灶復發或出現新病灶，須進行第二次療程，須距第一次療程八週以上，一年內以兩療程為限。 (3)於局部治療範圍處，八週內不得同時併用其他光化性角化症治療，如冷凍治療、雷射、電燒等。 13.15. Permethrin 外用製劑：(106/9/1) 1.每人每次限用 1 支(30gm)，需要時得於 7 天後再使用一支。 2.半年內需使用第 3 次時，須經皮膚科醫師確診處方。 13.16.Ivermectin (如 Stromectol)：(107/8/1) 1.限鏡檢呈陽性之確診的疥瘡病患使用，須附照片備查。 2.結痂性疥瘡患者，可合併外用疥瘡藥物治療，但需附照片備查，且每次處方時，限仍有新典型臨床病灶及鏡檢呈陽性者。 13.17.Dupilumab (如 Dupixent)：(108/12/1、109/8/1) 1.限用於經照光治療及其他系統性(全身性)治療無效(治療需 6 個月的完整療程，得合併它院就診病歷)，或因醫療因素而無法接受照光治療及其他系統性(全身性)治療之全身慢性重度之異位性皮膚炎患者。 (1)所稱”慢性”重度之異位性皮膚炎，指病灶持續至少	

Vyzulta): 單眼每 8 週處方為 1 瓶，雙眼得每 4 週處方 1 瓶。(110/5/1) 2. 單次使用包裝(不含防腐劑)，單眼或雙眼每 4 週限處方支數如下(106/2/1)： (1) 每日使用 1 次者，限 30 支(含)以下。 (2) 每日使用 2 次者，限 60 支(含)以下。 (3) 每日使用 3 次者，限 90(含)支以下。 (4) 每日使用 4 次者，限 120(含)支以下。 3. 治療時，不得併用其他同類藥品。 14.1.1. 單方製劑(90/10/1、101/12/1、104/4/1、106/2/1): 1. β-交感神經阻斷劑(β-blockers) 2. 碳酸酐酶抑制劑(Carbonic anhydrase inhibitor)：限對β-blockers 有禁忌、不適或使用效果不佳之病患使用。 3. 前列腺素衍生物類：(Prostaglandin analogues)：(93/2/1、101/12/1) (1)限對β-blockers 使用效果不佳或不適用之病患使用。宜先以單獨使用為原則。 (2)療效仍不足時，得併用其他降眼壓用藥(含複方製劑)。 14.1.2. 複方製劑：(92/2/1、101/12/1、104/4/1、106/2/1)	6 個月，且 Eczema area severity index (EASI) ≧20 且異位性皮膚炎皮膚紅腫體表面積需≧30%且 Investigator's Global Assessment (IGA):3~4。 註：Eczema area severity index (EASI)之異位性皮膚炎面積計算，只含皮膚紅腫濕疹部位，單純的皮膚乾燥、脫皮、抓痕，不可列入計算。 (2)所稱治療無效，指 3 個月內連續兩次治療後嚴重度仍符合上列第(1)點情況，且兩次評估之間相隔至少 4 週。 Ⅰ.治療必須包括足量之照光治療及包括以下三種系統性(全身性)治療之至少二種，包括 methotrexate、azathioprine、cyclosporin。 Ⅱ.照光治療應依學理，如光化療法(PUVA)及窄頻 UVB(nb-UVB)必須每週至少 2 次，療程達 12 週。申請時必須附病歷影印及詳細照光劑量紀錄。 Ⅲ.Methotrexate 合理劑量需達每週 15mg。Azathioprine 為 2mg/kg/d。Cyclosporin 為 5mg/kg/d。足量治療至少各分別使用 12 週無效或是有客觀證據產生不良反應(如相隔至少 4 週，兩次肝功能 AST/ALT >2.5 UNL，白血球低於 4000/μL，高血壓或腎功能異常，或是	

限經單一降眼壓藥物治療後，眼壓仍控制不良之患者第二線(含)以上用藥。(91/12/1、97/8/1、97/9/1、101/12/1) 14.2.Acyclovir 眼用製劑：限下列病例使用 1.帶狀疱疹或單純性疱疹侵犯三叉神經第一分枝 V1 皮節，可能危及眼角膜者。 2.帶狀疱疹或單純性疱疹所引起之角膜炎或角膜潰瘍者。 3.急性視網膜壞死症 (acute retina necrosis)。 4.本品不宜與口服、外用或注射製劑合併使用。 14.3.Maxitrol oph oint；pimafucin oint： 門診處方限一支。 14.4.Quinolone 類眼用製劑：(87/4/1、90/12/1、93/2/1、94/7/1) 14.4.1.Ofloxacin, norfloxacin, ciprofloxacin, moxifloxacin, levofloxacin 眼用製劑：(87/4/1、93/2/1、94/7/1、96/5/1) 1.限用於角膜潰瘍或嚴重角膜炎病例。 2.其餘眼科疾患，則列為第二線用藥，申報費用時需檢附細菌敏感試驗報告。 14.4.2.Lomefloxacin (Okacin)：(90/12/1、93/2/1) 1. 對 lomefloxacin hydrochloride 易感性細	至少兩次經培養確診之皰疹性皮膚炎)或有禁忌症後，且不應同時合併使用兩種或以上傳統用藥。 2.需經事前審查核准後使用。 (1)初次申請時，以 6 個月為 1 個療程，持續使用時每 6 個月需再申報一次，且應於期滿前 1 個月提出，並於申請時檢附照片。 (2)Dupilumab 起始劑量 600mg (300mg 注射兩劑)，接著以 300 mg 隔週注射一次，且於 16 週時，須先行評估，至少有 EASI50 療效方可使用。 (3)初次申請後每 6 個月須再次申請續用，續用時，與初次治療前之療效達 EASI50 方可使用，續申請時需檢附照片。停藥超過 3 個月再申請者，視同新申請案件，否則視為續用案件。 (4)若患者曾核准使用治療乾癬之生物製劑，需等到乾癬症狀消失後，至少兩年才能提出申請。或申請前須切片確定排除乾癬診斷並經皮膚科專科醫師確立診斷。 3.需排除使用的情形應參照藥物仿單資訊，重要之排除使用狀況包括： (1)懷孕或正在授乳的婦女。 (2)寄生蟲 (蠕蟲) 感染。 4.需停止治療應參照藥物仿單之禁忌情形，如果發生下列現象應停止治療： (1)不良事件，包括： Ⅰ. 惡性腫瘤。	

菌所造成之結膜炎、眼瞼炎等之第二線用藥。 2.申報費用時需檢附細菌敏感試驗報告。 14.5.人工淚液：（87/7/1、93/2/1） 1.乾眼症病患經淚液分泌機能檢查(basal Schirmer test)至少單眼淚液分泌少於5 mm者。 2.因乾眼症導致角膜病變、暴露性角膜病變或其它相關之角膜病變必須時之使用。 14.6.(刪除)(101/12/1) 14.7.(刪除)(101/12/1) 14.8.Ketorolac tromethamine（如 Acular Ophthalmic Solution）:(89/11/1) 限白內障手術後之眼部發炎使用。 14.9.其他 Miscellaneous 14.9.1.(刪除)(95/6/1、104/5/1) 14.9.2.新生血管抑制劑(Anti-angiogenic agents): Anti-VEGF 如 ranibizumab (Lucentis)、aflibercept (Eylea) (100/1/1、101/5/1、102/2/1、103/8/1、104/5/1、105/2/1、105/7/1、105/11/1、105/12/1、106/4/1、106/12/1、108/4/1、109/2/1、109/3/1、109/6/1、109/12/1) 本類藥品使用須符合下列條件:	Ⅱ. 懷孕與授乳期間。 Ⅲ. 寄生蟲（蠕蟲）感染。 (2)療效不彰：患者經過6個月治療（初次療程）後未達療效者，療效定義指 EASI 改善未達50%。 5.暫緩續用之相關規定： (1)暫緩續用時機：使用生物製劑治療1年後符合 EASI≦20者。 (2)暫緩續用後若疾病再復發，可重新申請使用，須符合至少有 50%復發或 EASI≧20（需附上次療程治療前、後，及本次照片)。 ◎附表三十二：異位性皮膚炎面積暨嚴重度指數【Eczema Area and Severity Index (EASI)】(108/12/1) ◎附表三十二之一：全民健康保險異位性皮膚炎使用 Dupilumab 生物製劑申請表(109/8/1) 第14節 眼科製劑 Ophthalmic preparations 14.1.高眼壓及青光眼眼用製劑(101/12/1、102/8/1、104/4/1、106/2/1)	

1.未曾申請給付本類藥品者。 2.須經事前審查核准後使用。 (1)第一次申請時需檢附一個月內之病眼最佳矯正視力(介於 0.05~0.5(含)之間)、眼底彩色照片、FAG (fluorescein angiography)、OCT (optical coherence tomography)、及相關病歷紀錄資料。 (2)經評估需續用者，再次申請時需檢附第一次申請資料及再次申請前一個月內有改善證明之相關資料。 3.限眼科專科醫師施行。 4. 已產生中央窩下(subfoveal)結痂者不得申請使用。 5. 限 ranibizumab 及 aflibercept 擇一申請，且未曾申請給付 dexamethasone 眼後段植入劑者或 verteporfin(DME 及 CRVO 除外)。(109/2/1、109/3/1) 6.須於第一次申請核准後 5 年內使用完畢。(109/2/1) 7.依疾病別另規定如下： (1)50 歲以上血管新生型(濕性)年齡相關性黃斑部退化病變(wAMD)：(101/5/1、105/12/1、109/2/1、109/6/1、109/12/1) I.第一次申請時以 8 支為限，第二次申請為 3 支，第三次申請 3 支，每眼給付以 14 支為限。(105/12/1、109/2/1、109/6/1)	本類藥物療程劑量如下：(106/2/1) 1.多次使用包裝(規格量≧2.5mL)，單眼每四週處方為一瓶，雙眼得每二週或三週處方一瓶。(101/12/1、102/8/1、104/4/1) 2.單次使用包裝(不含防腐劑)，單眼或雙眼每 4 週限處方支數如下(106/2/1): Ⅰ.每日使用 1 次者，限 30 支(含)以下。 Ⅱ.每日使用 2 次者，限 60 支(含)以下。 Ⅲ.每日使用 3 次者，限 90(含)支以下。 Ⅳ.每日使用 4 次者，限 120(含)支以下。 14.1.1.單方製劑(90/10/1、101/12/1、104/4/1、106/2/1): 1.β-交感神經阻斷劑(β-blockers) 2.碳酸酐酶抑制劑(Carbonic anhydrase inhibitor)：限對β-blockers 有禁忌、不適或使用效果不佳之病患使用。 3.前列腺素衍生物類：(Prostaglandin analogues)：(93/2/1、	

Ⅱ.必須排除下列情況：(109/2/1) i.血管新生型wAMD進展至視網膜下纖維化或 advanced geographic atrophy 者反應不佳。 ii.高度近視，類血管狀破裂症(angioid streaks)，或其他非wAMD所造成視網膜中央窩（fovea）下之脈絡膜新生血管（Choroidal neovascularization ；CNV）(101/5/1)。 Ⅲ.符合下列任一情況者方得以繼續治療：(109/12/1) i.患眼最佳矯正視力與前次申請之治療期間比較維持穩定(減退不超過 1 行或改善)。 ii.解剖學上仍有疾病活性者(如視網膜內積液、視網膜下積液、視網膜色素上皮層下積液、中心視網膜厚度增加)。 iii.第二次及第三次申請時，需檢附有改善證明之相關資料：最佳矯正視力、彩色眼底照片及 OCT(或OCTA)。 iv.FAG 事前審查時要求補附才需檢附。 (2)糖尿病引起黃斑部水腫(diabetic macular edema, DME)之病變：(102/2/1、103/8/1、105/2/1、105/11/1、105/12/1、106/4/1、108/4/1、109/2/1、109/3/1) Ⅰ.第一次申請以5支為限，每	101/12/1) (1)限對β-blockers 使用效果不佳或不適用之病患使用。宜先以單獨使用為原則。 (2)療效仍不足時，得併用其他降眼壓用藥(含複方製劑)。 14.1.2.複方製劑：(92/2/1、101/12/1、104/4/1、106/2/1) 限經單一降眼壓藥物治療後，眼壓仍控制不良之患者第二線(含)以上用藥。(91/12/1、97/8/1、97/9/1、101/12/1) 14.2.Acyclovir 眼用製劑：限下列病例使用 1.帶狀疱疹或單純性疱疹侵犯三叉神經第一分枝 V1 皮節，可能危及眼角膜者。 2.帶狀疱疹或單純性疱疹所引起之角膜炎或角膜潰瘍者。 3.急性視網膜壞死症 (acute retina necrosis)。 4.本品不宜與口服、外用或注射製劑合併使用。 14.3.Maxitrol oph oint；pimafucin oint： 門診處方限一支。 14.4.Quinolone 類眼用製劑：(87/4/1、90/12/1、93/2/1、94/7/1) 14.4.1.Ofloxacin, norfloxacin, ciprofloxacin, moxifloxacin, levofloxacin 眼用製劑：(87/4/1、93/2/1、	

眼給付以 8 支為限。(105/2/1 、 105/12/1 、109/2/1) Ⅱ.中央視網膜厚度(central retinal thickness,CRT)≧ 300μm。 Ⅲ.近三個月內之糖化血色素(HbA1c)數值低於 10%，並於每次申請時檢附近三個月內之檢查結果。 Ⅳ.再次申請時，需檢附與第一次申請項目相同之各項最近檢查紀錄外，並檢送使用後有改善證明之相關資料。(109/3/1) Ⅴ.第一次申請治療後，患者治療成果不彰或對原申請藥物產生不良反應者，得申請更換給付不同作用機轉藥物，申請時需檢送第一次申請資料及再次申請前一個月內有黃斑水腫仍具臨床活性且中央視網膜厚度(central retinal thickness, CRT)≧ 300μm之相關資料。(109/3/1) Ⅵ.每人每眼申請更換給付不同作用機轉藥物以一次為限。(109/3/1) Ⅶ.申請更換給付 dexamethasone 眼後段植入劑者，以 2 支為限。(109/3/1) Ⅷ.因其他因素(如玻璃體牽引)所造成之黃斑部水腫不得申請使用。(108/4/1) (3)多足型脈絡膜血管病變型黃斑部病變(polypoidal choroidal vasculopathy, PCV)之用藥：(104/5/1、	94/7/1、96/5/1) 1.限用於角膜潰瘍或嚴重角膜炎病例。 2.其餘眼科疾患，則列為第二線用藥，申報費用時需檢附細菌敏感試驗報告。 14.4.2.Lomefloxacin (Okacin)：(90/12/1 、93/2/1) 1. 對 lomefloxacin hydrochloride 易感性細菌所造成之結膜炎、眼瞼炎等之第二線用藥。 2.申報費用時需檢附細菌敏感試驗報告。 14.5.人工淚液：(87/7/1、93/2/1) 1.乾眼症病患經淚液分泌機能檢查(basal Schirmer test)至少單眼淚液分泌少於 5 mm 者。 2.因乾眼症導致角膜病變、暴露性角膜病變或其它相關之角膜病變必須時之使用。 14.6.(刪除)(101/12/1) 14.7.(刪除)(101/12/1) 14.8.Ketorolac tromethamine (如 Acular Ophthalmic Solution)：(89/11/1) 限白內障手術後之眼部發炎使用。 14.9.其他 Miscellaneous 14.9.1.(刪除) (95/6/1、104/5/1) 14.9.2.新生血管抑制劑(Anti-angiogenic agents)：Anti-VEGF 如 ranibizumab (Lucentis)、aflibercept	

105/11/1 、 105/12/1 、106/12/1 、 109/2/1 、109/6/1、109/12/1) I.第一次申請時以 8 支為限，第二次申請為 3 支，第三次申請 3 支，每眼給付以 14 支為限。 (106/12/1、109/2/1、109/6/1) Ⅱ.必須排除 PCV 進展至視網膜下纖維化或者反應不佳。(109/12/1) Ⅲ.符合下列任一情況者方得以繼續治療：(109/12/1) i.患眼最佳矯正視力與前次申請之治療期間比較維持穩定(減退不超過 1 行或改善)。 ii.解剖學上仍有疾病活性者(如視網膜內積液、視網膜下積液、視網膜色素上皮層下積液、中心視網膜厚度增加)。 iii.第二次及第三次申請時，需檢附有改善證明之相關資料：最佳矯正視力、彩色眼底照片及 OCT(或 OCTA)。 iv.ICGA、FAG 事前審查時要求補附才需檢附。 (4)中央視網膜靜脈阻塞(CRVO)續發黃斑部水腫所導致的視力損害：(105/7/1 、 105/11/1 、105/12/1 、 108/4/1 、109/2/1、109/3/1) I.限 18 歲以上患者。 Ⅱ.中央視網膜厚度(central retinal thickness, CRT) ≧ 300μm。 Ⅲ.第一次申請時以 3 支為限，	(Eylea) (100/1/1 、101/5/1 、 102/2/1 、103/8/1 、 104/5/1 、105/2/1 、 105/7/1 、105/11/1 、 105/12/1 、106/4/1 、 106/12/1 、108/4/1 、 109/2/1 、109/3/1 、 109/6/1 、109/12/1) 本類藥品使用須符合下列條件: 1.未曾申請給付本類藥品者。 2.須經事前審查核准後使用。 (1)第一次申請時需檢附一個月內之病眼最佳矯正視力(介於 0.05~0.5(含)之間)、眼底彩色照片、FAG (fluorescein angiography) 、 OCT (optical coherence tomography)、及相關病歷紀錄資料。 (2)經評估需續用者，再次申請時需檢附第一次申請資料及再次申請前一個月內有改善證明之相關資料。 3.限眼科專科醫師施行。 4.已產生中央窩下(subfoveal)結痂者不得申請使用。 5. 限 ranibizumab 及 aflibercept 擇一申請，且未曾申請給付 dexamethasone 眼後段植入劑者或 verteporfin(DME 及 CRVO 除外)。(109/2/1 、109/3/1) 6.須於第一次申請核准後5年內使用完畢。(109/2/1)	

每眼最多給付 7 支。(105/12/1) IV.第一次申請治療後，患者治療成果不彰或對原申請藥物產生不良反應者，得申請更換給付不同作用機轉藥物，申請時需檢送第一次申請資料及再次申請前一個月內有黃斑水腫仍具臨床活性且中央視網膜厚度(central retinal thickness, CRT)≧ 300μm之相關資料。(109/3/1) V.若患者腎功能不全(eGFR＜45mL/min/1.73m2 或 serum creatinine≧1.5mg/dL)，或具有藥物過敏史者需檢附相關資料，得檢附足以證明其罹患疾病之光學共軛斷層血管掃描儀(optical coherence tomography angiography,OCTA)檢查結果代替 FAG 資料。(108/4/1) VI.每人每眼申請更換給付不同作用機轉藥物以一次為限。(109/3/1) VII.申請更換給付 dexamethasone 眼後段植入劑者，以 2 支為限。(109/3/1) (5)病理性近視續發的脈絡膜血管新生所導致的視力損害：(105/7/1、105/12/1、106/12/1、109/2/1) Ⅰ.限超過 600 度近視。 Ⅱ.眼軸長大於 26mm。 Ⅲ.因 CNV 病變而導致動態滲漏	7.依疾病別另規定如下： (1)50 歲以上血管新生型(濕性)年齡相關性黃斑部退化病變(wAMD)：(101/5/1、105/12/1、109/2/1、109/6/1、109/12/1) I.第一次申請時以8支為限，第二次申請為 3 支，第三次申請 3 支，每眼給付以 14 支為限。(105/12/1、109/2/1、109/6/1) Ⅱ.必須排除下列情況：(109/2/1) i.血管新生型 wAMD 進展至視網膜下纖維化或 advanced geographic atrophy 者反應不佳。 ii.高度近視，類血管狀破裂症(angioid streaks)，或其他非 wAMD 所造成視網膜中央窩(fovea)下之脈絡膜新生血管(Choroidal neovascularization；CNV)(101/5/1)。 Ⅲ.符合下列任一情況者方得以繼續治療：(109/12/1) i.患眼最佳矯正視力與前次申請之治療期間比較維持穩定(減退不超過 1 行或改善)。 ii.解剖學上仍有疾病活性者(如視網膜內積液、視網膜下積液、視網膜色素上皮層下積液、中心視網膜厚度增加)。 iii.第二次及第三次申請時，需檢附有改善證明之相關資料：最佳矯正視力、彩色眼底照片及 OCT(或 OCTA)。	

或中央視網膜內或視網膜下液。 IV.申請以一次為限，每眼最多給付3支。(109/2/1) V.有下列情況者不得申請使用： i.有中風病史。 ii.三個月內曾使用過類固醇眼內治療者。 (6)分支視網膜靜脈阻塞(BRVO)續發黃斑部水腫所導致的視力損害：(106/12/1、108/4/1、109/2/1) Ⅰ.限18歲以上患者。 Ⅱ.第一次申請時以3支為限，每眼最多給付7支。(109/2/1) Ⅲ.中央視網膜厚度(central retinal thickness, CRT)≧300μm。 IV.若患者腎功能不全(eGFR＜45mL/min/1.73m2或serumcreatinine≧1.5mg/dL)，或具有藥物過敏史者需檢附相關資料，得檢附足以證明其罹患疾病之光學共軛斷層血管掃描儀(optical coherence tomography angiography, OCTA)檢查結果代替FAG資料。(108/4/1) 14.9.3.Cyclosporine眼用製劑(如Restasis)(100/08/1、103/4/1、105/5/1)(附表二十七) 限乾眼症嚴重程度為Level 3以上且符合下列各項條件之病患使用：(103/4/1、105/5/1)	iv.FAG事前審查時要求補附才需檢附。 (2)糖尿病引起黃斑部水腫(diabetic macular edema, DME)之病變：(102/2/1、103/8/1、105/2/1、105/11/1、105/12/1、106/4/1、108/4/1、109/2/1、109/3/1) Ⅰ.第一次申請以5支為限，每眼給付以8支為限。(105/2/1、105/12/1、109/2/1) Ⅱ.中央視網膜厚度(central retinal thickness,CRT)≧300μm。 Ⅲ.近三個月內之糖化血色素(HbA1c)數值低於10%，並於每次申請時檢附近三個月內之檢查結果。 IV.再次申請時，需檢附與第一次申請項目相同之各項最近檢查紀錄外，並檢送使用後有改善證明之相關資料。(109/3/1) V.第一次申請治療後，患者治療成果不彰或對原申請藥物產生不良反應者，得申請更換給付不同作用機轉藥物，申請時需檢送第一次申請資料及再次申請前一個月內有黃斑水腫仍具臨床活性且中央視網膜厚度(central retinal thickness, CRT)≧300μm之相關資料。(109/3/1) VI.每人每眼申請更換給付不同作用機轉藥物以一次為限。(109/3/1)	

1.淚液分泌測試（Schirmer's test without anesthesia）少於 5mm/5min，需附檢查試紙。(103/4/1、105/5/1) 2.淚膜崩裂時間（Tear Film Break-Up Time）小於或等於 5 秒。(103/4/1、105/5/1) 3.送審時需檢附彩色外眼照片及螢光染色之照片(顯示有嚴重角膜點狀上皮缺損，結膜充血染色且有絲狀角膜炎，角膜潰瘍，或眼瞼結膜粘連，角膜結膜角質化之情形)。 4.曾使用局部抗發炎藥物或淚點塞或人工淚液未見改善。(105/5/1) 5.須經事前審查核准後使用，六個月審查一次。病人必須符合下列條件，方能續用：(105/5/1) (1)主述症狀改善：乾澀、畏光或產生眼睛分泌物。 (2)合併以下任一條件改善： Ⅰ淚液分泌測試。 Ⅱ淚膜崩裂時間。 Ⅲ角膜病變-螢光染色照片。 Ⅳ結膜充血或結膜染色-症狀改善。 14.9.4.Dexamethasone intravitreal implant (如 Ozurdex)(104/05/1、105/8/1、106/4/1、108/4/1、109/2/1、109/3/1) 1.限眼科專科醫師施行。(109/2/1) 2.須於第一次申請核准後 5 年	Ⅶ.申請更換給付 dexamethasone 眼後段植入劑者，以 2 支為限。(109/3/1) Ⅷ.因其他因素(如玻璃體牽引)所造成之黃斑部水腫不得申請使用。(108/4/1) (3)多足型脈絡膜血管病變型黃斑部病變(polypoidal choroidal vasculopathy, PCV)之用藥：(104/5/1、105/11/1、105/12/1、106/12/1、109/2/1、109/6/1、109/12/1) I.第一次申請時以8支為限，第二次申請為 3 支，第三次申請 3 支，每眼給付以 14 支為限。(106/12/1、109/2/1、109/6/1) Ⅱ.必須排除 PCV 進展至視網膜下纖維化或者反應不佳。(109/12/1) Ⅲ.符合下列任一情況者方得以繼續治療：(109/12/1) i.患眼最佳矯正視力與前次申請之治療期間比較維持穩定(減退不超過 1 行或改善)。 ii.解剖學上仍有疾病活性者(如視網膜內積液、視網膜下積液、視網膜色素上皮層下積液、中心視網膜厚度增加)。 iii.第二次及第三次申請時，需檢附有改善證明之相關資料：最佳矯正視力、彩色眼底照片及 OCT(或 OCTA)。 iv.ICGA、FAG 事前審查時要求補附才需檢附。	

內使用完畢。(109/2/1) 3.用於非感染性眼後房葡萄膜炎病人，需符合下列條件： (1)限地區醫院以上層級(含)施行。(109/2/1) (2)需排除因感染性引起之眼後房葡萄膜炎如肺結核、梅毒、弓漿蟲等之感染。 (3)矯正後視力介於0.05和0.5之間。 (4)需符合下列治療方式之一： Ⅰ.葡萄膜炎之患者以口服類固醇控制病情，反應不良或仍有發炎與黃斑部水腫者，需輔以 cyclosporin 或其他全身性免疫抑制劑，經前述治療眼睛發炎仍無法控制者。 Ⅱ.無法口服全身性藥物(類固醇或 cyclosporin)控制者： i.懷孕或正在授乳的婦女。 ii.罹患活動性的感染症的病患。 iii.身上帶有人工關節者，罹患或先前曾罹患過嚴重的敗血症(sepsis)者。 iv.惡性腫瘤或具有癌症前兆(pre-malignancy)的病患。 v.免疫功能不全者(Immunodeficiency)。 vi.曾因其他疾病服用上述口服全身性藥物，有嚴重併發症或後遺症者。 (5)每眼限給付1支。 (6)給付後六個月內不得使用 cyclosporin 藥品。	(4)中央視網膜靜脈阻塞(CRVO)續發黃斑部水腫所導致的視力損害：(105/7/1、105/11/1、105/12/1、108/4/1、109/2/1、109/3/1) I.限18歲以上患者。 Ⅱ.中央視網膜厚度(central retinal thickness, CRT)≧ 300μm。 Ⅲ.第一次申請時以3支為限，每眼最多給付7支。(105/12/1) IV.第一次申請治療後，患者治療成果不彰或對原申請藥物產生不良反應者，得申請更換給付不同作用機轉藥物，申請時需檢送第一次申請資料及再次申請前一個月內有黃斑水腫仍具臨床活性且中央視網膜厚度(central retinal thickness, CRT)≧ 300μm之相關資料。(109/3/1) V.若患者腎功能不全(eGFR＜45mL/min/1.73m2或serum creatinine≧1.5mg/dL)，或具有藥物過敏史者需檢附相關資料，得檢附足以證明其罹患疾病之光學共軛斷層血管掃描儀(optical coherence tomography angiography,OCTA)檢查結果代替 FAG 資料。(108/4/1) VI.每人每眼申請更換給付不同作用機轉藥物以一次為限。(109/3/1) Ⅶ.申請更換給付	

(7)需事前審查，並檢附病歷摘要及符合下列條件之一之診斷依據。 Ⅰ.一個月內有效之 OCT 顯示中央視網膜厚度(central retinal thickness, CRT)≧300μm。 Ⅱ.一個月內有效之 FAG (fluorescein angiography)看到血管明顯滲漏現象或黃斑部囊狀水腫。 4.用於中央視網膜靜脈阻塞(CRVO)導致黃斑部水腫，需符合下列條件：(105/8/1、106/4/1、108/4/1、109/2/1、109/3/1) (1) 限18歲以上患者。 (2) 中央視網膜厚度(central retinal thickness, CRT)≧300μm。 (3) 已產生中央窩下(subfoveal)結痂者不得申請使用。 (4) 須經事前審查核准後使用。 Ⅰ.第一次申請以2支為限，第一次申請時需檢附一個月內之病眼最佳矯正視力(介於 0.05~0.5(含)之間)、眼底彩色照片、FAG (fluorescein angiography)、OCT (optical coherence tomography)及相關病歷紀錄資料。若患者腎功能不全(eGFR＜45mL/min/1.73m2 或 serum creatinine≧1.5mg/dL)，	dexamethasone 眼後段植入劑者，以 2 支為限。(109/3/1) (5)病理性近視續發的脈絡膜血管新生所導致的視力損害：(105/7/1、105/12/1、106/12/1、109/2/1) Ⅰ.限超過600度近視。 Ⅱ.眼軸長大於26mm。 Ⅲ.因 CNV 病變而導致動態滲漏或中央視網膜內或視網膜下液。 IV.申請以一次為限，每眼最多給付3支。(109/2/1) V.有下列情況者不得申請使用： i.有中風病史。 ii.三個月內曾使用過類固醇眼內治療者。 (6)分支視網膜靜脈阻塞(BRVO)續發黃斑部水腫所導致的視力損害：(106/12/1、108/4/1、109/2/1) Ⅰ.限18歲以上患者。 Ⅱ.第一次申請時以 3 支為限，每眼最多給付 7 支。(109/2/1) Ⅲ.中央視網膜厚度(central retinal thickness, CRT)≧ 300μm。 IV.若患者腎功能不全(eGFR＜45mL/min/1.73m2 或 serumcreatinine ≧ 1.5mg/dL)，或具有藥物過敏史者需檢附相關資料，得檢附足以證明其罹患疾病之光學共軛斷層血管掃描儀(optical coherence	

或具有藥物過敏史者需檢附相關資料，得檢附足以證明其罹患疾病之光學共軛斷層血管掃描儀(optical coherence tomography angiography, OCTA)檢查結果代替 FAG 資料。(108/4/1、109/2/1) Ⅱ.經評估需續用者，再次申請時需檢附第一次申請資料及再次申請前一個月內有改善證明之相關資料，每眼給付以 4 支為限 。(109/2/1) Ⅲ.第一次申請治療後，患者治療成果不彰或對原申請藥物產生不良反應者，得申請更換給付新生血管抑制劑(限 ranibizumab 及 aflibercept 擇一申請)，申請時需檢送第一次申請資料及再次申請前一個月內有黃斑水腫仍具臨床活性且中央視網膜厚度(central retinal thickness,CRT)≧ 300μm 之相關資料。(109/3/1) Ⅳ.每人每眼申請更換給付不同作用機轉藥物以一次為限，申請更換給付新生血管抑制劑(如 aflibercept 或 ranibizumab)者，以 4 支為限。(109/3/1) 5.用於糖尿病引起黃斑部水腫(diabetic macular edema, DME)之病變，需符合下列條件：(106/4/1、108/4/1 、 109/2/1 、109/3/1) (1)中央視網膜厚度(central	tomography angiography, OCTA)檢查結果代替 FAG 資料。(108/4/1) 14.9.3.Cyclosporine 眼用製劑(如 Restasis)(100/08/1 、 103/4/1 、105/5/1)(附表二十七) 限乾眼症嚴重程度為 Level 3 以上且符合下列各項條件之病患使用：(103/4/1 、105/5/1) 1.淚液分泌測試(Schirmer’s test without anesthesia)少於 5mm/5min，需附檢查試紙。(103/4/1、105/5/1) 2.淚膜崩裂時間(Tear Film Break-Up Time)小於或等於 5 秒。(103/4/1 、105/5/1) 3.送審時需檢附彩色外眼照片及螢光染色之照片(顯示有嚴重角膜點狀上皮缺損，結膜充血染色且有絲狀角膜炎，角膜潰瘍，或眼瞼結膜粘連，角膜結膜角質化之情形)。 4.曾使用局部抗發炎藥物或淚點塞或人工淚液未見改善。(105/5/1) 5.須經事前審查核准後使用，六個月審查一次。病人必須符合下列條件，方能續用：(105/5/1) (1)主述症狀改善：乾澀、畏光或產生眼睛分泌物。 (2)合併以下任一條件改善： Ⅰ淚液分泌測試。 Ⅱ淚膜崩裂時間。 Ⅲ角膜病變-螢光染色照片。	

retinal thickness, CRT)≧300μm。 (2) 已產生中央窩下(subfoveal)結痂者不得申請使用。 (3)近三個月內之糖化血色素(HbA1c)數值低於 10%，並於每次申請時檢附近三個月內之檢查結果。 (4)須經事前審查核准後使用。 Ⅰ.未曾申請給付新生血管抑制劑(anti-angiogenic agents)者，第一次申請以 3 支為限，第一次申請時需檢附一個月內之病眼最佳矯正視力(介於 0.05~0.5(含)之間)、眼底彩色照片、FAG (fluorescein angiography)、OCT (optical coherence tomography)、及相關病歷紀錄資料。(109/2/1) Ⅱ.經評估需續用者，再次申請時需檢附與第一次申請項目相同之各項最近檢查紀錄外，並檢送使用後有改善證明之相關資料，每眼給付以 5 支為限。(109/2/1) Ⅲ.第一次申請治療後，患者治療成果不彰或對原申請藥物產生不良反應者，得申請更換給付新生血管抑制劑(限 ranibizumab 及 aflibercept 擇一申請)，申請時需檢送第一次申請資料及再次申請前一個月內有黃斑水腫仍具臨床活	Ⅳ結膜充血或結膜染色-症狀改善。 14.9.4.Dexamethasone intravitreal implant (如Ozurdex)(104/05/1、105/8/1、106/4/1、108/4/1、109/2/1、109/3/1) 1.限眼科專科醫師施行。(109/2/1) 2.須於第一次申請核准後5年內使用完畢。(109/2/1) 3.用於非感染性眼後房葡萄膜炎病人，需符合下列條件： (1)限地區醫院以上層級(含)施行。(109/2/1) (2)需排除因感染性引起之眼後房葡萄膜炎如肺結核、梅毒、弓漿蟲等之感染。 (3)矯正後視力介於 0.05 和 0.5 之間。 (4)需符合下列治療方式之一： Ⅰ.葡萄膜炎之患者以口服類固醇控制病情，反應不良或仍有發炎與黃斑部水腫者，需輔以 cyclosporin 或其他全身性免疫抑制劑，經前述治療眼睛發炎仍無法控制者。 Ⅱ.無法口服全身性藥物(類固醇或 cyclosporin)控制者： i.懷孕或正在授乳的婦女。 ii.罹患活動性的感染症的病患。 iii.身上帶有人工關節者，罹患或先前曾罹患過嚴重的敗血症(sepsis)者。	

性且中央視網膜厚度(central retinal thickness,CRT)≧ 300μm之相關資料。(109/3/1) Ⅳ.每人每眼申請更換給付不同作用機轉藥物以一次為限，申請更換給付新生血管抑制劑者，以 3 支為限。(109/3/1) (5)有下列情況不得申請使用： Ⅰ.因其他因素(如玻璃體牽引)所造成之黃斑部水腫。(108/4/1) Ⅱ.青光眼。 14.9.5.Verteporfin(如Visudyne)(109/2/1) 使用於多足型脈絡膜血管病變型黃斑部病變(polypoidal choroidal vasculopathy,PCV)，並符合下列條件: 1.未曾申請給付新生血管抑制劑(anti-angiogenic agents)者。 2.須經事前審查核准後使用。 (1)第一次申請時需檢附一個月內之病眼最佳矯正視力(介於 0.05~0.5(含)之間)、眼底彩色照片、FAG(fluorescein angiography)、OCT(optical coherence tomography)及相關病歷紀錄資料。 (2)經評估需續用者，再次申請時需檢附第一次申請資料及再次申請前一個月內有改善證明之相關資料。 3.限眼科專科醫師施行。	iv.惡性腫瘤或具有癌症前兆(pre-malignancy)的病患。 v.免疫功能不全者(Immunodeficiency)。 vi.曾因其他疾病服用上述口服全身性藥物，有嚴重併發症或後遺症者。 (5)每眼限給付 1 支。 (6)給付後六個月內不得使用cyclosporin藥品。 (7)需事前審查，並檢附病歷摘要及符合下列條件之一之診斷依據。 Ⅰ.一個月內有效之OCT 顯示中央視網膜厚度(central retinal thickness, CRT)≧300μm。 Ⅱ.一個月內有效之 FAG(fluorescein angiography)看到血管明顯滲漏現象或黃斑部囊狀水腫。 4.用於中央視網膜靜脈阻塞(CRVO)導致黃斑部水腫，需符合下列條件：(105/8/1、106/4/1、108/4/1、109/2/1、109/3/1) (1) 限 18 歲以上患者。 (2) 中央視網膜厚度(central retinal thickness, CRT)≧300μm。 (3) 已產生中央窩下(subfoveal)結痂者不得申請使用。 (4) 須經事前審查核准後使用。 Ⅰ.第一次申請以 2 支為限，第一次申請時需檢附一個月	

4. 已產生中央窩下(subfoveal)結痂者不得申請使用。 5.須於第一次申請核准後 5 年內使用。 6.病灶限位於大血管弓內(major vessels archade)。 7.每次申請給付 1 支，每次治療間隔至少 3 個月，每人每眼給付以 3 次為上限。 8.每次申請時需另檢附一個月內有效之 ICGA 照片、治療紀錄及病歷等資料。	內之病眼最佳矯正視力(介於 0.05~0.5(含)之間)、眼底彩色照片、FAG (fluorescein angiography)、OCT (optical coherence tomography)及相關病歷紀錄資料。若患者腎功能不全 (eGFR < 45mL/min/1.73m2 或 serum creatinine≧1.5mg/dL)，或具有藥物過敏史者需檢附相關資料，得檢附足以證明其罹患疾病之光學共軛斷層血管掃描儀(optical coherence tomography angiography, OCTA)檢查結果代替 FAG 資料。(108/4/1、109/2/1) Ⅱ.經評估需續用者，再次申請時需檢附第一次申請資料及再次申請前一個月內有改善證明之相關資料，每眼給付以 4 支為限 。(109/2/1) Ⅲ.第一次申請治療後，患者治療成果不彰或對原申請藥物產生不良反應者，得申請更換給付新生血管抑制劑(限 ranibizumab 及 aflibercept 擇一申請)，申請時需檢送第一次申請資料及再次申請前一個月內有黃斑水腫仍具臨床活性且中央視網膜厚度(central retinal thickness,CRT)≧ 300μm 之相關資料。(109/3/1) Ⅳ.每人每眼申請更換給付不同作用機轉藥物以一次為	

	限，申請更換給付新生血管抑制劑(如 aflibercept 或 ranibizumab)者，以 4 支為限。(109/3/1) 5.用於糖尿病引起黃斑部水腫(diabetic macular edema, DME)之病變，需符合下列條件：(106/4/1、108/4/1 、 109/2/1 、109/3/1) (1)中央視網膜厚度(central retinal thickness, CRT)≧300μm。 (2) 已產生中央窩下(subfoveal)結痂者不得申請使用。 (3)近三個月內之糖化血色素(HbA1c)數值低於 10%，並於每次申請時檢附近三個月內之檢查結果。 (4)須經事前審查核准後使用。 Ⅰ.未曾申請給付新生血管抑制劑 (anti-angiogenic agents)者，第一次申請以 3 支為限，第一次申請時需檢附一個月內之病眼最佳矯正視力(介於 0.05~0.5(含)之間)、眼底彩色照片、FAG (fluorescein angiography)、OCT (optical coherence tomography)、及相關病歷紀錄資料。(109/2/1) Ⅱ.經評估需續用者，再次申請時需檢附與第一次申請項目相同之各項最近檢查紀錄外，並檢送使用後有改善證明之相關資料，每眼	

	給付以 5 支為限。(109/2/1) Ⅲ.第一次申請治療後，患者治療成果不彰或對原申請藥物產生不良反應者，得申請更換給付新生血管抑制劑(限 ranibizumab 及 aflibercept 擇一申請)，申請時需檢送第一次申請資料及再次申請前一個月內有黃斑水腫仍具臨床活性且中央視網膜厚度(central retinal thickness,CRT)≧ 300μm 之相關資料。(109/3/1) Ⅳ.每人每眼申請更換給付不同作用機轉藥物以一次為限，申請更換給付新生血管抑制劑者，以 3 支為限。(109/3/1) (5)有下列情況不得申請使用： Ⅰ.因其他因素(如玻璃體牽引)所造成之黃斑部水腫。(108/4/1) Ⅱ.青光眼。 14.9.5.Verteporfin(如 Visudyne)(109/2/1) 使用於多足型脈絡膜血管病變型黃斑部病變(polypoidal choroidal vasculopathy,PCV)，並符合下列條件: 1.未曾申請給付新生血管抑制劑(anti-angiogenic agents)者。 2.須經事前審查核准後使用。 (1)第一次申請時需檢附一個月內之病眼最佳矯正視力(介於 0.05~0.5(含)之間)、	

	眼底彩色照片、FAG (fluorescein angiography)、OCT (optical coherence tomography)及相關病歷紀錄資料。 (2)經評估需續用者，再次申請時需檢附第一次申請資料及再次申請前一個月內有改善證明之相關資料。 3.限眼科專科醫師施行。 4.已產生中央窩下(subfoveal)結痂者不得申請使用。 5.須於第一次申請核准後5年內使用。 6.病灶限位於大血管弓內(major vessels archade)。 7.每次申請給付1支，每次治療間隔至少 3 個月，每人每眼給付以3次為上限。 8.每次申請時需另檢附一個月內有效之 ICGA 照片、治療紀錄及病歷等資料。	

(現行規定)全民健康保險降血脂藥物給付規定表

全民健康保險降膽固醇藥物給付規定表

	非藥物治療	起始藥物治療血脂值	血脂目標值	處方規定
1. 有急性冠狀動脈症候群病史 2. 曾接受心導管介入治療或外科冠動脈搭橋手術之冠狀動脈粥狀硬化患者(108/2/1)	與藥物治療可並行	LDL-C≧70mg/dL	LDL-C<70mg/dL	第一年應每 3-6 個月抽血檢查一次，第二年以後應至少每 6-12 個月抽血檢查一次，同時請注意副作用之產生如肝功能異常，橫紋肌溶解症。
心血管疾病或糖尿病患者	與藥物治療可並行	TC≧160mg/dL 或 LDL-C≧100mg/dL	TC＜160mg/dL 或 LDL-C＜100mg/dL	
2 個危險因子或以上	給藥前應有 3-6 個月非藥物治療	TC≧200mg/dL 或 LDL-C≧130mg/dL	TC＜200mg/dL 或 LDL-C＜130mg/dL	
1 個危險因子	給藥前應有 3-6 個月非藥物治療	TC≧240mg/dL 或 LDL-C≧160mg/dL	TC＜240mg/dL 或 LDL-C＜160mg/dL	
0 個危險因子	給藥前應有 3-6 個月非藥物治療	LDL-C≧190mg/dL	LDL-C＜190mg/dL	

- 心血管疾病定義：

(一) 冠狀動脈粥狀硬化患者包含：心絞痛病人，有心導管證實或缺氧性心電圖變化或負荷性試驗陽性反應者(附檢查報告)

(二) 缺血型腦血管疾病病人包含：

1.腦梗塞。

2.暫時性腦缺血患者(TIA)。(診斷須由神經科醫師確立)

3.有症狀之頸動脈狹窄。(診斷須由神經科醫師確立)

- 危險因子定義：

1.高血壓

2.男性≧45 歲，女性≧55 歲或停經者

3.有早發性冠心病家族史(男性≦55 歲，女性≦65 歲)

4.HDL-C<40mg/dL

5.吸菸(因吸菸而符合起步治療準則之個案，若未戒菸而要求藥物治療，應以自費治療)。

全民健康保險降三酸甘油酯藥物給付規定表

	非藥物治療	起始藥物治療三酸甘油酯值	三酸甘油酯目標值	處方規定
心血管疾病或糖尿病病人	與藥物治療可並行	TG≧200mg/dL 且(TC/HDL-C>5 或 HDL-C<40mg/dL)	TG＜200mg/dL	第一年應每 3-6 個月抽血檢查一次，第二年以後應至少每 6-12 個月抽血檢查一次，同時請注意副作用之產生如肝功能異常，橫紋肌溶解症。
無心血管疾病病人	給藥前應有 3-6 個月非藥物治療	TG≧200mg/dL 且(TC/HDL-C>5 或 HDL-C<40mg/dL)	TG＜200mg/dL	
無心血管疾病病人	與藥物治療可並行	TG≧500mg/dL	TG＜500mg/dL	

（現行規定）法布瑞氏症心臟變異型心臟功能評估指標表

1	左心室厚度>12mm。
2	心電圖左心室肥厚 (ECG LVH Romhilt-Estes score>5 或符合 Cornell's criteria)
3	心臟超音波左心室質量指數 (LVMI)男性大於 51 gm/m2.7, 女性大於 48 gm/m2.7, LVMI。(108/5/1)
4	心臟超音波左心室舒張功能異常 E/A ratio>2.0 及 deceleration time<150 msec 或組織超音波顯示舒張功能異常(二尖瓣環部中膈 E/E' >15 或側壁 E/E'>12).
5	間隔至少超過 12 個月測量左心室質量 (LVM) 增加>5g/m^2
6	心臟超音波左心房體積增加>34 mL/m2 body surface area (BSA) (108/5/1)
7	心肌與節律出現異常：AV block, short PR interval, LBBB,ventricular or atrial tachyarrhythmias, sinus bradycardia(在沒有使用抑制心律的藥物下)
8	中度到重度的二尖瓣與主動瓣膜閉鎖不全
9	心臟磁振造影心肌延遲顯影(delayed enhancement)出現左心室的輕度到中度纖維化。

（現行規定）全民健康保險呼吸道疾患吸入製劑給付規定表

	固定劑量吸入劑 (MDI)(91/8/1)	粉狀吸入劑 (DPI)	液態吸入劑 (nebulizer)
乙二型擬交感神經劑 (β_2-agonists)	一、一般使用頻率每日四到六次。 二、每月最大劑量為 180 劑(puff)。 三、不建議長期規則使用。 四、長效劑型每日兩次(BID)，限中度持續性以上之哮喘及中等嚴重以上之慢性阻塞性肺疾病患使用，不建議急性發作時使用，每月至多使用一支，開立時病歷上應詳細記載氣喘發作狀況及尖峰呼氣流速之數據。	使用劑量及調整方式同固定劑量吸入劑(MDI)。	一、阻塞性肺疾病急性發作時，每 20 分鐘至一小時使用一次。 二、急性症狀消失後恢復為每日四到六次。 三、視情況繼續居家使用，每次處方以一週為限。 四、每月最大劑量為 60 小瓶(vial)。
抗膽鹼劑 (anticholinergics)	一、一般性使用為每日四到六次。 二、每月最大劑量為 180 劑(puff)。 三、如配合儲備艙(spacer)或間歇液態吸入劑的使用，則每月使用劑量可以降低。		一、阻塞性肺疾病急性發作時，每 20 分鐘至一小時使用一次。 二、急性症狀消失後恢復為每日四到六次。 三、視情況(＊)繼續居家使用，每月最大劑量為 120 小瓶(vial)。
類固醇藥物吸入劑 (steroid inhalants)	一、維持劑量視個人而定，一般建議為每日 200-800 mcg。 二、病況不穩時可加倍劑量，三到五日後回復到 200-800 mcg 的建議維持劑量。 三、最大處方量每個月兩瓶，需註明上次取藥日期。	使用劑量及調整方式同固定劑量吸入劑(MDI)。	一、阻塞性肺疾病併有其他不適合口服、靜脈注射的狀況、具有人工呼吸道需要使用類固醇的狀況。 二、拔管後、使用固定劑量吸入劑或粉狀吸入劑效果不彰、或使用技巧無法配合等狀況使用。 三、適應症或狀況消失後應儘速改用其他劑型，一般使用以不超過一週為原則。

＊小容積化霧器或液態吸入劑

一、病人被判斷為無法有效地操作固定劑量吸入劑 (MDI) 裝置

二、病患肺活量低於 7 mL × 1.5/kg 或吸氣流量 (inspiratory flow) 低於每分鐘 30 公升，或停止呼吸之能力低於 4 秒時。

三、使用固定劑量吸入劑之病患，反覆發作急性呼吸道阻塞損及使用此裝置之能力。

四、使用固定劑量吸入劑或粉狀吸入劑 (DPI) 效果並不理想時，亦可使用小容積化霧器或液態吸入劑，惟必須定期評估。

（現行規定）全民健康保險兒童呼吸道疾患吸入製劑給付規定表

	固定劑量吸入劑 (MDI)	粉狀吸入劑 (DPI)	液態吸入劑 (Nebulizer)
乙二型擬交感神經劑 (β_2-agonists)	一、需要時才使用，不建議長期規則使用。 二、每日最多六次(puffs)，每月最多一百次。 三、長效劑型每日一至兩次 (BID)，急性發作不建議使用。	使用劑量及調整方式同固定劑量吸入劑(MDI)。	一、阻塞性肺病（如氣喘、哮吼等）急性發作時，每二十分至二小時使用一次。 二、急性症狀緩解後治療，有需要才使用，每日最多六次，每月最高用量三十次。 三、氣喘病人可合併使用吸入性類固醇，可減少長期使用。 四、視情況居家使用，以二天為限。
抗膽鹼劑 (anticholinergics)	一、一般性使用為每日四到六次。 二、每月最大用量一百次，配合 spacer 使用，使用劑量可以降低。		一、阻塞性肺病（如氣喘、哮吼等）急性發作時，每二十分至二小時使用一次。 二、沒有急性重症發作時，每月用量三十次以內。
類固醇藥物吸入劑 (steroid inhalants)	一、有需要應規則使用，配合簡易尖峰吐氣量計（PEFR）調整。 二、維持劑量在每日 50-800 mcg。 三、每月最大用量一至二瓶。	使用劑量及調整方式同固定劑量吸入劑(MDI)。	一、阻塞性肺病（如氣喘、哮吼等）急性發作，在確定診斷下，每十二小時使用一劑（0.05mg/kg，上限 2mg/次）。 二、拔管前後之病人，亦適合使用，不超過二天。 三、使用一至三天後，應轉成其他 MDI 劑型使用。超過三天使用，應說明理由。

＊MDI 使用於年紀小者，可配合 spacer 或 aerochamber 使用。

（現行規定）表 1 急性腎衰竭定義

	血清肌酸酐(Cr)	尿量
病期 1	基準值之 1.5-1.9 倍	6-12 小時量低於 0.5ml/公斤體重/小時
病期 2	基準值之 2.0-2.9 倍	12 小時以上低於 0.5ml/公斤體重/小時
病期 3	基準值之 3 倍以上且血清肌酸酐≧4.0mg/dl，且開始腎臟替代療法，在 18 歲以下則 eGFR<35ml/min/1.73m^2	24 小時以上 <0.3ml/公斤體重/小時 或 12 小時以上無尿

*KDIGO Clinical Practice Guideline for Acute Kidney Injury. Kidney Int Suppl 2012:2:1-138

修正附表

附表二十四之一：全民健康保險乾癬使用生物製劑申請表

醫院代號		醫院名稱		申請日期	
病人姓名		性別		出生日期	
身分證號		病歷號碼		使用期間	自　年　月　日
藥品代碼		用法用量			至　年　月　日

□ **符合照光治療及其他系統性治療無效，或因醫療因素而無法接受其他系統性治療之全身慢性中、重度之乾癬或頑固之掌蹠性乾癬，且影響功能：（定義請參照給付規定）**

1. □ 符合照光治療無效（檢附詳細3個月照光劑量記錄）。

2. □ 符合其他系統性治療無效（目前未達 PASI 或 BSA 申請標準者，需同時附治療前後資料）。

至少 2 種其他系統性用藥之使用時間、劑量及停用理由

	使用劑量	使用時間	停用理由
Acitretin	___mg/day	__年__月__日至 __年__月__日	
Methotrexate	___mg/week	__年__月__日至 __年__月__日	
Cyclosporin	___mg/day	__年__月__日至 __年__月__日	

患者體重:_____ kg

3-1 □ 符合全身慢性中、重度之乾癬（檢附至少 6 個月病歷影本，治療已滿 3 個月，未滿 6 個月，得合併它院就診病歷）。

3-2 □ 符合頑固之掌蹠性乾癬者（檢附照片應包括前、後、左、右至少四張，並視需要加附頭部、掌、蹠照片）。

4. □ 乾癬面積暨嚴重度指數〔Psoriasis Area Severity Index（PASI）〕≧10 (不適

用 PASI 測定如膿疱性乾癬，則以範圍 ≧10%體表面積)。

PASI＝0.1*（___＋___＋___）*___＋0.3*（___＋___＋___）*___＋
0.2*（___＋___＋___）*___＋0.4*（___＋___＋___）*___
＝_____

□ **暫緩續用後疾病再復發之重新申請：**

□ 符合至少有 50%復發（需附上次療程治療前、後，及本次照片）。

□ 符合連續兩次暫緩用藥後復發病史者（停藥後 6 個月內 PASI>10 或 50%復發）

□ **符合繼續使用之療效評估：**

初次療程

1. □ 於初次療程之第12週（使用 ustekinumab 者為第16週）評估時，至少有 PASI 25療效。risankizumab 於16週時，須先行評估至少有 PASI 75療效。
2. □ 於初次療程，經過6個月治療後，PASI 或體表面積改善達50%。
3. □ 原先使用 cyclosporin 控制有效且腎功能異常（Creatinine 基礎值上升≧30%）者，於6個月療程（初次療程）結束後，因回復使用 cyclosporin 產生腎功能異常，或其他無法有效控制之副作用，經減藥後仍無法有效控制乾癬。（不符合者下次申請應於1年後）
4. □ 符合連續兩次暫緩用藥後復發病史者。

重複療程

5. □ 再次申請時，符合下列條件之一：
   i. □ 與初次治療前之療效達 PASI 50；risankizumab 於16週時，須先行評估至少有 PASI 75療效。
   ii. □ 暫緩續用後至少有50%復發（需附上次療程治療前、後及本次照片）。
   iii. □ 符合連續兩次暫緩用藥後復發病史者。
6. □ 上次治療至今病歷影本(至多附6個月)，以及申請日期之臨床照片。

上次申請之生物製劑使用時間及使用劑量：

使用生物製劑	使用劑量	使用時間	PASI 治療前後數值
	___mg/___週	__年__月__日至 __年__月__日	
	___mg/___週	__年__月__日至 __年__月__日	
	___mg/___週	__年__月__日至 __年__月__日	

□**無「需排除或停止使用之情形」**

☐是 ☐否	是否有生物製劑仿單記載之禁忌情形。
☐ 是 ☐ 否	婦女是否正在懷孕或授乳。
☐ 是 ☐ 否	病患是否罹患活動性感染之疾病。
☐ 是 ☐ 否	病患是否具有高度感染機會之情形，其中包括 1.慢性腿部潰瘍，2.未經完整治療之結核病的病患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查），3.過去 12 個月內曾罹患感染性關節炎者，4.人工關節受到感染〈該人工關節未除去前，不可使用生物製劑〉，5.頑固性或復發性的胸腔感染疾病，6.具有留置導尿管之情形。
☐ 是 ☐ 否	病患是否罹患惡性腫瘤或癌前狀態之腫瘤
☐ 是 ☐ 否	病患是否罹患多發性硬化症(multiple sclerosis)
☐ 是 ☐ 否	於初次療程，經過 6 個月治療後 PASI 下降程度未達 50%
☐ 是 ☐ 否	使用生物製劑期間發生懷孕或不良事件(包括：惡性腫瘤、該藥物引起的嚴重毒性、嚴重的感染性疾病)
☐無「需暫緩續用之情形」	
☐ 是 ☐ 否	使用生物製劑治療 2 年後符合 PASI≦10 （生物製劑使用/轉用時間計算方式之定義請參照給付規定）

申請醫師（簽名蓋章）：_____　　醫事機構章戳：

專科醫師證書：____專字第_____號

修正附表

附表二十四之四：全民健康保險乾癬(全身型急性膿疱性乾癬部分)

使用生物製劑申請表

醫院代號		醫院名稱		申請日期	
病人姓名		性別		出生日期	
身分證號		病歷號碼		使用期間	自　　年　　月　　日
藥品代碼		用法用量			至　　年　　月　　日

☐ **符合確診為全身型急性膿疱性乾癬之初次療程：**

1. ☐ 孕齡女性(患者年齡: _____ 歲_____ 月)，且有懷孕可能者。
2. ☐ 伴有膿疱之紅腫部位侵犯體表面積 BSA:_____%（需附上治療前照片）。
3. ☐ 伴有系統性症狀包括發燒及白血球增多症等

☐ **符合繼續使用之療效評估：**

☐ 於療程之第 4 週評估時，經治療後仍有膿疱持續超過四周。

當次申請之生物製劑使用時間及使用劑量：

使用生物製劑	使用劑量	使用時間	治療前後 BSA 數值
	___mg/___週	__年__月__日至 __年__月__日	

☐ **符合疾病再復發之重新申請：**

1. ☐ 孕齡女性(患者年齡: _____ 歲_____ 月)，且有懷孕可能者。
2. ☐ 伴有膿疱之紅腫部位侵犯體表面積 BSA:_____%（需附上前次治療前後照片）。
3. ☐ 伴有系統性症狀包括發燒及白血球增多症等

上次申請之生物製劑使用時間及使用劑量：

使用生物製劑	使用劑量	使用時間	治療前後 BSA 數值
	___mg/___週	__年__月__日至 __年__月__日	

無「需排除或停止使用之情形」

□ □	是否有生物製劑仿單記載之禁忌情形。
□ □	婦女是否正在懷孕或授乳。
□ □	病患是否罹患活動性感染之疾病。
□ □	病患是否具有高度感染機會之情形，其中包括 1.慢性腿部潰瘍，2.未經完整治療之結核病的病患（包括潛伏結核感染治療未達四週者，申請時應檢附潛伏結核感染篩檢紀錄及治療紀錄供審查），3.過去 12 個月內曾罹患感染性關節炎者，4.人工關節受到感染〈該人工關節未除去前，不可使用生物製劑〉，5.頑固性或復發性的胸腔感染疾病，6.具有留置導尿管之情形。
□ □	病患是否罹患惡性腫瘤或癌前狀態之腫瘤
□ □	病患是否罹患多發性硬化症(multiple sclerosis)
□ □	於初次療程，經治療後體表面積下降程度未達 50%
□ □	使用生物製劑期間發生懷孕或不良事件(包括：惡性腫瘤、該藥物引起的嚴重毒性、嚴重的感染性疾病)

申請醫師（簽名蓋章）：_____　　醫事機構章戳：

專科醫師證書：____專字第_____號

第八十四條附件七修正對照表

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
A101-1	S-A-	開放式手術直線型自動縫合釘	(110/12/01 修訂) 一、限： (一)大腸直腸癌。 (二)食道癌或食道靜脈瘤。 (三)胃癌手術。 (四)肺部手術。 (五)人造膀胱手術。 (六)乏特氏壺腹周圍癌。 (七)肝臟惡性腫瘤。 (八)膽管癌。 (九)胰臟癌。 (十)十二指腸癌使用。 (十一)良性病灶(如胃出口阻塞、腸道阻塞、膽管狹窄、病態性肥胖手術)且需以Roux-en-Y 吻合術(限診療項目75011B、72044B、75204B、75206B、75216B、75408B、72035B、72037B、75410B、75413B)執行肝腸或腸腸吻合者。 二、每次手術使用	A101-1	S-A-	開放式手術直線型自動縫合釘	(105/04/01 修訂) 一、限 1.大腸直腸癌。 2.食道癌或食道靜脈瘤。 3.胃癌手術。 4.肺部手術。 5.人造膀胱手術 6.乏特氏壺腹周圍癌使用。 二、申請數量除肺部、胃部、大腸直腸癌、乏特氏壺腹周圍癌手術病患限用一至二支外，其餘以一支為原則。	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			一至三支。					
A101-2	S-A-	皮膚縫合釘 SKIN STAPLE	(104/08/01 修訂)限 62014C、62015B、62016B 之手術申報，並應依實際病情需要，各不超過 6 支、12 支、20 支為原則。	A101-2	S-A-	皮膚縫合釘 SKIN STAPLE	(104/08/01 修訂)限 62014C、62015B、62016B 之手術申報，並應依實際病情需要，各不超過 6 支、12 支、20 支為原則。	未修正
A101-3	S-A-	VALTRAC	(85/07/03 生效)D&G VALTRAC 給付規定為:限定在復原性之乙狀結腸或直腸之前位切除與低前位切除手術時使用。	A101-3	S-A-	VALTRAC	(85/07/03 生效)D&G VALTRAC 給付規定為:限定在復原性之乙狀結腸或直腸之前位切除與低前位切除手術時使用。	未修正
A101-4	S-A-	環型自動縫合器含釘	(105/04/01 生效) 一、限 1.大腸直腸癌。 2.食道癌或食道靜脈瘤。 3.胃癌手術。 4.人造膀胱手術 5.乏特氏壺腹周圍癌使用。 二、申請數量除胃部、大腸直腸癌及乏特氏壺腹周圍癌手術病患限用一至二付外，其餘以一付為原則。	A101-4	S-A-	環型自動縫合器含釘	(105/04/01 生效) 一、限 1.大腸直腸癌。 2.食道癌或食道靜脈瘤。 3.胃癌手術。 4.人造膀胱手術 5.乏特氏壺腹周圍癌使用。 二、申請數量除胃部、大腸直腸癌及乏特氏壺腹周圍癌手術病患限用一至二付外，其餘以一付	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
							為原則。	
A101-5	S-A-	直線型自動縫合器	(105/04/01 生效) 當次手術限使用 1 支。	A101-5	S-A-	直線型自動縫合器	(105/04/01 生效) 當次手術限使用 1 支。	未修正
A101-6	S-A-	口形開放式手術自動縫合器	(105/04/01 生效) 一、限 1.大腸直腸癌。 2.食道癌或食道靜脈瘤。 3.胃癌手術。 4.肺部手術。 5.人造膀胱手術 6.乏特氏壺腹周圍癌使用。 二、當次手術限使用 1 支。	A101-6	S-A-	開放式手術直線型自動縫合器	(105/04/01 生效) 一、限 1.大腸直腸癌。 2.食道癌或食道靜脈瘤。 3.胃癌手術。 4.肺部手術。 5.人造膀胱手術 6.乏特氏壺腹周圍癌使用。 二、當次手術限使用 1 支。	修正
A101-7	S-A-	一次性端對端吻合器及一次性端對端吻合器-經口輸送導管	(105/05/01 生效) 1.適用於以內視鏡手術治療食道癌及胃癌之病患。 2.單次手術限申報一組(一次性端對端吻合器或附加一次性端對端吻合器-經口輸送導管)。	A101-7	S-A-	一次性端對端吻合器及一次性端對端吻合器-經口輸送導管	(105/05/01 生效) 1.適用於以內視鏡手術治療食道癌及胃癌之病患。 2.單次手術限申報一組(一次性端對端吻合器或附加一次性端對端吻合器-經口輸送導管)。	未修正
A101-8	S-S-	結紮環(Ligating loop)	(107/06/01 生效) 1.經內視鏡影像證明息肉柄(莖)大於 1 公分。	A101-8	S-S-	結紮環(Ligating loop)	(107/06/01 生效) 1.經內視鏡影像證明息肉柄(莖)	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			2.1 顆息肉限申報 1 個，每次手術不可超過 2 個。 3.須檢附術前及術後之內視鏡影像資料備查。				大於 1 公分。 2.1 顆息肉限申報 1 個，每次手術不可超過 2 個。 3.須檢附術前及術後之內視鏡影像資料備查。	
A101-9	S-A-	微血管吻合系統-套環	(107/08/01 生效) 1.限用於頭頸部腫瘤切除後各項顯微組織瓣重建手術之病患，且適用於靜脈血管尺寸為 2.0mm-3.0mm。 2.每次手術給付以 1 組套環，每次住院療程以 2 次手術為限。	A101-9	S-A-	微血管吻合系統-套環	(107/08/01 生效) 1.限用於頭頸部腫瘤切除後各項顯微組織瓣重建手術之病患，且適用於靜脈血管尺寸為 2.0mm-3.0mm。 2.每次手術給付以 1 組套環，每次住院療程以 2 次手術為限。	未修正
A101-10	S-A-	Hem-o-lok 血管夾	(107/10/01 生效) 限使用於胸、腹腔內視鏡手術。	A101-10	S-A-	Hem-o-lok 血管夾	(107/10/01 生效) 限使用於胸、腹腔內視鏡手術。	未修正
A101-11	S-A-	無鉗式冠狀動脈繞道手術之血管吻合系統	(108/06/01 生效) 限用於升主動脈局部嚴重鈣化或粥狀變化，且適用於無鉗式冠狀動脈繞道手術之病人。	A101-11	S-A-	無鉗式冠狀動脈繞道手術之血管吻合系統	(108/06/01 生效)限用於升主動脈局部嚴重鈣化或粥狀變化，且適用於無鉗式冠狀動脈繞道手術之病人。	未修正
A204-1	C-B-	順流導管 THERMODILUTION	(84/03/01 生效) OXIMETRIX OPTI CATHETER 給付規	A204-1	C-B-	順流導管 THERMODILUTION	(84/03/01 生效) OXIMETRIX OPTI CATHETER 給付規	未修正

修正規定				現行規定				說明
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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		CATHETER	定如下: 1.心臟手術患者,手術中或手術後心臟功能衰竭，有立即生命危險者。 2.心臟病人，使用數種強心劑，且限於加護中心患者使用。 3.各種休克病人,心臟血管功能衰竭,使用數種心臟藥物，亦無法有效改善,限於加護中心患者使用。			CATHETER	定如下: 1.心臟手術患者,手術中或手術後心臟功能衰竭，有立即生命危險者。 2.心臟病人，使用數種強心劑，且限於加護中心患者使用。 3.各種休克病人,心臟血管功能衰竭,使用數種心臟藥物，亦無法有效改善,限於加護中心患者使用。	
A206-1	F-H-	四分支白金雙重絲絨人工血管	(94/12/01 生效)限主動脈弓手術時使用。	A206-1	F-H-	四分支白金雙重絲絨人工血管	(94/12/01 生效)限主動脈弓手術時使用。	未修正
A206-2	F-H-	小兒用人工血管	(108/12/01 生效)限 Pediatric 使用:18 歲(含)以下。	A206-2	F-H-	小兒用人工血管	(108/12/01 生效)限 Pediatric 使用:18 歲(含)以下。	未修正
A207-1	C-K-	矽質雙叉導尿管 SILICON 2 WAY FOLEY CATHETER	(98/10/01 修訂)矽質或乳膠基層包覆親水性水凝膠塗層之雙叉導尿管之給付規定修訂如下： 1.限腎造瘻、膀胱造瘻、尿道狹窄手術後及居家護理長期導尿病患使用。	A207-1	C-K-	矽質雙叉導尿管 SILICON 2 WAY FOLEY CATHETER	(98/10/01 修訂)矽質或乳膠基層包覆親水性水凝膠塗層之雙叉導尿管之給付規定修訂如下： 1.限腎造瘻、膀胱造瘻、尿道狹窄手術後及居家護理長期導尿病	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
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			2.限神經性膀胱及排尿功能不良需長期導尿病患使用。				患使用。 2.限神經性膀胱及排尿功能不良需長期導尿病患使用。	
A207-2	C-K-	矽質三叉導尿管 SILICON 3 WAY FOLEY CATHETER	(98/10/01 修訂) 矽質或乳膠基層包覆親水性水凝膠塗層之三叉導尿管:導尿管須留置一週以上，且須定期沖洗之病患使用。	A207-2	C-K-	矽質三叉導尿管 SILICON 3 WAY FOLEY CATHETER	(98/10/01 修訂) 矽質或乳膠基層包覆親水性水凝膠塗層之三叉導尿管:導尿管須留置一週以上，且須定期沖洗之病患使用。	未修正
A211-1	C-D-	LE-VEEN 導管 LE-VEEN SHUNT	(84/03/01 生效) PLEURO PERITONEAL SHUNT 給付規定限：1.乳糜胸 2.原發性及轉移性胸內癌性積水 3.惡性心包膜積液 4.良性胸腔積液如經穿刺無效→胸腔引流無效→胸腔內給藥無效→胸腔施行肋膜成型術或摘除術皆無效時使用。	A211-1	C-D-	LE-VEEN 導管 LE-VEEN SHUNT	(84/03/01 生效) PLEURO PERITONEAL SHUNT 給付規定限：1.乳糜胸 2.原發性及轉移性胸內癌性積水 3.惡性心包膜積液 4.良性胸腔積液如經穿刺無效→胸腔引流無效→胸腔內給藥無效→胸腔施行肋膜成型術或摘除術皆無效時使用。	未修正
A211-2	C-D-	可攜式抽吸器具(全密閉式引流袋/全密閉式抽取引流袋)	(106/09/01 修訂) 可攜式抽吸器具(全密閉式引流袋/全密閉式抽取引流袋)、負壓可調式胸腔引流器-可拆	A211-2	C-D-	可攜式抽吸器具(全密閉式引流袋/全密閉式抽取引流袋)	(106/09/01 修訂) 可攜式抽吸器具(全密閉式引流袋/全密閉式抽取引流袋)、負壓	未修正

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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			式、負壓可調式胸腔引流器-一體成形-用於氣胸:有持續漏氣經初步治療超過 7 天，且不適合手術，並經主治醫師評估可返家照護者。				可調式胸腔引流器-可拆式、負壓可調式胸腔引流器-一體成形-用於氣胸：有持續漏氣經初步治療超過 7 天，且不適合手術，並經主治醫師評估可返家照護者。	
A212-1	C-B-	心房中膈穿刺針	(109/12/01 生效) 限困難穿刺的心房中膈，符合下列情形之一者： 一、心房中隔缺損手術或封阻器術後。 二、Fontan 手術後需要做心房中膈造口術者(transeptal puncture 或 atrioseptostomy)。 三、曾接受傳統心房中隔穿刺超過三次(含)以上者。 四、同一次的心房中膈穿刺，以傳統的穿刺針執行二次以上未完成者。	A212-1	C-B-	心房中膈穿刺針	(109/12/01 生效) 限困難穿刺的心房中膈，符合下列情形之一者： 一、心房中隔缺損手術或封阻器術後。 二、Fontan 手術後需要做心房中膈造口術者(transeptal puncture 或 atrioseptostomy)。 三、曾接受傳統心房中隔穿刺超過三次(含)以上者。 四、同一次的心房中膈穿刺，以傳統的穿刺針執行二次以上未完成者。	未修正

修正規定				現行規定				說明
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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
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A213-1	C-B-	氣球擴張導管 PTVN DOUBLE BALLOON CATHETER	(88/08/01 生效) 適用於二尖瓣及主動脈瓣的擴張手術，特別適合於局部狹窄，放置氣球導管有困難的案例。	A213-1	C-B-	氣球擴張導管 PTVN DOUBLE BALLOON CATHETER	(88/08/01 生效) 適用於二尖瓣及主動脈瓣的擴張手術，特別適合於局部狹窄，放置氣球導管有困難的案例。	未修正
A213-2	C-B-	血管支架 CORONARY STENT	(93/04/01 起請見 A213-2N) 血管支架使用規範及適應症範圍： 一、使用規範:(一)設有心臟血管內科及外科兩專科之特約醫院。(二)需為本局認可並經中華民國心臟學會認可之心臟專科醫師實施。 二、 適應症範圍：(一)於執行心導管氣球擴張術時(或術後二十四小時內)冠狀血管產生急性阻塞(ACUTE CLOSURE)或瀕臨急性阻塞狀況者(THREATENED CLOSURE)，後者之診斷要件為需具有下列三個標準之一者:(1)內膜剝離長度大於十五毫米以上、(2)對比劑在血	A213-2	C-B-	血管支架 CORONARY STENT	(93/04/01 起請見 A213-2N) 血管支架使用規範及適應症範圍： 一、使用規範：(一)設有心臟血管內科及外科兩專科之特約醫院。(二)需為本局認可並經中華民國心臟學會認可之心臟專科醫師實施。 二、 適應症範圍：(一)於執行心導管氣球擴張術時(或術後二十四小時內)冠狀血管產生急性阻塞(ACUTE CLOSURE)或瀕臨急性阻塞狀況者(THREATENED CLOSURE)，後者之診斷要件為需具有下列三個標	未修正

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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			管外顯影，嚴重度在 Type B(含)以上、(3)冠狀動脈病灶血流等級在 TIMI2(含)或以下者。(二)原發性病灶(DE NOVO LESION)血管內徑＞=2.75 毫米，且經一比一之氣球與血管內徑比之氣球正常建議壓力擴張後，殘餘狹窄經測量仍大於百分之四十以上者。(三)經皮冠狀動脈擴張術後六個月內，原病灶再發狹窄大於百分之五十之病灶。(四)冠狀動脈繞道手術(CABG)後，繞道血管發生百分之七十以上之狹窄病灶。(五)特異病灶—1.開口處(ostial)病灶『參照【註】』且血管內徑＞＝2.75 毫米，狹窄＞＝70%。2.慢性完全阻塞(二個月(含)以上)。3.AMI 12 小時(含)以內經氣球擴張術(經一比一				準之一者：(1)內膜剝離長度大於十五毫米以上、(2)對比劑在血管外顯影，嚴重度在 Type B(含)以上、(3)冠狀動脈病灶血流等級在 TIMI2(含)或以下者。(二)原發性病灶(DE NOVO LESION)血管內徑＞=2.75 毫米，且經一比一之氣球與血管內徑比之氣球正常建議壓力擴張後，殘餘狹窄經測量仍大於百分之四十以上者。(三)經皮冠狀動脈擴張術後六個月內，原病灶再發狹窄大於百分之五十之病灶。(四)冠狀動脈繞道手術(CABG)後，繞道血管發生百分之七十以上之狹窄病灶。(五)特異病灶—1.開口處(ostial)病灶『參照【註】』且	

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			之氣球與血管內徑比之氣球以建議壓力擴張)以後，殘餘狹窄＞＝40%。【註】開口處病灶(Ostial lesions)指左前降枝(LAD)，左迴旋枝(LCX)、右冠狀動脈(RCA)開口處。 三、使用數量：每一病人每年給付二個血管支架為限，但內膜剝離長度大於 50 毫米之情況除外。四、申請方式：採事後逐案審查。五、檢附資料：(一) 冠狀動脈血管支架置入術過程完整之工作紀錄單(由健保局統一規定)、冠狀動脈血管病灶及血管圖照片及相關數據資料 (二) 本次冠狀動脈血管支架置入術前，經皮冠狀動脈擴張術前病灶之清晰影像照片。(三) 本次冠狀動脈擴張術中使用一比一之氣球與血管比值之氣球擴張後之病灶				血管內徑＞＝2.75 毫米，狹窄＞＝ 70%。2.慢性完全阻塞(二個月(含)以上)。3.AMI 12 小時(含)以內經氣球擴張術(經一比一之氣球與血管內徑比之氣球以建議壓力擴張)以後，殘餘狹窄＞＝40%。【註】開口處病灶(Ostial lesions)指左前降枝(LAD)，左迴旋枝(LCX)、右冠狀動脈(RCA)開口處。 三、使用數量：每一病人每年給付二個血管支架為限，但內膜剝離長度大於 50 毫米之情況除外。四、申請方式：採事後逐案審查。五、檢附資料：(一) 冠狀動脈血管支架置入術過程完整之工作紀錄單(由健保局統一規	

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
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			影像照片。(四）以第三項適應症置放支架之病例，須檢附第一次經皮冠狀動脈擴張術之完整工作紀錄單及冠狀動脈血管擴張術之術前及術後冠狀血管病灶影像照片。				定)、冠狀動脈血管病灶及血管圖照片及相關數據資料(二）本次冠狀動脈血管支架置入術前，經皮冠狀動脈擴張術前病灶之清晰影像照片。(三）本次冠狀動脈擴張術中使用一比一之氣球與血管比值之氣球擴張後之病灶影像照片。(四）以第三項適應症置放支架之病例，須檢附第一次經皮冠狀動脈擴張術之完整工作紀錄單及冠狀動脈血管擴張術之術前及術後冠狀血管病灶影像照片。	
A213-2N	C-B-	血管支架 CORONARY STENT	(111/01/01 修訂) 一、 使用規範： (一)同時設有心臟血管內科及心臟外科兩專科之特約醫院。 (二)需為本局認可並經中華民國心臟學會認可之心臟專科醫師實施。	A213-2N	C-B-	血管支架 CORONARY STENT	(107/9/1 增修) 一、 使用規範： (一)同時設有心臟血管內科及心臟外科兩專科之特約醫院。 (二)需為本局認可並經中華民國心臟學會認可之心臟專科醫師實	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			二、 適應症範圍： (一)於執行心導管氣球擴張術時(或術後二十四小時內)冠狀血管產生急性阻塞(ACUTE CLOSURE)或瀕臨急性阻塞狀況者(THREATENED CLOSURE)，後者之診斷要件為需具有下列三個標準之一者: 1.內膜剝離長度大於十五毫米以上 2.對比劑在血管外顯影，嚴重度在 Type B(含)以上 3.冠狀動脈病灶血流等級在 TIMI2(含)或以下者。 (二)原發性病灶(DE NOVO LESION)血管內徑大於等於 2.5 毫米，且經一比一之氣球與血管內徑比之氣球正常建議壓力擴張後，殘餘狹窄經測量仍大於百分之四十以上或殘餘狹窄經測量 FFR≦0.8 或 iFR≦0.89 或 DFR、RFR≦0.89 者。				施。 二、 適應症範圍： (一)於執行心導管氣球擴張術時(或術後二十四小時內)冠狀血管產生急性阻塞(ACUTE CLOSURE)或瀕臨急性阻塞狀況者(THREATENED CLOSURE)，後者之診斷要件為需具有下列三個標準之一者： 1.內膜剝離長度大於十五毫米以上 2.對比劑在血管外顯影，嚴重度在 Type B(含)以上 3.冠狀動脈病灶血流等級在 TIMI2(含)或以下者。 (二)原發性病灶(DE NOVO LESION)血管內徑大於等於 2.5 毫米，且經一比一之氣球與血管內徑比之氣球正常建議壓力擴張後，殘餘狹窄經	

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			(三)經皮冠狀動脈擴張術後，原病灶再發狹窄大於百分之五十之病灶或再發狹窄經測量 FFR≦0.8 或 iFR≦0.89 或 DFR、RFR≦0.89 者。 (四)冠狀動脈繞道手術(CABG)後，繞道血管發生百分之七十以上之狹窄病灶。 (五)特異病灶:1.開口處(ostial)病灶『參照【註】』及左主幹幹身病灶且血管內徑大於等於 2.75 毫米，狹窄大於等於 70%或狹窄 50-70％且 FFR≦0.8 或 iFR≦0.89 或 DFR、RFR≦0.89 者。2.慢性完全阻塞(二個月(含)以上)。3.AMI 12 小時(含)以內。4.經繞道手術後，繞道血管完全阻塞時，原冠狀動脈之介入性治療。【註】開口處病灶(Ostial lesions)指左主幹、左前降枝				測量仍大於百分之四十以上或殘餘狹窄經測量 FFR≦0.8 或 iFR≦0.89 者。 (三)經皮冠狀動脈擴張術後，原病灶再發狹窄大於百分之五十之病灶或再發狹窄經測量 FFR≦0.8 或 iFR≦0.89 者。 (四)冠狀動脈繞道手術(CABG)後，繞道血管發生百分之七十以上之狹窄病灶。 (五)特異病灶:1.開口處(ostial)病灶『參照【註】』及左主幹幹身病灶且血管內徑大於等於 2.75 毫米，狹窄大於等於 70%或狹窄 50-70％且 FFR≦0.8 或 iFR≦0.89 者。2.慢性完全阻塞(二個月(含)以上)。3.AMI 12 小時(含)以內。4.經繞道手術後，繞道血管完全阻	

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			(LAD)，左迴旋枝(LCX)、右冠狀動脈(RCA)開口處。(六)心臟移植術後，其植入之心臟冠狀動脈原發性病灶(DE NOVO LESION)血管內徑大於等於 2.5 毫米，且經一比一之氣球與血管內徑比之氣球正常建議壓力擴張後，殘餘狹窄經測量仍大於百分之三十以上者或殘餘狹窄經測量 FFR≦0.8 或 iFR≦0.89 或 DFR、RFR≦0.89 者。 三、 使用數量：每一病人每年給付四個血管支架為限(其時間以置放第一個支架之日為起算點)，但內膜剝離長度大於 50 毫米之情況除外。 四、 申請方式：採事後逐案審查。 五、 檢附資料： (一)冠狀動脈血管支架置入術過程完整之工作紀錄單(由健保署統一規定)、冠狀動脈血管				塞時，原冠狀動脈之介入性治療。【註】開口處病灶(Ostial lesions)指左主幹、左前降枝(LAD)，左迴旋枝(LCX)、右冠狀動脈(RCA)開口處。(六)心臟移植術後，其植入之心臟冠狀動脈原發性病灶(DE NOVO LESION)血管內徑大於等於 2.5 毫米，且經一比一之氣球與血管內徑比之氣球正常建議壓力擴張後，殘餘狹窄經測量仍大於百分之三十以上者或殘餘狹窄經測量 FFR≦0.8 或 iFR≦0.89 者。 三、 使用數量：每一病人每年給付四個血管支架為限(其時間以置放第一個支架之日為起算點)，但內膜剝離長度大於 50 毫米之情況除外。	

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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
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			病灶及血管圖照片及相關數據資料。 (二)本次冠狀動脈血管支架置入術前，經皮冠狀動脈擴張術前病灶之清晰影像照片。 (三)本次冠狀動脈擴張術中使用一比一之氣球與血管比值之氣球擴張後之病灶影像照片。 (四)以第三項適應症置放支架之病例，須檢附第一次經皮冠狀動脈擴張術之完整工作紀錄單及冠狀動脈血管擴張術之術前及術後冠狀血管病灶影像照片。 (五)病灶經測量 FFR 或 iFR 或 DFR、RFR 者，須檢附 FFR 或 iFR 或 DFR、RFR 工作紀錄單及相關數據報告。				四、 申請方式：採事後逐案審查。 五、 檢附資料： (一)冠狀動脈血管支架置入術過程完整之工作紀錄單(由健保署統一規定)、冠狀動脈血管病灶及血管圖照片及相關數據資料。 (二)本次冠狀動脈血管支架置入術前，經皮冠狀動脈擴張術前病灶之清晰影像照片。 (三)本次冠狀動脈擴張術中使用一比一之氣球與血管比值之氣球擴張後之病灶影像照片。 (四)以第三項適應症置放支架之病例，須檢附第一次經皮冠狀動脈擴張術之完整工作紀錄單及冠狀動脈血管擴張術之術前及術後冠狀血管病灶影像照片。	

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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
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							(五)病灶經測量 FFR 或 iFR 者，須檢附 FFR 或 iFR 工作紀錄單及相關數據報告。	
A213-3	C-B-	冠狀動脈包覆支架 CORONARY STENT GRAFT	(91/09/01 生效) 一、使用規範:(一)設有心臟血管內科及外科兩專科之特約醫院。 (二)經中華民國心臟學會認可之心臟專科醫師實施。 二、給付規定範圍：限冠狀動脈血管破裂緊急時使用。 三、申請方式：採事後逐案審查。 四、檢附資料：冠狀動脈包覆支架置入術過程完整之工作紀錄單(由保險人統一規定)及心導管相關照片資料。	A213-3	C-B-	冠狀動脈包覆支架 CORONARY STENT GRAFT	(91/09/01 生效) 一、使用規範：(一)設有心臟血管內科及外科兩專科之特約醫院。 (二)經中華民國心臟學會認可之心臟專科醫師實施。 二、給付規定範圍：限冠狀動脈血管破裂緊急時使用。 三、申請方式：採事後逐案審查。 四、檢附資料：冠狀動脈包覆支架置入術過程完整之工作紀錄單(由保險人統一規定)及心導管相關照片資料。	未修正
A213-4	C-B- C-G-	SEPTAL OCCLUDER 心房中膈缺損關閉器、	(110/02/01 修訂) 心房中膈缺損關閉器之適應症 一、適應症限：患	A213-4	C-B- C-G-	SEPTAL OCCLUDER 心房中膈缺損關閉器、	(101/09/01 修訂) 心房中膈缺損關閉器適應症	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		輸送導管及測量導管	者年齡在二足歲以上且體重十公斤以上者，並患有下列情況之一者： （一）心房中膈缺損第二型、從左至右分流（QP/QS Ratio）大於一點五，平均肺動脈壓小於五十 mmHg 以下者。 （二)卵圓孔未閉合且超音波或心導管造影證實閉氣用力時有右至左分流且有 1.TIA（暫時性腦部缺血發作）或 2.中風病史或 3.血氧飽和濃度低於百分之九十二；上述三種狀況之任一種。 （三)Fontan 手術後的殘留心房中膈缺損。 （四）先天性心臟病經手術後的殘留心房中膈缺損。 二、有關醫療機構條件及操作人員資格，應依照主管機關所訂:特定醫療技術檢查檢驗醫療儀器施行或使用管			輸送導管及測量導管	一、適應症限：患者年齡在二足歲以上且體重十公斤以上者，並患有下列情況之一者： (一)心房中膈缺損第二型、從左至右分流(QP/QS Ratio)≥1.5，平均肺動脈壓<50mmHg 以下者。 (二)卵圓孔未閉合且超音波或心導管造影證實閉氣用力時有右至左分流且有 1.TIA(暫時性腦部缺血發作)或 2.中風病史或 3.血氧飽和濃度低於 92%；上述三種狀況之任一種。 (三)Fontan 手術後的殘留心房中膈缺損。 (四)先天性心臟病經手術後的殘留心房中膈缺損。 二、有關醫療機構條件及操作人員資格，應依照行政院衛生署所	

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			理辦法第三十條附表一第六項:心房中膈缺損關閉器置放術之規定辦理。				訂:特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法之附表，第五項:心房中膈缺損關閉器置放術之規定辦理。	
A213-5	C-B-	開放性動脈導管關閉器	(92/12/01 生效)開放性動脈導管關閉器之給付規定:使用於關閉 2.5MM 以上之開放性動脈導管。	A213-5	C-B-	開放性動脈導管關閉器	(92/12/01 生效)開放性動脈導管關閉器之給付規定:使用於關閉 2.5MM 以上之開放性動脈導管。	未修正
A213-6	F-H-	人工血管接環(鈦合金)	(98/11/01 生效)主動脈瘤或主動脈夾層瘤手術。	A213-6	F-H-	人工血管接環(鈦合金)	(98/11/01 生效)主動脈瘤或主動脈夾層瘤手術。	未修正
A213-7	C-B-	FIBER OPITIC IAB 光纖感應主動脈弓氣球導管	(99/04/01 生效)一、心臟外科手術併心臟低輸出量者。二、心臟低輸出量併心房顫動者。	A213-7	C-B-	FIBER OPITIC IAB 光纖感應主動脈弓氣球導管	(99/04/01 生效)一、心臟外科手術併心臟低輸出量者。二、心臟低輸出量併心房顫動者。	未修正
A213-8	C-B-	動靜脈血管塞	(105/03/01 修訂)一、栓塞標的病灶直徑 3mm(1050301 修)以上快速血流的動靜脈廔管或人工分流管。 二、肺動脈瘤畸形或困難度較高栓塞術患者(標的病灶直徑 3mm(1050301 修)以上)。	A213-8	C-B-	動靜脈血管塞	(105/03/01 修訂) 一、栓塞標的病灶直徑 3mm(1050301 修)以上快速血流的動靜脈廔管或人工分流管。 二、肺動脈瘤畸形或困難度較高栓塞術患者(標	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			三、主動脈廔管(標的病灶直徑 3mm(1050301 修)以上)。 四、主動脈-肺動脈側枝循環且標的病灶直徑 3mm(1050301 修)以上。 五、靜脈-靜脈異常連接且標的病灶直徑 3mm(1050301 修)以上。 六、冠狀動靜脈廔管標的病灶直徑 2.5mm 以上。七、主動脈血管手術中附帶用以栓塞標的病灶直徑 3mm(1050301 修)以上血管之分枝。				的病灶直徑 3mm(1050301 修)以上)。 三、主動脈廔管(標的病灶直徑 3mm(1050301 修)以上)。 四、主動脈-肺動脈側枝循環且標的病灶直徑 3mm(1050301 修)以上。 五、靜脈-靜脈異常連接且標的病灶直徑 3mm(1050301 修)以上。 六、冠狀動靜脈廔管標的病灶直徑 2.5mm 以上。七、主動脈血管手術中附帶用以栓塞標的病灶直徑 3mm(1050301 修)以上血管之分枝。	
A213-9	C-B-	主動脈阻斷導管	(100/01/01 生效) 一、破裂性主動脈瘤。 二、解剖學上難以橫夾血管處理之主動脈病變。	A213-9	C-B-	主動脈阻斷導管	(100/01/01 生效) 一、破裂性主動脈瘤。 二、解剖學上難以橫夾血管處理之主動脈病變。	未修正
A213-10	C-B	VSD	(110/02/01 修訂)	A213-10	C-B-	VSD	(101/10/01 生	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		OCCLUDER 心室中膈缺損關閉器	一、須符合以下三項條件： (一)肌肉型心室中膈缺損。 (二)QP/QS 大於等於一點五或有心衰竭，或有輕或中程度的肺高血壓，平均肺動脈壓(mean PAP)大於等於二十五 mmHg。 (三)體重大於等於八公斤。 二、本特材使用之醫療機構條件及操作人員資格，依主管機關『特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法』第三十條附表一第七項辦理。			OCCLUDER 心室中膈缺損關閉器	效) 一、須符合以下三項條件： (一)肌肉型心室中膈缺損。 (二)QP/QS≧1.5 或有心衰竭，或有輕或中程度的肺高血壓，平均肺動脈壓(mean PAP)≧25mmHg。 (三)體重≧8 公斤。 二、本特材使用之醫療機構條件及操作人員資格，依衛生署『特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法』第二條附表第 16 項辦理。	
A213-11	C-G	VSD OCCLUDER 心室中膈缺損關閉器(導引線)	(92/12/01 生效) GUIDE WIRE/SUPER STIFF(OCCLUDER 用)給付規定:需符合下列給付規定之一: 一、A213-4 二、A213-5 三、A213-10	A213-11	C-G	VSD OCCLUDER 心室中膈缺損關閉器(導引線)	(92/12/01 生效) GUIDE WIRE/SUPER STIFF(OCCLUDER 用)給付規定:需符合下列給付規定之一: 一、A213-4 二、A213-5 三、A213-10	未修正
A213-12	C-B-	心室中膈缺損(膜部)關	(110/02/01 修訂) 一、限先天性膜部	A213-12	C-B-	心室中膈缺損(膜部)關	(106/08/01 生效)	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		閉器、輸送導管	心室中膈缺損者，並同時符合以下三條件： (一)體重八公斤(含)以上。 (二)未合併重度主動脈瓣膜脫垂及逆流、或嚴重之左心出口狹窄或右心出口狹窄。 (三)心臟超音波或 X 光顯示有下列情形之一者： 1.有心臟擴大、心衰竭。 2.有輕或中程度的肺高血壓。 3.有主動脈瓣膜脫垂但未伴有重度逆流。 二、本特材使用之醫療機構條件及操作人員資格，依主管機關『特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法』第三十條附表一第七項辦理。			閉器、輸送導管	一、限先天性膜部心室中膈缺損者，並同時符合以下三條件： (一)體重 8 公斤(含)以上。 (二)未合併重度主動脈瓣膜脫垂及逆流、或嚴重之左心出口狹窄或右心出口狹窄。 (三)心臟超音波或 X 光顯示有下列情形之一者： 1.有心臟擴大、心衰竭。 2.有輕或中程度的肺高血壓。 3.有主動脈瓣膜脫垂但未伴有重度逆流。 二、本特材使用之醫療機構條件及操作人員資格，依主管機關『特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法』第二條附表第 16 項辦理。	
A213-13	C-D-	頸動脈分流器	(109/11/01 生效) 頸動脈分流器：	A213-13	C-D-	頸動脈分流器	(109/11/01 生效)	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			一、限定頸動脈內膜切開手術使用。 二、每次手術限用一條。				頸動脈分流器： 一、限定頸動脈內膜切開手術使用。 二、每次手術限用一條。	
A213-14	C-B-	主動脈循環灌注導管(AP)	(110/02/01 生效) 主動脈瘤手術或主動脈剝離手術，每次限用一條。					新增
A213-15	C-B-	循環灌注導管(SP)	(110/02/01 生效) 執行主動脈手術時維持重要血管分枝循環使用。					新增
A214-1	C-R-	持續正壓鼻部給氧管路組 NASAL CPAP SYSTEM	(97/07/01 修訂) (一)限 2 歲以下之嬰幼兒有呼吸窘迫症時使用。 (二)當次住院期間限使用整組乙套，使用期間超過 1 個月者，得依病情需要每月申請鼻套管(cannula)半套。	A214-1	C-R-	持續正壓鼻部給氧管路組 NASAL CPAP SYSTEM	(97/07/01 修訂) (一)限 2 歲以下之嬰幼兒有呼吸窘迫症時使用。 (二)當次住院期間限使用整組乙套，使用期間超過 1 個月者，得依病情需要每月申請鼻套管(cannula)半套。	未修正
A214-2	C-R-	可移動式雙腔式支氣管導管	(101/10/01 修訂) (一)需要進行單肺通氣之手術,包括 1.胸主動脈瘤手術 THORACIC ANEURYSM 2.微創開心手術 CARDIAC SURGERY-MINIMALLY INVASIVE 3.氣胸	A214-2	C-R-	可移動式雙腔式支氣管導管	(101/10/01 修訂) (一)需要進行單肺通氣之手術,包括 1.胸主動脈瘤手術 THORACIC ANEURYSM 2.微創開心手術 CARDIAC	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			手術 PNEUMOTHORAX SURGERY 4.支氣管肋膜瘻管手術 BRONCHO PLEURAL FISTULA 5.食道手術 ESOPHAGEAL SURGERY 6.肺切除手術 LUNG RESECTION。 (二)大量咳血之緊急處置 MASSIVE HEMOPTYSIS。				SURGERY-MINIMALLY INVASIVE 3.氣胸手術 PNEUMOTHORAX SURGERY 4.支氣管肋膜瘻管手術 BRONCHO PLEURAL FISTULA 5.食道手術 ESOPHAGEAL SURGERY 6.肺切除手術 LUNG RESECTION。 (二)大量咳血之緊急處置 MASSIVE HEMOPTYSIS。	
A214-3	C-R-	氣管內管 ENDOTRCHEAL TUBE	(84/03/01 生效) 處置使用可申報，手術使用不另給付。	A214-3	C-R-	氣管內管 ENDOTRCHEAL TUBE	(84/03/01 生效) 處置使用可申報，手術使用不另給付。	未修正
A214-4	C-R-	氣切套管(使用年限長)	(99/01/01 修訂) 限使用於長期依賴呼吸機之氣切患者使用，一年給付不超過三套(以第一套之使用時間起算)。	A214-4	C-R-	氣切套管(使用年限長)	(99/01/01 修訂) 限使用於長期依賴呼吸機之氣切患者使用，一年給付不超過三套(以第一套之使用時間起算)。	未修正
A214-5	C-R-	氣管引導器組	(100/01/01 生效) 限使用於加護病房之病患。	A214-5	C-R-	氣管引導器組	(100/01/01 生效) 限使用於加護病房之病患。	未修正
A214-6	C-R-	正壓呼吸輔助系統 BUBBLE	(105/05/01 修訂) 1.限 2 歲以下或 10KG 以下之嬰幼	A214-6	C-R-	正壓呼吸輔助系統 BUBBLE	(105/05/01 修訂) 1.限 2 歲以下或	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		CPAP SYSTEM	兒有呼吸窘迫症時使用。 2.當次住院期間，限使用整組 1 套，使用期間超過 1 個月者，得依病情需要每月申請鼻套管半套 1 組或整組 1 組。			CPAP SYSTEM	10KG 以下之嬰幼兒有呼吸窘迫症時使用。 2.當次住院期間，限使用整組 1 套，使用期間超過 1 個月者，得依病情需要每月申請鼻套管半套 1 組或整組 1 組。	
A214-7	C-R-	氣管套管(具聲門下抽吸)	(105/11/01 生效) 1.呼吸衰竭需長期依賴氣切併呼吸器維持呼吸之病患。 2.易有反覆吸入性肺炎感染風險之病患，如吞嚥困難或曾發生吸入性肺炎之患者。	A214-7	C-R-	氣管套管(具聲門下抽吸)	(105/11/01 生效) 1.呼吸衰竭需長期依賴氣切併呼吸器維持呼吸之病患。 2.易有反覆吸入性肺炎感染風險之病患，如吞嚥困難或曾發生吸入性肺炎之患者。	未修正
A214-8	C-R-	定量噴霧呼吸輔助器-呼吸器或氣切用	(107/02/01 生效) 1.使用高頻呼吸器之病人。 2.6 歲(含)以下以氣切造口或氣管內管插管而須長期使用定量噴霧治療之病人。 3.每次住院限申報 1 個。	A214-8	C-R-	定量噴霧呼吸輔助器-呼吸器或氣切用	(107/02/01 生效) 1.使用高頻呼吸器之病人。 2.6 歲(含)以下以氣切造口或氣管內管插管而須長期使用定量噴霧治療之病人。 3.每次住院限申報 1 個。	未修正
A214-9	C-R-	呼吸道氣球	(109/03/01 生效)	A214-9	C-R-	呼吸道氣球	(109/03/01 生	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		擴張導管	適用於因下述病因而導致呼吸功能妨害、肺部膨脹不全、或是影像學檢查顯示有氣道/呼吸道狹窄者，使用次數每人 1 年以 3 次為原則： 一、惡性腫瘤導致氣管、支氣管等呼吸道出現狹窄病變。 二、良性病因(如氣管支氣管軟化症、肺臟移植後之氣道狹窄、感染引起呼吸道結痂及狹窄)導致氣管、支氣管等呼吸道出現狹窄病變。 三、1 年使用超過 3 次需事前審查。			擴張導管	效) 適用於因下述病因而導致呼吸功能妨害、肺部膨脹不全、或是影像學檢查顯示有氣道/呼吸道狹窄者，使用次數每人 1 年以 3 次為原則： 一、惡性腫瘤導致氣管、支氣管等呼吸道出現狹窄病變。 二、良性病因(如氣管支氣管軟化症、肺臟移植後之氣道狹窄、感染引起呼吸道結痂及狹窄)導致氣管、支氣管等呼吸道出現狹窄病變。 三、1 年使用超過 3 次需事前審查。	
A214-10	C-R-	調整型加強氣切套管	(110/12/01 生效) 調整型加強氣切套管： 一、限先天性氣管狹窄、胸廓畸形致氣管扭曲塌陷變形、氣管腫瘤等，且一般氣切套管無法使用情形。					新增

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			二、每年給付以二支為原則，如有特殊感染(非結核性分支桿菌、綠膿桿菌等)情況以三支為限。					
A215-1	N-E-	同軸庫可取樣針	(98/07/01 生效)用於胸腔及中膈腔腫瘤組織取樣之患者。	A215-1	N-E-	同軸庫可取樣針	(98/07/01 生效)用於胸腔及中膈腔腫瘤組織取樣之患者。	未修正
A216-1	C-L-	植入性藥物治療導管 PORT A CATHETER	(84/03/01 生效)限癌症化學治療及癌症末期之疼痛治療使用。	A216-1	C-L-	植入性藥物治療導管 PORT A CATHETER	(84/03/01 生效)限癌症化學治療及癌症末期之疼痛治療使用。	未修正
A216-2	C-L-	PICC	(108/05/01 修訂)PICC 適應症為：依照全民健康保險醫療服務給付項目及支付標準診療項目 47065B 治療性導管植入術-末梢靜脈植入中心導管術(PICC)所訂之適應症。	A216-2	C-L-	PICC	(108/05/01 修訂)PICC 適應症為：依照全民健康保險醫療服務給付項目及支付標準診療項目 47065B 治療性導管植入術-末梢靜脈植入中心導管術(PICC)所訂之適應症。	未修正
A216-3	N-D-	PORT-A NEEDLE	(95/11/01 修訂)對於因癌症化學治療已裝置「PORT-A CATHETER」者，可使用「PORT-A NEEDLE」給予癌症化學治療及癌症末期之疼痛治療或非	A216-3	N-D-	PORT-A NEEDLE	(95/11/01 修訂)對於因癌症化學治療已裝置「PORT-A CATHETER」者，可使用「PORT-A NEEDLE」給予癌症化學治療及癌	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			化學治療藥物輸液。				症末期之疼痛治療或非化學治療藥物輸液。	
A216-4	C-L-	居家化療輸液器	(110/11/01 修訂) 一、適用於居家注射化學治療藥物持續二十四小時或以上者使用。 二、醫療院所申報動靜脈血管內化學藥物注射費之相關診療項目，患者使用一日型或二日型輸液器，支付標準診療項目以37038B「靜脈血管內化學藥物注射一小時內」、37039B「靜脈血管內化學藥物注射一至四小時」或 37040B「靜脈血管內化學藥物注射四至八小時」申報費用。	A216-4	C-L-	5-FU 居家化療藥物輸液器	(102/09/01 修訂) 一、適用於居家注射化學治療藥物持續 24 小時或以上者使用。 二、醫療院所申報動靜脈血管內化學藥物注射費之相關診療項目，患者使用 1 日型或 2 日型輸液器，支付標準診療項目以靜脈血管內化學藥物注射一小時內 37038B 申報費用。	修正
A216-5	C-L-	INFANT PICC-1	(108/05/01 修訂) 嬰兒有靜脈營養輸液或兩種(含)以上靜脈內給藥需求時。	A216-5	C-L-	INFANT PICC-1	(108/05/01 修訂) 嬰兒有靜脈營養輸液或兩種(含)以上靜脈內給藥需求時。	未修正
A216-7	A-C-	抗藥型三路活塞接頭	(104/12/01 生效) 限用於 Cyclosporin、Cyclophosphamide	A216-7	A-C-	抗藥型三路活塞接頭	(104/12/01 生效) 限用於 Cyclosporin、	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			、Etoposide、Nimodipine、Phenytoin-sodium 等 5 項藥物輸注。				Cyclophosphamide、Etoposide、Nimodipine、Phenytoin-sodium 等 5 項藥物輸注。	
A216-8	C-L-	高壓注射式 PORT-A NEEDLE	(105/07/01 生效) 限已植入可承受高壓注射植入式注射座(Port-A)的癌症病患，於接受電腦斷層檢查需施打顯影劑時使用。	A216-8	C-L-	高壓注射式 PORT-A NEEDLE	(105/07/01 生效) 限已植入可承受高壓注射植入式注射座(Port-A)的癌症病患，於接受電腦斷層檢查需施打顯影劑時使用。	未修正
A216-9	C-L-	肝動脈化療導管 Hepatic Arterial Infusion Chemotherapy Catheter with Heparin coating by Port-A	(106/01/01 生效): 限用於肝癌(含肝內膽管癌)且無肝膽以外之轉移，接受動脈化學藥物治療，並規範如下： 1.肝癌合併門靜脈阻塞時進行動脈化療。 2.膽管癌動脈化療。	A216-9	C-L-	肝動脈化療導管 Hepatic Arterial Infusion Chemotherapy Catheter with Heparin coating by Port-A	(106/01/01 生效): 限用於肝癌(含肝內膽管癌)且無肝膽以外之轉移，接受動脈化學藥物治療，並規範如下： 1.肝癌合併門靜脈阻塞時進行動脈化療。 2.膽管癌動脈化療。	未修正
A216-10	A-C-	抗藥型三路活塞接頭(抗紫杉醇、補束剋、氟尿嘧啶)	(110/06/01 生效) 抗藥型三路活塞接頭(抗紫杉醇、補束剋、氟尿嘧啶)：限用於紫杉醇 paclitaxel、補束					新增

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			剋 busulfan、氟尿嘧啶 Fluorouracil 等藥物輸注。					
A217-1	W-D	人工生物化學覆蓋物 ARTIFICIAL BIOCHEMICAL COVERING MATERIAL	(110/11/01 修訂) 一、限顏面、頸部、關節部位及兒童燒燙傷病患使用。 二、皮膚缺損導致重要器官，如骨骼、肌腱、神經、血管暴露，無法短期手術重建者。 三、皮膚缺損大於百分之十五以上，導致組織損傷，無法短期手術重建者(如:先天性表皮溶解水皰症、中毒性表皮壞死鬆解症、史蒂芬-強生氏症候群、天皰瘡、類天皰瘡…等)，如超過一個月以上需長期使用者，須事前審查(附照片、病歷紀錄及治療計畫等)，核准後使用。 四、使用此項材料後，依產品特性，換藥次數應減少。 五、申報時須於病歷摘要及手術紀錄中，詳細記載部	A217-1	W-D-	人工生物化學覆蓋物 ARTIFICIAL BIOCHEMICAL COVERING MATERIAL	(96/12/19 修訂) 一、限顏面、頸部、關節部位及兒童燒燙傷病患使用。 二、皮膚缺損導致重要器官，如骨骼、肌腱、神經、血管暴露，無法短期手術重建者。 三、皮膚缺損大於 15%以上，導致組織損傷，無法短期手術重建者(如:先天性表皮溶解水皰症、中毒性表皮壞死鬆解症、史蒂芬-強生氏症候群、天皰瘡、類天皰瘡…等)，如超過一個月以上需長期使用者，須專案申請(附照片、病歷紀錄及治療計畫等)，核准後使用。 四、使用此項材料後，依產品特	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			位、次數及面積大小。				性，換藥次數應減少。 五、申報時須於病歷摘要及手術紀錄中,詳細記載部位、次數及面積大小。	
A217-2	C-D-	VAC 傷口癒合機之敷料及真空罐 DRESSING PU FOAM 及 CANISTER W/GEL	(110/11/01 修訂) 一、慢性潰瘍經皮膚移植皮瓣轉移重建手術仍無法癒合者。 二、褥瘡病灶深度必須達第三度以上，且傷口經清創、死骨移除及皮瓣手術後仍癒合不良者。 三、所有病例須檢附病灶前照片事前審查，經同意後使用。 四、敷料三天以上更換一次，負壓罐七天以上更換一次。 五、個案病歷應詳細記載病灶部位、面積大小、次數及廢液量。	A217-2	W-D-	VAC 傷口癒合機之敷料及真空罐 DRESSING PU FOAM 及 CANISTER W/GEL	(104/08/01 生效) 1.慢性潰瘍經皮膚移植皮瓣轉移重建手術仍無法癒合者。 2.褥瘡病灶深度必須達第三度以上，且傷口經清創、死骨移除及皮瓣手術後仍癒合不良者。 3.所有病例須檢附病灶前照片事前報備，經同意後使用。 4.敷料三天以上更換一次，負壓罐 7 天以上更換一次。 5.個案病歷應詳細記載病灶部位、面積大小、次數及廢液量。	修正
A217-3	W-D	人工生物化學覆蓋物(含銀、抗	(110/11/01 修訂) 一、褥瘡病灶三度以上合併污染傷	A217-3	W-D-	人工生物化學覆蓋物(含銀、抗	(102/01/01 修訂) 一、褥瘡病灶三	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		菌）ARTIFICIAL BIOCHEMICAL COVERING MATERIAL(WITH SILVER)	口。 二、深度二度以上燒傷之傷口。 三、皮膚缺損大於百分之十五且合併汙染傷口(如:先天性表皮溶解水皰症、中毒性表皮壞死鬆解症、史蒂芬-強生氏症候群、天皰瘡、類天皰瘡…等),如超過一個月以上需長期使用者,須事前審查(附照片、病歷紀錄及治療計畫等),核准後使用。			菌）ARTIFICIAL BIOCHEMICAL COVERING MATERIAL(WITH SILVER)	度以上合併污染傷口。 二、深度二度以上燒傷之傷口。 三、皮膚缺損大於 15%且合併汙染傷口(如:先天性表皮溶解水皰症、中毒性表皮壞死鬆解症、史蒂芬-強生氏症候群、天皰瘡、類天皰瘡… 等)，如超過一個月以上需長期使用者，須專案申請(附照片、病歷紀錄及治療計畫等)，核准後使用。	
A217-4	W-D-	人工生物化學覆蓋物 ARTIFICIAL BIOCHEMICAL COVERING MATERIAL	(91/01/01 生效) 人工生物化學覆蓋物(BIOBRANE-L)給付規定如下：使用於篩網移植。	A217-4	W-D-	人工生物化學覆蓋物 ARTIFICIAL BIOCHEMICAL COVERING MATERIAL	(91/01/01 生效) 人工生物化學覆蓋物(BIOBRANE-L)給付規定如下：使用於篩網移植。	未修正
A217-5	W-D-	人造真皮再生模板 Artificial Skin Dermal Regeneration Template	(95/05/01 生效) 應事前審查，申請時需附相關治療部位照片、治療計畫及需求量等資料。限使用於影響肢體功能之疤痕重建手術，且無法提供適	A217-5	W-D-	人造真皮再生模板 Artificial Skin Dermal Regeneration Template	(95/05/01 生效) 應事前審查，申請時需附相關治療部位照片、治療計畫及需求量等資料。限使用於影響肢體功能之疤痕重建手	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			當或足夠 FTSG 面積時使用。				術，且無法提供適當或足夠 FTSG 面積時使用。	
A217-6	W-D-	人工生物化學覆蓋物(BIOBRANE)	(104/08/01 生效) 1.適用於成年人(18 歲(含)以上)之二度(含)以上，且總面積達 15%(含)以上之燒燙傷傷口。 2.適用於未成年人(18 歲以下)之二度(含)以上，且總面積達 10%(含)以上之燒燙傷傷口。 3.嚴重脫皮症(如:先天性表皮溶解水皰症、中毒性表皮壞死鬆解症、史蒂芬-強生氏症候群、天皰瘡、類天皰瘡)所致脫皮面積達 15%(含)以上之傷口。 4.使用此項材料後，換藥次數應減少。 5.申報時須於病歷摘要及手術紀錄中，詳細記載部位、次數及面積大小。	A217-6	W-D-	人工生物化學覆蓋物(BIOBRANE)	(104/08/01 生效) 1.適用於成年人(18 歲(含)以上)之二度(含)以上，且總面積達 15%(含)以上之燒燙傷傷口。 2.適用於未成年人(18 歲以下)之二度(含)以上，且總面積達 10%(含)以上之燒燙傷傷口。 3.嚴重脫皮症(如：先天性表皮溶解水皰症、中毒性表皮壞死鬆解症、史蒂芬-強生氏症候群、天皰瘡、類天皰瘡)所致脫皮面積達 15%(含)以上之傷口。 4.使用此項材料後，換藥次數應減少。 5.申報時須於病歷摘要及手術紀錄中，詳細記載部位、次數及面	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
							積大小。	
A218-1	F-P-	人工皮墊 TISSURE EXPANDER	(91/07/01 修訂)限小耳症患者施行外耳重建手術須做皮膚擴張術者、因外傷性疤痕攣縮、燙傷、化學性灼傷癒後之疤痕攣縮,而致身體功能影響者使用。	A218-1	F-P-	人工皮墊 TISSURE EXPANDER	(91/07/01 修訂)限小耳症患者施行外耳重建手術須做皮膚擴張術者、因外傷性疤痕攣縮、燙傷、化學性灼傷癒後之疤痕攣縮,而致身體功能影響者使用。	未修正
A218-2	F-P-	微植皮擴皮墊 MICROGRAFT GAUZE WITH CORKPLATE	(104/08/01 生效)1.實施醫院資格：限設有燒傷中心之醫院使用。2.給付規定：限深二度及三度30%(含)以上的燒燙傷病患使用。	A218-2	F-P-	微植皮擴皮墊 MICROGRAFT GAUZE WITH CORKPLATE	(104/08/01 生效)1.實施醫院資格：限設有燒傷中心之醫院使用。2.給付規定：限深二度及三度30%(含)以上的燒燙傷病患使用。	未修正
A219-1	F-S-	氣管支氣管支架 TRACHEOBRONCHIAL STENT	(92/01/01 生效)一、惡性腫瘤導致氣管主支氣管狹窄而有呼吸困難症狀或肺部膨脹不全表現、肺功能顯示肺部呼吸道阻塞病變。二、氣道食道瘻管，為防止吸入性肺炎之發生。三、良性病因(如氣	A219-1	F-S-	氣管支氣管支架 TRACHEOBRONCHIAL STENT	(92/01/01 生效)一、惡性腫瘤導致氣管主支氣管狹窄而有呼吸困難症狀或肺部膨脹不全表現、肺功能顯示肺部呼吸道阻塞病變。二、氣道食道瘻管，為防止吸入性肺炎之發生。三、良性病因(如	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			管支氣管軟化症、肺臟移植後之氣道狹窄、支氣管內感染或結核症導致結痂及狹窄)造成氣道狹窄以致肺部膨脹不全，或肺功能顯示肺部呼吸道阻塞病變或呼吸困難。以上病因經病史顯示有呼吸功能之妨害，影像學及支氣管鏡顯示狹窄或配合肺功能顯示有阻塞性病變者。				氣管支氣管軟化症、肺臟移植後之氣道狹窄、支氣管內感染或結核症導致結痂及狹窄)造成氣道狹窄以致肺部膨脹不全，或肺功能顯示肺部呼吸道阻塞病變或呼吸困難。以上病因經病史顯示有呼吸功能之妨害，影像學及支氣管鏡顯示狹窄或配合肺功能顯示有阻塞性病變者。	
A220-1	C-B-	頸動脈支架 CAROTID STENT	(99/08/01 修訂) 一、使用規範如下: (一)無症狀的頸動脈狹窄大於 80%以上。 (二)有症狀的頸動脈狹窄大於 60%以上。 (三)放射線治療後之頭頸部動脈狹窄(含頸動脈、椎動脈及鎖骨下動 脈)。 (四)頸動脈或椎動脈剝離所引起之狹窄或剝離性動脈瘤。	A220-1	C-B-	頸動脈支架 CAROTID STENT	(99/08/01 修訂) 一、使用規範如下： (一)無症狀的頸動脈狹窄大於 80%以上。 (二)有症狀的頸動脈狹窄大於 60%以上。 (三)放射線治療後之頭頸部動脈狹窄(含頸動脈、椎動脈及鎖骨下動 脈)。 (四)頸動脈或椎動脈剝離所引起	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
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			(五)因嚴重心肺疾病，不適合外科頸動脈內膜剝離術或全身麻醉者。 二、實施醫師之資格，必須具頭頸部血管攝影三十例以上操作經驗，另有三例頭頸動脈支架之操作經驗,並取得由專業醫學會舉辦之置放頸動脈支架之技術訓練研討會訓練證書者。				之狹窄或剝離性動脈瘤。 (五)因嚴重心肺疾病，不適合外科頸動脈內膜剝離術或全身麻醉者。 二、實施醫師之資格，必須具頭頸部血管攝影三十例以上操作經驗，另有三例頭頸動脈支架之操作經驗,並取得由專業醫學會舉辦之置放頸動脈支架之技術訓練研討會訓練證書者。	
A220-2	C-B-	腸骨動脈血管支架	(95/09/01 生效) 限腸骨動脈使用，並須符合以下二項條件，且排除兩側腸總動脈開口處病灶： (一)血管管徑狹窄超過 70%或壓力差 30mm 汞柱以上。 (二)有下肢缺血症狀或跡象。	A220-2	C-B-	腸骨動脈血管支架	(95/09/01 生效) 限腸骨動脈使用，並須符合以下二項條件，且排除兩側腸總動脈開口處病灶： (一)血管管徑狹窄超過 70%或壓力差 30mm 汞柱以上。 (二)有下肢缺血症狀或跡象。	未修正
A220-3	C-B-	腹主動脈瘤支架	(110/02/01 修訂) 腹主動脈瘤支架暨輸送引導系統之適	A220-3	C-B-	腹主動脈瘤支架	(99/04/01 修訂) 腹主動脈瘤支架暨輸送引導系統	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			應症及使用規範： 一、適應症及使用規範需符合下列五者之一之條件： (一)主動脈瘤最大直徑大於等於五公分。 (二)主動脈瘤最大直徑大於等於四公分，但快速擴大且六個月內直徑增加零點五公分(或以上)。 (三)腹主動脈瘤患者合併典型症狀，有破裂之虞或破裂時。 (四)非典型腹主動脈瘤包括： 1、腹主動脈瘤合併感染。 2、腹主動脈腸胃道瘻管。 3、腹主動脈下腔靜脈瘻管。 (五)髂動脈瘤： 1、髂動脈瘤大於等於三點五公分。 2、髂動脈瘤患者合併典型症狀，有破裂之虞或破裂時。 二、針對裝置腹主動脈瘤支架手術出院後之滲漏特殊個				之給付規定及使用規範 一、給付規定及使用規範需符合下列五者之一之條件： (一)主動脈瘤最大直徑大於等於 5 公分。 (二)主動脈瘤最大直徑大於等於 4 公分，但快速擴大且六個月內直徑增加 0.5 公分(或以上)。 (三)腹主動脈瘤患者合併典型症狀，有破裂之虞或破裂時。 (四)非典型腹主動脈瘤包括：1、腹主動脈瘤合併感染。2、腹主動脈腸胃道瘻管。3、腹主動脈下腔靜脈瘻管。 (五)髂動脈瘤： 1、髂動脈瘤大於等於 3.5 公分。 2、髂動脈瘤患者合併典型症狀，有破裂之虞或破裂時。 二、針對裝置腹	

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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			案，需另以輔助配件修補時，可按實際醫療需要使用。 三、有關醫療機構條件及操作人員資格，應依照主管機關所訂:特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法第三十條附表一第五項:主動脈支架之規定辦理。				主動脈瘤支架手術出院後之滲漏特殊個案，需另以輔助配件修補時，可按實際醫療需要使用。 三、有關醫療機構條件及操作人員資格，應依照行政院衛生署所訂:特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法之附表，第十三項:主動脈支架之規定辦理。	
A220-4	C-B-	淺股動脈血管支架	(100/04/01 生效)經 1:1 氣球擴張術治療後，殘餘狹窄達 50%以上，且該長度超過 30mm 或合併前向血流未達正常(即 TIMI FLOW ≦ II）並符合下列條件之一：一、藥物無法改善之間歇性跛行(ABI＜0.7)：影像檢查顯示為狹窄程度大於 75%且長度小於 16 公分內之 SFA 病灶，且遠端無有效之側枝循環時。	A220-4	C-B-	淺股動脈血管支架	(100/04/01 生效)經 1:1 氣球擴張術治療後，殘餘狹窄達 50%以上，且該長度超過 30mm 或合併前向血流未達正常(即 TIMI FLOW ≦ II）並符合下列條件之一：一、藥物無法改善之間歇性跛行(ABI＜0.7)：影像檢查顯示為狹窄程度大於 75%且長度小於 16 公分內之 SFA 病灶，且	未修正

修正規定				現行規定				說明
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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			二、危急性肢體缺血 Critical Limb Ischemia(ABI＜0.4 併有 resting pain or poor wound healing)：為保留肢體免於截肢，SFA 病灶長度可不限於 16 公分內，但必須於血管攝影下至少有一條通往足部之血管或合併進行膝下血管整形術。				遠端無有效之側枝循環時。二、危急性肢體缺血 Critical Limb Ischemia(ABI＜0.4 併有 resting pain or poor wound healing)：為保留肢體免於截肢，SFA 病灶長度可不限於 16 公分內，但必須於血管攝影下至少有一條通往足部之血管或合併進行膝下血管整形術。	
A220-5	C-B-	血管治療導管(下肢)	(100/07/01 生效) 為治療股動脈及其下肢動脈狹窄或堵塞，而進行經皮動脈血管成型術時，除須符合直徑大於或等於所選球囊之直徑，並符合以下所列條件之一： 1.進行經皮動脈血管成型術之血管需有至少一處，其直徑堵塞達≧50%，且病人有符合以下嚴重程度之症狀之一:(1)中度以上間	A220-5	C-B-	血管治療導管(下肢)	(100/07/01 生效) 為治療股動脈及其下肢動脈狹窄或堵塞，而進行經皮動脈血管成型術時，除須符合直徑大於或等於所選球囊之直徑，並符合以下所列條件之一： 1.進行經皮動脈血管成型術之血管需有至少一處，其直徑堵塞達≧50%，且病人	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			歇性跛行(Fontaine Stage Ⅱb)。(2)下肢在休息狀況下有缺血性疼痛(Fontaine Stage Ⅲ)，及/或(3)缺血性潰瘍或壞死(Fontaine Stage Ⅳ)。 2.膝下動脈狹窄，大小腿間階段壓差(segmental pressure)＞20mmHg，並經影像檢查(超音波、電腦斷層、核磁共振及血管攝影等)有大於 80%以上及幾乎完全阻塞病灶。 3.膝下血管動脈剝離後所引起之血管狹窄。 4.當膝下血管狹窄處在 0.018”氣球導管下無法穿透進行治療時。				有符合以下嚴重程度之症狀之一：(1)中度以上間歇性跛行(Fontaine Stage Ⅱb)。(2)下肢在休息狀況下有缺血性疼痛(Fontaine Stage Ⅲ)，及/或(3)缺血性潰瘍或壞死(Fontaine Stage Ⅳ)。 2.膝下動脈狹窄，大小腿間階段壓差(segmental pressure)＞20mmHg，並經影像檢查(超音波、電腦斷層、核磁共振及血管攝影等)有大於 80%以上及幾乎完全阻塞病灶。 3.膝下血管動脈剝離後所引起之血管狹窄。 4.當膝下血管狹窄處在 0.018”氣球導管下無法穿透進行治療時。	
A220-6	C-B-	胸主動脈支	(110/02/01 修訂)	A220-6	C-B-	胸主動脈支	(105/05/01 修	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		架系統	一、適應症及使用規範需符合下列五者之一： (一)主動脈瘤或胸腹主動脈瘤(Thoracic Aortic Aneurysm or Thoracoabdominal Aortic Aneurysm)。 1.最大直徑大於等於六公分，或 2.最大直徑大於等於五公分，但快速擴大(六個月內直徑增加零點五公分或以上)。 3.患者合併典型症狀，有破裂之虞或破裂時。 4.非典型主動脈瘤，包括偽主動脈瘤、主動脈瘤合併感染、主動脈食道廔管或腸道廔管、主動脈氣管廔管。 (二)胸主動脈或胸腹主動脈穿透性潰瘍(Penetrating Aortic Ulcer,PAU)。 (三)胸主動脈剝離症(Aortic dissection)			架系統	訂) 一、適應症及使用規範需符合下列五者之一： 1.胸主動脈瘤或胸腹主動脈瘤(Thoracic Aortic Aneurysm or Thoracoabdominal Aortic Aneurysm)。 (1)最大直徑大於等於 6 公分，或 (2)最大直徑大於等於 5 公分，但快速擴大(六個月內直徑增加 0.5 公或以上)。 (3)患者合併典型症狀，有破裂之虞或破裂時。 (4)非典型主動脈瘤，包括偽主動脈瘤、主動脈瘤合併感染、主動脈食道廔管或腸道廔管、主動脈氣管廔管。 2.胸主動脈或胸腹主動脈穿透性潰瘍(Penetrating	

修正規定				現行規定				說明
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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			1.複雜性乙型胸主動脈剝離(Complicated Type B Dissection)，包括持續性胸痛、臟器或下肢分枝動脈灌流不良、剝離性主動脈瘤大於等於六公分。 2.急性甲型胸主動脈剝離須進行複合式全主動脈弓手術(Hybrid Type A Surgery)。 (四)先天性胸主動脈狹窄或分枝異常(Coarctation or Aberrant Artery from Aorta)(有症狀的分枝異常且無法以栓塞治療時)。 (五)創傷性胸主動脈破裂(Traumatic Aortic Rupture)。 二、針對裝置胸主動脈支架手術出院後之滲漏特殊個案，需另以支架修補時，可按實際醫療需要使用。 三、申報方式：按實際使用支數(包含門急診及當次住				Aortic Ulcer,PAU)。 3.胸主動脈剝離症(Aortic dissection) (1)複雜性乙型胸主動脈剝離(Complicated Type B Dissection)，包括持續性胸痛、臟器或下肢分枝動脈灌流不良、剝離性主動脈瘤大於等於 6 公分。 (2)急性甲型胸主動脈剝離須進行複合式全主動脈弓手術(Hybrid Type A Surgery)。 4.先天性胸主動脈狹窄或分枝異常(Coarctation or Aberrant Artery from Aorta)(有症狀的分枝異常且無法以栓塞治療時)。 5.創傷性胸主動脈破裂(Traumatic Aortic	

修正規定				現行規定				說明
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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
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			院所有置放胸主動脈支架)申報相對應品項一個代碼，且申報數量為一。 四、有關醫療機構條件及操作人員資格，應依照主管機關所訂:特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法第三十條附表一第五項:主動脈支架置放術之規定辦理。				Rupture)。 二、針對裝置胸主動脈支架手術出院後之滲漏特殊個案，需另以支架修補時，可按實際醫療需要使用。 三、申報方式：按實際使用支數(包含門急診及當次住院所有置放胸主動脈支架)申報相對應品項 1 個代碼，且申報數量為 1。(1040801、1050501) 四、有關醫療機構條件及操作人員資格，應依照衛生福利部所訂:特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法之附表，第十三項:主動脈支架置放術之規定辦理。	
A220-7	C-B-	藥物釋放型冠狀動脈氣球導管	(101/04/01 生效) 使用於血管支架內再狹窄≧70%之病人(排除已使用同類塗藥【如	A220-7	C-B-	藥物釋放型冠狀動脈氣球導管	(101/04/01 生效) 使用於血管支架內再狹窄≧70%之病人(排除已	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
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			Paclitaxel】支架內再狹窄)。				使用同類塗藥【如Paclitaxel】支架內再狹窄)。	
A220-8	C-B-	腎動脈血管支架系統之給付規定	(101/07/01 生效) 腎動脈血管管徑狹窄大於或等於 70%或血行力學顯著之腎動脈狹窄(血管管徑狹窄大於 50%,且壓力差大於或等於 15mmHg)，無明顯腎臟萎縮(腎臟長度小於 7cm)，且必須合併有以下任一條件: 1.腎功能不全者(Cr>1.5)合併兩側腎動脈狹窄或單側有功能的腎臟有腎動脈狹窄。 2.纖維肌肉發育不良(Fibromuscular Dysplasia)之腎動脈狹窄，有難以使用藥物控制的高血壓(使用三種或以上之抗高血壓藥物後血壓值大於等於 140/90 毫米汞柱),且經氣球擴張術效果不佳者(仍有大於 50%狹窄)。 3.腎動脈狹窄合併	A220-8	C-B-	腎動脈血管支架系統之給付規定	(101/07/01 生效) 腎動脈血管管徑狹窄大於或等於 70%或血行力學顯著之腎動脈狹窄(血管管徑狹窄大於 50%,且壓力差大於或等於 15mmHg)，無明顯腎臟萎縮(腎臟長度小於 7cm)，且必須合併有以下任一條件: 1.腎功能不全者(Cr>1.5)合併兩側腎動脈狹窄或單側有功能的腎臟有腎動脈狹窄。 2.纖維肌肉發育不良(Fibromuscular Dysplasia)之腎動脈狹窄，有難以使用藥物控制的高血壓(使用三種或以上之抗高血壓藥物後血壓值大於等於	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			復發性，無法解釋之鬱血性心臟衰竭或肺水腫。 4.腎動脈狹窄合併不穩定型心絞痛。 5.腎動脈血管剝離(Dissection)或動脈瘤(Aneurysm)。				140/90 毫米汞柱)，且經氣球擴張術效果不佳者(仍有大於 50%狹窄)。 3.腎動脈狹窄合併復發性，無法解釋之鬱血性心臟衰竭或肺水腫。 4.腎動脈狹窄合併不穩定型心絞痛。 5.腎動脈血管剝離(Dissection)或動脈瘤(Aneurysm)。	
A220-9	C-B-	周邊血管支架(含人工血管)之給付規定	(106/07/01 生效) 1.周邊血管動脈瘤。 2.周邊血管非典型動脈瘤，包括偽動脈瘤、動脈瘤合併感染、動靜脈瘻管。 3.周邊血管先天性或創傷性動靜脈異常交通。 4.主動脈人工血管支架手術中用以維持重要分枝血管暢通。 5.洗腎用人工血管動靜脈瘻管之人工血管與靜脈接合處	A220-9	C-B-	周邊血管支架(含人工血管)之給付規定	(106/07/01 生效) 1.周邊血管動脈瘤。 2.周邊血管非典型動脈瘤，包括偽動脈瘤、動脈瘤合併感染、動靜脈瘻管。 3.周邊血管先天性或創傷性動靜脈異常交通。 4.主動脈人工血管支架手術中用以維持重要分枝血管暢通。 5.洗腎用人工血	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			狹窄，經氣球擴張後，回縮性病灶在三個月內須作兩次以上之氣球擴張者。 6.下肢動脈阻塞性疾病，符合下列二者之一： (1)藥物無法改善之間歇性跛行(ABI<0.7):影像檢查顯示為狹窄程度大於 75%且長度大於 16cm 之淺股動脈(SFA)病灶,且必須於血管攝影下至少有一條通往足部之血管或合併進行膝下血管整形術。 (2)危急性肢體缺血(ABI<0.4,resting pain or poor wound healing)：為保留肢體免於截肢，但必須於血管攝影下至少有一條通往足部之血管或合併進行膝下血管整形術。 7.主動脈至雙側總髂動脈完全阻塞。				管動靜脈瘻管之人工血管與靜脈接合處狹窄，經氣球擴張後，回縮性病灶在三個月內須作兩次以上之氣球擴張者。 6.下肢動脈阻塞性疾病，符合下列二者之一： (1)藥物無法改善之間歇性跛行(ABI<0.7)：影像檢查顯示為狹窄程度大於 75%且長度大於 16cm 之淺股動脈(SFA)病灶，且必須於血管攝影下至少有一條通往足部之血管或合併進行膝下血管整形術。 (2)危急性肢體缺血(ABI<0.4,resting pain or poor wound healing)：為保留肢體免於截肢，但必須於血管攝影下至少有一條通往足部之	

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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
							血管或合併進行膝下血管整形術。 7.主動脈至雙側總髂動脈完全阻塞。	
A220-10	C-B-	開窗型客製化腹主動脈瘤支架及輸送導引系統	(110/02/01 修訂) 一、適用於無法單獨以現有給付之腹主動脈瘤支架治療,且為短頸部(界於四至十五 mm)之腎動脈以下之腹主動脈瘤(Infrarenal AAA)者。 二、須經事前審查同意後使用。 三、有關醫療機構條件及操作人員資格，應依照主管機關所訂:特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法第三十條附表一第五項:主動脈支架置放術之規定辦理。	A220-10	C-B-	開窗型客製化腹主動脈瘤支架及輸送導引系統	(104/03/01 生效) 一、適用於無法單獨以現有給付之腹主動脈瘤支架治療，且為短頸部(界於4-15mm)之腎動脈以下之腹主動脈瘤(Infrarenal AAA)者。 二、須經事前審查同意後使用。 三、有關醫療機構條件及操作人員資格，應依照衛生福利部所訂:特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法第二條之附表，第十三項:主動脈支架置放術之規定辦理。	修正
A220-11	C-B-	周邊動脈血管支架及傳	(104/09/01 生效) 一、周邊血管動脈	A220-11	C-B-	周邊動脈血管支架及傳	(104/09/01 生效)	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		輸裝置(球擴式覆膜支架)	瘤。 二、周邊血管非典型動脈瘤，包括偽動脈瘤、動脈瘤合併感染、動靜脈廔管。 三、周邊血管先天性或創傷性動靜脈異常交通。 四、主動脈人工血管支架手術中用以維持重要分枝血管暢通。 五、主動脈至雙側總髂動脈完全阻塞。			輸裝置(球擴式覆膜支架)	一、周邊血管動脈瘤。 二、周邊血管非典型動脈瘤，包括偽動脈瘤、動脈瘤合併感染、動靜脈廔管。 三、周邊血管先天性或創傷性動靜脈異常交通。 四、主動脈人工血管支架手術中用以維持重要分枝血管暢通。 五、主動脈至雙側總髂動脈完全阻塞。	
A220-12	C-B-	髂總動脈瘤支架系統	(105/12/01 生效) 1.腹主動脈瘤合乎健保治療規範(A220-3)，並合併髂總動脈病變者。 2.雙側髂總動脈瘤大於等於 3.5 公分時。 3.單側髂總動脈瘤大於等於 3.5 公分合併同側髂內動脈通暢，且有對側髂內動脈阻塞者。	A220-12	C-B-	髂總動脈瘤支架系統	(105/12/01 生效) 1.腹主動脈瘤合乎健保治療規範(A220-3)，並合併髂總動脈病變者。 2.雙側髂總動脈瘤大於等於 3.5 公分時。 3.單側髂總動脈瘤大於等於 3.5 公分合併同側髂內動脈通暢，且有對側髂內動脈阻塞者。	未修正
A220-13	C-B-	胸腹主動脈	(110/02/01 修訂)	A220-13	C-B-	胸腹主動脈	(107/10/01 生	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		瘤支架	一、胸腹主動脈瘤，符合於目前健保給付之胸(代碼:A220-6)或腹主動脈(代碼：A220-3)支架置放適應症。 二、適用於無法單獨以現有給付之胸或腹主動脈瘤體支架治療遠端或近端瘤之胸腹主動脈病變者。 三、須事前審查。 四、醫療機構條件及操作人員資格，應依照主管機關所訂：特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法第三十條附表一第五項：主動脈支架置放術之規定辦理。			瘤支架	效): 一、胸腹主動脈瘤，符合於目前健保給付之胸(代碼：A220-6)或腹主動脈(代碼：A220-3)支架置放適應症。 二、適用於無法單獨以現有給付之胸或腹主動脈瘤體支架治療遠端或近端瘤之胸腹主動脈病變者。 三、須事前審查。 四、醫療機構條件及操作人員資格，應依照衛生福利部所訂：特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法第二條之附表，第十三項：主動脈支架置放術之規定辦理。	
A220-14	C-B-	超高壓周邊血管治療導管	(107/12/01 生效): 周邊血管或血液透析動靜脈瘻管通路之狹窄阻塞性病灶，無法以一般球囊導管完全擴張	A220-14	C-B-	超高壓周邊血管治療導管	(107/12/01 生效): 周邊血管或血液透析動靜脈瘻管通路之狹窄阻塞性病灶，無法以一般球囊導管完	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			(包括股、髂、腎等其他周邊動脈或內臟血管系統之血管成形術或支架置放手術)。				全擴張(包括股、髂、腎等其他周邊動脈或內臟血管系統之血管成形術或支架置放手術)。	
A220-15	C-B-	中央靜脈支架及輸送系統	(108/07/01 生效) 一、中央靜脈(係指內頸靜脈、鎖骨下靜脈、頭臂靜脈及上腔靜脈)狹窄之病患，經有效治療後，3 個月內狹窄再發生。 二、須事前審查。	A220-15	C-B-	中央靜脈支架及輸送系統	(108/07/01 生效) 一、中央靜脈(係指內頸靜脈、鎖骨下靜脈、頭臂靜脈及上腔靜脈)狹窄之病患，經有效治療後，3 個月內狹窄再發生。 二、須事前審查。	未修正
A220-16	C-B-	主動脈弓窄縮裝置(含裸支架、覆膜支架及雙氣球導管)	(108/07/01 生效) 一、適用於下列主動脈弓窄縮(Coarctation of the aorta,COA)之任一情況且體重≧20kg 病患： (一)經由血管造影術或非侵入性造影術如：心臟超音波、磁振造影(MRI)、電腦斷層掃描等所檢測出解剖定義上由主動脈狹窄造成之明顯血管窄縮。 (二)由主動脈狹窄	A220-16	C-B-	主動脈弓窄縮裝置(含裸支架、覆膜支架及雙氣球導管)	(108/07/01 生效) 一、適用於下列主動脈弓窄縮(Coarctation of the aorta,COA)之任一情況且體重≧20kg 病患： (一)經由血管造影術或非侵入性造影術如：心臟超音波、磁振造影(MRI)、電腦斷層掃描等所檢測出解剖定義上由主動脈狹窄造成之明顯血管窄	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			造成之血流動力變化，進而導致之收縮壓之壓力差、體循環高血壓、或左心室功能改變。 (三)使用球囊血管擴張手術效果不彰或容易產生禁忌症之主動脈狹窄。 (四)狹窄直徑大於周邊血管直徑之 20%。 二、另覆膜支架，除需符合上述給付規定外，需符合下列情形之一： (一)出現血管壁受損。 (二)降主動脈有小於 3mm 的長度呈現近乎完全阻塞的情形(nearly atretic descending aorta)。 (三)事先進行氣球擴張時發現狹窄處嚴重缺乏彈性(noncompliant)。 (四)本身有特定基因或先天性症候群，以至於主動脈壁很可能非常脆弱。				縮。 (二)由主動脈狹窄造成之血流動力變化，進而導致之收縮壓之壓力差、體循環高血壓、或左心室功能改變。 (三)使用球囊血管擴張手術效果不彰或容易產生禁忌症之主動脈狹窄。 (四)狹窄直徑大於周邊血管直徑之 20%。 二、另覆膜支架，除需符合上述給付規定外，需符合下列情形之一： (一)出現血管壁受損。 (二)降主動脈有小於 3mm 的長度呈現近乎完全阻塞的情形(nearly atretic descending aorta)。 (三)事先進行氣球擴張時發現狹窄處嚴重缺乏彈性	

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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			三、本特材使用之醫療機構條件及操作人員資格，依主管機關『特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法』附表 1 第 5 項辦理。 四、需事前審查。				(noncompliant)。 (四)本身有特定基因或先天性症候群，以至於主動脈壁很可能非常脆弱。 三、本特材使用之醫療機構條件及操作人員資格，依主管機關『特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法』附表 1 第 5 項辦理。 四、需事前審查。	
A220-17	C-B-	周邊靜脈支架系統	(111/01/01 生效) 非癌症引起之靜脈壓迫症候群(iliac vein compression)所導致血栓後症候群(post-thrombotic syndrome)或非血栓髂靜脈壓迫(non-thrombotic iliac vein compression)，且藥物治療三個月以上仍無臨床症狀上的改善。 一、靜脈阻塞區域限於髂靜脈(不包					新增

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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			括下腔靜脈與小轉子[less trochanter] 以下的股靜脈)。 二、Non-thrombotic iliac compression 患者須具備下列二條件才給付： (一)臨床上 CEAP 計分大於等於四分或是 VCSS 計分大於等於八分。 (二)影像上 CT or MRI 影像大於百分之五十狹窄或 IVUS（血管內超音波）影像 area stenosis 大於等於百分之五十五狹窄或 Diameter stenosis 大於等於百分之六十狹窄，或深層靜脈儀靜脈輸出率小於百分之七十(venous outflow fraction <70%) at third seconds。 三、自體免疫疾病相關血栓性疾病合併髂靜脈壓迫患者，第一次介入治						

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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			療不給付，復發性患者才給付。 四、須事前審查。					
A221-1	C-B-	產後出血栓塞導管	(100/10/01 生效) 產後出血填塞氣球給付規定： 1.懷孕 19 週以上有前置胎盤、植入性胎盤或子宮下段出血不止所造成的產後出血狀況，當保守治療(如藥物控制出血)失敗，必須使用其他暫時性出血控制時。 2.如為單純性子宮收縮不良引起之產後出血，產後或手術後子宮持續出血，其他治療方式效果不佳的情況下使用。	A221-1	C-B-	產後出血栓塞導管	(100/10/01 生效) 產後出血填塞氣球給付規定： 1.懷孕 19 週以上有前置胎盤、植入性胎盤或子宮下段出血不止所造成的產後出血狀況，當保守治療(如藥物控制出血)失敗，必須使用其他暫時性出血控制時。 2.如為單純性子宮收縮不良引起之產後出血，產後或手術後子宮持續出血，其他治療方式效果不佳的情況下使用。	未修正
A222-1	F-S-	可吸收性生物材質之腹股溝疝氣支撐物	(101/07/01 生效) 1.前次疝氣修補曾產生排斥或感染者。 2.年齡 60 歲以上之疝氣復發者。	A222-1	F-S-	可吸收性生物材質之腹股溝疝氣支撐物	(101/07/01 生效) 1.前次疝氣修補曾產生排斥或感染者。 2.年齡 60 歲以上之疝氣復發者。	未修正
A223-1	C-G-	冠連導管 GUIDELINER	(101/07/01 生效) 一、罕見之血管開	A223-1	C-G-	冠連導管 GUIDELINER	(101/07/01 生效)	未修正

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通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		CATHETER	口位置。 二、介入醫材推送有明顯阻力(應附 CD 或明顯照片)且合併血管極度彎曲或重度鈣化。			CATHETER	一、罕見之血管開口位置。 二、介入醫材推送有明顯阻力(應附 CD 或明顯照片)且合併血管極度彎曲或重度鈣化。	
A224-1	C-F-	多發式靜脈瘤結紮環組	(102/01/01 修訂) 1、限用於食道靜脈瘤。 2、每次使用以 1 組為限。	A224-1	C-F-	多發式靜脈瘤結紮環組	(102/01/01 修訂) 1、限用於食道靜脈瘤。 2、每次使用以 1 組為限。	未修正
A224-2	C-F-	食道支架	(105/10/01 生效) 使用本項特材須符合全民健康保險醫療服務給付項目及支付標準 47058B「食道內金屬支架置放術」所訂之適應症。	A224-2	C-F-	食道支架	(105/10/01 生效) 使用本項特材須符合全民健康保險醫療服務給付項目及支付標準 47058B「食道內金屬支架置放術」所訂之適應症。	未修正
A224-3	C-F-	食道置放器	(110/06/01 生效) 食道置放器： 符合下列情況之一： 一、不能執行 ESD 或食道切除的 T1A 病人。 二、符合經標準治療療程後，還有殘餘病灶。					新增

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			三、早期食道癌不能接受標準治療，僅接受體外放射治療。 四、食道癌治療過後，局部復發，同時併有食道狹窄症狀。					
A225-1	C-G-	冠狀動脈血管內超音波影像導管	(103/10/01 修訂) 使用本項特材須符合全民健康保險醫療服務給付項目及支付標準 18043B「冠狀動脈血管內超音波」所訂適應症，且每一位病人，一次治療以使用一條 IVUS(Intravascular Ultrasound)導管或光學同調斷層掃描影像系統影像導管為限。	A225-1	C-G-	冠狀動脈血管內超音波影像導管	(103/10/01 修訂) 使用本項特材須符合全民健康保險醫療服務給付項目及支付標準 18043B「冠狀動脈血管內超音波」所訂適應症，且每一位病人，一次治療以使用一條 IVUS(Intravascular Ultrasound)導管或光學同調斷層掃描影像系統影像導管為限。	未修正
A225-2	C-G-	壓力感應金屬導引線 PRESSURE WIRE CERTUS	(111/01/01 修訂) 介入手術前或手術中，冠狀動脈攝影之血管狹窄 50-70%者，包括單一血管、兩條以上血管，或是主要冠狀動脈開口狹窄。	A225-2	C-G-	壓力感應金屬導引線 PRESSURE WIRE CERTUS(FFR)(或 iFR 107/09/01 增修)	(101/10/01 生效) 介入手術前或手術中，冠狀動脈攝影之血管狹窄 50-70%者，包括單一血管、兩條以上血管，或是	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
							主要冠狀動脈開口狹窄。	
A225-3	C-G-	冠狀動脈用漸進式(TAPERED TIP)導引線	(103/11/01 生效)限用於冠狀動脈慢性完全阻塞(CTO)或功能性完全阻塞(functional total occlusion)病灶。	A225-3	C-G-	冠狀動脈用漸進式(TAPERED TIP)導引線	(103/11/01 生效)限用於冠狀動脈慢性完全阻塞(CTO)或功能性完全阻塞(functional total occlusion)病灶。	未修正
A225-4	C-G-	冠狀動脈 CTO 逆行性介入治療用導引線	(105/02/01 生效)1.限用於冠狀動脈慢性完全阻塞之逆行性介入治療且使用 externalization technique(必須有心導管光碟可佐證確有執行本操作)。2.每一病例單次手術限申報一條。	A225-4	C-G-	冠狀動脈 CTO 逆行性介入治療用導引線	(105/02/01 生效)1.限用於冠狀動脈慢性完全阻塞之逆行性介入治療且使用 externalization technique(必須有心導管光碟可佐證確有執行本操作)。2.每一病例單次手術限申報一條。	未修正
A225-5	C-G-	心血管電極導管導引器(具單一角度)	(105/08/01 生效)限用於複雜性心律不整(心房顫動、非典型性心房撲動及心室頻脈)之電燒。	A225-5	C-G-	心血管電極導管導引器(具單一角度)	(105/08/01 生效)限用於複雜性心律不整(心房顫動、非典型性心房撲動及心室頻脈)之電燒。	未修正
A330-1	C-R-	周邊血管支	限喉膺復重建手術	A330-1	C-R-	周邊血管支	限喉膺復重建手	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		架(自膨式支架含人工血管)	使用(醫療服務給付項目及支付標準 66022B)			架(自膨式支架含人工血管)	術使用(醫療服務給付項目及支付標準 66022B)	
B101-1	F-H-	人工心律調節器 PACEMAKER(PERMANENT)	(84/03/01 生效)須附心電圖報告專案報備使用。(不須事前審查)	B101-1	F-H-	人工心律調節器 PACEMAKER(PERMANENT)	(84/03/01 生效)須附心電圖報告專案報備使用。(不須事前審查)	未修正
B101-2	F-H-C-G-	特殊心律調節導線及可調彎導管	(98/07/01 修訂) (一)曾接受先天性心臟病手術矯正後需心律調整器病患。 (二)曾接受心臟繞道手術後病患(S/P CABG)。 (三)左心功能不全(LVEF<35%)需右心出口刺激病患。 (四)右心房刺激閾值高，曾有四個不同刺點均超過 2V 以上者。 (五)針對特殊部位，如 Bachmanns bundle, mid,low septum 等部位需要 Pacing 的病患。	B101-2	F-H-C-G-	特殊心律調節導線及可調彎導管	(98/07/01 修訂) (一)曾接受先天性心臟病手術矯正後需心律調整器病患。 (二)曾接受心臟繞道手術後病患(S/P CABG)。 (三)左心功能不全(LVEF<35%)需右心出口刺激病患。 (四)右心房刺激閾值高，曾有四個不同刺點均超過 2V 以上者。 (五)針對特殊部位，如 Bachmanns bundle, mid,low septum 等部位需要 Pacing 的病患。	未修正
B101-3	F-H-	無導線心律調節器	(110/12/01 生效) 一、符合診療項目 47103A 規定且雙側鎖骨下靜脈阻塞均不適合放置導線					新增

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			病人。 二、完成個案登錄系統且須送事前審查核准。 三、個案完成植入手術後需三十天內及第十二個月內於登錄系統登錄追蹤狀況，未如期登錄，核刪本項申請之特材費用。					
B102-1	F-H-	肺動脈瓣補片	(86/06/02 生效) 心包膜取得不易或嚴重肺動脈狹窄發育不良之患者使用。	B102-1	F-H-	肺動脈瓣補片	(86/06/02 生效) 心包膜取得不易或嚴重肺動脈狹窄發育不良之患者使用。	未修正
B102-2	F-H-	肺動脈瓣修補管	(86/06/02 生效) 肺動脈先天性閉鎖或其他之先天性心臟病患者使用。	B102-2	F-H-	肺動脈瓣修補管	(86/06/02 生效) 肺動脈先天性閉鎖或其他之先天性心臟病患者使用。	未修正
B102-3	F-H-	自由式主動脈生物人工瓣膜 FREESTYLE AORTIC ROOT BIOPROSTHESIS	(91/01/01 生效) 1.不能長期使用抗凝血劑病患(例如：慢性洗腎或有中風之患者)。 2.六十五歲以上之患者。 3.主動脈根部小於 20mm(橫徑)病患。 4.主動脈瓣心內膜炎或主動脈根部膿瘍病患。 5.有主動脈根部之	B102-3	F-H-	自由式主動脈生物人工瓣膜 FREESTYLE AORTIC ROOT BIOPROSTHESIS	(91/01/01 生效) 1.不能長期使用抗凝血劑病患(例如：慢性洗腎或有中風之患者)。 2.六十五歲以上之患者。 3.主動脈根部小於 20mm(橫徑)病患。 4.主動脈瓣心內膜炎或主動脈根	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			變性(例如 Marfan Syndrome)或剝離性主動脈瘤病患。 6.複雜性之先天性心臟病，需要用帶瓣膜之人工血管來重建主動脈根部或肺動脈根部之患者。				部膿瘍病患。 5.有主動脈根部之變性(例如 Marfan Syndrome)或剝離性主動脈瘤病患。 6.複雜性之先天性心臟病，需要用帶瓣膜之人工血管來重建主動脈根部或肺動脈根部之患者。	
B102-4	F-H-	機械性瓣膜-帶人工血管-主動脈瓣膜/主動脈根部人工血管	(106/10/01 生效) (一)主動脈根部瘤或須做 Bentall’s Operation 之病患。 (二)剝離性血管瘤 Type Ⅰ，Type Ⅱ，剝離性主動脈瘤併發主動脈瓣閉鎖不全之病患。 (三)冠狀動脈疾病併上升主動脈血管瘤。	B102-4	F-H-	機械性瓣膜-帶人工血管-主動脈瓣膜/主動脈根部人工血管	(106/10/01 生效) (一)主動脈根部瘤或須做 Bentall’s Operation 之病患。 (二)剝離性血管瘤 Type Ⅰ，Type Ⅱ，剝離性主動脈瘤併發主動脈瓣閉鎖不全之病患。 (三)冠狀動脈疾病併上升主動脈血管瘤。	未修正
B102-5	F-H-	人工瓣膜輪/環	(107/11/01 生效) 1、以二尖瓣膜成形手術治療二尖瓣膜逆流，需使用二尖瓣膜環固定成形及	B102-5	F-H-	人工瓣膜輪/環	(107/11/01 生效) 1、以二尖瓣膜成形手術治療二尖瓣膜逆流，需使	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			人工腱索重建者。 2、比照本保險醫療服務給付項目及支付標準：68015B「瓣膜成形術」規定施行之。				用二尖瓣膜環固定成形及人工腱索重建者。 2、比照本保險醫療服務給付項目及支付標準：68015B 「瓣膜成形術」規定施行之。	
B102-6	F-H-	心包膜補片	(109/12/01 生效) 面積≦六平方公分：用於一歲以下之心內缺損或肺動脈、主動脈重建。	B102-6	F-H-	心包膜補片	(109/12/01 生效) 面積≦六平方公分：用於一歲以下之心內缺損或肺動脈、主動脈重建。	未修正
B102-7	F-H-	心包膜及心血管補片	(109/12/01 生效) 一、面積>六平方公分：用於十八歲以下之複雜性先天性疾病手術或肺動脈、主動脈重建。 二、「3D 具弧度補片」:用於十八歲以下之主動脈弓或肺動脈重建。	B102-7	F-H-	心包膜及心血管補片	(109/12/01 生效) 一、面積>六平方公分：用於十八歲以下之複雜性先天性疾病手術或肺動脈、主動脈重建。 二、「3D 具弧度補片」：用於十八歲以下之主動脈弓或肺動脈重建。	未修正
B102-8	F-H-G-W-	經導管置換主動脈瓣膜套組-TAVI(整組含導引線)	(110/02/01 生效) 經導管置換主動脈瓣膜套組-TAVI(整組含導引線) 一、符合全民健康保險醫療服務給付					新增

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			項目及支付標準診療項目 68040B「經導管主動脈瓣膜置換術」所訂之相關規定。 二、完成個案登錄系統且須送事前審查核准。 三、個案完成植入手術後需三十天內及第十二個月內於登錄系統登錄追蹤狀況。未如期登錄，核刪本項申請之特材費用。					
B102-9	F-H-	經導管置換肺動脈瓣膜套組	(110/12/01 生效) 一、符合全民健康保險醫療服務給付項目及支付標準診療項目 68057B「經導管肺動脈瓣膜置換術」(Transcatheter pulmonary valve implantation, TPVI)所訂之適應症、禁忌症、醫院條件及醫師資格等之相關規定。 二、需事前審查。					新增
B103-1	F-H-	心臟整流去顫器 IMPLANTABLE	(98/07/01 修訂) 申報規範： 1.操作醫院應事先報備作業流程及持	B103-1	F-H-	心臟整流去顫器 IMPLANTABLE	(98/07/01 修訂) 申報規範： 1.操作醫院應事先報備作業流程	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		CARDIOVERTER DEFIBRILLATOR (ICD)	續照護計畫。 2.原則採事後逐案審查，個別醫院如經審查評估不符治療指引，則改採逐案事前審查。 給付規定： (一)嚴重心室頻脈、心室顫動導致猝死可能或昏迷。 (二)反覆發作之持續性心室頻脈。 (三)高危險性心臟血管疾病，如：曾經心肌梗塞併左心室射出分率<=40%,肥厚性心肌症，擴張性心肌症，且合併心室快速不整脈者。 (四)高危險性心臟遺傳性疾病，如long QT syndrome, short QT syndrome, Brugada syndrome, idiopathic ventricular fibrillation, arrhythmogenic right ventricular dysplasia, catech			CARDIOVERTER DEFIBRILLATOR (ICD)	及持續照護計畫。 2.原則採事後逐案審查，個別醫院如經審查評估不符治療指引，則改採逐案事前審查。 給付規定： (一)嚴重心室頻脈、心室顫動導致猝死可能或昏迷。 (二)反覆發作之持續性心室頻脈。 (三)高危險性心臟血管疾病，如：曾經心肌梗塞併左心室射出分率<=40%，肥厚性心肌症，擴張性心肌症，且合併心室快速不整脈者。 (四)高危險性心臟遺傳性疾病，如 long QT syndrome, short QT syndrome, Brugada syndrome, idiopathic ventricular	

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			olaminergic polymorphic ventricular tachycardia 等，且合併心室快速不整脈或合併猝死症之家族史者。 不宜列入項目： (一)末期心臟衰竭，無法藥物控制又非心臟移植對象者。 (二)猝死可能經急救後，無意識恢復之患者。 (三)末期疾病患者且存活不足六個月者。 (四)惡性且任何治療無法控制(intractable)之心室頻脈或心室顫動。(依據「特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法」，自 101/09/01 解除登記列管。配合將操作醫院、醫師資格等刪除。)				fibrillation, arrhythmogenic right ventricular dysplasia, catecholaminergic polymorphic ventricular tachycardia 等，且合併心室快速不整脈或合併猝死症之家族史者。 不宜列入項目： (一)末期心臟衰竭，無法藥物控制又非心臟移植對象者。 (二)猝死可能經急救後，無意識恢復之患者。 (三)末期疾病患者且存活不足六個月者。 (四)惡性且任何治療無法控制(intractable)之心室頻脈或心室顫動。(依據「特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法」，自 101/09/01 解除	

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
							登記列管。配合將操作醫院、醫師資格等刪除。)	
B103-2	F-H-	心臟整流去顫器結合心房同步雙心室節律器(CRTD)	(110/11/01 修訂) 一、相關使用規範同 B103-1。 二、適應症： (一)嚴重心室頻脈、心室顫動導致猝死可能或昏迷。 (二)反覆發作之持續性心室頻脈。 (三)高危險性心臟血管疾病，如：曾經心肌梗塞併左心室射出分率\小於等於百分之四十，肥厚性心肌症，擴張性心肌症，且合併心室快速不整脈者。 (四)高危險性心臟遺傳性疾病，如 long QT syndrome, short QT syndrome, Brugada syndrome, idiopathic ventricular fibrillation, arrhythmogenic right ventricular dysplasia, catech	B103-2	F-H-	心臟整流去顫器結合心房同步雙心室節律器(CRTD)	(98/07/01 修訂) 相關使用規範同 B103-1。 (一)嚴重心室頻脈、心室顫動導致猝死可能或昏迷。 (二)反覆發作之持續性心室頻脈。 (三)高危險性心臟血管疾病，如：曾經心肌梗塞併左心室射出分率\<=40%，肥厚性心肌症，擴張性心肌症，且合併心室快速不整脈者。 (四)高危險性心臟遺傳性疾病，如 long QT syndrome, short QT syndrome, Brugada syndrome, idiopathic ventricular fibrillation, arrhythmogenic right	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			olaminergic polymorphic ventricular tachycardia 等，且合併心室快速不整脈或合併猝死症之家族史者。心房同步雙心室節律器、心臟靜脈導管、插入式導線適應症： 1.應事前審查。 2.正常竇房節心律，LVEF\小於等於百分之三十五且 CLBBB(QRS 寬度\大於等於零點一二秒)，且 NYHA Functional Class III, IV 及經適當藥物治療仍不能改善之病患。 3.心房顫動之病患，LVEF\小於等於百分之三十五且 CLBBB(QRS 寬度\大於等於零點一二秒)，且 NYHA Functional Class III, IV 及經適當藥物治療仍不能改善之病患。 4.心室節律器依賴之病患，LVEF\小於				ventricular dysplasia, catecholaminergic polymorphic ventricular tachycardia 等，且合併心室快速不整脈或合併猝死症之家族史者。 心房同步雙心室節律器、心臟靜脈導管、插入式導線適應症： 1.應事先審查。 2.正常竇房節心律，LVEF\<=35% 且 CLBBB(QRS 寬度\>=0.12sec)，且 NYHA Functional Class III, IV 及經適當藥物治療仍不能改善之病患。 3.心房顫動之病患，LVEF\<=35% 且 CLBBB(QRS 寬度\>=0.12sec)，且 NYHA Functional Class III, IV 及經適當藥物治療仍不能改善之病	

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			等於百分之三十五，NYHA Functional Class III, IV 及經適當藥物治療仍不能改善者。 (五)心臟整流去顫器結合心房同步雙心室節律器之適應症為：符合「心臟整流去顫器」之適應症，且合乎「心房同步雙心室節律器」之適應症者。 (六)已通過同步雙心室節律器事前申請者，於裝置時突發嚴重心室不整脈者，可改裝 ICD 或 CRTD，以維護病患安全，並於事後補報。不宜列入之項目： 1.末期心臟衰竭，無法藥物控制又非心臟移植對象者。 2.猝死可能經急救後，無意識恢復之患者。 3.末期疾病患者且存活不足六個月者。 4.惡性且任何治療無法控制之心室頻				患。 4.心室節律器依賴之病患，LVEF\<=35%，NYHA Functional Class III, IV 及經適當藥物治療仍不能改善者。 (五)心臟整流去顫器結合心房同步雙心室節律器之適應症為：符合「心臟整流去顫器」之適應症，且合乎「心房同步雙心室節律器」之適應症者。 (六)已通過同步雙心室節律器事前申請者，於裝置時突發嚴重心室不整脈者，可改裝 ICD 或 CRTD，以維護病患安全，並於事後補報。不宜列入之項目： 1.末期心臟衰竭，無法藥物控制又非心臟移植對象者。 2.猝死可能經急救後，無意識恢	

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			脈或心室顫動。				復之患者。 3.末期疾病患者且存活不足六個月者。 4.惡性且任何治療無法控制之心室頻脈或心室顫動。(依據「特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法」，自 101.9.1.解除登記列管。配合將操作醫院、醫師資格等刪除。)	
B103-3A	F-H-	雙腔型植入式去纖維顫動器(同時具 ATP 及心房自動電擊功能)原 B103-3	(98/07/01 修訂) 申報規範： 1.操作醫院應事先報備作業流程及持續照護計畫。 2.原則採事後逐案審查，個別醫院如經審查評估不符治療指引，則改採逐案事前審查。 ◎ 給付規定：(給付規定代碼：B103-1) (一)嚴重心室頻脈、心室顫動導致猝死可能或昏迷。 (二)反覆發作之持續性心室頻脈。	B103-3A	F-H-	雙腔型植入式去纖維顫動器(同時具 ATP 及心房自動電擊功能)原 B103-3	(98/07/01 修訂) 申報規範： 1.操作醫院應事先報備作業流程及持續照護計畫。 2.原則採事後逐案審查，個別醫院如經審查評估不符治療指引，則改採逐案事前審查。 ◎ 給付規定：(給付規定代碼：B103-1) (一)嚴重心室頻脈、心室顫動導致猝死可能或昏	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			(三)高危險性心臟血管疾病或遺傳性疾病，如：曾經心肌梗塞併左心室射出分率≦40%,long QT syndrome，short QT syndrome,Brugada syndrome，idiopathic ventricular fibrillation，arrhythmogenic right ventricle dysplasia，catecholaminergic polymorphic ventricular tachycardia,肥厚性心肌症，擴張性心肌症等，且臨床合併心室快速不整脈或合併猝死症之家族史者。(四)使用於藥物控制不良之陣發性心房快速心律不整之病患。 ◎不宜列入項目： (一)末期心臟衰竭，無法藥物控制又非心臟移植對象者。 (二)猝死可能經急救後，無意識恢復				迷。(二)反覆發作之持續性心室頻脈。(三)高危險性心臟血管疾病或遺傳性疾病，如：曾經心肌梗塞併左心室射出分率≦40%，long QT syndrome，short QT syndrome，Brugada syndrome，idiopathic ventricular fibrillation，arrhythmogenic right ventricle dysplasia，catecholaminergic polymorphic ventricular tachycardia，肥厚性心肌症，擴張性心肌症等，且臨床合併心室快速不整脈或合併猝死症之家族史者。(四)使用於藥物控制不良之陣發性心房快速心律不整之病患。 ◎不宜列入項	

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			之患者。 (三)末期疾病患者且存活不足六個月者。 (四)惡性且任何治療無法控制(intractable)之心室頻脈或心室顫動。(依據「特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法」，自101/09/01 解除登記列管。配合將操作醫院、醫師資格等刪除。)				目：(一)末期心臟衰竭，無法藥物控制又非心臟移植對象者。 (二)猝死可能經急救後，無意識恢復之患者。 (三)末期疾病患者且存活不足六個月者。 (四)惡性且任何治療無法控制(intractable)之心室頻脈或心室顫動。(依據「特定醫療技術檢查檢驗醫療儀器施行或使用管理辦法」，自101/09/01 解除登記列管。配合將操作醫院、醫師資格等刪除。)	
B104-1	F-H-	心房同步雙心室節律器(CRT)	(110/11/01 修訂) 一、應事前審查。 二、正常竇房節心律，LVEF 小於等於百分之三十五且CLBBB(QRS 寬度大於等於零點一二秒)，且 NYHA Functional Class III， IV 及經適當藥物治療仍不能改	B104-1	F-H-	心房同步雙心室節律器(CRT)	(98/07/01 修訂) (一)應事先審查。 (二)正常竇房節心律，LVEF<=35%且 CLBBB(QRS 寬度>=0.12sec)，且 NYHA Functional Class III， IV 及經適當藥物治	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			善之病患。 三、心房顫動之病患，LVEF 小於等於百分之三十五且 CLBBB(QRS 寬度大於等於零點一二秒)，且 NYHA Functional Class III， IV 及經適當藥物治療仍不能改善之病患。 四、心室節律器依賴之病患，LVEF 小於等於百分之三十五，NYHA Functional Class III， IV 及經適當藥物治療仍不能改善者。				療仍不能改善之病患。 (三)心房顫動之病患，LVEF<=35%且 CLBBB(QRS 寬度>=0.12sec)，且 NYHA Functional Class III， IV 及經適當藥物治療仍不能改善之病患。 (四)心室節律器依賴之病患，LVEF<=35%，NYHA Functional Class III， IV 及經適當藥物治療仍不能改善者。	
B104-2	C-X-	複雜性不整脈消融/除顫導管	(109/03/01 修訂) 限用於複雜性之心房或心室性不整脈。一般陣發性心室上心搏過速(PSVT)不適用。	B104-2	C-X-	複雜性不整脈消融/除顫導管	(109/03/01 修訂) 限用於複雜性之心房或心室性不整脈。一般陣發性心室上心搏過速(PSVT)不適用。	未修正
B104-3	C-X-	複雜性心房顫動之冷凍消融導管	(106/11/01 生效) 限用陣發性心房顫動之肺靜脈隔離(電訊號阻斷)。 不宜列入之項目： 1.重度二尖瓣逆流	B104-3	C-X-	複雜性心房顫動之冷凍消融導管	(106/11/01 生效) 限用陣發性心房顫動之肺靜脈隔離(電訊號阻斷)。	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			或狹窄者。 2.左心房大於				不宜列入之項目： 1.重度二尖瓣逆流或狹窄者。 2.左心房大於	
B104-4	C-X-	心臟診斷用電生理導管	(109/01/01 生效) 限用於複雜性之心房不整脈。	B104-4	C-X-	心臟診斷用電生理導管	(109/01/01 生效) 限用於複雜性之心房不整脈。	未修正
B104-5	C-X-	3D 立體定位貼片組	(109/03/01 生效) 一、「限用於複雜性之心房或心室性不整脈。一般陣發性心室上心搏過速(PSVT)不適用」。 二、18 歲(含)以下兒童一般陣發性心室上心搏過速，進行無輻射燒灼術時適用。	B104-5	C-X-	3D 立體定位貼片組	(109/03/01 生效) 一、「限用於複雜性之心房或心室性不整脈。一般陣發性心室上心搏過速(PSVT)不適用」。 二、18 歲(含)以下兒童一般陣發性心室上心搏過速，進行無輻射燒灼術時適用。	未修正
B105-1	F-H-	經皮移除心臟內導線裝置	(109/05/01 生效) 適應症及使用規範需符合下列之一： 一、對所有確診為心臟植入式儀器(CIED)的病患，併有全身系統性感染，如瓣膜性心內膜炎、導線心內膜炎、敗血症之病患。 二、對所有確診為心臟植入式儀器	B105-1	F-H-	經皮移除心臟內導線裝置	(109/05/01 生效) 適應症及使用規範需符合下列之一： 一、對所有確診為心臟植入式儀器(CIED)的病患，併有全身系統性感染，如瓣膜性心內膜炎、導線心內膜炎、	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			(CIED)囊袋感染，如: 心臟植入式儀器(CIED)囊袋化膿、植入式儀器腐蝕、皮膚沾黏或慢性引流腔室但未影響靜脈導線系統之病患。 三、對所有瓣膜性心內膜炎之病患，即便未明確影響導線或心臟植入式儀器。 四、對患有隱匿革蘭氏陽性菌血症(occult gram-positive bacteremia)(非污染檢體)或黴菌血症的病患。 五、因導線而導致血栓形成，並造成靜脈狹窄或阻塞導致無法植入新的導線。 六、因導線存在引起嚴重的心律不整或影響必要之治療。 七、因導線損壞需要植入新的導線而造成同一側血管四條(含)以上導線，或兩側血管五條				敗血症之病患。 二、對所有確診為心臟植入式儀器(CIED)囊袋感染，如: 心臟植入式儀器(CIED)囊袋化膿、植入式儀器腐蝕、皮膚沾黏或慢性引流腔室但未影響靜脈導線系統之病患。 三、對所有瓣膜性心內膜炎之病患，即便未明確影響導線或心臟植入式儀器。 四、對患有隱匿革蘭氏陽性菌血症(occult gram-positive bacteremia)(非污染檢體)或黴菌血症的病患。 五、因導線而導致血栓形成，並造成靜脈狹窄或阻塞導致無法植入新的導線。 六、因導線存在引起嚴重的心律不整或影響必要之治療。 七、因導線損壞	

修正規定				現行規定				說明
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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			(含)以上導線。				需要植入新的導線而造成同一側血管四條(含)以上導線，或兩側血管五條(含)以上導線。	
B106-1	L-E-	具 CPR 回饋之拋棄式去顫電極-電極貼片	(111/01/01 生效) 具 CPR 回饋之拋棄式去顫電極-電極貼片： 一、心跳停止。 二、一次就醫以一套為限。					新增
B201-1	C-H-F-H-	BIO PUMP、BIO-PROBE INSERT、SP PUMP HEAD、SP BLOOD FLOW SENSOR	(84/09/14 生效) 1、心臟手術後低心輸出量，無法脫離人工心肺機時使用。2、實施較困難之心臟及大血管手術預期使用體外循環時間會較長或預期凝血因子及血球破壞較嚴重時使用。	B201-1	C-H-F-H-	BIO PUMP、BIO-PROBE INSERT、SP PUMP HEAD、SP BLOOD FLOW SENSOR	(84/09/14 生效) 1、心臟手術後低心輸出量，無法脫離人工心肺機時使用。2、實施較困難之心臟及大血管手術預期使用體外循環時間會較長或預期凝血因子及血球破壞較嚴重時使用。	未修正
B201-2	C-H-F-H-	體外膜肺 ECMO(EXTRA CORPOREAL MEMBRANE OXYGENATOR)	(101/06/01 修訂) 比照全民健康保險醫療費用支付標準診療項目 68036B 使用之給付規定及禁忌症訂定。	B201-2	C-H-F-H-	體外膜肺 ECMO(EXTRA CORPOREAL MEMBRANE OXYGENATOR)	(101/06/01 修訂) 比照全民健康保險醫療費用支付標準診療項目 68036B 使用之給付規定及禁忌症訂定。	未修正
B201-3	F-H-	含肝磷脂、	(86/09/12 生效)	B201-3	F-H-	含肝磷脂、	(86/09/12 生效)	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		肝素之人工心肺 OXYGENATER	限重大複雜之心臟血管手術其體外循環之時間預計會超過 150 分鐘或 60 分鐘，而又無使用其他自體輸血裝置之患者使用。			肝素之人工心肺 OXYGENATER	限重大複雜之心臟血管手術其體外循環之時間預計會超過 150 分鐘或 60 分鐘，而又無使用其他自體輸血裝置之患者使用。	
B201-4	F-H-C-H-	FEMORAL ACCESS CANNULAE SET W/INTRODUCER(股動/靜脈導管及導引管組,無肝素塗層）	(97/07/01 修訂) 因開心手術、主動脈剝離、胸腔動脈瘤、微創手術或二次心臟/胸腔手術，用於少於 6 小時之體外循環之手術使用。	B201-4	F-H-C-H-	FEMORAL ACCESS CANNULAE SET W/INTRODUCER(股動/靜脈導管及導引管組,無肝素塗層）	(97/07/01 修訂) 因開心手術、主動脈剝離、胸腔動脈瘤、微創手術或二次心臟/胸腔手術，用於少於 6 小時之體外循環之手術使用。	未修正
B201-5	F-H-	含塗層之人工心肺 WITH OR WITHOUT 儲血槽(含 ARTERIAL FILTER)	(100/03/01 生效) 限重大複雜之心臟血管手術其體外循環之時間預計會超過 150 分鐘或 60 分鐘，而又無使用其他自體輸血裝置之患者使用並限 12 歲以下之兒童開心手術使用。	B201-5	F-H-	含塗層之人工心肺 WITH OR WITHOUT 儲血槽(含 ARTERIAL FILTER)	(100/03/01 生效) 限重大複雜之心臟血管手術其體外循環之時間預計會超過 150 分鐘或 60 分鐘，而又無使用其他自體輸血裝置之患者使用並限 12 歲以下之兒童開心手術使用。	未修正
B201-6	F-H-	體外循環用-長效型血液幫浦	(106/10/01 修訂) 修訂生效體外循環用-長效型血液幫浦(配合心室輔助裝置系統-VAD):同	B201-6	F-H-	體外循環用-長效型血液幫浦	(106/10/01 修訂) 修訂生效體外循環用-長效型血液幫浦(配合心	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			全民健康保險醫療服務給付項目及支付標準診療項目「心室輔助裝置植入」(編號:68051B)所訂給付規定。				室輔助裝置系統-VAD):同全民健康保險醫療服務給付項目及支付標準診療項目「心室輔助裝置植入」(編號：68051B)所訂給付規定。	
B201-7	F-H-	長效型體外膜肺ECMO(EXTRA CORPOREAL MEMBRANE OXYGENATOR)(經認證使用天數 14 日)	(103/08/01 生效)限用於急性呼吸窘迫症候群病患及等待心臟移植病患之第二套以上(含)ECMO 體外循環維生系統。	B201-7	F-H-	長效型體外膜肺ECMO(EXTRA CORPOREAL MEMBRANE OXYGENATOR)(經認證使用天數 14 日)	(103/08/01 生效)限用於急性呼吸窘迫症候群病患及等待心臟移植病患之第二套以上(含)ECMO 體外循環維生系統。	未修正
B202-1	F-H-	組織安定器及真空抽吸套管組	(88/06/01 生效)限微創直接冠狀動脈繞道手術(MIDCAB)使用，並規範： 1.一至二條血管之 MIDCAB 手術，每次只能申報兩支組織安定器及一付真空抽吸套管組。 2.三條(含三條)血管以上之 MIDCAB 之手術，除申報兩支組織安定器及一付真空抽吸套管	B202-1	F-H-	組織安定器及真空抽吸套管組	(88/06/01 生效)限微創直接冠狀動脈繞道手術(MIDCAB)使用，並規範： 1.一至二條血管之 MIDCAB 手術，每次只能申報兩支組織安定器及一付真空抽吸套管組。 2.三條(含三條)血管以上之 MIDCAB 之手術，除申報兩支組織	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			組，並得申報自體血液回收組。				安定器及一付真空抽吸套管組，並得申報自體血液回收組。	
B202-2	C-H-	多重灌注分流管 MULTIPLE PERFUSION SET	(89/01/01 生效)限三條血管以上填塞之 CAD，且左心室功能低於 LVEF 30%以下者。	B202-2	C-H-	多重灌注分流管 MULTIPLE PERFUSION SET	(89/01/01 生效)限三條血管以上填塞之 CAD，且左心室功能低於 LVEF 30%以下者。	未修正
B202-3	H-E-	動脈血過濾器/含肝素 BLOOD FILTER W/HEPARIN	(84/03/01 生效)限體外循環超過 120 分鐘患者使用。	B202-3	H-E-	動脈血過濾器/含肝素 BLOOD FILTER W/HEPARIN	(84/03/01 生效)限體外循環超過 120 分鐘患者使用。	未修正
B202-4	H-E-	氣泡過濾器 BUBBLE TRAP	(86/05/08 生效)限複雜性先天性心臟病矯正術使用。	B202-4	H-E-	氣泡過濾器 BUBBLE TRAP	(86/05/08 生效)限複雜性先天性心臟病矯正術使用。	未修正
B202-5	H-E-	動脈血過濾器+去白血球過濾器	(87/10/02 生效)限開心手術使用於 BLOOD CARDIOPLEGIA SOLUTION 時申報。	B202-5	H-E-	動脈血過濾器+去白血球過濾器	(87/10/02 生效)限開心手術使用於 BLOOD CARDIOPLEGIA SOLUTION 時申報。	未修正
B202-6	C-H-	兒童用動脈套管	(104/12/01 生效)限 18 歲以下兒童開心手術時使用。	B202-6	C-H-	兒童用動脈套管	(104/12/01 生效)限 18 歲以下兒童開心手術時使用。	未修正
B203-1	C-C-	心外自體輸血系統 CARDIOSURGERY AUTOTRANSFUSION KIT	(102/07/01 修訂)術中自體血液收集套給付規定如下：一、開心手術、大動脈手術及肝、脾破裂出血超過	B203-1	C-C-	心外自體輸血系統 CARDIOSURGERY AUTOTRANSFUSION KIT	(102/07/01 修訂)術中自體血液收集套給付規定如下：一、開心手術、	未修正

修正規定				現行規定				說明
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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			2000C.C 之大手術。但於一至二條血管之微創直接冠狀動脈繞道手術不得申報。 二、非微創之長節(大於等於 3 節)脊椎內固定手術。 三、限使用一套。				大動脈手術及肝、脾破裂出血超過 2000C.C 之大手術。但於一至二條血管之微創直接冠狀動脈繞道手術不得申報。 二、非微創之長節(大於等於 3 節)脊椎內固定手術。 三、限使用一套。	
B203-2	H-E-	血液脫液器組 BLOOD HEMOCONCENTRATOR W/CHECK TUBING	(102/07/01 修訂) 術前腎機能不全或充血性心衰竭而須施行開心手術患者使用。	B203-2	H-E-	血液脫液器組 BLOOD HEMOCONCENTRATOR W/CHECK TUBING	(102/07/01 修訂) 術前腎機能不全或充血性心衰竭而須施行開心手術患者使用。	未修正
B203-3	C-C-	胸腔血液引流併自體輸血組	(86/04/07 生效) 胸腔、心臟血管外科手術或外傷無菌性大量血胸需自體輸血者，且需檢附自體輸血記錄備查。	B203-3	C-C-	胸腔血液引流併自體輸血組	(86/04/07 生效) 胸腔、心臟血管外科手術或外傷無菌性大量血胸需自體輸血者，且需檢附自體輸血記錄備查。	未修正
B206-8	F-H-	長效型心室輔助系統	(109/07/01 修訂) 一、適應症： (一)病患已登錄於器官移植中心系統。 (二)須能耐受抗凝血治療。 (三)符合下列心臟	B206-8	F-H-	長效型心室輔助系統	(109/07/01 修訂) 一、適應症： (一)病患已登錄於器官移植中心系統。 (二)須能耐受抗凝血治療。	未修正

修正規定				現行規定				說明
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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			移植條件且無法脫離強心劑注射(dopamine + dobutamine >5μg/min/kg)大於 14 天或一年內 2 次住院接受強心劑注射每次大於 7 天。 1.心臟衰竭且 Maximal VO2 < 10ml/kg/min 者。 2.心臟衰竭達紐約心臟功能第四度，且 Maximal VO2<14ml/kg/min 者。 3.心臟衰竭核醫檢查 LVEF<20%，經六個月以上藥物(包括 ACE inhibitors, Digoxin、Diuretics 等)治療仍無法改善者;如有重度二尖瓣閉鎖不全，經核醫檢查 LVEF<25%者。 4.嚴重心肌缺血，核醫檢查 LVEF<20%，經核醫心肌灌注掃描及心導管等檢查，證實無法以冠狀動脈繞				(三)符合下列心臟移植條件且無法脫離強心劑注射（dopamine + dobutamine >5μg/min/kg)大於 14 天或一年內 2 次住院接受強心劑注射每次大於 7 天。 1.心臟衰竭且 Maximal VO2 < 10ml/kg/min 者。 2.心臟衰竭達紐約心臟功能第四度，且 Maximal VO2<14ml/kg/min 者。 3.心臟衰竭核醫檢查 LVEF<20%，經六個月以上藥物(包括 ACE inhibitors, Digoxin、Diuretics 等)治療仍無法改善者;如有重度二尖瓣閉鎖不全，經核醫檢查 LVEF<25%者。 4.嚴重心肌缺血，核醫檢查 LVEF<20%，經核醫心肌灌注掃描	

修正規定				現行規定				說明
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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
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			道手術及冠狀動脈介入治療者。 5.紐約心臟功能第四度，持續使用 Dopamine 或 Dobutamine>5μg/kg/min 7 天以上，經核醫檢查 LVEF<25%或心臟指數 Cardiac index<2.0L/min/m2 者。 6.復發有症狀的心室心律不整，無法以公認有效的方法治療者。 二、禁忌症： (一)年齡 65 歲以上(含 65 歲)。 (二)有明顯感染者。 (三)愛滋病帶原者，應符合財團法人器官捐贈移植登錄中心訂定之「捐贈者基準及待移植者之絕對與相對禁忌症、適應症與各器官疾病嚴重度分級表」規定。 (四)肺結核經證實者。 (五)惡性腫瘤患者。				及心導管等檢查，證實無法以冠狀動脈繞道手術及冠狀動脈介入治療者。 5.紐約心臟功能第四度，持續使用 Dopamine 或 Dobutamine>5μg/kg/min 7 天以上，經核醫檢查 LVEF<25%或心臟指數 Cardiac index<2.0L/min/m2 者。 6.復發有症狀的心室心律不整，無法以公認有效的方法治療者。 二、禁忌症： (一)年齡 65 歲以上(含 65 歲)。 (二)有明顯感染者。 (三)愛滋病帶原者，應符合財團法人器官捐贈移植登錄中心訂定之「捐贈者基準及待移植者之絕對與相對禁忌症、適應症與各器官疾病嚴重度分級表」規定。	

修正規定				現行規定				說明
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			(六)心智不正常或無法長期配合藥物治療者。 (七)少年型或胰導素依賴型糖尿病患者。 (八)嚴重肺高血壓，經治療仍大於 6 Wood Unit 者，不得做正位心臟移植(異位心臟移植者不得大於 12 Wood Unit)。 (九)肝硬化或 GPT 在正常兩倍以上，且有凝血異常者。 (十)中度以上腎功能不全者(Creatinine >3.0mg/dl 或 Ccr<20ml/min)。 (十一)嚴重的慢性阻塞性肺病患者(FEVI<50% of predicted 或 FEVI/FVC<40% of predicted)。 (十二)活動性消化性潰瘍患者。 (十三)嚴重的腦血管或周邊血管病變，使日常生活無法自理，且無法接受重建手術者。				(四)肺結核經證實者。 (五)惡性腫瘤患者。 (六)心智不正常或無法長期配合藥物治療者。 (七)少年型或胰導素依賴型糖尿病患者。 (八)嚴重肺高血壓，經治療仍大於 6 Wood Unit 者，不得做正位心臟移植(異位心臟移植者不得大於 12 Wood Unit)。 (九)肝硬化或 GPT 在正常兩倍以上，且有凝血異常者。 (十)中度以上腎功能不全者(Creatinine >3.0mg/dl 或 Ccr<20ml/min)。 (十一)嚴重的慢性阻塞性肺病患者(FEVI<50% of predicted 或 FEVI/FVC<40% of predicted)。 (十二)活動性消	

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			(十四)免疫系統不全或其他全身性疾病，雖經治療仍預後不良者。 (十五)藥癮患者。 (十六)INTERMACS 1 及 INTERMACS 2 之患者。 (十七)再次開心手術。 三、支付規範： (一)醫院條件： 1.須為「中華民國心臟醫學會」及「台灣胸腔及心臟血管外科學會」所認定之專科醫師訓練醫院。 2.應有專任具臨床藥理、病理、移植免疫、感染症及血液學專長之醫師。 (二)醫師條件： 1.手術主持醫師須有主持開心手術五百例以上之經驗。 2.執行本項手術之醫院及醫師條件應向保險人申請核備。 3.醫院及醫師必須經衛福部核定具心臟移植資格者。 四、每人終身給付				化性潰瘍患者。 (十三)嚴重的腦血管或周邊血管病變，使日常生活無法自理，且無法接受重建手術者。 (十四)免疫系統不全或其他全身性疾病，雖經治療仍預後不良者。 (十五)藥癮患者。 (十六)INTERMACS 1 及 INTERMACS 2 之患者。 (十七)再次開心手術。 三、支付規範： (一)醫院條件： 1.須為「中華民國心臟醫學會」及「台灣胸腔及心臟血管外科學會」所認定之專科醫師訓練醫院。 2.應有專任具臨床藥理、病理、移植免疫、感染症及血液學專長之醫師。	

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			1 組。 五、完成個案登錄系統且須送事前特殊專案審查核准。 六、個案完成植入手術後，須每三個月內登錄系統追蹤狀況，直到病人完成心臟移植手術出院或死亡，未如期登錄，核刪本項申請之特材費用。				(二)醫師條件： 1.手術主持醫師須有主持開心手術五百例以上之經驗。 2.執行本項手術之醫院及醫師條件應向保險人申請核備。 3.醫院及醫師必須經衛福部核定具心臟移植資格者。 四、每人終身給付 1 組。 五、完成個案登錄系統且須送事前特殊專案審查核准。 六、個案完成植入手術後，須每三個月內登錄系統追蹤狀況，直到病人完成心臟移植手術出院或死亡，未如期登錄，核刪本項申請之特材費用。	
B301-1	H-H-	保護導線加上暫時阻斷吸除系統	(94/02/01 修訂) 一、限用於實施頸動脈擴張術且對側頸動脈無完全阻塞者。 二、急性心肌梗塞	B301-1	H-H-	保護導線加上暫時阻斷吸除系統	(94/02/01 修訂) 一、限用於實施頸動脈擴張術且對側頸動脈無完全阻塞者。 二、急性心肌梗	未修正

修正規定				現行規定				說明
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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
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			冠狀動脈成型治療。 三、冠狀動脈繞道後,隱靜脈狹窄之成型治療。				塞冠狀動脈成型治療。 三、冠狀動脈繞道後,隱靜脈狹窄之成型治療。	
B301-2	H-H-	導引線濾過系統.腦血管保護盾	(94/04/01 生效) 限用於實施頸動脈擴張術及血管支架置放術。	B301-2	H-H-	導引線濾過系統.腦血管保護盾	(94/04/01 生效) 限用於實施頸動脈擴張術及血管支架置放術。	未修正
B301-3	H-H-	血栓清除導管	(98/07/01 生效) (一)急性心肌梗塞冠狀動脈成型治療。(二)冠狀動脈繞道後,隱靜脈狹窄之成型治療。	B301-3	H-H-	血栓清除導管	(98/07/01 生效) (一)急性心肌梗塞冠狀動脈成型治療。(二)冠狀動脈繞道後,隱靜脈狹窄之成型治療。	未修正
B301-4	H-H-	血栓濾過導引線系統	(104/05/01 生效) 1.實施頸動脈擴張術及血管支架放置術。 2.冠狀動脈繞道後，隱靜脈狹窄之成形治療。	B301-4	H-H-	血栓濾過導引線系統	(104/05/01 生效) 1.實施頸動脈擴張術及血管支架放置術。 2.冠狀動脈繞道後，隱靜脈狹窄之成形治療。	未修正
B301-5	H-H	周邊動脈血栓移除系統組	(104/06/01 生效) 1.用於需移除或抽吸動脈血管系統中栓塞物質之病人，但不得用於直徑小於 2.5mm 的血管。 2.不得用於人工洗腎用血管與動靜脈瘻管的血管栓塞者。	B301-5	H-H	周邊動脈血栓移除系統組	(104/06/01 生效) 1.用於需移除或抽吸動脈血管系統中栓塞物質之病人，但不得用於直徑小於 2.5mm 的血管。 2.不得用於人工洗腎用血管與動	未修正

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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
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							靜脈瘻管的血管栓塞者。	
C101-1	C-K	長效型雙 J 型輸尿導管組	(105/10/01 生效): 輸尿管內良性、惡性腫瘤和創傷後產生輸尿管狹窄等所造成長期且無法矯治的輸尿管阻塞。	C101-1	C-K	長效型雙 J 型輸尿導管組	(105/10/01 生效): 輸尿管內良性、惡性腫瘤和創傷後產生輸尿管狹窄等所造成長期且無法矯治的輸尿管阻塞。	未修正
C101-2	C-K	抗壓型雙 J 型輸尿導管組	(105/10/01 生效): 1.腹腔腫瘤、腹膜後腔纖維化引起輸尿管壓迫，導致腎水腫。 2.反覆輸尿管狹窄經一般雙 J 型導管無法矯治的腎水腫。	C101-2	C-K	抗壓型雙 J 型輸尿導管組	(105/10/01 生效): 1.腹腔腫瘤、腹膜後腔纖維化引起輸尿管壓迫，導致腎水腫。 2.反覆輸尿管狹窄經一般雙 J 型導管無法矯治的腎水腫。	未修正
C301-1	C-G-	左心室傳送系統(配合 1.心房同步雙心室節律器或 2.心臟整流去顫器結合心房同步雙心室節律器使用）	(94/02/01 生效） 1.使用於心房同步雙心室節律器時, 適用 B104-1 之給付規定。 2.使用於心臟整流去顫器結合心房同步雙心室節律器時, 適用 B103-2 之給付規定及相關使用規範。	C301-1	C-G-	左心室傳送系統(配合 1.心房同步雙心室節律器或 2.心臟整流去顫器結合心房同步雙心室節律器使用）	(94/02/01 生效） 1.使用於心房同步雙心室節律器時, 適用 B104-1 之給付規定。 2.使用於心臟整流去顫器結合心房同步雙心室節律器時, 適用 B103-2 之給付規定及相關使用規範。	未修正
C302-1	C-X-	心內膜心律不整外科燒	(93/07/01 生效） 限心臟外科手術時	C302-1	C-X-	心內膜心律不整外科燒	(93/07/01 生效） 限心臟外科手術	未修正

修正規定				現行規定				說明
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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		灼電刀用電極	使用，並附 AF 心電圖報告(術前、術中或術後)。			灼電刀用電極	時使用，並附 AF 心電圖報告(術前、術中或術後)。	
D101-1	F-B-	骨髓內固定釘 INTERLOCKING NAIL	(87/12/01 生效) 1.嚴重的粉碎性或截斷性骨折。 2.使用一般髓內骨釘無法維持斷骨之穩定性或維持其與正常肢同樣長度時。	D101-1	F-B-	骨髓內固定釘 INTERLOCKING NAIL	(87/12/01 生效) 1.嚴重的粉碎性或截斷性骨折。 2.使用一般髓內骨釘無法維持斷骨之穩定性或維持其與正常肢同樣長度時。	未修正
D101-2	F-B-	骨髓內固定釘 INTERLOCKING NAIL	(109/03/01 修訂) GAMMA LOCKING NAIL、RECON NAIL 一、限複雜性、不穩定型轉子間骨折患者申報。 二、須檢附病患 X 光照片。	D101-2	F-B-	骨髓內固定釘 INTERLOCKING NAIL	(109/03/01 修訂) GAMMA LOCKING NAIL、RECON NAIL 一、限複雜性、不穩定型轉子間骨折患者申報。 二、須檢附病患 X 光照片。	未修正
D101-3	F-B	成骨不全症髓內釘	(104/01/01 生效) 本產品是暫時性植入物於成骨不全而生長板正常的小兒患者，以幫助長骨幹骨折、骨切開術、骨折斷端對位不良及未癒合骨折的固定，並防止股骨、脛骨及肱骨進一步的骨折。	D101-3	F-B	成骨不全症髓內釘	(104/01/01 生效) 本產品是暫時性植入物於成骨不全而生長板正常的小兒患者，以幫助長骨幹骨折、骨切開術、骨折斷端對位不良及未癒合骨折的固定，並防止股骨、脛骨及肱骨進一步的骨	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
							折。	
D101-4	F-B-	鈦合金加長型髓內釘組(Cephalomedullary nail)	(110/01/01 修訂) 一、限轉子下骨折或轉子間骨折合併轉子下延伸之患者申報。 二、須檢附病患 X 光照片。	D101-4	F-B-	鈦合金加長型髓內釘組(Cephalomedullary nail)	(110/01/01 修訂) 一、限轉子下骨折或轉子間骨折合併轉子下延伸之患者申報。 二、須檢附病患 X 光照片。	未修正
D101-5	F-B-	鈦合金髓內釘組(含加長型)(Cephalomedullary nail)/可搭配專用骨水泥使用	(110/01/01 生效) 一、限複雜性、不穩定型轉子間骨折或轉子下骨折、轉子間骨折合併轉子下延伸，同時患有嚴重骨質疏鬆症或有蝕骨性腫瘤病灶之患者申報。 二、須檢附病患術前術後 X 光照片、術後在伽瑪髓內釘灌注骨水泥之影像備查。	D101-5	F-B-	鈦合金髓內釘組(含加長型)(Cephalomedullary nail)/可搭配專用骨水泥使用	(110/01/01 生效) 一、限複雜性、不穩定型轉子間骨折或轉子下骨折、轉子間骨折合併轉子下延伸，同時患有嚴重骨質疏鬆症或有蝕骨性腫瘤病灶之患者申報。 二、須檢附病患術前術後 X 光照片、術後在伽瑪髓內釘灌注骨水泥之影像備查。	未修正
D101-6	F-B-	彈性髓內釘	(109/12/01 生效) 一、四肢長骨(肱骨、尺骨、橈骨、股骨、脛骨)骨幹之單純性骨折。 (一)三~十八歲股骨骨幹之單純性骨折。 (二)七~十八歲脛	D101-6	F-B-	彈性髓內釘	(109/12/01 生效) 一、四肢長骨(肱骨、尺骨、橈骨、股骨、脛骨)骨幹之單純性骨折。 (一)三~十八歲股骨骨幹之單純性骨折。	未修正

修正規定				現行規定				說明
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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			骨骨幹之單純性骨折。 (三)十~十八歲肱骨骨幹骨折，且併有以下狀況之一者： 1.同側前臂骨折(漂浮肘)。 2.下肢骨折。 3.對側上肢骨折。 4.開放性骨折。 5.多重創傷。 6.非手術治療無法復位之骨折。 (四)六~十八歲尺骨或橈骨骨幹之單純性骨折，且骨折處有位移者。 二、良性骨腫瘤、囊腫或成骨不全造成之四肢長骨(肱骨、尺骨、橈骨、股骨、脛骨)病理性骨折。 三、十二~十八歲鎖骨骨幹骨折。 (一)位移超過兩公分。 (二)神經血管損傷。 (三)多重創傷。 (四)伴隨肩胛骨骨折(漂浮肩)。 (五)開放性骨折。				(二)七~十八歲脛骨骨幹之單純性骨折。 (三)十~十八歲肱骨骨幹骨折，且併有以下狀況之一者： 1.同側前臂骨折(漂浮肘)。 2.下肢骨折。 3.對側上肢骨折。 4.開放性骨折。 5.多重創傷。 6.非手術治療無法復位之骨折。 (四)六~十八歲尺骨或橈骨骨幹之單純性骨折，且骨折處有位移者。 二、良性骨腫瘤、囊腫或成骨不全造成之四肢長骨(肱骨、尺骨、橈骨、股骨、脛骨)病理性骨折。 三、十二~十八歲鎖骨骨幹骨折。 (一)位移超過兩公分。 (二)神經血管損傷。	

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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			(六)斷端有頂破皮膚之危險。				(三)多重創傷。 (四)伴隨肩胛骨骨折(漂浮肩)。 (五)開放性骨折。 (六)斷端有頂破皮膚之危險。	
D101-7	F-B-	小兒髓內釘系統	(110/06/01 生效) 小兒髓內釘系統： 一、股骨尚未成熟之病人，有下列其中情形之一： (一)嚴重的粉碎性或節段性骨折。 (二)使用一般髓內骨釘無法維持斷骨之穩定性。 二、特殊骨病需要內固定的情形，需事前審查。					新增
D101-8	F-B	鈦合金股骨逆行髓內釘組 Retrograde Femoral Nail	(110/12/01 生效) 鈦合金股骨逆行髓內釘組 Retrograde Femoral Nail（自 110.12.1 生效)： 一、股骨幹併股骨遠端骨折，順向股骨髓內釘已無法提供足夠穩定者。 二、髖部已有人工關節置入或股骨近端已有其他骨材置入，順向股骨髓內					新增

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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
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			釘已無法置入者。 三、同側膝部或小腿合併其他手術可合併膝部創口置入股骨髓內釘者。 四、同時兩側股骨幹骨折或單側股骨骨折合併多重骨折，無法使用 fracture table 者。 五、生命徵象不穩定之股骨骨折病人，不宜使用 fracture table 牽引手術者。					
D101-9	F-B	Humeral Nail plus Set（搭配 MultiLoc Screw）	(110/12/01 生效) Humeral Nail plus Set（搭配 MultiLoc Screw)： 一、嚴重的粉碎性或截斷性骨折。 二、使用一般髓內骨釘無法維持斷骨之穩定性或維持其與正常肢同樣長度時。 三、近端肱骨骨折。					新增
D101-10	F-B	足踝關節髓內釘組 Ankle Fusion Nail	(110/12/01 生效) 足踝關節髓內釘組 Ankle Fusion Nail：足踝關節固定術使用。					新增
D102-1	F-B-	骨髓內固定	(98/08/28 修訂)	D102-1	F-B-	骨髓內固定	(98/08/28 修訂)	未修正

修正規定				現行規定				說明
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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		螺絲 INTERLOCKING SCREW	1.嚴重之粉碎性或截斷性骨折。 2.使用一般髓內骨釘無法維持斷骨之穩定性或維持其與正常肢同樣之長度時。 3.股骨粗隆下骨折及股骨粗隆複合骨折患者申報。			螺絲 INTERLOCKING SCREW	1.嚴重之粉碎性或截斷性骨折。 2.使用一般髓內骨釘無法維持斷骨之穩定性或維持其與正常肢同樣之長度時。 3.股骨粗隆下骨折及股骨粗隆複合骨折患者申報。	
D102-2	F-B-	可吸收固定螺絲 ABSORBABLE INTERFERENCE SCREW	(85/09/14 生效)限十字韌帶重建術患者使用。	D102-2	F-B-	可吸收固定螺絲 ABSORBABLE INTERFERENCE SCREW	(85/09/14 生效)限十字韌帶重建術患者使用。	未修正
D102-3	F-B-	界面螺絲 REVO CANCELLOUS SCREW	(110/12/01 修訂)本項刪除	D102-3	F-B-	界面螺絲 REVO CANCELLOUS SCREW	(86/01/10 生效)限肩關節韌帶手術使用。	刪除
D102-4	F-B-	生物可吸收性固定錨釘(固定珠)ENDOPEARL BIOABSORBABLE SOFT TISSUE DEVICE	(94/07/01 生效)限實施十字韌帶重建手術患者使用。	D102-4	F-B-	生物可吸收性固定錨釘(固定珠)ENDOPEARL BIOABSORBABLE SOFT TISSUE DEVICE	(94/07/01 生效)限實施十字韌帶重建手術患者使用。	未修正
D103-1	F-B	埋頭中空加壓骨釘	(110/11/01 修訂)限下列診療項目使用： 一、64035C 腕、跗、掌、蹠骨骨折	D103-1	F-B-	埋頭中空加壓骨釘	(106/07/01 生效)限用於診療項目 64035C(腕、跗、掌、蹠骨骨折開	修正

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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			開放性復位術。 二、64267C 舟狀骨骨折開放性復位術。 三、64183B 踝關節固定術。 四、64281B 後足關節固定術、三關節固定術。 五、64182B 腕關節或腕骨、掌骨關節固定術。 六、64273C 足踝關節內、外或後踝之雙踝或三踝骨折開放性復位術。 七、64272C 腓外踝或脛內踝單一骨折開放性復位術。 八、64048C 蹠骨骨折徒手復位術。 九、64069C 踝關節脫位開放性復位術。				放性復位術)之腕骨及跗骨關節面內骨折固定使用。	
D105-1	F-B-	訂製型人工肩關節 CUSTOM MADE SHOULDER PROSTHESIS	(107/09/01 修訂) 取消事前審查。	D105-1	F-B-	訂製型人工肩關節 CUSTOM MADE SHOULDER PROSTHESIS	(107/09/01 修訂) 取消事前審查。	未修正
D106-1	F-B-	人工髖關節 HIP PROSTHESIS	(104/11/01 修訂) 自 104.11.1 起取消事前審查。	D106-1	F-B-	人工髖關節 HIP PROSTHESIS	(104/11/01 修訂) 自 104.11.1 起取消事前審查。	未修正

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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
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D106-2	F-B-	訂製型人工髖關節 CUSTOM MADE HIP PROSTHESIS	(104/11/01 修訂) 限：髖臼嚴重缺損，如骨腫瘤切除患者使用。	D106-2	F-B-	訂製型人工髖關節 CUSTOM MADE HIP PROSTHESIS	(104/11/01 修訂) 限：髖臼嚴重缺損，如骨腫瘤切除患者使用。	未修正
D106-3	F-B-	重建型人工髖關節 REVISION HIP PROSTHESIS	(104/11/01 修訂) 1.適用於人工髖關節再置換且骨頭缺損達第二度以上者(DGOT 分類 GRADE II 以上者)。 2.按病例需要可配合使用大轉子重建系統 GTR CABLE GRIP 系統	D106-3	F-B-	重建型人工髖關節 REVISION HIP PROSTHESIS	(104/11/01 修訂) 1.適用於人工髖關節再置換且骨頭缺損達第二度以上者(DGOT 分類 GRADE II 以上者)。 2.按病例需要可配合使用大轉子重建系統 GTR CABLE GRIP 系統	未修正
D106-4	F-B-	特殊再置換型股骨頭	(107/07/01 生效) 1.限用於人工髖關節再置換手術，與病人既有已植入且未拔除之股骨柄搭配使用。 2.既有已植入之股骨柄，如可取得同廠牌、同系列相應之股小球特材可供使用，則不得使用本特材。	D106-4	F-B-	特殊再置換型股骨頭	(107/07/01 生效) 1.限用於人工髖關節再置換手術，與病人既有已植入且未拔除之股骨柄搭配使用。 2.既有已植入之股骨柄，如可取得同廠牌、同系列相應之股小球特材可供使用，則不得使用本特材。	未修正
D106-5	F-B-	髖臼缺損填補墊片	(107/08/01 生效) 1.限用於診療項目	D106-5	F-B-	髖臼缺損填補墊片	(107/08/01 生效)	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			64201B、64170B、64258B。 2.髖臼缺損嚴重程度達 Paprosky 分類的 typeIIIA 或 IIIB 或者是 Gross 分類的 typeIII，IV 或 V。 3.需事前審查，須檢附患側髖關節 X 光片(AP+lateral view，Judet view)，必要時可檢附 CT 或 MRI of pelvis 或相關資料足以佐證其骨骼缺損程度符合前述適應症。 4.同次同側手術限使用 1 個。				1.限用於診療項目 64201B、64170B、64258B。 2.髖臼缺損嚴重程度達 Paprosky 分類的 typeIIIA 或 IIIB 或者是 Gross 分類的 typeIII，IV 或 V。 3.需事前審查，須檢附患側髖關節 X 光片(AP+lateral view，Judet view)，必要時可檢附 CT 或 MRI of pelvis 或相關資料足以佐證其骨骼缺損程度符合前述適應症。 4.同次同側手術限使用 1 個。	
D106-6	F-B-	重建型髖臼護架(Cage)	(107/10/01 生效) 限符合美國骨科醫學會(American Academy of Orthopaedic Surgeons，AAOS)定義，屬第三級合併髖臼窩的骨骼缺陷時使用。	D106-6	F-B-	重建型髖臼護架(Cage)	(107/10/01 生效) 限符合美國骨科醫學會(American Academy of Orthopaedic Surgeons，AAOS)定義，屬第三級合併髖臼窩的骨骼缺陷時使用。	未修正
D106-7	F-B-	限制型襯墊	(107/10/01 生效)	D106-7	F-B-	限制型襯墊	(107/10/01 生	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			用於習慣性脫臼大於 2 次為原則。				效） 用於習慣性脫臼大於 2 次為原則。	
D107-1	F-B-	人工肘關節 ELBOW PROSTHESIS	(110/03/01 修訂) 有下列情形之一者，檢附術前 X 光片，需事前審查： 一、RA 及嚴重的 OA 病患。 二、六十五歲(含)以上，遠端肱骨粉碎性關節內骨折(ICD-10 S42.47)，且不適合開放復位內固定重建(AO/OTA 分類為 13C)。 三、創傷後肘關節炎(ICD-10 S42.471S、ICD-10 S42.472S)。	D107-1	F-B-	人工肘關節 ELBOW PROSTHESIS	(84/03/01 生效) 須附術前 X 光片事前報備，經同意後使用限 RA 及嚴重的 OA 病患申報。	修正
D107-2	F-B-	反置式肩關節系統	(110/01/01 生效) 肩關節旋轉肌群大量缺損或肩盂骨性缺損，應合併下列適應症之一，需事前審查: 一、重度關節病變(Hamada Classification of Rotator Cuff Arthropathy Grade III（包含）以上)。	D107-2	F-B-	反置式肩關節系統	(110/01/01 生效) 肩關節旋轉肌群大量缺損或肩盂骨性缺損，應合併下列適應症之一，需事前審查: 一、重度關節病變(Hamada Classification of Rotator Cuff Arthropathy Grade III（包	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			二、無法修復且造成重大失能(達到顯著運動失能之殘障標準)且六十五歲(含)以上。				含)以上)。 二、無法修復且造成重大失能(達到顯著運動失能之殘障標準)且六十五歲(含)以上。	
D108-1	F-B-	人工膝關節 KNEE PROSTHESIS	(104/11/01 修訂) 一、七十歲以下者，需同時具備關節間隙小於二分之一以上之關節病變及有兩個 compartments 以上之關節病變，或有一個 compartment 之關節病變，且症狀嚴重，無其他治療方式可取代。 二、七十歲(含)以上者，關節間隙小於二分之一以上之關節病變，經保守療法無效者，但至少需接受保守療法三個月。 三、加長型莖 EXTENSION STEM、墊片 WEDGE 之給付規定：X 光顯示明顯骨缺損三公分以上，關節肢體周圍骨折或需整塊異體	D108-1	F-B-	人工膝關節 KNEE PROSTHESIS	(104/11/01 修訂) 一、七十歲以下者，需同時具備關節間隙小於二分之一以上之關節病變及有兩個 compartments 以上之關節病變，或有一個 compartment 之關節病變，且症狀嚴重，無其他治療方式可取代。 二、七十歲(含)以上者，關節間隙小於二分之一以上之關節病變，經保守療法無效者，但至少需接受保守療法三個月。 三、加長型莖 EXTENSION STEM、墊片 WEDGE 之給付規定：X 光	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			移植的病例，可術後以 X 光片或照片為佐證申報。				顯示明顯骨缺損三公分以上，關節肢體周圍骨折或需整塊異體移植的病例，可術後以 X 光片或照片為佐證申報。	
D108-2	F-B-	訂製型人工膝關節 CUSTOM MADE KNEE PROSTHESIS	(104/11/01 修訂) 限嚴重缺損，如骨腫瘤切除患者使用。	D108-2	F-B-	訂製型人工膝關節 CUSTOM MADE KNEE PROSTHESIS	(104/11/01 修訂) 限嚴重缺損，如骨腫瘤切除患者使用。	未修正
D108-3	F-B-	人工半膝關節 UNI KNEE PROTHESIS	(104/11/01 修訂) 一、限單一關節腔室關節病變(內側或外側)。 二、年齡限制以大於五十五歲為原則。 三、符合下列條件之一者： (一)膝關節單一腔室間隙小於二分之一以上之關節病變。 (二)膝關節單一腔室顯示有嚴重軟骨病變且面積大於二分之一以上者，且膝關節 Mechanical axis 內翻(Varus)小於十度，外翻(Valgus)小於十	D108-3	F-B-	人工半膝關節 UNI KNEE PROTHESIS	(104/11/01 修訂) 一、限單一關節腔室關節病變(內側或外側)。 二、年齡限制以大於五十五歲為原則。 三、符合下列條件之一者： (一)膝關節單一腔室間隙小於二分之一以上之關節病變。 (二)膝關節單一腔室顯示有嚴重軟骨病變且面積大於二分之一以上者，且膝關節 Mechanical axis 內翻(Varus)小於十度，外翻	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			五，flexion contracture 小於十五度者。 四、不得使用於 RA 或 Gouty arthritis。				(Valgus)小於十五，flexion contracture 小於十五度者。 四、不得使用於 RA 或 Gouty arthritis。	
D108-5	F-B-	關節內注射劑(每個療程五次)	(110/11/01 修訂) 一、限經同一院所保守治療及一般藥物治療時間累計達六個月(含)以上均無效後，至未達需置換人工膝關節之標準且經診斷為退化性膝關節炎疼痛病人使用。 二、以上所稱"累計達六個月(含)以上均無效..."係指：在同一院所曾以保守治療及一般藥物治療合併計算後，其治療時間累計達六個月(含)以上均無效後使用。若因更換醫療院所，病人可持原就診醫療院所之就醫記錄，至其他醫療院所繼續接受注射治療，而不須再經保守治療及一般藥物治療時間累計達六個月	D108-5	F-B-	關節內注射劑(每個療程五次)	(109/07/01 修訂) 一、限經同一院所保守治療及一般藥物治療時間累計達六個月(含)以上均無效後，至未達需置換人工膝關節之標準且經診斷為退化性膝關節炎疼痛病人使用。 二、以上所稱"累計達六個月(含)以上均無效..."係指：在同一院所曾以保守治療及一般藥物治療合併計算後，其治療時間累計達六個月(含)以上均無效後使用。若因更換醫療院所，病人可持原就診醫療院所之就醫記錄，至其他醫療院所繼續	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			(含)以上均無效後，才給予注射。如經符合給付規定施行第一次膝關節內注射劑者，無須再以保守治療及一般藥物治療，即可依病情需要繼續注射後續之療程。 三、病人於注射關節內注射劑期間(一個療程第一針起算三十五天內)，不得以同一部位疾病因素使用 NSAID 鎮痛消炎藥、類固醇注射劑、及置換人工膝關節，亦不可併做同一部位之復健治療。 四、用法用量依行政院衛生福利部核定方式：每週一次，一次一支，連續五週為一療程，且一年不得超過二個療程，一年二個療程之間隔時間，自第一個療程第一針注射日期起算一百八十天(含)以上，始得接受第二個療程之治療，且				接受注射治療，而不須再經保守治療及一般藥物治療時間累計達六個月(含)以上均無效後，才給予注射。如經符合給付規定施行第一次膝關節內注射劑者，無須再以保守治療及一般藥物治療，即可依病情需要繼續注射後續之療程。 三、病人於注射關節內注射劑期間(一個療程第一針起算三十五天內)，不得以同一部位疾病因素使用 NSAID 鎮痛消炎藥、類固醇注射劑、及置換人工膝關節，亦不可併做同一部位之復健治療。 四、用法用量依行政院衛生福利部核定方式：每週一次，一次一支，連續五週為一療程，且一年不得超過二個療	

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			每個療程同一部位不得注射其他功能類別(一針型、三針型、五針型)之關節內注射劑。 五、審查費用時，醫療院所須檢附同一院所經治療六個月無效之就診病歷、用藥紀錄及病患膝關節 X 光照片。 六、如有無法實施一般藥物治療之特殊案例需使用者，可提事前審查，經同意後使用。				程，一年二個療程之間隔時間，自第一個療程第一針注射日期起算一百八十天(含)以上，始得接受第二個療程之治療。 五、審查費用時，醫療院所須檢附同一院所經治療六個月無效之就診病歷、用藥紀錄及病人膝關節 X 光照片。 六、如有無法實施一般藥物治療之特殊案例需使用者，可提專案申請，經同意後使用。	
D108-6	F-B-	關節內注射劑(每個療程三次)	(110/11/01 修訂) 一、限經同一院所保守治療及一般藥物治療時間累計達六個月(含)以上均無效後，至未達需置換人工膝關節之標準且經診斷為退化性膝關節炎疼痛病人使用。 二、以上所稱"累計達六個月(含)以上均無效..."係指：	D108-6	F-B-	關節內注射劑(每個療程三次)	(109/07/01 修訂) 一、限經同一院所保守治療及一般藥物治療時間累計達六個月(含)以上均無效後，至未達需置換人工膝關節之標準且經診斷為退化性膝關節炎疼痛病人使用。 二、以上所稱"累	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			在同一院所曾以保守治療及一般藥物治療合併計算後，其治療時間累計達六個月(含)以上均無效後使用。若因更換醫療院所，病人可持原就診醫療院所之就醫記錄，至其他醫療院所繼續接受注射治療，而不須再經保守治療及一般藥物治療時間累計達六個月(含)以上均無效後，才給予注射。如經符合給付規定施行第一次膝關節內注射劑者，無須再以保守治療及一般藥物治療，即可依病情需要繼續注射後續之療程。 三、病人於注射關節內注射劑期間(一個療程第一針起算三十五天內)，不得以同一部位疾病因素使用NSAID 鎮痛消炎藥、類固醇注射劑、及置換人工膝關節，亦不可併做同一部位之復健治				計達六個月(含)以上均無效..."係指：在同一院所曾以保守治療及一般藥物治療合併計算後，其治療時間累計達六個月(含)以上均無效後使用。若因更換醫療院所，病人可持原就診醫療院所之就醫記錄，至其他醫療院所繼續接受注射治療，而不須再經保守治療及一般藥物治療時間累計達六個月(含)以上均無效後，才給予注射。如經符合給付規定施行第一次膝關節內注射劑者，無須再以保守治療及一般藥物治療，即可依病情需要繼續注射後續之療程。 三、病人於注射關節內注射劑期間(一個療程第一針起算三十五天內)，不得以同	

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			療。 四、用法用量依行政院衛生福利部核定方式：每週一次，一次一支，每次療程共需注射三次，一年不得超過二個療程，一年二個療程之間隔時間，自第一個療程第一針注射日期起算一百八十天(含)以上，始得接受第二個療程之治療，且每個療程同一部位不得注射其他功能類別(一針型、三針型、五針型)之關節內注射劑。 五、審查費用時，醫療院所須檢附同一院所經治療六個月無效之就診病歷、用藥紀錄及病人膝關節 X 光照片。 六、如有無法實施一般藥物治療之特殊案例需使用者，可提事前審查，經同意後使用。				一部位疾病因素使用 NSAID 鎮痛消炎藥、類固醇注射劑、及置換人工膝關節，亦不可併做同一部位之復健治療。 四、用法用量依行政院衛生福利部核定方式：每週一次，一次一支，每次療程共需注射三次，一年不得超過二個療程，一年二個療程之間隔時間，自第一個療程第一針注射日期起算一百八十天(含)以上，始得接受第二個療程之治療。 五、審查費用時，醫療院所須檢附同一院所經治療六個月無效之就診病歷、用藥紀錄及病人膝關節 X 光照片。 六、如有無法實施一般藥物治療之特殊案例需使用者，可提專案申請，經同意後	

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
							使用。	
D108-7	F-B-	PATELLOFEMORAL JOINT SYSTEM 髕骨股骨人工關節組	(104/11/01 修訂) 一、給付規定： (一)髕股關節之嚴重退化性或外傷性關節，其關節間隙消失合併骨骼變形者。 (二)髕股關節之病變導致嚴重疼痛，經保守治療 6 個月以上、並經清創手術或軟骨移植手術失敗者。 (三)髕股骨列位不正，經手術矯正已回正位，但仍有嚴重髕股關節症狀者。 二、禁忌症： (一)發炎性(如類風濕性)關節炎。 (二)合併脛股關節炎。 (三)髕股骨列位不正且無法矯正。 (四)脛股骨列位不正(外翻大於 8 度或內翻小於 5 度)。 (五)膝關節最大屈曲度小於 110 度。 (六)患部關節曾有關節局部感染，或其他局部/全身性	D108-7	F-B-	PATELLOFEMORAL JOINT SYSTEM 髕骨股骨人工關節組	(104/11/01 修訂) 一、給付規定： (一)髕股關節之嚴重退化性或外傷性關節，其關節間隙消失合併骨骼變形者。 (二)髕股關節之病變導致嚴重疼痛，經保守治療 6 個月以上、並經清創手術或軟骨移植手術失敗者。 (三)髕股骨列位不正，經手術矯正已回正位，但仍有嚴重髕股關節症狀者。 二、禁忌症： (一)發炎性(如類風濕性)關節炎。 (二)合併脛股關節炎。 (三)髕股骨列位不正且無法矯正。 (四)脛股骨列位不正(外翻大於 8 度或內翻小於 5 度)。	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			感染病史，可能影響到人工關節。 (七)骨存量不足。 (八)半月板或韌帶結構不足。 (九)骨骼未成熟。 (十)神經性之關節病變。				(五)膝關節最大屈曲度小於 110 度。 (六)患部關節曾有關節局部感染，或其他局部/全身性感染病史，可能影響到人工關節。 (七)骨存量不足。 (八)半月板或韌帶結構不足。 (九)骨骼未成熟。 (十)神經性之關節病變。	
D108-8	F-B-	重建型鉭金屬脛骨及股骨錐狀墊片(Cone)	(108/09/01 修訂) 一、限用於人工膝關節再置換手術且符合 Anderson Orthopaedic Research Institute(AORI) classification Type 3 骨缺損定義之患者。 二、每部位限使用一個。 三、需事前審查。	D108-8	F-B-	重建型鉭金屬脛骨及股骨錐狀墊片(Cone)	(108/09/01 修訂) 一、限用於人工膝關節再置換手術且符合 Anderson Orthopaedic Research Institute(AORI) classification Type 3 骨缺損定義之患者。 二、每部位限使用一個。 三、需事前審查。	未修正
D109-1	F-B-	關節內注射	(110/11/01 修訂)	D109-1	F-B-	關節內注射	(109/07/01 修	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		劑(每個療程一次，療效六個月）	一、限經同一院所保守治療及一般藥物治療時間累計達六個月(含)以上均無效後，至未達需置換人工膝關節之標準且經診斷為退化性膝關節炎疼痛病人使用。 二、以上所稱"累計達六個月(含)以上均無效..."係指：在同一院所曾以保守治療及一般藥物治療合併計算後，其治療時間累計達六個月(含)以上均無效後使用。若因更換醫療院所，病人可持原就診醫療院所之就醫記錄，至其他醫療院所繼續接受注射治療，而不須再經保守治療及一般藥物治療時間累計達六個月(含)以上均無效後，才給予注射。如經符合給付規定施行第一次膝關節內注射劑者，無須再以保守治療及一般藥物治療，即可依病情需要繼續注			劑(每個療程一次，療效六個月）	訂) 一、限經同一院所保守治療及一般藥物治療時間累計達六個月(含)以上均無效後，至未達需置換人工膝關節之標準且經診斷為退化性膝關節炎疼痛病人使用。 二、以上所稱累計達六個月(含)以上均無效..."係指：在同一院所曾以保守治療及一般藥物治療合併計算後，其治療時間累計達六個月(含)以上均無效後使用。若因更換醫療院所，病人可持原就診醫療院所之就醫記錄，至其他醫療院所繼續接受注射治療，而不須再經保守治療及一般藥物治療時間累計達六個月(含)以上均無效後，才給予注射。如經符合給付規定施行	

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			射後續之療程。 三、病人於注射關節內注射劑期間(一個療程第一針起算三十五天內)，不得以同一部位疾病因素使用 NSAID 鎮痛消炎藥、類固醇注射劑、及置換人工膝關節，亦不可併做同一部位之復健治療。 四、用法用量依行政院衛生福利部核定方式，每個療程一次，療效六個月者：一次一支，每次療程需注射一次，一年不得超過二個療程，一年二個療程之間隔時間，自第一個療程第一針注射日期起算一百八十天(含)以上，始得接受第二個療程之治療，且每個療程同一部位不得注射其他功能類別(一針型、三針型、五針型)之關節內注射劑。 五、審查費用時，醫療院所須檢附同				第一次膝關節內注射劑者，無須再以保守治療及一般藥物治療，即可依病情需要繼續注射後續之療程。 三、病人於注射關節內注射劑期間(一個療程第一針起算三十五天內)，不得以同一部位疾病因素使用 NSAID 鎮痛消炎藥、類固醇注射劑、及置換人工膝關節，亦不可併做同一部位之復健治療。 四、用法用量依行政院衛生福利部核定方式，每個療程一次，療效六個月者：一次一支，每次療程需注射一次，一年不得超過二個療程，一年二個療程之間隔時間，自第一個療程第一針注射日期起算一百八十天(含)以上，始得接受第二個療	

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			一院所經治療六個月無效之就診病歷、用藥紀錄及病人膝關節 X 光照片。 六、如有無法實施一般藥物治療之特殊案例需使用者，可提事前審查，經同意後使用。				程之治療。 五、審查費用時，醫療院所須檢附同一院所經治療六個月無效之就診病歷、用藥紀錄及病人膝關節 X 光照片。 六、如有無法實施一般藥物治療之特殊案例需使用者，可提專案申請，經同意後使用。	
D109-2	F-B-	關節內注射劑(每個療程一次，療效十二個月)	(110/11/01 修訂) 一、限經同一院所保守治療及一般藥物治療時間累計達六個月(含)以上均無效後，至未達需置換人工膝關節之標準且經診斷為退化性膝關節炎疼痛病人使用。 二、以上所稱"累計達六個月(含)以上均無效..."係指：在同一院所曾以保守治療及一般藥物治療合併計算後，其治療時間累計達六個月(含)以上均無效後使用。若因更換醫療院所，病	D109-2	F-B-	關節內注射劑(每個療程一次，療效十二個月)	(109/07/01 修訂) 一、限經同一院所保守治療及一般藥物治療時間累計達六個月(含)以上均無效後，至未達需置換人工膝關節之標準且經診斷為退化性膝關節炎疼痛病人使用。 二、以上所稱累計達六個月(含)以上均無效..."係指：在同一院所曾以保守治療及一般藥物治療合併計算後，其治療時間累計達	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			人可持原就診醫療院所之就醫記錄，至其他醫療院所繼續接受注射治療，而不須再經保守治療及一般藥物治療時間累計達六個月(含)以上均無效後，才給予注射。如經符合給付規定施行第一次膝關節內注射劑者，無須再以保守治療及一般藥物治療，即可依病情需要繼續注射後續之療程。 三、病人於注射關節內注射劑期間(一個療程第一針起算三十五天內)，不得以同一部位疾病因素使用 NSAID 鎮痛消炎藥、類固醇注射劑、及置換人工膝關節，亦不可併做同一部位之復健治療。 四、用法用量依行政院衛生福利部核定方式，每個療程一次，療效十二個月者：一次一支，每次療程需注射一				六個月(含)以上均無效後使用。若因更換醫療院所，病人可持原就診醫療院所之就醫記錄，至其他醫療院所繼續接受注射治療，而不須再經保守治療及一般藥物治療時間累計達六個月(含)以上均無效後，才給予注射。如經符合給付規定施行第一次膝關節內注射劑者，無須再以保守治療及一般藥物治療，即可依病情需要繼續注射後續之療程。 三、病人於注射關節內注射劑期間(一個療程第一針起算三十五天內)，不得以同一部位疾病因素使用 NSAID 鎮痛消炎藥、類固醇注射劑、及置換人工膝關節，亦不可併做同一部位之復健治療。	

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			次，一年不得超過一個療程，自注射日期起算一年(含)以上，始得接受下一次療程之治療，且每個療程同一部位不得注射其他功能類別(一針型、三針型、五針型)之關節內注射劑。 五、審查費用時，醫療院所須檢附同一院所經治療六個月無效之就診病歷、用藥紀錄及病人膝關節 X 光照片。 六、如有無法實施一般藥物治療之特殊案例需使用者，可提事前審查，經同意後使用。				四、用法用量依行政院衛生福利部核定方式，每個療程一次，療效十二個月者：一次一支，每次療程需注射一次，一年不得超過一個療程。 五、審查費用時，醫療院所須檢附同一院所經治療六個月無效之就診病歷、用藥紀錄及病人膝關節 X 光照片。 六、如有無法實施一般藥物治療之特殊案例需使用者，可提專案申請，經同意後使用。	
D111-1	F-B-	塑膠類、陶磁類人工代用骨 ARTIFICIAL BONE GRAFT	(110/11/01 修訂) 一、適應症如下： (一)人工關節再置換術中，需使用骨頭填充空間時(自體骨移植不足或無法取者)。 (二)巨大骨腫瘤(自體骨移植不足或無法取者)。 (三)脊椎再次手術，而自體骨移植	D111-1	F-B-	塑膠類、陶磁類人工代用骨 ARTIFICIAL BONE GRAFT	(86/04/29 生效) 一、適應症如下： 1.人工關節再置換術中，需使用骨頭填充空間時(自體骨移植不足或無法取者)。 2.巨大骨腫瘤(自體骨移植不足或無法取者)。 3.脊椎再次手術，而自體骨移	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			不足者。 (四)已經多次植骨手術，無處可取植骨。 (五)必需施行大量植骨而自體無法供應骨質以供移植者。 (六)脊椎前方固定術或其他手術(自體骨移植不足或無法取者)。 二、案件申請金額超過六仟元以上者，醫療院所須檢附 X 光片事前審查,經同意後使用。 三、使用量之規定：X 光測量預定填補的範圍，以面積作評估，做核准數目之參考。 (一)脊椎重置融合(revision)：二十毫升二節至三節。 (二)人工關節鬆脫或骨溶解需要再置換手術：限二十毫升。 (三)脊椎側彎：以五十毫升或骨材費用三萬元為上限。 (四)腫瘤：依空洞大小；X 光的正側				植不足者。 4.已經多次植骨手術，無處可取植骨。 5.必需施行大量植骨而自體無法供應骨質以供移植者。 6.脊椎前方固定術或其他手術(自體骨移植不足或無法取者)。 二、案件申請金額超過六仟元以上者，醫療院所須檢附 X 光片事前報備，經同意後使用。 三、使用量之規定：(一)X 光測量預定填補的範圍，以面積作評估，做核准數目之參考。 1.脊椎重置融合(revision)：20mL 二節至三節。 2.人工關節鬆脫或骨溶解需要再置換手術：限 20mL。 3.脊椎側彎：以 50mL 或骨材費用	

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			面，長×寬×高立方公分=毫升(cm3=mL)。				三萬元為上限。 4.腫瘤：依空洞大小；X 光的正側面，長×寬×高 cm3=mL。	
D111-2	F-B-	天然動物骨(小牛骨)人工代用骨 ARTIFICIAL BONE GRAFT	(110/11/01 修訂) 一、適應症：限用於頸椎手術。 二、申請金額超過六仟元以上者，醫療院所須檢附 X 光片事前審查，經同意後使用。 三、使用量之規定：X 光測量預定填補的範圍，以面積作評估，做核准數目之參考。 (一)脊椎重置融合(revision)：二十毫升二節至三節。 (二)人工關節鬆脫或骨溶解需要再置換手術：限二十毫升。 (三)脊椎側彎：以五十毫升或骨材費用三萬元為上限。 (四)腫瘤：依空洞大小；X 光的正側面，長×寬×高立方公分=毫升(cm3=mL)。	D111-2	F-B-	天然動物骨(小牛骨)人工代用骨 ARTIFICIAL BONE GRAFT	(86/05/08 生效) 一、適應症：限用於頸椎手術。 二、申請金額超過六仟元以上者，醫療院所須檢附 X 光片事前報備,經同意後使用。 三、使用量之規定：(一)X 光測量預定填補的範圍，以面積作評估，做核准數目之參考。 1.脊椎重置融合(revision)：20mL 二節至三節。 2.人工關節鬆脫或骨溶解需要再置換手術：限 20mL。 3.脊椎側彎：以 50mL 或骨材費用三萬元為上限。 4.腫瘤：依空洞大小；X 光的正側面，長×寬×高	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
							cm3=mL。	
D111-3	F-B-	含抗生素塑膠類、陶磁類人工代用骨 ARTIFICIAL BONE GRAFT	(110/11/01 修訂)含抗生素塑膠類、陶磁類人工代用骨：限骨感染需補骨時使用，並設使用規範如下： 一、適應症如下： (一)人工關節再置換術中，需使用骨頭填充空間時。 (二)巨大骨腫瘤 (三)脊椎再次手術，而自體骨移植不足者。 (四)已經多次植骨手術，無處可取植骨。 (五)必需施行大量植骨而自體無法供應骨質以供移植者。 (六)脊椎前方固定術。 二、案件申請金額超過六仟元以上者，醫療院所須檢附 X 光片事前審查,經同意後使用。 三、使用量之規定：X 光測量預定填補的範圍，以面積作評估，做核准數目之參考。	D111-3	F-B-	含抗生素塑膠類、陶磁類人工代用骨 ARTIFICIAL BONE GRAFT	(88/07/01 生效)限骨感染需補骨時使用，並設使用規範如下： 一、適應症如下： 1.人工關節再置換術中，需使用骨頭填充空間時。 2.巨大骨腫瘤。 3.脊椎再次手術，而自體骨移植不足者。 4.已經多次植骨手術，無處可取植骨。 5.必需施行大量植骨而自體無法供應骨質以供移植者。 6.脊椎前方固定術。 二、案件申請金額超過六仟元以上者，醫療院所須檢附 X 光片事前報備,經同意後使用。 三、使用量之規定:(一)X 光測量預定填補的範圍，以面積作評估，做核准數目	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			(一)脊椎重置融合(revision)：二十毫升二節至三節。 (二)人工關節鬆脫或骨溶解需要再置換手術：限二十毫升。 (三)脊椎側彎：以五十毫升或骨材費用三萬元為上限。 (四)腫瘤：依空洞大小；X 光的正側面，長×寬×高立方公分=毫升(cm3=mL)。				之參考。 1.脊椎重置融合(revision)：20mL 二節至三節。 2.人工關節鬆脫或骨溶解需要再置換手術：限 20mL。 3.脊椎側彎：以 50mL 或骨材費用三萬元為上限。 4.腫瘤：依空洞大小；X 光的正側面，長×寬×高 cm3=mL。	
D111-4	F-B-	生骨替代物類似塑膠類、陶磁類人工代用骨 ARTIFICIAL BONE GRAFT	(110/11/01 修訂) 一、適應症如下： (一)人工關節再置換術中，需使用骨頭填充空間時。 (二)巨大骨腫瘤 (三)脊椎再次手術，而自體骨移植不足者。 (四)已經多次植骨手術，無處可取植骨。 (五)必需施行大量植骨而自體無法供應骨質以供移植者。 (六)脊椎前方固定術。	D111-4	F-B-	生骨替代物類似塑膠類、陶磁類人工代用骨 ARTIFICIAL BONE GRAFT	(93/07/01 修訂) 一、適應症如下： 1.人工關節再置換術中，需使用骨頭填充空間時。 2.巨大骨腫瘤。 3.脊椎再次手術，而自體骨移植不足者。 4.已經多次植骨手術，無處可取植骨。 5.必需施行大量植骨而自體無法供應骨質以供移植者。 6.脊椎前方固定	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			二、案件申請金額超過六仟元以上者，醫療院所須檢附 X 光片事前審查,經同意後使用。 三、使用量之規定：X 光測量預定填補的範圍，以面積作評估，做核准數目之參考。 (一)脊椎重置融合(revision)：二十毫升二節至三節。 (二)人工關節鬆脫或骨溶解需要再置換手術：限二十毫升。 (三)脊椎側彎：以五十毫升或骨材費用三萬元為上限。 (四)腫瘤：依空洞大小；X 光的正側面，長×寬×高立方公分=毫升(cm3=mL)。				術。 二、案件申請金額超過六仟元以上者，醫療院所須檢附 X 光片事前報備,經同意後使用。 三、使用量之規定:(一)X 光測量預定填補的範圍，以面積作評估，做核准數目之參考。 1.脊椎重置融合(revision)：20mL 二節至三節。 2.人工關節鬆脫或骨溶解需要再置換手術：限 20mL。 3.脊椎側彎：以 50mL 或骨材費用三萬元為上限。 4.腫瘤：依空洞大小;X 光的正側面，長×寬×高 cm3=mL。	
D112-1	F-B-	脊椎固定桿鉤組 SPINAL FIXATOR (ROD HOOK/PLATE	(110/11/01 修訂) 一、脊椎固定，須事前審查，經同意後使用。 二、長節固定適應症為：	D112-1	F-B-	脊椎固定桿鉤組 SPINAL FIXATOR (ROD HOOK/PLATE	(95/07/01 修訂) 一、脊椎固定，須事前報備，經同意後使用。 二、長節固定適應症為：	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		/SCREW/NUT)	(一)脊椎側彎變形須達四十度以上。 (二)腰椎減壓手術後，須固定四個以上椎體者，須附影像證明(例如電腦斷層、核磁共振、脊髓攝影)。 (三)因骨質疏鬆、骨折變形，合併神經損傷須固定四個以上椎體者。 (四)因前次脊椎手術後，須再行減壓和骨融合術達四個以上椎體者。 (五)廣泛椎體切除術後之不穩定脊柱，須固定四個以上椎體者。 (六)脊椎前方病灶，須固定四個以上椎體者。 (七)腰椎駝背畸形，經切骨術後，須固定四個以上椎體者。 三、短節固定適應症為:限脊椎骨折、脫位，廣泛性的椎弓切除術（面關節切除二分之一以上)須施行骨融合術者。			/SCREW/NUT)	1.脊椎側彎變形須達四十度以上。 2.腰椎減壓手術後，須固定四個以上椎體者，須附影像證明(例如電腦斷層、核磁共振、脊髓攝影)。 3.因骨質疏鬆、骨折變形，合併神經損傷須固定四個以上椎體者。 4.因前次脊椎手術後，須再行減壓和骨融合術達四個以上椎體者。 5.廣泛椎體切除術後之不穩定脊柱，須固定四個以上椎體者。 6.脊椎前方病灶，須固定四個以上椎體者。 7.腰椎駝背畸形，經切骨術後，須固定四個以上椎體者。 三、短節固定給付規定為:限脊椎骨折、脫位，	

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通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			四、橫向固定器(CROSS LINK)之適應症限用於： (一)椎體固定三節或三節以上者。 (二)爆裂性骨折或嚴重脫位之情形。 五、使用脊椎固定桿鉤組長節「(五節以上(含)」固定者，其事前審查必要時由二位審查醫師審查。				廣泛性的椎弓切除術(面關節切除二分之一以上)須施行骨融合術者。 四、橫向固定器(CROSS LINK)之適應症限用於： 1.椎體固定三節或三節以上者。 2.爆裂性骨折或嚴重脫位之情形。 五、使用脊椎固定桿鉤組長節「(5 節以上(含)」固定者，其事前審查必要時由 2 位審查醫師審查。	
D112-2	F-B-	脊椎前方固定桿鉤組 SPINAL FIXATOR (ROD HOOK/PLATE /SCREW/NUT)	(107/09/01 生效) 前方固定適應症為：限脊椎骨折、腫瘤、脊椎感染須作前方固定術者。	D112-2	F-B-	脊椎前方固定桿鉤組 SPINAL FIXATOR (ROD HOOK/PLATE /SCREW/NUT)	(107/09/01 生效) 前方固定適應症為：限脊椎骨折、腫瘤、脊椎感染須作前方固定術者。	未修正
D112-3	F-B-	頸椎固定桿鉤組 SPINAL FIXATOR (ROD HOOK/PLATE	(110/11/01 修訂) 一、頸椎固定，須事前審查，經同意後使用。 二、頸椎固定適應症為：頸椎退化合	D112-3	F-B-	頸椎固定桿鉤組 SPINAL FIXATOR (ROD HOOK/PLATE	(95/07/01 修訂) 一、頸椎固定，須事前報備，經同意後使用。 二、頸椎固定給付規定為：頸椎	修正

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通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		/SCREW/NUT)	併神經學障礙或頸椎退化、外傷及腫瘤引起不穩定時使用。			/SCREW/NUT)	退化合併神經學障礙或頸椎退化、外傷及腫瘤引起不穩定時使用。	
D112-4	F-B-	脊椎間體護架 VETEBRAL INTERBODY CAGE	(109/06/01 修訂) 脊椎間體護架 一、頸椎部分： (一)椎間盤廣泛切除者。 (二)屈曲及伸展之 X 光顯示椎間有不穩定者。 (三)單一頸椎節段(Motion segment)限用一個頸椎「脊椎間體護架」。 二、腰椎部分： (一)不穩定脊椎(脊椎滑脫大於等於 Grade 1，或屈曲及伸展之 X 光角度變化大於等於 10 度，或位移大於 4mm)。 (二)椎間盤 X 光有 Vacuum phenomenon。 (三)椎間盤顯影劑攝影(Discogram)，施行 provocative test 與椎間盤疼痛有正相關者。	D112-4	F-B-	脊椎間體護架 VETEBRAL INTERBODY CAGE	(109/06/01 修訂) 脊椎間體護架 一、頸椎部分： (一)椎間盤廣泛切除者。 (二)屈曲及伸展之 X 光顯示椎間有不穩定者。 (三)單一頸椎節段(Motion segment)限用一個頸椎「脊椎間體護架」。 二、腰椎部分： (一)不穩定脊椎(脊椎滑脫大於等於 Grade 1，或屈曲及伸展之 X 光角度變化大於等於 10 度，或位移大於 4mm)。 (二)椎間盤 X 光有 Vacuum phenomenon。 (三)椎間盤顯影劑攝影(Discogram)，施行 provocative	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			(四)進行長節段(大於或等於三個活動節段)之脊椎骨間融合最尾端(或 L5S1)，可置放「脊椎間體護架」。 (五)脊椎變形(側彎或駝背)導致嚴重疼痛、藥物治療無效，可申請「脊椎間體護架」。 (六)進行 Revision 二次手術做椎體間融合，可使用「脊椎間體護架」。 (七)椎孔外椎間盤突出(Far lateral HIVD)有神經根壓迫做椎體間融合，可使用「脊椎間體護架」。 (八)進行 PLIF 時，每個活動節段(Motion segment)限用二個腰椎「脊椎間體護架」。進行 TLIF、OLIF、XLIF、ALIF 等術式時，每個活動節段限用一個腰椎「脊椎間體護架」。 三、需事前審查，並附上 X ray、				test 與椎間盤疼痛有正相關者。 (四)進行長節段(大於或等於三個活動節段)之脊椎骨間融合最尾端(或 L5S1)，可置放「脊椎間體護架」。 (五)脊椎變形(側彎或駝背)導致嚴重疼痛、藥物治療無效，可申請「脊椎間體護架」。 (六)進行 Revision 二次手術做椎體間融合，可使用「脊椎間體護架」。 (七)椎孔外椎間盤突出(Far lateral HIVD)有神經根壓迫做椎體間融合，可使用「脊椎間體護架」。 (八)進行 PLIF 時，每個活動節段(Motion segment)限用二個腰椎「脊椎間體護架」。進行 TLIF、OLIF、	

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			Flex-Ext view、CT 或 MRI。				XLIF、ALIF 等術式時，每個活動節段限用一個腰椎「脊椎間體護架」。 三、需事前審查，並附上 X ray、Flex-Ext view、CT 或 MRI。	
D112-5	F-B-	鈦合金脊椎內固定釘(適用於經診斷為骨質疏鬆症之患者)	(110/11/01 修訂) 一、限骨質疏鬆症患者(T-Score 小於或等於負二點五)使用。 二、須事前審查，經同意後使用。 三、適應症同 D112-1。 四、需有術後在中空釘灌注骨水泥之影像備查。	D112-5	F-B-	鈦合金脊椎內固定釘(適用於經診斷為骨質疏鬆症之患者)	(107/09/01 生效) 一、限骨質疏鬆症患者(T-Score 小於或等於 -2.5)使用。 二、須事前報備，經同意後使用。 三、適應症同 D112-1。 四、需有術後在中空釘灌注骨水泥之影像備查。	修正
D112-6	F-B-	VEPTR 延展式肋骨支撐架	(100/04/01 生效) 一、須事前審查。 二、使用規定如下：需同時符合以下三項條件 1.胸腔發育不全患者，肺功能檢查呈中度限制性受損(moderate restrictive	D112-6	F-B-	VEPTR 延展式肋骨支撐架	(100/04/01 生效) 一、須事前審查。二、使用規定如下：需同時符合以下三項條件 1.胸腔發育不全患者，肺功能檢查呈中度限制性受損	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			impairment)以上者。2.脊柱側彎(Cobb's angle)40 度以上或兩次追蹤檢查角度增加 10 度以上。3.骨骼未達成熟 Risser Sign ≦4 或 Bone age study ≦14 歲。				(moderate restrictive impairment)以上者。2.脊柱側彎(Cobb's angle)40 度以上或兩次追蹤檢查角度增加 10 度以上。3.骨骼未達成熟 Risser Sign ≦4 或 Bone age study ≦14 歲。	
D112-7	F-B-	頸椎後側固定系統	(103/06/01 生效) 一、低位頸椎發生退化性病變、腫瘤侵蝕壓迫、椎體椎間盤發炎感染，或創傷而造成結構變形及神經壓迫情況下，前融合減壓手術無法或不足以重建頸椎之前凸形狀及穩定度時。 二、高位頸椎及顱頸部位因退化性病變、腫瘤侵蝕壓迫、椎體椎間盤發炎感染，或頸椎創傷造成之頸椎變形及神經壓迫情況需接受固定及融合手術時。 三、須經事前審查通過後使用。	D112-7	F-B-	頸椎後側固定系統	(103/06/01 生效) 一、低位頸椎發生退化性病變、腫瘤侵蝕壓迫、椎體椎間盤發炎感染，或創傷而造成結構變形及神經壓迫情況下，前融合減壓手術無法或不足以重建頸椎之前凸形狀及穩定度時。 二、高位頸椎及顱頸部位因退化性病變、腫瘤侵蝕壓迫、椎體椎間盤發炎感染，或頸椎創傷造成之頸椎變形及神經壓迫情況需接	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
							受固定及融合手術時。 三、須經事前審查通過後使用。	
D112-8	F-B	搭配固定桿規格 4.5MM 之脊椎固定系統	(110/11/01 修訂) 一、限用於體重小於三十公斤體型嬌小或十八歲以下之兒童，並須符合下列之給付規定，經事前審查同意後使用： (一)長節固定給付規定為： 1.脊椎側彎變形須達四十度以上。 2.腰椎減壓手術後，須固定四個以上椎體者，須附影像證明(例如電腦斷層、核磁共振、脊髓攝影)。 3.因骨質疏鬆、骨折變形，合併神經損傷須固定四個以上椎體者。 4.因前次脊椎手術後，須再行減壓和骨融合術達四個以上椎體者。 5.廣泛椎體切除術後之不穩定脊柱，須固定四個以上椎體者。	D112-8	F-B	搭配固定桿規格 4.5MM 之脊椎固定系統	(104/03/01 修訂) 一、限用於體重小於 30 公斤體型嬌小或 18 歲以下之兒童，並須符合下列之給付規定，經事前報備同意後使用： 二、長節固定給付規定為： 1、脊椎側彎變形須達四十度以上。 2、腰椎減壓手術後，須固定四個以上椎體者，須附影像證明(例如電腦斷層、核磁共振、脊髓攝影)。 3、因骨質疏鬆、骨折變形，合併神經損傷須固定四個以上椎體者。 4、因前次脊椎手術後，須再行減壓和骨融合術達四個以上椎體	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			6.脊椎前方病灶，須固定四個以上椎體者。 7.腰椎駝背畸形，經切骨術後，須固定四個以上椎體者。 (二)短節固定給付規定為:限脊椎骨折、脫位，廣泛性的椎弓切除術（面關節切除二分之一以上)須施行骨融合術者。 (三)橫向固定器(CROSS LINK)之給付規定限用於： 1.椎體固定三節或三節以上者。 2.爆裂性骨折或嚴重脫位之情形。 二、使用脊椎固定桿鉤組長節「(五節以上(含)」固定者，其事前審查必要時由二位審查醫師審查。				者。 5、廣泛椎體切除術後之不穩定脊柱，須固定四個以上椎體者。 6、脊椎前方病灶，須固定四個以上椎體者。 7、腰椎駝背畸形，經切骨術後，須固定四個以上椎體者。 三、短節固定給付規定為:限脊椎骨折、脫位，廣泛性的椎弓切除術(面關節切除二分之一以上)須施行骨融合術者。 四、橫向固定器(CROSS LINK)之給付規定限用於： 1.椎體固定三節或三節以上者。 2.爆裂性骨折或嚴重脫位之情形。 五、使用脊椎固定桿鉤組長節「(5節以上(含)」固定者，其事前審查必要	

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
							時由 2 位審查醫師審查。	
D112-9	F-B	頸椎椎間植入物-椎體護架+頸椎骨板一體成型	(105/03/01 生效) 1.單節頸椎椎間疾患合併節段不穩定須行椎體間融合加上骨板固定時使用。 2.在接受頸椎前位融合固定術後，發生上或下鄰近節病變，須再次行鄰近節單節椎體間融合術時使用。 3.若連續兩節或以上節數病變不宜使用此裝置。 4.須經事前審查通過後使用。	D112-9	F-B	頸椎椎間植入物-椎體護架+頸椎骨板一體成型	(105/03/01 生效) 1.單節頸椎椎間疾患合併節段不穩定須行椎體間融合加上骨板固定時使用。 2.在接受頸椎前位融合固定術後，發生上或下鄰近節病變，須再次行鄰近節單節椎體間融合術時使用。 3.若連續兩節或以上節數病變不宜使用此裝置。 4.須經事前審查通過後使用。	未修正
D112-10	F-B-	人工頸椎椎間盤	(110/12/01 生效) 人工頸椎椎間盤： 一、使用規範： (一)限頸椎椎間盤突出產生神經壓迫導致神經根病變（Radiculopathy）或髓神經病變（Myelopathy），經保守療法治療無效。 (二)限 C4/5 或 C5/6 節段使用。					新增

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			(三)該節段無椎間盤高度降低。 (四)每次限申請一顆。 二、需事前審查，檢附正面、側面、側面 flexion-extension X 光片、磁振造影、骨密度檢查等。 三、禁忌症： (一)椎體後髓神經壓迫病灶，如後縱韌帶鈣化（Ossification of posterior longitudinal ligament, OPLL)、黃韌帶骨化等。 (二)脊椎關節病變，如僵直性脊椎炎、類風濕性關節炎、diffuse idiopathic skeletal hyperostosis（DISH)。 (三)明顯不穩定，如 flexion-extension 側面 X 光椎體間位移三點五毫米（mm）以上，或脊					

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			椎側彎測量 COBB 角度十一度以上的改變。 (四)頸椎後凸變形（kyphosis）或曾接受 laminoplasty、laminectomy 手術者。 (五)骨質疏鬆、代謝性骨疾病或腎因性骨病變（bone mineral density（BMD） T-score 小於負一點五）。 (六) 脊椎感染。 (七) 脊椎腫瘤。 (八) 對裝置材料過敏。 (九) 嚴重脊椎退化或同一椎節 facet joint 病變。					
D113-1	F-U-	人工泌尿道括約肌 SPHINCTER URINARY PROSTHESIS	(110/11/01 修訂) 一、適應症如下:均符合下列十項，始可給付。 (一)外傷或手術後尿失禁持續九至十二個月。 (二)保守性治療無效者。 (三)無尿路阻塞之問題。 (四)無尿路感染。	D113-1	F-U-	人工泌尿道括約肌 SPHINCTER URINARY PROSTHESIS	(84/03/01 生效) 一、適應症如下:均符合下列十項，始可給付。 1.外傷或手術後尿失禁持續九至十二個月。 2.保守性治療無效者。 3.無尿路阻塞之問題。 4.無尿路感染。	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			(五)膀胱功能正常。 (六)無膀胱過度反射症 HYPER REFLEX 或藥物治療可控制者。 (七)無膀胱輸尿管逆流症者 U-V REFLEX。 (八)無膀胱餘尿者。 (九)病患有足夠的意願。 (十)善於且能正常操作者。 二、應事前審查，經同意後使用。				5.膀胱功能正常。 6.無膀胱過度反射症 HYPER REFLEX 或藥物治療可控制者。 7.無膀胱輸尿管逆流症者 U-V REFLEX。 8.無膀胱餘尿者。 9.病患有足夠的意願。 10.善於且能正常操作者。 二、應事前報備，經同意後使用。	
D113-2	F-U-	膀胱灌注液	(108/05/01 修訂)膀胱灌注液之適應症及使用規範：一、適應症如下：(一)間質性膀胱炎：以病理報告，或明確的膀胱鏡確定後，事前審查核准後使用。(二)出血性膀胱炎：在傳統清血塊，電燒無效後，檢附照片及病歷經事前審查核准後使用。二、原則上每一療程以六個月為限，療程結	D113-2	F-U-	膀胱灌注液	(108/05/01 修訂)膀胱灌注液之適應症及使用規範：一、適應症如下：(一)間質性膀胱炎：以病理報告，或明確的膀胱鏡確定後，事前審查核准後使用。(二)出血性膀胱炎：在傳統清血塊，電燒無效後，檢附照片及病歷經事前審查核准後使用。二、原則	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			束前應評估其療效，如症狀未完全改善且無不良反應出現者，可再繼續另一療程。				上每一療程以六個月為限，療程結束前應評估其療效，如症狀未完全改善且無不良反應出現者，可再繼續另一療程。	
D113-3	F-U-	男性尿道懸吊帶系統	(101/10/01 生效) 用於治療男性攝護腺癌手術後發生之應力性尿失禁，排除 T3 或有遠端轉移之個案且符合以下條件及規範者: 一、手術前病人如有泌尿道感染應先治療。 二、病人應有好的膀胱功能(膀胱容量＞250mL,尿後殘餘量＜50mL)。 三、病人無膀胱頸或尿道狹窄(最大尿流速≧15mL)。 四、病人無膀胱炎、尿道炎或攝護腺炎。 五、病人無神經性逼尿肌不穩定[病歷應附逼尿肌動力圖(CMG)]。 六、先接受 6 個月期的非侵入性壓力	D113-3	F-U-	男性尿道懸吊帶系統	(101/10/01 生效) 用於治療男性攝護腺癌手術後發生之應力性尿失禁，排除 T3 或有遠端轉移之個案且符合以下條件及規範者: 一、手術前病人如有泌尿道感染應先治療。 二、病人應有好的膀胱功能(膀胱容量＞250mL，尿後殘餘量＜50mL)。 三、病人無膀胱頸或尿道狹窄(最大尿流速≧15mL)。 四、病人無膀胱炎、尿道炎或攝護腺炎。 五、病人無神經性逼尿肌不穩定	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			性尿失禁治療且有病歷紀錄(如:行為治療、膀胱訓練、生理回饋、骨盆電磁波刺激或藥物治療等)。 七、病人沒有血液凝固疾病(病歷應附流血時間，凝固時間)。				[病歷應附逼尿肌動力圖(CMG)]。 六、先接受 6 個月期的非侵入性壓力性尿失禁治療且有病歷紀錄(如：行為治療、膀胱訓練、生理回饋、骨盆電磁波刺激或藥物治療等)。 七、病人沒有血液凝固疾病(病歷應附流血時間，凝固時間)。	
D113-4	C-G-	輸尿管結石移除器	(106/11/01 生效) 輸尿管結石移除器之給付規定如下：限用於輸尿管結石碎石術或取石術(診療項目代碼：77027B 或 77028B)，移除大於 1 公分(最大直徑)的輸尿管結石，需檢附影像或照片(有量度紀錄)。	D113-4	C-G-	輸尿管結石移除器	(106/11/01 生效) 輸尿管結石移除器之給付規定如下：限用於輸尿管結石碎石術或取石術(診療項目代碼：77027B 或 77028B)，移除大於 1 公分(最大直徑)的輸尿管結石，需檢附影像或照片(有量度紀錄)。	未修正
D113-5	F-U-	男性尿道懸吊帶系統(可調整型)	(107/06/01 生效)： 限用於男性攝護腺癌接受根除性攝護	D113-5	F-U-	男性尿道懸吊帶系統(可調整型)	(107/06/01 生效)： 限用於男性攝護腺癌接受根除性	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			腺切除手術之術後尿失禁，且符合下列各項條件之病患： 1.手術後尿失禁持續 9 至 12 個月。 2.保守性治療無效。 3.無尿路阻塞。 4.無尿路感染。 5.膀胱功能正常。 6.無膀胱過度反射症(Hyper Reflex)或藥物治療可控制。 7.無膀胱輸尿管逆流(U-V Reflex)。 8.無膀胱餘尿。				攝護腺切除手術之術後尿失禁，且符合下列各項條件之病患： 1.手術後尿失禁持續 9 至 12 個月。 2.保守性治療無效。 3.無尿路阻塞。 4.無尿路感染。 5.膀胱功能正常。 6.無膀胱過度反射症(Hyper Reflex)或藥物治療可控制。 7.無膀胱輸尿管逆流(U-V Reflex)。 8.無膀胱餘尿。	
D114-1	F-B-	義肢	(84/03/01 生效) 一、給付範圍如下： (一)診察(包括鑑定、檢測及會診)。 (二)義肢之給與及訓練。 (三)處置手術或治療。 前項給付範圍不包括義肢之維修費用。 二、給付次數：同一部位之義肢裝	D114-1	F-B-	義肢	(84/03/01 生效) 一、給付範圍如下： (一)診察(包括鑑定、檢測及會診)。 (二)義肢之給與及訓練。 (三)處置手術或治療。 前項給付範圍不包括義肢之維修費用。	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			配，以給付一次為限。但十八歲以下保險對象同一部位之義肢裝配，得依醫師之處方，每二年給付一次。				二、給付次數：同一部位之義肢裝配，以給付一次為限。但十八歲以下保險對象同一部位之義肢裝配，得依醫師之處方，每二年給付一次。	
D201-1	F-P-	顱顏面骨板 BONE PLATE	(110/06/01 修訂) 一、重建型、迷你型、微小型顏面骨板：限使用在髮際線以外，且符合以下條件之一 (一)限使用於顏面骨折患者。 (二)顏面及上、下顎骨惡性腫瘤切除重建手術之患者使用。 二、BURR HOLE PLATE、顱骨固定夾：用於開顱手術患者，每次手術使用總數以 3 個為限。	D201-1	F-P-	顏面骨板 BONE PLATE	(106/09/01 修訂) 一、重建型、迷你型、微小型顏面骨板：限使用在髮際線以外，且符合以下條件之一 (一)限使用於顏面骨折患者。 (二)顏面及上、下顎骨惡性腫瘤切除重建手術之患者使用。 二、BURR HOLE PLATE、顱骨固定夾：用於顱骨手術患者，每次手術使用總數以 3 個為限。	修正
D201-2	F-P-	骨板 ANATOMIC BONE PLATE	(86/04/07 生效) ANATOMIC BONE PLATE 限 EPIPHYSIS、METAPHYSIS 骨折	D201-2	F-P-	骨板 ANATOMIC BONE PLATE	(86/04/07 生效) ANATOMIC BONE PLATE 限 EPIPHYSIS、METAPHYSIS 骨折	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			使用。				使用。	
D201-3	F-B-	纜線固定系統 Cable System	(110/10/01 修訂) 纜線固定系統 Cable System： 一、髖關節再置換合併股骨粉碎性骨折或轉子骨折病例使用。 二、施行全人工髖關節置換術於手術中發生大轉子或轉子間骨折者。 三、人工髖關節再置換術，於股骨近端或大轉子間骨折需要移植骨填充固定者。 四、全人工肩關節（包含反置式）肱骨側、全人工肘關節肱骨側或尺骨側的 periprosthesis fracture。	D201-3	F-B-	纜線固定系統 Cable System(纜線夾縮器、纜線、纜線套及纜線骨板)	(106/08/01 修訂) 纜線固定系統 Cable System (纜線夾縮器、纜線、纜線套及纜線壓迫骨板)： 1.髖關節再置換合併股骨粉碎性骨折或轉子骨折病例使用。 2.施行全人工髖關節置換術於手術中發生大轉子或轉子間骨折者。 3.人工髖關節再置換術，於股骨近端或大轉子間骨折需要移植骨填充固定者。	修正
D201-4	F-P-	可吸收性顏面骨板及骨釘	(109/11/01 修訂) 限 18 歲以下(<=18 歲)兒童病患使用且符合下列適應症之一： 一、顱顏面骨折、顱骨縫過早封閉、顏面先天性畸形。 二、顱顏面及上、下顎骨惡性腫瘤切	D201-4	F-P-	可吸收性顏面骨板及骨釘	(109/11/01 修訂) 限 18 歲以下(<=18 歲)兒童病患使用且符合下列適應症之一： 一、顱顏面骨折、顱骨縫過早封閉、顏面先天性畸形。	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			除重建手術。 三、因腦瘤、顱內出血、顱內血管病灶等施行開顱手術。				二、顱顏面及上、下顎骨惡性腫瘤切除重建手術。 三、因腦瘤、顱內出血、顱內血管病灶等施行開顱手術。	
D201-5	F-P-	FAST-FLAP NEURO FIXATION SYSTEM 速固硬式固定系統	(101/10/01 生效) 限使用於頭部顱顏骨、顎顏骨固定，但不可與 Miniplate 併用，每次限用 1 片。	D201-5	F-P-	FAST-FLAP NEURO FIXATION SYSTEM 速固硬式固定系統	(101/10/01 生效) 限使用於頭部顱顏骨、顎顏骨固定，但不可與 Miniplate 併用，每次限用 1 片。	未修正
D201-6	F-P-	客製化電腦輔助型顱顏骨固定系統組	(107/12/01 生效) 1.限使用於頭部顱顏骨、顎顏骨固定，但不可與 Miniplate 併用，每次限用 1 片。 2.限自體頭骨不堪使用，如頭骨碎裂、有感染疑慮者、自體頭骨植入後吸收者等。 3.需事前審查，檢附頭顱 X 光、3D CT 影像、敘明使用理由及使用特材規格。	D201-6	F-P-	客製化電腦輔助型顱顏骨固定系統組	(107/12/01 生效) 1.限使用於頭部顱顏骨、顎顏骨固定，但不可與 Miniplate 併用，每次限用 1 片。 2.限自體頭骨不堪使用，如頭骨碎裂、有感染疑慮者、自體頭骨植入後吸收者等。 3.需事前審查，檢附頭顱 X 光、3D CT 影像、敘明使用理由及使用	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
							特材規格。	
D203-1	F-B-	骨骼外固定釘、組 TRANSFIXATION PIN、SET	(84/03/01 生效) ILIZARAVE EXTERNAL FIXATOR 限: (一)兩腳不一樣長(限定長度相差在五公分 以上且變形)。 (二)感染造成不癒合情形之患者使用。	D203-1	F-B-	骨骼外固定釘、組 TRANSFIXATION PIN、SET	(84/03/01 生效) ILIZARAVE EXTERNAL FIXATOR 限: (一)兩腳不一樣長(限定長度相差在五公分 以上且變形)。 (二)感染造成不癒合情形之患者使用。	未修正
D203-2	F-B-	小兒肢體畸形外固定架/組	(107/04/01 生效) 1.限 18 歲(含)以下。 2.嚴重複雜無法以其他方式矯正之肢體畸形。 3.須事前審查：附 X 光片、照片及 3D 電腦斷層影像。	D203-2	F-B-	小兒肢體畸形外固定架/組	(107/04/01 生效) 1.限 18 歲(含)以下。 2.嚴重複雜無法以其他方式矯正之肢體畸形。 3.須事前審查：附 X 光片、照片及 3D 電腦斷層影像。	未修正
D203-3	F-B-	漏斗胸矯正骨板及固定器	(109/12/01 修訂) 一、比照本保險醫療服務給付項目及支付標準:「納氏胸廓異常矯正術(代碼:67055B)」規定。 二、每次限使用一支矯正板及一個固定器為原則，如超過者,須事前審查。	D203-3	F-B-	漏斗胸矯正骨板及固定器	(109/12/01 修訂) 一、比照本保險醫療服務給付項目及支付標準：「納氏胸廓異常矯正術(代碼:67055B)」規定。 二、每次限使用一支矯正板及一	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
							個固定器為原則，如超過者，須事前審查。	
D203-4	F-B-	兒童長骨畸形矯正骨板系統(Guided growth system)	(108/03/01 生效) 一、適應症: (一)膝內翻或膝外翻達下肢軸線(股骨頭中心至踝關節中心連線)超過膝關節中間 1/2 且生長板尚未關閉。 (二)膝屈曲攣縮 10 度~20 度且生長板尚未關閉。 (三)踝關節脛骨平台或距骨平頂外翻超過 10 度且生長板尚未關閉。 (四)長短腿 2-5 公分(從地面算到腸骨頂)且生長板尚未關閉。 二、符合上述適應症下，生長板之任一側以使用 1 組為限。	D203-4	F-B-	兒童長骨畸形矯正骨板系統(Guided growth system)	(108/03/01 生效) 一、適應症: (一)膝內翻或膝外翻達下肢軸線(股骨頭中心至踝關節中心連線)超過膝關節中間 1/2 且生長板尚未關閉。 (二)膝屈曲攣縮 10 度~20 度且生長板尚未關閉。 (三)踝關節脛骨平台或距骨平頂外翻超過 10 度且生長板尚未關閉。 (四)長短腿 2-5 公分(從地面算到腸骨頂)且生長板尚未關閉。 二、符合上述適應症下，生長板之任一側以使用 1 組為限。	未修正
D301-1	F-P-	顱顏面骨螺絲 BONE SCREW	(110/06/01 修訂) 符合 D201-1 使用規範者。	D301-1	F-P-	顏面骨螺絲 BONE SCREW	(87/11/01 修訂) 重建型、迷你型、微小型顏面骨螺絲給付規定限：	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
							(一)使用於顏面骨折患者。 (二)顏面及上、下顎骨惡性腫瘤切除重建手術之患者使用。	
E201-1	C-P-	經抗感染處理中央靜脈壓導管 ANTISEPTIC CVP	(89/05/29 修訂) 1.加護病房之患者:(限於加護病房置放或經緊急置放後當日轉入加護病房或死亡者)。 2.使用免疫系統抑制劑之患者(Immunosuppressed patient)。 3.使用 TPN 之患者(total parenteral nutrition)。	E201-1	C-P-	經抗感染處理中央靜脈壓導管 ANTISEPTIC CVP	(89/05/29 修訂) 1.加護病房之患者：(限於加護病房置放或經緊急置放後當日轉入加護病房或死亡者)。 2.使用免疫系統抑制劑之患者(Immunosuppressed patient)。 3.使用 TPN 之患者(total parenteral nutrition)。	未修正
E201-2	C-P-	經抗感染處理小兒中央靜脈壓導管 ANTISEPTIC PEDIATRIC CVP	(89/05/29 修訂) 1.加護病房之患者:(限於加護病房置放或經緊急置放後當日轉入加護病房或死亡者)。 2.使用免疫系統抑制劑之患者(Immunosuppressed patient) 3.使用 TPN 之患者(total parenteral	E201-2	C-P-	經抗感染處理小兒中央靜脈壓導管 ANTISEPTIC PEDIATRIC CVP	(89/05/29 修訂) 1.加護病房之患者：(限於加護病房置放或經緊急置放後當日轉入加護病房或死亡者)。 2.使用免疫系統抑制劑之患者(Immunosuppressed patient) 3.使用 TPN 之患者(total	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			nutrition)。 4.禁止使用於體重不到 20 公斤的小兒病患。				parenteral nutrition)。 4.禁止使用於體重不到 20 公斤的小兒病患。	
E201-3	C-P-	多功能靜脈輸液套	(94/04/01 生效) (一)已曾經使用「3 LUMEN CVP CATHETER SET」的病患，預期仍需要靜脈導管注射。 (二)使用全身靜脈營養者。 (三)嚴重敗血症病患。	E201-3	C-P-	多功能靜脈輸液套	(94/04/01 生效) (一)已曾經使用「3 LUMEN CVP CATHETER SET」的病患，預期仍需要靜脈導管注射。(二)使用全身靜脈營養者。 (三)嚴重敗血症病患。	未修正
E201-4	C-P-	中央靜脈血氧導管組 PRESEP CENTRAL VENOUS OXIMETRY CATHETER SET	(97/10/01 修訂) 給付規定擴增:(壹+貳) 壹、 1.心臟手術患者，手術中或手術後心臟功能衰竭，有立即生命危險者。 2.心臟病人，使用數種強心劑，且限於加護中心患者使用。 3.各種休克病人，心臟血管功能衰竭，使用數種心臟藥物，亦無法有效改善，限於加護中心患者使用。 4.患有中度阻塞性	E201-4	C-P-	中央靜脈血氧導管組 PRESEP CENTRAL VENOUS OXIMETRY CATHETER SET	(97/10/01 修訂) 給付規定擴增：(壹+貳) 壹、 1.心臟手術患者，手術中或手術後心臟功能衰竭，有立即生命危險者。 2.心臟病人，使用數種強心劑，且限於加護中心患者使用。 3.各種休克病人，心臟血管功能衰竭，使用數種心臟藥物，亦無法有效改善，限於加護中心患	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			肺部疾病或中度限制性肺部疾病須行胸腔手術者。 貳、需同時符合下列兩項條件： 1.發生全身性發炎反應症候群(Systemic Inflammatory Response Syndrome, SIRS)兩個或兩個以上之診斷條件 (1)體溫 Temp<36˚C 或>=38˚C。 (2)心跳速率 HR>90 下/分鐘。 (3)呼吸速率 RR>20 次/分鐘或動脈血二氧化碳分壓 PaCO2 <32 mmHg。 (4)白血球計數 WBC>12,000/mm3 或<4,000/mm3 或>10% immature bands。 2.全身組織低氧(Global Tissue Hypoxia)血壓收縮壓 Systolic BP<=90 mmHg 或乳酸值 Lactate>=4 mmol/L。				者使用。 4.患有中度阻塞性肺部疾病或中度限制性肺部疾病須行胸腔手術者。 貳、需同時符合下列兩項條件： 1.發生全身性發炎反應症候群(Systemic Inflammatory Response Syndrome, SIRS)兩個或兩個以上之診斷條件 (1)體溫 Temp<36˚C 或>=38˚C。 (2)心跳速率 HR>90 下/分鐘。 (3)呼吸速率 RR>20 次/分鐘或動脈血二氧化碳分壓 PaCO2 <32 mmHg。 (4)白血球計數 WBC>12,000/mm3 或<4,000/mm3 或>10% immature bands。 2.全身組織低氧(Global Tissue Hypoxia)血壓收縮壓 Systolic	

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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
							BP<=90 mmHg 或乳酸值 Lactate>=4 mmol/L。	
E201-5	C-P	動脈壓力監測組	(100/05/01 生效)限 2 歲以下或 15KG 以下之兒童使用。	E201-5	C-P	動脈壓力監測組	(100/05/01 生效) 限 2 歲以下或 15KG 以下之兒童使用。	未修正
E201-6	C-P	腹內壓力監測組 INTRA ABDOMINAL PRESSURE MONITORING KIT	(102/10/01 生效)給付規定為(1)重大外傷合併休克需積極復甦治療者;(2)外傷病患接受腹部損害控制手術者;(3)腹部外傷實施非手術治療需積極監控腹內傷害變化者;(4)大面積燒灼傷需積極復甦治療者;(5)腹部重症。	E201-6	C-P	腹內壓力監測組 INTRA ABDOMINAL PRESSURE MONITORING KIT	(102/10/01 生效)給付規定為(1)重大外傷合併休克需積極復甦治療者；(2)外傷病患接受腹部損害控制手術者；(3)腹部外傷實施非手術治療需積極監控腹內傷害變化者；(4)大面積燒灼傷需積極復甦治療者；(5)腹部重症。	未修正
E201-7	C-P	小兒由中央靜脈置入血氧濃度導管組 PEDIATRIC OXIMETRY CATHETER SET	(104/04/01 生效)限 12 歲以下或體重 40 公斤以下之兒童，並符合下列情形之一者： 1.心臟手術患者，手術中或手術後心臟功能衰竭，有立即生命危險者。 2.心臟病人，使用數種強心劑，且限	E201-7	C-P	小兒由中央靜脈置入血氧濃度導管組 PEDIATRIC OXIMETRY CATHETER SET	(104/04/01 生效) 限 12 歲以下或體重 40 公斤以下之兒童，並符合下列情形之一者： 1.心臟手術患者，手術中或手術後心臟功能衰竭，有立即生命危險者。	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			於加護中心患者使用。 3.各種休克病人，心臟血管功能衰竭，使用數種心臟藥物，亦無法有效改善，限於加護中心患者使用。 4.患有中度阻塞肺部疾病或中度限制性肺部疾病須行胸腔手術者。				2.心臟病人，使用數種強心劑，且限於加護中心患者使用。 3.各種休克病人，心臟血管功能衰竭，使用數種心臟藥物，亦無法有效改善，限於加護中心患者使用。 4.患有中度阻塞肺部疾病或中度限制性肺部疾病須行胸腔手術者。	
E204-1	C-F-	特殊腸道治療管 SPECIAL ENTERNAL FEEDING TUBE	(84/03/01 生效) INTEST-SOND 胃腸導管:G-I 手術後併 G-I TRACT 溢漏或吻合須 NPO 者。	E204-1	C-F-	特殊腸道治療管 SPECIAL ENTERNAL FEEDING TUBE	(84/03/01 生效) INTEST-SOND 胃腸導管:G-I 手術後併 G-I TRACT 溢漏或吻合須 NPO 者。	未修正
E204-2	B-B-	灌食袋 FEEDING、PUMP SET	(109/09/01 修訂) 灌食袋(含動力式及 PUMP SET):限長期無法進食，恢復進食之最初階段使用。 一、適應症： (一)CRITICALLYILL PATIENT 長期臥床無法行動，並長期消化不良、腹脹，無法以藥物改	E204-2	B-B-	灌食袋 FEEDING、PUMP SET	(109/09/01 修訂) 灌食袋(含動力式及 PUMP SET):限長期無法進食，恢復進食之最初階段使用。 一、適應症： (一)CRITICALLY ILL PATIENT 長期臥床無法行動，並長期消化	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			善者。 (二)加護病房使用呼吸器治療中長期脹氣無法以藥物治療改善者。 (三)以其他方式灌食發生以下情形，需藉灌食袋之使用，以降低灌食速率及容量，減輕不適。1.胃排空不全。2.頑固性腹瀉。3.噁心、嘔吐。 (四)其他經營養師會診確認需使用的情形。 二、使用數量： 住院病人以一週給付兩副為原則，不足一週者，給付數量如下： (一)小於等於三天，給付一副。 (二)四至七天，給付二副。(使用三天後再使用另一副)				不良、腹脹，無法以藥物改善者。 (二)加護病房使用呼吸器治療中長期脹氣無法以藥物治療改善者。 (三)以其他方式灌食發生以下情形，需藉灌食袋之使用，以降低灌食速率及容量，減輕不適。 1.胃排空不全。 2.頑固性腹瀉。 3.噁心、嘔吐。 (四)其他經營養師會診確認需使用的情形。 二、使用數量： 住院病人以一週給付兩副為原則，不足一週者，給付數量如下： (一)小於等於三天，給付一副。 (二)四至七天，給付二副。(使用三天後再使用另一副)	
E204-3	C-F-	矽質胃管 SILICONE	(93/04/01 修訂) 矽質鼻胃管之使用	E204-3	C-F-	矽質胃管 SILICONE	(93/04/01 修訂) 矽質鼻胃管之使	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		N-G TUBE	規範如下： (一)手術(如腸胃道部分切除)後,須較長期置放鼻胃管者。 (二)慢性病須鼻胃管灌食，且在鼻胃管灌食一個月後，短期內不可能取消者。(三)其他特殊須長期置放鼻胃管者。 聚胺酯胃管(PU STOMACH CATHETER)使用規範如下： (一)手術(如腸胃道部分切除)後,須較長期置放鼻胃管者。 (二)慢性病須鼻胃管灌食，且在鼻胃管灌食一個月後，短期內不可能取消者。(三)其他特殊須長期置放鼻胃管者。			N-G TUBE	用規範如下： (一)手術(如腸胃道部分切除)後，須較長期置放鼻胃管者。 (二)慢性病須鼻胃管灌食，且在鼻胃管灌食一個月後，短期內不可能取消者。 (三)其他特殊須長期置放鼻胃管者。 聚胺酯胃管(PU STOMACH CATHETER)使用規範如下： (一)手術(如腸胃道部分切除)後，須較長期置放鼻胃管者。 (二)慢性病須鼻胃管灌食，且在鼻胃管灌食一個月後，短期內不可能取消者。 (三)其他特殊須長期置放鼻胃管者。	
E204-4	C-F-	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY SYSTEM	(106/01/01 修訂) 1、成人限每 6 個月更換一次，18 歲以下兒童每 3~6 個月得更換一次。	E204-4	C-F-	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY SYSTEM	(106/01/01 修訂) 1、成人限每 6 個月更換一次，18 歲以下兒童每	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		胃造口術裝置組	2、須依全民健康保險醫療費用支付標準 33107B、33108B 等相關規定辦理。			胃造口術裝置組	3~6 個月得更換一次。 2、須依全民健康保險醫療費用支付標準 33107B、33108B 等相關規定辦理。	
E204-5	C-F	經鼻腔空腸餵食管 NASAL JEJUNAL FEEDING TUBE	(100/05/01 生效) 1.嚴重急性胰臟炎。 2.空腸前端阻塞或上腸系膜動脈症候群。 3.手術、創傷或敗血症等疾病，導致胃排空異常，無法以鼻胃管餵食者。	E204-5	C-F	經鼻腔空腸餵食管 NASAL JEJUNAL FEEDING TUBE	(100/05/01 生效) 1.嚴重急性胰臟炎。 2.空腸前端阻塞或上腸系膜動脈症候群。 3.手術、創傷或敗血症等疾病，導致胃排空異常，無法以鼻胃管餵食者。	未修正
E204-6	C-F	經鼻腔空腸餵食管 NASAL JEJUNAL FEEDING TUBE(具片狀凸出 TIGER)	(101/10/01 生效) 1.嚴重急性胰臟炎。 2.空腸前端阻塞或上腸系膜動脈症候群。 3.手術、創傷或敗血症等疾病，導致胃排空異常，無法以鼻胃管餵食者。	E204-6	C-F	經鼻腔空腸餵食管 NASAL JEJUNAL FEEDING TUBE(具片狀凸出 TIGER)	(101/10/01 生效) 1.嚴重急性胰臟炎。 2.空腸前端阻塞或上腸系膜動脈症候群。 3.手術、創傷或敗血症等疾病，導致胃排空異常，無法以鼻胃管餵食者。	未修正
E204-7	C-F-	多功能經鼻腔空腸餵食管	(106/12/01 生效) 1、需要同時進行胃引流及腸灌食。	E204-7	C-F-	多功能經鼻腔空腸餵食管	(106/12/01 生效) 1、需要同時進行	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			2、胃麻痺/無法復原的胃部排空。				胃引流及腸灌食。 2、胃麻痺/無法復原的胃部排空。	
E205-1	C-F	膠囊內視鏡	(107/03/01 生效) 1.依本保險醫療服務給付項目:「膠囊內視鏡術」(代碼33142B)所列之適應症。 2.採事後逐案審查。	E205-1	C-F	膠囊內視鏡	(107/03/01 生效) 1.依本保險醫療服務給付項目：「膠囊內視鏡術」(代碼33142B)所列之適應症。 2.採事後逐案審查。	未修正
E206-1	C-F-	消化道氣球擴張導管	(109/12/01 生效) 一、符合本保險醫療服務給付項目及支付標準診療項目「經內視鏡施行食道擴張術」(編號：47057B)所訂之支付規範。 二、本保險醫療服務給付項目及支付標準「經內視鏡十二指腸括約肌氣球成形術」(編號：56032B)不得申報。 三、氣球擴張導管直徑三公分(含)以上，術後審查需附「上消化道攝影檢查」或「食道蠕動	E206-1	C-F-	消化道氣球擴張導管	(109/12/01 生效) 一、符合本保險醫療服務給付項目及支付標準診療項目「經內視鏡施行食道擴張術」(編號：47057B)所訂之支付規範。 二、本保險醫療服務給付項目及支付標準「經內視鏡十二指腸括約肌氣球成形術」(編號：56032B)不得申報。 三、氣球擴張導	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			檢查」。				管直徑三公分(含)以上，術後審查需附「上消化道攝影檢查」或「食道蠕動檢查」。	
E207-1	C-F-	大腸金屬支架	(110/12/01 生效) 大腸金屬支架 符合全民健康保險醫療服務給付項目及支付標準診療項目 49029B 「大腸金屬支架置放術」所訂之支付規範。					新增
E210-1	T-K-	體外電震波腎臟碎石機電擊棒(百次)ESWL ELECTRODE	(93/07/01 內含) 自 93 年 7 月 1 日起業已含括於相關支付標準內,不另給付。	E210-1	T-K-	體外電震波腎臟碎石機電擊棒(百次)ESWL ELECTRODE	(93/07/01 內含) 自 93 年 7 月 1 日起業已含括於相關支付標準內,不另給付。	未修正
E210-2	T-K-	無線電頻率燒灼系統：勒鈖針狀電極 LEVEEN NEEDLE ELECTRODE	(105/02/01 修訂) 1.小於三公分的下的肝腫瘤。 2.腫瘤數目三(含)個以內。至於腫瘤位置，肝臟機能狀態等其他應參考之事項，由專科醫師依各個病例認定之。 3.應事前審查，申報時應檢附病人之相關資料。 4.「水冷式直針燒灼」與「勒鈖針狀	E210-2	T-K-	無線電頻率燒灼系統：勒鈖針狀電極 LEVEEN NEEDLE ELECTRODE	(105/02/01 修訂) 1.小於三公分的下的肝腫瘤。 2.腫瘤數目三(含)個以內。至於腫瘤位置，肝臟機能狀態等其他應參考之事項，由專科醫師依各個病例認定之。 3.應事前審查，申報時應檢附病人之相關資料。	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			電極」,同次治療以使用一種為限。				4.「水冷式直針燒灼」與「勒鈒針狀電極」，同次治療以使用一種為限。	
E210-3	T-K-	肝腫瘤局部治療(大於三公分(含)小於五公分的肝腫瘤)	(109/12/01 修訂) 適應症限： 一、大於三公分(含)小於五公分的肝腫瘤。 二、腫瘤數目三(含)個以內。至於腫瘤位置，肝臟機能狀態等其他應參考之事項，由專科醫師依各個病例認定之。 三、應事前審查，申報時應檢附病人之相關資料。 四、水冷式直針燒灼(二針組)、水冷式直針燒灼(集束針組)與微波消融探針，同次治療以使用一種為限。	E210-3	T-K-	肝腫瘤局部治療(大於三公分(含)小於五公分的肝腫瘤)	(109/12/01 修訂) 適應症限： 一、大於三公分(含)小於五公分的肝腫瘤。 二、腫瘤數目三(含)個以內。至於腫瘤位置，肝臟機能狀態等其他應參考之事項，由專科醫師依各個病例認定之。 三、應事前審查，申報時應檢附病人之相關資料。 四、水冷式直針燒灼(二針組)、水冷式直針燒灼(集束針組)與微波消融探針，同次治療以使用一種為限。	未修正
E210-4	T-K-	肝腫瘤局部治療(大於五公分(含)的單一肝腫	(109/12/01 修訂) 適應症限： 一、大於五公分(含)的單一肝腫	E210-4	T-K-	肝腫瘤局部治療(大於五公分(含)的單一肝腫	(109/12/01 修訂) 適應症限： 一、大於五公分	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		瘤）	瘤，肝動脈栓塞療法(TACE)無效或不適合者。 二、應事前審查，申報時應檢附病人之相關資料。 三、水冷式直針燒灼(三針組)與微波消融探針，同次治療限申報一組。			瘤）	(含)的單一肝腫瘤，肝動脈栓塞療法(TACE)無效或不適合者。 二、應事前審查，申報時應檢附病人之相關資料。 三、水冷式直針燒灼(三針組)與微波消融探針，同次治療限申報一組。	
E210-5	T-K-	內視鏡射頻消融導管(RFA)	(109/06/01 生效) 一、需事前審查。 二、符合本保險醫療服務給付項目及支付標準診療項目(內視鏡射頻消融術(RFA)(編號：37048B)所訂之適應症。 三、每次治療限使用一項特材品項。	E210-5	T-K-	內視鏡射頻消融導管(RFA)	(109/06/01 生效) 一、需事前審查。 二、符合本保險醫療服務給付項目及支付標準診療項目(內視鏡射頻消融術(RFA)(編號：37048B)所訂之適應症。 三、每次治療限使用一項特材品項。	未修正
E230-1	T-K-	乳房組織標記夾 BREAST TISSUE MARKER	(105/04/01 生效) 限用於證實為乳房惡性腫瘤且接受手術前化療之病患。	E230-1	T-K-	乳房組織標記夾 BREAST TISSUE MARKER	(105/04/01 生效) 限用於證實為乳房惡性腫瘤且接受手術前化療之病患。	未修正
E240-1	T-K-	玻璃體切除	(109/05/01 生效)	E240-1	T-K-	玻璃體切除	(109/05/01 生	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		器及 LIGHT GUIDE	不得與視網膜手術相關診療項目(代碼：86207B、86409B、86410B、86411B、86412B、86413B、86414B 及 86415B)同時申報。			器及 LIGHT GUIDE	效) 不得與視網膜手術相關診療項目(代碼：86207B、86409B、86410B、86411B、86412B、86413B、86414B 及 86415B)同時申報。	
E301-1	C-L-	精密輸液套(卡榫式)PRECISION ADMINISTRATION SET	(84/03/01 生效) 卡榫式 PUMP SET 一、使用規範：限於(一)ICU(含加護病房之前置單位，如急診暫留床、開刀房等)與由 ICU 置放或經緊急置放後當日轉入 ICU 或死亡者。 (二)體重十公斤以下兒童。 (三)需精確計算劑量，並經主治醫師視病情需要處方使用或精密持續點滴注射、以每小時滴 30cc 以下者如：化學治療藥物、心臟血管治療藥物、抗排斥藥物、抗黴菌藥物、血清球蛋白製劑、摧生藥	E301-1	C-L-	精密輸液套(卡榫式)PRECISION ADMINISTRATION SET	(84/03/01 生效) 卡榫式 PUMP SET 一、使用規範：限於(一)ICU(含加護病房之前置單位，如急診暫留床、開刀房等)與由 ICU 置放或經緊急置放後當日轉入 ICU 或死亡者。 (二)體重十公斤以下兒童。 (三)需精確計算劑量，並經主治醫師視病情需要處方使用或精密持續點滴注射、以每小時滴 30cc 以下者如：化學治療藥物、心臟血管治療藥物、抗排斥藥物、抗	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			(PITON-S)、安胎藥(YUTOPA)、抗凝血劑。 二、含儲藥筒(BURETTE)品項除原有適用規範外，並限於同時用兩種藥物時始得使用。				黴菌藥物、血清球蛋白製劑、摧生藥(PITON-S)、安胎藥(YUTOPA)、抗凝血劑。 二、含儲藥筒(BURETTE)品項除原有適用規範外，並限於同時用兩種藥物時始得使用。	
E301-2	C-L-	精密輸液套(線性式)PRECISION ADMINISTRATION SET	(84/03/01 生效) 線性式 PUMP SET 一、適用範圍： (一)凡該藥物之靜脈給藥，需以微量精密計算者，例如 Heparin，Dopamin,Levophed 等均得使用 Iv Pump Set。 (二)因病情需要嚴格控制靜脈點滴速度，以便調控 Intake 與 Output，例如 TPN 等輸液，可使用 IV Pump Set。 (三)兒童體重十公斤以下患者得使用，十公斤以上者則視病情需要而定。申報費用時應	E301-2	C-L-	精密輸液套(線性式)PRECISION ADMINISTRATION SET	(84/03/01 生效) 線性式 PUMP SET 一、適用範圍： (一)凡該藥物之靜脈給藥，需以微量精密計算者，例如 Heparin，Dopamin，Levophed 等均得使用 Iv Pump Set。 (二)因病情需要嚴格控制靜脈點滴速度，以便調控 Intake 與 Output，例如 TPN 等輸液，可使用 IV Pump Set。 (三)兒童體重十公斤以下患者得使用，十公斤以	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			檢附詳細病歷摘要及使用情況紀錄。二、含儲藥筒(BURETTE)品項除原有適用規範外，並限於同時用兩種藥物時始得使用。				上者則視病情需要而定。申報費用時應檢附詳細病歷摘要及使用情況紀錄。二、含儲藥筒(BURETTE)品項除原有適用規範外，並限於同時用兩種藥物時始得使用。	
E301-3	C-L-	精密輸液套(具流速控制)PRECISION ADMINISTRATION SET	(92/01/01 修訂)具流速控制之精密輸液套「CAIR(Constant Accurate Infusion Rate)IV Bag」，適用範圍如下: 1.需由靜脈點滴給藥，正確控制靜脈點滴速度，以免輸液過速者：如抗生素治療(如Fungizone、Vancomycin)、一般化學治療、生物製劑治療(Herceptin、Rituximab)及其他特殊藥物等。 2.嬰幼兒須精確控制靜脈給藥滴速者。	E301-3	C-L-	精密輸液套(具流速控制)PRECISION ADMINISTRATION SET	(92/01/01 修訂)具流速控制之精密輸液套「CAIR(Constant Accurate Infusion Rate)IV Bag」，適用範圍如下: 1.需由靜脈點滴給藥，正確控制靜脈點滴速度，以免輸液過速者：如抗生素治療(如Fungizone、Vancomycin)、一般化學治療、生物製劑治療(Herceptin、Rituximab)及其他特殊藥物等。 2.嬰幼兒須精確控制靜脈給藥滴	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			3.心衰竭、腎衰竭、肺積水、燒燙傷等、水份需正確控制輸液量及流速者。				速者。 3.心衰竭、腎衰竭、肺積水、燒燙傷等、水份需正確控制輸液量及流速者。	
E301-4	C-L-	精密輸液套(免針頭加藥)PRECISION ADMINISTRATION SET	(88/01/014 生效) 免針頭加藥精密輸液套(Needle free IV BAG)適用範圍如下： 一、具感染高危險性病人： (一)經診斷為血清(液)傳染性疾病者，如肝炎病人、梅毒、愛滋病人等。 (二)血清(液)有傳染性疾病帶原者，如肝炎病毒帶原者、VDRL(+)、HIV(+)等。 (三)潛在性易感染血清(液)傳染性疾病者，如藥物毒癮者、曾大量輸血者等。 二、以單位考量: (一)急診。 (二)加護單位。 (三)腫瘤單位。 (四)感染科病房。 (五)手術房。	E301-4	C-L-	精密輸液套(免針頭加藥)PRECISION ADMINISTRATION SET	(88/01/014 生效) 免針頭加藥精密輸液套(Needle free IV BAG)適用範圍如下： 一、具感染高危險性病人： (一)經診斷為血清(液)傳染性疾病者，如肝炎病人、梅毒、愛滋病人等。 (二)血清(液)有傳染性疾病帶原者，如肝炎病毒帶原者、VDRL(+)、HIV(+)等。 (三)潛在性易感染血清(液)傳染性疾病者，如藥物毒癮者、曾大量輸血者等。 二、以單位考量: (一)急診。 (二)加護單位。 (三)腫瘤單位。	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
							(四)感染科病房。(五)手術房。	
E302-1	C-L-	加溫輸血輸液套	(109/05/01 修訂) 一、病患因預期接受可能大量出血之下列外科手術，且於手術中 1 小時內急需輸血 8 單位以上者： (一)主動脈剝離或主動脈瘤需行主動脈置換手術(診療項目編號：69024B，69035B~69037B)。 (二)心室瘤或破裂須修補(編號：68005B 及 68043B)、再次進行心臟手術(編號：68006B)、心室輔助器置放(編號：68051B)。 (三)骨盤半切斷術(編號：64148B)、肩關節截斷手術(編號：64185B)、上肢廣泛性肩關節截除術(編號：64209B)。 (四)骨腫瘤切除(編號：64204B，64205B，64207B)。 (五)腎臟腫瘤伴隨	E302-1	C-L-	加溫輸血輸液套	(109/05/01 修訂) 一、病患因預期接受可能大量出血之下列外科手術，且於手術中 1 小時內急需輸血 8 單位以上者： (一)主動脈剝離或主動脈瘤需行主動脈置換手術(診療項目編號：69024B，69035B~69037B)。 (二)心室瘤或破裂須修補(編號：68005B 及 68043B)、再次進行心臟手術(編號：68006B)、心室輔助器置放(編號：68051B)。 (三)骨盤半切斷術(編號：64148B)、肩關節截斷手術(編號：64185B)、上肢廣泛性肩關節截除術(編號：64209B)。 (四)骨腫瘤切除	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			主要血管入侵，執行「侵根治性腎切除併行淋巴清掃術或合併局部淋巴切除術(編號：76007B)」+「血管吻合術(編號：69008B)」或「侵根治性腎切除術併行淋巴清掃術或合併局部淋巴切除術(編號：76007B)」+「動脈縫合(編號：69009B)」。 (六)心臟移植(編號：68035B)。 (七)肺臟移植:單側或雙側(編號：68037B，68047B)。 (八)肝臟移植(編號：75020B)。 二、因外傷引起低血容性休克：出血性低血壓(收縮壓小於 90 mmHg)、心跳加速(脈搏大於等於 120 次/分)、酸血症(動脈氧氣分析酸鹼值小於 7.3)或血紅素小於 7gm/dl 者。 三、每次急診急救或手術限使用 1 套為原則。				(編號：64204B，64205B，64207B)。 (五)腎臟腫瘤伴隨主要血管入侵，執行「侵根治性腎切除併行淋巴清掃術或合併局部淋巴切除術(編號：76007B)」+「血管吻合術(編號：69008B)」或「侵根治性腎切除術併行淋巴清掃術或合併局部淋巴切除術(編號：76007B)」+「動脈縫合(編號：69009B)」。 (六)心臟移植(編號：68035B)。 (七)肺臟移植:單側或雙側(編號：68037B，68047B)。 (八)肝臟移植(編號：75020B)。 二、因外傷引起低血容性休克：出血性低血壓(收縮壓小於 90 mmHg)、心跳加速(脈搏大於等於	

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
							120 次/分)、酸血症(動脈氧氣分析酸鹼值小於 7.3)或血紅素小於 7gm/dl 者。 三、每次急診急救或手術限使用 1 套為原則。	
E304-1	H-H-	輸血過濾器(血小板專用白血球過濾器)BLOOD TRANSFUSION FILTER	(87/01/01 修訂) 1.骨髓功能不足而引起的缺血,如再生不能貧血、急性白血病、其他惡性血友病、骨髓因化學治療或放射治療而抑制功能者。 2.嚴重血液病而需輸血小板者。 3.大量輸血、交換輸血、及心肺體外循環而大量失血者。 4.配合 HLA 使用之血小板輸血者。 5.避免因輸血引起巨細胞病毒之傳染,如器官移植的受血者,骨髓移植受血者,新生兒交換輸血或經常輸血者，免疫不全的受血者。 6.因白血球引起之發燒發冷輸血反應	E304-1	H-H-	輸血過濾器(血小板專用白血球過濾器)BLOOD TRANSFUSION FILTER	(87/01/01 修訂) 1.骨髓功能不足而引起的缺血,如再生不能貧血、急性白血病、其他惡性血友病、骨髓因化學治療或放射治療而抑制功能者。 2.嚴重血液病而需輸血小板者。 3.大量輸血、交換輸血、及心肺體外循環而大量失血者。 4.配合 HLA 使用之血小板輸血者。 5.避免因輸血引起巨細胞病毒之傳染,如器官移植的受血者,骨髓移植受血者,新生兒交換輸血或經常輸血者，	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			二次以上之病患,需再次輸血治療時。				免疫不全的受血者。 6.因白血球引起之發燒發冷輸血反應二次以上之病患,需再次輸血治療時。	
E304-2	H-H-	輸血過濾器(紅血球專用白血球過濾器)BLOOD TRANSFUSION FILTER	(87/01/01 修訂) 1.需長期輸血者,而有缺少或不良之紅血球病症：如再生不能性貧血、紅血球發育不良、惡性腫瘤或藥物抑止紅血球生成者。 2.血液病性貧血、地中海型貧血、鐮型血球貧血、嚴重的陣發性夜間血紅素尿症自體免疫血液性貧血。 3.器官移植，避免異體排斥。 4.避免因輸血引起巨細胞病毒之傳染,如器官移植的受血者,骨髓移植受血者, 新生兒交換輸血或經常輸血者，免疫不全的受血者。 5.因白血球引起之發燒發冷輸血反應二次以上之病患,	E304-2	H-H-	輸血過濾器(紅血球專用白血球過濾器)BLOOD TRANSFUSION FILTER	(87/01/01 修訂) 1.需長期輸血者,而有缺少或不良之紅血球病症：如再生不能性貧血、紅血球發育不良、惡性腫瘤或藥物抑止紅血球生成者。 2.血液病性貧血、地中海型貧血、鐮型血球貧血、嚴重的陣發性夜間血紅素尿症自體免疫血液性貧血。 3.器官移植，避免異體排斥。 4.避免因輸血引起巨細胞病毒之傳染,如器官移植的受血者,骨髓移植受血者,新生兒交換輸血或經常輸血者，免疫不全的受血者。	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			需再次輸血治療時。				5.因白血球引起之發燒發冷輸血反應二次以上之病患,需再次輸血治療時。	
E305-1	B-B-	人工肛門袋、造口尿袋 COLOSTOMY BAG、UROSTOMY POUCH	(84/03/01 生效)限住院患者申報。	E305-1	B-B-	人工肛門袋、造口尿袋 COLOSTOMY BAG、UROSTOMY POUCH	(84/03/01 生效)限住院患者申報。	未修正
E306-1	R-R-	呼吸訓練器 TRI-FLO	(84/03/01 生效)限胸腔大手術後患者申報。	E306-1	R-R-	呼吸訓練器 TRI-FLO	(84/03/01 生效)限胸腔大手術後患者申報。	未修正
E309-1	W-B-	彈性繃帶 ELASTIC BANDAGE	(84/03/01 生效)同一次門診或住院，同一部位以一次用量之兩倍為上限。	E309-1	W-B-	彈性繃帶 ELASTIC BANDAGE	(84/03/01 生效)同一次門診或住院，同一部位以一次用量之兩倍為上限。	未修正
E310-1	W-B-	樹脂石膏繃帶	(98/11/01 修訂)同一部位、同一療程以給付一次為限。	E310-1	W-B-	樹脂石膏繃帶	(98/11/01 修訂)同一部位、同一療程以給付一次為限。	未修正
F201-1	F-U	輸尿管粘膜下植體暨注射針	(105/08/01 生效)1.需經事前審查，在排尿膀胱尿道攝影(voiding cystourethrography)證實有第三級(含)以上膀胱輸尿管逆流，並有相關之泌尿道感染或腎臟結痂(renal	F201-1	F-U	輸尿管粘膜下植體暨注射針	(105/08/01 生效)1.需經事前審查，在排尿膀胱尿道攝影(voiding cystourethrography)證實有第三級(含)以上膀胱輸尿管逆流，	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			scarring)病史，方可使用。 2.使用需在用後3-6 個月的排尿膀胱尿道攝影(voiding cystourethrography)證實膀胱輸尿管逆流有改善，經事前審查後方可再次使用。				並有相關之泌尿道感染或腎臟結痂(renal scarring)病史，方可使用。 2.使用需在用後3-6 個月的排尿膀胱尿道攝影(voiding cystourethrography)證實膀胱輸尿管逆流有改善，經事前審查後方可再次使用。	
F205-1	F-U	連續性靜靜脈血液濾過組	(94/01/01 生效) 限生命徵象不穩定之腎衰竭病人使用。	F205-1	F-U	連續性靜靜脈血液濾過組	(94/01/01 生效) 限生命徵象不穩定之腎衰竭病人使用。	未修正
F205-2	F-U-	小兒血液灌流迴路管	(107/04/01 生效) 用於藥物過量或毒物中毒治療之小兒血液灌流。	F205-2	F-U-	小兒血液灌流迴路管	(107/04/01 生效) 用於藥物過量或毒物中毒治療之小兒血液灌流。	未修正
G301-3	N-C-	筆型胰島素注射筒NOVOPEN3	(92/11/01 生效) 限每支以使用三年以上為原則，於三年內重複領用者，需於病歷加註領用原因，供本保險備查。	G301-3	N-C-	筆型胰島素注射筒NOVOPEN3	(92/11/01 生效) 限每支以使用三年以上為原則，於三年內重複領用者，需於病歷加註領用原因，供本保險備查。	未修正
G301-5	N-D-	安全性靜脈導管+免針加藥座	(99/01/01 生效) 具感染高危險性病人：愛滋病、病毒	G301-5	N-D-	安全性靜脈導管+免針加藥座	(99/01/01 生效) 具感染高危險性病人：愛滋病、	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			性肝炎、SARS、血液傳染性疾病及藥物濫用之病患。				病毒性肝炎、SARS、血液傳染性疾病及藥物濫用之病患。	
G302-1	N-D-	拋棄式骨內注射針	(107/12/01 生效) 於心跳停止、呼吸停止、休克或癲癇重積狀態等緊急狀況下，無法立即建立靜脈輸液管道時使用。	G302-1	N-D-	拋棄式骨內注射針	(107/12/01 生效) 於心跳停止、呼吸停止、休克或癲癇重積狀態等緊急狀況下，無法立即建立靜脈輸液管道時使用。	未修正
H204-1	F-A-	青光眼用引流瓣膜 GLAUCOMA VALVE IMPLANT	(110/11/01 修訂) 一、治療青光眼病人，適用於當小樑手術及藥物失敗後使用。 二、需事前審查，經同意後使用。	H204-1	F-A-	青光眼用引流瓣膜 GLAUCOMA VALVE IMPLANT	(101/07/01 修訂) 一、治療青光眼病人，適用於當小樑手術及藥物失敗後使用。 二、需事前專案申請，經同意後使用。	修正
H204-2	F-A-	異體組織片 TRANZGRAFT	(92/01/01 生效) 異體移植組織片使用規範如下： 一、給付規定比照「青光眼引流瓣膜」之規範。 二、如使用「青光眼引流瓣膜」有磨損而需修補者。 三、經使用抗生長藥物治療之青光眼手術後需修補鞏膜	H204-2	F-A-	異體組織片 TRANZGRAFT	(92/01/01 生效) 異體移植組織片使用規範如下： 一、給付規定比照「青光眼引流瓣膜」之規範。 二、如使用「青光眼引流瓣膜」有磨損而需修補者。 三、經使用抗生長藥物治療之青	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			者。 四、需經事前審查經同意後使用。				光眼手術後需修補鞏膜者。 四、需經事前審查經同意後使用。	
H205-1	F-A-	補服卡液/普弗隆液 Perfluoron	(105/10/01 生效) 1.巨型裂孔視網膜剝離、視網膜剝離併纖維化、牽引性視網膜剝離、復發性視網膜剝離。 2.每人每眼終身至多限申報 2 次。 3.應檢附手術照片或手術紀錄，以供事後審查。	H205-1	F-A-	補服卡液/普弗隆液 Perfluoron	(105/10/01 生效) 1.巨型裂孔視網膜剝離、視網膜剝離併纖維化、牽引性視網膜剝離、復發性視網膜剝離。 2.每人每眼終身至多限申報 2 次。 3.應檢附手術照片或手術紀錄，以供事後審查。	未修正
H205-2	F-A-	矽油(silicone oil)	(105/10/01 生效) 1.巨型裂孔視網膜剝離、視網膜剝離併纖維化、牽引性視網膜剝離、復發性視網膜剝離。 2.兒童或術後無法配合趴臥之視網膜剝離手術病患。 3.每人每眼終身至多限申報 2 次。 4.應檢附手術照片或手術紀錄，以供事後審查。	H205-2	F-A-	矽油(silicone oil)	(105/10/01 生效) 1.巨型裂孔視網膜剝離、視網膜剝離併纖維化、牽引性視網膜剝離、復發性視網膜剝離。 2.兒童或術後無法配合趴臥之視網膜剝離手術病患。 3.每人每眼終身至多限申報 2 次。 4.應檢附手術照片或手術紀錄，	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
							以供事後審查。	
H206-1	F-A-	亮藍網膜眼用染劑	(109/07/01 生效) 一、適應症應包括： (一)高度近視(800 度(含)以上且眼軸長於 26.5mm(含)以上)合併黃斑部病變，包括黃斑部裂孔、視網膜上膜增生、黃斑部劈裂及黃斑部剝離等；若因曾接受過白內障手術併人工水晶體植入術或其他近視矯正手術，導致近視度數未達 800 度,則須事前審查。 (二)視力下降至 0.5 以下，且視力下降非來自其他眼部疾病，例如角膜混濁、白內障、視神經病變等。 二、須檢附以下資料備查： (一)電腦驗光、眼軸測量及矯正視力記錄 (二)附水晶體外眼照片及眼底照片。 (三)附 OCT 檢查照片。 三、事前審查所需資料同二須檢附備	H206-1	F-A-	亮藍網膜眼用染劑	(109/07/01 生效) 一、適應症應包括： (一)高度近視(800 度(含)以上且眼軸長於 26.5mm(含)以上)合併黃斑部病變，包括黃斑部裂孔、視網膜上膜增生、黃斑部劈裂及黃斑部剝離等；若因曾接受過白內障手術併人工水晶體植入術或其他近視矯正手術，導致近視度數未達 800 度，則須事前審查。 (二)視力下降至 0.5 以下，且視力下降非來自其他眼部疾病，例如角膜混濁、白內障、視神經病變等。 二、須檢附以下資料備查： (一)電腦驗光、眼軸測量及矯正視力記錄	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			查資料。				(二)附水晶體外眼照片及眼底照片。 (三)附 OCT 檢查照片。 三、事前審查所需資料同二須檢附備查資料。	
H206-2	F-A-	台酚藍囊袋眼染劑	(109/11/01 修訂) 一、適應症限過熟型白內障。 二、每人每眼限用一支。 三、須事前審查，事前審查必須符合條件： (一)矯正視力 0.01 以下或分辨指數 30 公分以內。 (二)散瞳眼底檢視,眼底細節(如血管等)模糊無法辨識。瞳孔無法散大者，可檢附雙維超音波檢查圖像，初步評估眼後葉狀態。 (三)檢附之外眼照片必須顯示過熟白內障表徵。	H206-2	F-A-	台酚藍囊袋眼染劑	(109/11/01 修訂) 一、適應症限過熟型白內障。 二、每人每眼限用一支。 三、須事前審查，事前審查必須符合條件： (一)矯正視力 0.01 以下或分辨指數 30 公分以內。 (二)散瞳眼底檢視，眼底細節(如血管等)模糊無法辨識。瞳孔無法散大者，可檢附雙維超音波檢查圖像，初步評估眼後葉狀態。 (三)檢附之外眼照片必須顯示過熟白內障表徵。	未修正
H301-1	F-E-	人工電子耳(Cochlear	(108/09/01 修訂) 一、限未滿 18 歲患	H301-1	F-E-	人工電子耳(Cochlear	(108/09/01 修訂)	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
		Implant)	者使用，且須符合全民健康保險醫療服務給付項目及支付標準 84038B「人工電子耳手術(人工耳蝸植入術)」所訂適應症。 二、每人終身限申報植入體及聲音處理器各一組。 三、應事前審查，申報時應檢附全民健康保險「人工電子耳」特材事前特殊專案審查檢附資料查檢表等病人相關資料。			Implant)	一、限未滿 18 歲患者使用，且須符合全民健康保險醫療服務給付項目及支付標準 84038B「人工電子耳手術(人工耳蝸植入術)」所訂適應症。 二、每人終身限申報植入體及聲音處理器各一組。 三、應事前審查，申報時應檢附全民健康保險「人工電子耳」特材事前特殊專案審查檢附資料查檢表等病人相關資料。	
I203-1	C-M-	血管栓塞環	(109/03/01 修訂) 一、限動靜脈畸型、其他血管病灶或腫瘤栓塞術患者。 二、附治療前後血管攝影照片申報使用。	I203-1	C-M-	血管栓塞環	(109/03/01 修訂) 一、限動靜脈畸型、其他血管病灶或腫瘤栓塞術患者。 二、附治療前後血管攝影照片申報使用。	未修正
I203-2	C-M-	白金纖維環 COIL	(110/05/01 修訂) 本項特材須事前審查,審查原則如下: 一、執行醫師資	I203-2	C-M-	白金纖維環 COIL	(100/01/01 修訂)本項特材須事前審查，審查原則如下：	修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			格：需符合以下二項規定：(一)限放射線(診斷)專科醫師、神經外科或神經科專科醫師執行。(二)限接受並通過下列任一學會之相關腦神經血管內介入治療專長訓練與認證之醫師執行: 1.中華民國放射線醫學會授權之中華民國神經放射線醫學會。 2.台灣神經外科醫學會授權之台灣神經血管外科與介入治療醫學會。 3.台灣神經學會授權之台灣腦中風學會。 二、適應症： (一)後循環腦血管動脈瘤 (二)前循環腦血管動脈瘤及顱內深部動靜脈瘻管，經神經外科專科醫師評估為困難手術者。 (三)雙側性或多發性動脈瘤，單次栓塞術可治癒者。 (四)顱內動脈瘤，				一、執行醫師資格：需符合以下二項規定：(一)限放射線(診斷)專科醫師或神經外科專科醫師執行。(二)需具有符合中華民國放射線醫學會或符合台灣神經外科醫學會之操作資格審核規定者。 二、適應症： (一)後循環腦血管動脈瘤。 (二)前循環腦血管動脈瘤及顱內深部動靜脈瘻管，經神經外科專科醫師評估為困難手術者。 (三)雙側性或多發性動脈瘤，單次栓塞術可治癒者。 (四)顱內動脈瘤，經治療未痊癒，需再進一步治療，但再度施行手術困難者。 (五)顱內動脈瘤患者具有系統性疾病，不適合施行開顱手術者。	

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			經治療未痊癒，需再進一步治療，但再度施行手術困難者。 (五)顱內動脈瘤患者具有系統性疾病，不適合施行開顱手術者。三、申請事前審查之醫院，於申請首例時應併提臨床治療路徑，嗣後若未變更得免重複提供。				三、申請事前審查之醫院，於申請首例時應併提臨床治療路徑，嗣後若未變更得免重複提供。	
I203-3	C-M-	血管分流器	(93/04/01 生效) 限於不停跳冠狀動脈繞道手術中使用。	I203-3	C-M-	血管分流器	(93/04/01 生效) 限於不停跳冠狀動脈繞道手術中使用。	未修正
I203-4	C-M-	閉塞球囊系統	(100/07/01 生效) 限於顱內寬頸動脈瘤栓塞時使用。醫院於送審時應檢附血管攝影報告。	I203-4	C-M-	閉塞球囊系統	(100/07/01 生效) 限於顱內寬頸動脈瘤栓塞時使用。醫院於送審時應檢附血管攝影報告。	未修正
I203-5	C-D-	腦室外引流管組(含 2 種抗生素)	(102/01/01 修訂) 1.曾經有腦部感染症，而需作腦室外引流手術者。 2.已作腦室外引流術或腦室腹膜腔分流手術後，而發生感染者，且需再次作腦室外引流手術者。	I203-5	C-D-	腦室外引流管組(含 2 種抗生素)	(102/01/01 修訂) 1.曾經有腦部感染症，而需作腦室外引流手術者。 2.已作腦室外引流術或腦室腹膜腔分流手術後，而發生感染者，	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			3.新生兒及幼童(六歲以下)執行腦室外引流術者或腦室腹腔分流手術者。 4.每次療程限用 1 條。				且需再次作腦室外引流手術者。 3.新生兒及幼童(六歲以下)執行腦室外引流術者或腦室腹腔分流手術者。 4.每次療程限用 1 條。	
I203-6	C-M-	閉塞球囊系統(HYPERFORM 高順應性球囊)	(103/01/01 生效) 一、寬頸顱內動脈瘤之栓塞治療，限定於動脈瘤頸部或囊部位於分枝血管處。 二、執行母動脈栓塞治療前之閉塞測試，以利手術前評估。 三、執行動靜脈畸形治療時，或動脈瘤頸或囊部有分枝的血管栓塞後，需做血管重塑形(Remodelling)時。 四、不可與閉塞球囊系統 Occlusion Balloon System(規格為 Hyperglide)合併申報。	I203-6	C-M-	閉塞球囊系統(HYPERFORM 高順應性球囊)	(103/01/01 生效) 一、寬頸顱內動脈瘤之栓塞治療，限定於動脈瘤頸部或囊部位於分枝血管處。 二、執行母動脈栓塞治療前之閉塞測試，以利手術前評估。 三、執行動靜脈畸形治療時，或動脈瘤頸或囊部有分枝的血管栓塞後，需做血管重塑形(Remodelling)時。 四、不可與閉塞球囊系統 Occlusion Balloon System(規格為 Hyperglide)合	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
							併申報。	
I203-7	C-M-	血管栓塞輔助支架及傳輸裝置	(103/10/01 生效) 一、顱內寬頸動脈瘤，即動脈瘤之頸部大於 4mm 或動脈瘤之頸/體部比率大於 0.5 之顱內動脈瘤栓塞治療。 二、顱內梭狀動脈瘤(fusiform aneurysm)之栓塞治療。 三、顱內剝離性動脈瘤(dissecting aneurysm)之栓塞治療。 四、使用線圈栓塞顱內動脈瘤時線圈突出或移位至母動脈(需檢附血管攝影照片佐證)。 五、每次限用一支。 六、第 1 至 3 項需事前審查	I203-7	C-M-	血管栓塞輔助支架及傳輸裝置	(103/10/01 生效) 一、顱內寬頸動脈瘤，即動脈瘤之頸部大於 4mm 或動脈瘤之頸/體部比率大於 0.5 之顱內動脈瘤栓塞治療。 二、顱內梭狀動脈瘤(fusiform aneurysm)之栓塞治療。 三、顱內剝離性動脈瘤(dissecting aneurysm)之栓塞治療。 四、使用線圈栓塞顱內動脈瘤時線圈突出或移位至母動脈(需檢附血管攝影照片佐證)。 五、每次限用一支。 六、第 1 至 3 項需事前審查	未修正
I203-8	F-N-	深層腦部刺激器	(108/08/01 修訂) 一、需符合下列各項條件： (一)屬原發性巴金森病	I203-8	F-N-	深層腦部刺激器	(108/08/01 修訂) 一、需符合下列各項條件： (一)屬原發性巴	未修正

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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			(Parkinson's disease)。 (二)發病五年以上，且經醫學中心評估為藥物治療至少一年以上無反應者或因長期服藥後產生不良反應而無法繼續服藥者。 (三)病人身體其它狀況良好，必須無失智症(Mini Mental Status Exam 須大於 24 分)、無其他嚴重的內外科疾病(如冠狀動脈心臟病、腎衰竭或癌症等)，以及無藥物無法控制之精神疾病。 (四)病人的腦部磁振造影(MRI)檢查必須正常。 二、須檢附影像診斷資料及病歷等相關資料，並由台灣神經學學會及台灣神經外科醫學會推薦成員組成之專家小組特殊專案審查核准後使用 三、使用健保給付特材導線、導線延長線及導線固定				金森病(Parkinson's disease)。 (二)發病五年以上，且經醫學中心評估為藥物治療至少一年以上無反應者或因長期服藥後產生不良反應而無法繼續服藥者。 (三)病人身體其它狀況良好，必須無失智症(Mini Mental Status Exam 須大於 24 分)、無其他嚴重的內外科疾病(如冠狀動脈心臟病、腎衰竭或癌症等)，以及無藥物無法控制之精神疾病。 (四)病人的腦部磁振造影(MRI)檢查必須正常。 二、須檢附影像診斷資料及病歷等相關資料，並由台灣神經學學會及台灣神經外科醫學會推薦成員組成之專家小組特殊專案審查	

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
給付規定分類碼	大小類碼	品名表	給付規定	給付規定分類碼	大小類碼	品名表	給付規定	說明
			蓋，限裝置深層腦部刺激器患者使用，以申請一次為限。				核准後使用 三、使用健保給付特材導線、導線延長線及導線固定蓋，限裝置深層腦部刺激器患者使用，以申請一次為限。	
I203-9	C-D-	腦室腹腔分流術抗菌引流導管(含 2 種抗生素)	(104/06/01 生效) 一、曾經有腦部感染症，經治療後需作腦室腹腔引流手術。 二、已作腦室外引流術或腦室腹膜腔分流手術後，而發生感染者，且需再執行腦室腹腔引流手術者。 三、新生兒及幼童(六歲以下)需執行腦室腹腔引流手術者。 四、每次療程限用一條(組)。	I203-9	C-D-	腦室腹腔分流術抗菌引流導管(含 2 種抗生素)	(104/06/01 生效) 一、曾經有腦部感染症，經治療後需作腦室腹腔引流手術。 二、已作腦室外引流術或腦室腹膜腔分流手術後，而發生感染者，且需再執行腦室腹腔引流手術者。 三、新生兒及幼童(六歲以下)需執行腦室腹腔引流手術者。 四、每次療程限用一條(組)。	未修正
I203-10	C-D-	腦室腹腔分流術抗菌引流組(小孩用，含 2 種抗生素)	(104/06/01 生效) 一、十八歲以下病患，曾經有腦部感染症，經治療後需作腦室腹腔引流手術。 二、十八歲以下病	I203-10	C-D-	腦室腹腔分流術抗菌引流組(小孩用，含 2 種抗生素)	(104/06/01 生效) 一、十八歲以下病患，曾經有腦部感染症，經治療後需作腦室腹腔引流手術。	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
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			患，已作腦室外引流術或腦室腹膜腔分流手術後，而發生感染者，且需再執行腦室腹腔引流手術者。 三、新生兒及幼童(六歲以下)需執行腦室腹腔引流手術者。 四、每次療程限用一組。				二、十八歲以下病患，已作腦室外引流術或腦室腹膜腔分流手術後，而發生感染者，且需再執行腦室腹腔引流手術者。 三、新生兒及幼童(六歲以下)需執行腦室腹腔引流手術者。 四、每次療程限用一組。	
I203-11	C-D-	腦室腹腔引流系統-具抗虹吸裝置或體位式重力閥	(104/12/01 生效) 限用於腦脊髓液分流手術後發生過度引流且有下列情形之一者： 1.硬腦膜下積液。 2.硬腦膜下出血。 3.顱內低壓(姿勢性頭痛；影像檢查顯示廣泛腦膜顯影、靜脈竇充血、腦室變小或腰椎穿刺檢查顱內壓力偏低)。 4.六歲以下兒童，引流過度造成頭顱尺寸過小。	I203-11	C-D-	腦室腹腔引流系統-具抗虹吸裝置或體位式重力閥	(104/12/01 生效) 限用於腦脊髓液分流手術後發生過度引流且有下列情形之一者： 1.硬腦膜下積液。 2.硬腦膜下出血。 3.顱內低壓(姿勢性頭痛；影像檢查顯示廣泛腦膜顯影、靜脈竇充血、腦室變小或腰椎穿刺檢查顱內壓力偏低)。 4.六歲以下兒童，引流過度造成頭顱尺寸過	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
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							小。	
I203-12	C-M-	顱內血管支架取栓裝置或顱內血管抽吸取栓裝置	(108/07/01 修訂)應同時符合下列條件： 一、前循環在發作內 8 小時內、後循環在發作後 24 小時內。 二、影像診斷為顱內大動脈阻塞，包括內頸動脈、大腦中動脈的第 1 及第 2 段、大腦前動脈、基底動脈和脊椎動脈。 三、美國國衛院腦中風評估表(NIH Stroke Scale)評分≧8 and ≦30。 四、給付裝置以 1 項特材品項為原則，2 項特材品項為限，使用單一器械仍無法成功打通阻塞血管時，得視實際情況決定使用並得申報第 2 項特材品項，惟應檢附報告及影像以備查。	I203-12	C-M-	顱內血管支架取栓裝置或顱內血管抽吸取栓裝置	(108/07/01 修訂)應同時符合下列條件： 一、前循環在發作內 8 小時內、後循環在發作後 24 小時內。 二、影像診斷為顱內大動脈阻塞，包括內頸動脈、大腦中動脈的第 1 及第 2 段、大腦前動脈、基底動脈和脊椎動脈。 三、美國國衛院腦中風評估表(NIH Stroke Scale)評分≧8 and ≦30。 四、給付裝置以 1 項特材品項為原則，2 項特材品項為限，使用單一器械仍無法成功打通阻塞血管時，得視實際情況決定使用並得申報第 2 項特材品項，惟應檢附報告及影像以備查。	未修正
I203-13	C-M-	左心耳閉合	(105/11/01 生效)	I203-13	C-M-	左心耳閉合	(105/11/01 生	未修正

修正規定				現行規定				說明
通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。				通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。				修正年度並酌修文字。
修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
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		器 Left Atrial Appendage Closure device	使用本項特材須符合全民健康保險醫療服務給付項目及支付標準 33141B「左心耳閉合術 Left Atrial Appendage Occulsion」所訂適應症。			器 Left Atrial Appendage Closure device	效)使用本項特材須符合全民健康保險醫療服務給付項目及支付標準 33141B「左心耳閉合術 Left Atrial Appendage Occulsion」所訂適應症。	
I203-14	C-M-	栓塞微粒球/一般導管或微導管	(105/11/01 生效) 1.高血流性腫瘤(排除肝癌及子宮肌瘤)之術前栓塞。 2.動靜脈畸形。	I203-14	C-M-	栓塞微粒球/一般導管或微導管	(105/11/01 生效) 1.高血流性腫瘤(排除肝癌及子宮肌瘤)之術前栓塞。 2.動靜脈畸形。	未修正
I203-15	C-M-	分流支架栓塞裝置	(107/03/01 生效) 一、僅適用於顱內之內頸動脈岩骨段至垂體上段，且符合下列情況之一： (一)動脈瘤最大徑大於 15mm 者。 (二)梭狀動脈瘤(fusiform aneurysm) 最大徑大於 10mm 者。 (三)剝離性動脈瘤(dissecting aneurysm)最大徑大於 10mm。 (四)動脈瘤經線圈栓塞治療後復發，	I203-15	C-M-	分流支架栓塞裝置	(107/03/01 生效) 一、僅適用於顱內之內頸動脈岩骨段至垂體上段，且符合下列情況之一： (一)動脈瘤最大徑大於 15mm 者。 (二)梭狀動脈瘤(fusiform aneurysm) 最大徑大於 10mm 者。 (三)剝離性動脈瘤(dissecting aneurysm)最大徑大於 10mm。	未修正

修正規定				現行規定				說明
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			其最大徑大於 10mm 者。 (五)同一支血管中發現 2 顆顱內動脈瘤。 二、每次限用一支；如同時申請線圈者，以 5 個為限。 三、需事前審查。				(四)動脈瘤經線圈栓塞治療後復發，其最大徑大於 10mm 者。 (五)同一支血管中發現 2 顆顱內動脈瘤。 二、每次限用一支；如同時申請線圈者，以 5 個為限。 三、需事前審查。	
I203-16	C-M-	血管導入系統/傳送導管	(108/02/01 生效) 限顱內介入性治療使用。	I203-16	C-M-	血管導入系統/傳送導管	(108/02/01 生效) 限顱內介入性治療使用。	未修正
I203-17	C-M-	血管導入裝置	(109/03/01 生效) 一、困難的血管介入術，包含栓塞、取栓、溶栓、血管成形、血管支架、注射治療性藥劑等。 二、附治療前後血管攝影照片申報使用。	I203-17	C-M-	血管導入裝置	(109/03/01 生效) 一、困難的血管介入術，包含栓塞、取栓、溶栓、血管成形、血管支架、注射治療性藥劑等。 二、附治療前後血管攝影照片申報使用。	未修正
I203-18	C-M-	液態栓塞系統之輸送微導管	(109/09/01 生效) 液態栓塞系統之輸送微導管： 非膠黏性 DMSO 相容液態栓塞微導管，限用於神經血管動靜脈異常之栓	I203-18	C-M-	液態栓塞系統之輸送微導管	(109/09/01 生效) 液態栓塞系統之輸送微導管： 非膠黏性 DMSO 相容液態栓塞微導管，限用於神經	未修正

修正規定				現行規定				說明
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			塞治療				血管動靜脈異常之栓塞治療	
I203-19	F-N-	迷走神經刺激器	(109/12/01 生效) 一、比照本保險醫療服務給付項目及支付標準:「迷走神經刺激術-植入(代碼:83102K)」規定。 二、且為無法以癲癇手術治療或曾以癲癇手術治療失敗之頑性癲癇病人。 三、電池更換給付標準：附上前兩年之臨床癲癇控制情況病歷相關資料，用於佐證有持續使用之必要。 四、需事前審查(包含首次植入電池與更換電池)。	I203-19	F-N-	迷走神經刺激器	(109/12/01 生效) 一、比照本保險醫療服務給付項目及支付標準：「迷走神經刺激術-植入(代碼:83102K)」規定。 二、且為無法以癲癇手術治療或曾以癲癇手術治療失敗之頑性癲癇病人。 三、電池更換給付標準：附上前兩年之臨床癲癇控制情況病歷相關資料，用於佐證有持續使用之必要。 四、需事前審查(包含首次植入電池與更換電池)。	未修正
I203-20	C-B-	顱內支架系統	(110/07/01 生效) 顱內支架系統： 一、執行醫師資格：需符合以下二項規定：(一)限放射線(診斷)專科醫師、神經外科或神					新增

<table>
<tr><td colspan="4">修正規定</td><td colspan="4">現行規定</td><td>說明</td></tr>
<tr><td colspan="4">通則：本表係依本標準第四條第八項規定公告一百一十一年一月份之給付規定；如有異動，以保險人最新公告為主。</td><td colspan="4">通則：本表係依本標準第四條第八項規定公告一百十年一月份之給付規定；如有異動，以保險人最新公告為主。</td><td>修正年度並酌修文字。</td></tr>
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<tr><td></td><td></td><td></td><td>經科專科醫師執行
(二)限接受並通過下列任一學會之相關腦神經血管內介入治療專長訓練與認證之醫師執行：
1.中華民國放射線醫學會授權之中華民國神經放射線醫學會。
2.台灣神經外科醫學會授權之台灣神經血管外科與介入治療醫學會。
3.台灣神經學會授權之台灣腦中風學會。
二、需事前審查。
三、需符合主要適應症：
(一)已進行積極性藥物治療，仍有動脈硬化性血管管徑狹窄(75%以上)並有明顯的血液循環障礙。
(二)腦缺血或中風之區域非屬穿通枝型。
(三)距最近一次中風超過 7 天之病人，且接受治療時之雷氏修正量表小於等於 3 分。</td><td></td><td></td><td></td><td></td><td></td></tr>
</table>

修正規定				現行規定				說明
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修正規定(111 年 1 月)				現行規定（110 年 1 月）				修正年度
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I203-21	C-M-	內部鎖固式線圈	(110/12/01 生效) 內部鎖固式線圈： 一、限動靜脈畸型、其他血管病灶或腫瘤栓塞術患者。 二、限使用在高速血流處栓塞、動靜脈廔管交界處、栓塞處有重要血管分支、寬頸動脈瘤、及其他需要精準定位的栓塞治療。 三、附治療前後血管攝影照片申報使用。 四、每次治療至多使用二個內部鎖固纖維式線圈。					新增
I203-22	C-M-	可吸收性栓塞微粒球	(110/12/01 生效) 可吸收性栓塞微粒球 一、適應症：符合診療項目 33144B「血管阻塞術-Lipiodol」之肝癌病人接受 TACE 治療使用。 二、每次限用一瓶。					新增
I203-23	C-M-	液態栓塞系統-周邊神經血管	(110/12/01 生效) 一、適應症：符合診療項目 33075B「血管阻塞術」之周邊動靜脈畸型或					新增

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			瘻管。 二、須事前審查。 三、申報方式：單一病灶使用量超過四點五毫升，以六毫升規格申報；使用量如超過六毫升，比照前述方式，每六毫升內使用量超過四點五毫升，以六毫升規格品項申報。					
I301-1	C-E-	輸液延長管附安全護套 SAFETY EXTENSION TUBE	(87/10/12 生效) 限急救室、急診、愛滋病、肝炎、或其他血液傳染性疾病患者，作點滴輸液且須延長輸液管患者使用。	I301-1	C-E-	輸液延長管附安全護套 SAFETY EXTENSION TUBE	(87/10/12 生效) 限急救室、急診、愛滋病、肝炎、或其他血液傳染性疾病患者，作點滴輸液且須延長輸液管患者使用。	未修正
I301-4	C-E-	低阻力針筒	(110/12/01 生效) 不得同時申報硬膜外麻醉針套(含 NEEDLE+CATHETER+FILTER+SYRINGE)或硬膜外麻醉針套(含 NEEDLE+CATHETER+SYRINGE)					新增
I302-1	C-E-	藥物準備系統	(106/01/01 生效) 限危害性藥品專用。	I302-1	C-E-	藥物準備系統	(106/01/01 生效) 限危害性藥品專用。	未修正
T101-1	T-S-	糖尿病血糖	(110/12/01 修訂)	T101-1	T-S-	第一型糖尿	(99/06/01 生效)	修正

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		試紙	一、第一型糖尿病血糖試紙之數量每天以四片為上限，每次一個月之份量為原則，且請領時須由醫師評估其糖化血色素(HBA1C)之紀錄，以為核給之依據。如為領取慢性病連續處方箋之患者，其領取血糖試紙比照慢性病連續處方箋規定辦理。 二、妊娠糖尿病血糖試紙之數量每天以五片為上限，每次一個月之份量為原則，給付至生產止。 三、給付之保險對象： (一)領具「胰島素依賴型糖尿病全民健康保險重大傷病證明」者。(二)懷孕二十八週(含)以上妊娠糖尿患者。 四、有關申報規定臚列如后： (一)同時開立藥品及血糖試紙處方者：如同時自行調劑或交付調劑至特			病血糖試紙	1.補助第一型糖尿病血糖試紙之數量每天以 4 片為上限，每次一個月之份量為原則，且請領時須由醫師評估其糖化血色素(HBA1C)之紀錄，以為核給之依據。如為領取慢性病連續處方箋之患者，其領取血糖試紙比照慢性病連續處方箋規定辦理。 2.給付之保險對象：領具「胰島素依賴型糖尿病全民健康保險重大傷病證明」者。 3.有關申報規定臚列如后： (1)同時開立藥品及血糖試紙處方者：如同時自行調劑或交付調劑至特約藥局，得申報一筆藥事服務費；如藥品自行調劑，血糖試紙交付調劑至特約藥局，血糖試紙不得申報藥	

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			約藥局，得申報一筆藥事服務費；如藥品自行調劑，血糖試紙交付調劑至特約藥局，血糖試紙不得申報藥事服務費。 (二)僅開立血糖試紙處方者，無論自行調劑或交付調劑均不得申報藥事服務費。 (三)開立慢性病連續處方箋者，依上開規定及原相關規定辦理。				事服務費。 (2)僅開立血糖試紙處方者，無論自行調劑或交付調劑均不得申報藥事服務費。 (3)開立慢性病連續處方箋者，依上開規定及原相關規定辦理。	
T201-1	T-F-	溫度管理系統	(107/06/01 生效) 1.按本保險醫療服務給付項目「心跳停止之低溫療法」(編碼 47094B~47096B)及「週產期新生兒低溫療法」(編碼 47097B~47100B)所列給付規定辦理。 2.每一病患住院擇一項特材品項，使用量以一組為限。	T201-1	T-F-	溫度管理系統	(107/06/01 生效) 1.按本保險醫療服務給付項目「心跳停止之低溫療法」(編碼 47094B~ 47096B)及「週產期新生兒低溫療法」(編碼 47097B~47100B)所列給付規定辦理。 2.每一病患住院擇一項特材品項，使用量以一組為限。	未修正
T301-1	C-T-	腹腔內溫熱	(108/07/01 生效)	T301-1	C-T-	腹腔內溫熱	(108/07/01 生	未修正

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		化療(HIPEC)	一、須事前審查，提供 3 個月內之電腦斷層、核磁共振或正子掃描等影像檢查，確認無腹膜以外轉移病灶。 二、限有病理報告證明為下列疾病，可接受腫瘤減量手術後，同時施行腹腔內熱化療：偽黏液瘤(pseudomyxoma peritonei)、大腸直腸癌(colorectal cancer)、腹膜間皮瘤(peritoneal mesothelioma)、胃癌(gastric cancer)、復發卵巢癌(ovarian cancer)或卵巢癌初次治療限術前化學治療(Neoadjuvant Chemotherapy)後施行期中減癌手術(Interval Cytoreduction)時。 三、手術者須預期前述 5 項腫瘤接受減量手術前無腹膜			化療(HIPEC)	效) 一、須事前審查，提供 3 個月內之電腦斷層、核磁共振或正子掃描等影像檢查，確認無腹膜以外轉移病灶。 二、限有病理報告證明為下列疾病，可接受腫瘤減量手術後，同時施行腹腔內熱化療：偽黏液瘤(pseudomyxoma peritonei)、大腸直腸癌(colorectal cancer)、腹膜間皮瘤(peritoneal mesothelioma)、胃癌(gastric cancer)、復發卵巢癌(ovarian cancer)或卵巢癌初次治療限術前化學治療(Neoadjuvant Chemotherapy)後施行期中減癌手術(Interval Cytoreduction)時。	

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			外轉移，術中可完成適當的減量手術者(即殘存腫瘤直徑小於 0.25 公分以下)。 四、需記錄術中下列資料，包括該次手術腹腔轉移及切除器官之相關病理報告、腹腔內溫度/時間記錄表、手術紀錄及彩色相片。 五、每次限使用腹腔溫熱灌注治療套組 1 組，灌注導管最多使用 4 條。				三、手術者須預期前述 5 項腫瘤接受減量手術前無腹膜外轉移，術中可完成適當的減量手術者(即殘存腫瘤直徑小於 0.25 公分以下)。 四、需記錄術中下列資料，包括該次手術腹腔轉移及切除器官之相關病理報告、腹腔內溫度/時間記錄表、手術紀錄及彩色相片。 五、每次限使用腹腔溫熱灌注治療套組 1 組，灌注導管最多使用 4 條。	