附件五：

目录内医疗机构制剂备案表

填报单位（盖章）： 联系人： 联系电话：

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| 序号 | 制剂医院 | 制剂名称 | 国家医保局  制剂代码 | 医保支付标准 | 医保自付比例 | 剂型 | 规格 | 临床开始使用时间 | 批准文号/  备案登记号 | 批准有效期至 | 备注 |
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