

• 計畫中文名稱	各國藥品支付制度及藥價政策分析及評估		
• 計畫英文名稱	The Evaluation on the Pricing and Reimbursement Policies on Pharmaceuticals within An International Context		
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• 中文關鍵字	藥品；支付制度；訂價；全民健保；；；		
• 英文關鍵字	pharmaceuticals；payment；pricing；National Health Insurance；；；		
• 中文摘要	<p>自 1995 年全民健保開辦以來，藥品費用由 1996 年的 622 億元，2003 年的 944 億元，逐年增加至 2007 年的 1097 億多元，約佔健保醫療費用的 24.5%至 25.5%之間，較美國的 15%高[1, 19]。同時，因為健保財源有限、人口老化及疾病嚴重度等原因，造成藥費龐大支出，因此節制藥費成長成為目前健保局的主要目標之一。目前各國的藥品政策主要為規範給付藥品項目，以及管制藥品價格兩大方向。在規範藥品是否納入給付範圍方面，各國採行的主要方法包括正面表列與負面表列兩種方式，正面表列是指藥品要通過主管機關的核准，才能獲得保險給付；負面表列則是指保險人明定不給付的藥品項目，未列入不給付藥品清單中的藥品皆可獲得保險給付。在藥價控制上，美國以外的多數國家均對藥品價格採取管制措施，由政府或保險人與藥廠議定藥品價格，採用的方式包括：國際價格比較定價、參考類似藥品定價、依成本定價、依市場價格查核定價、限制最高價格、藥價凍結、藥品價量協議[1]。本研究擬由 MEDLINE、PubMed、SCOPUS....等大型醫學相關學術資料庫中，徵集並歸納彙整 2000 年以來，美國、英國、加拿大、澳洲、瑞典、德國、法國、比利時、日本、南韓、義大利、西班牙、希臘等國家的藥品支付制度與藥價政策相關文獻。此外，將分別於本計畫進行第 3 個月及第 5 個月時各召開一次專家會議，請專家閱讀上述分析結果，再針對臺灣未來藥品支付制度、藥價政策、藥品給付範圍、給付規範訂定流程、藥品部分負擔訂定方式、OTC 藥品給付界定範圍，以及政策修訂後可能造成的影響給予建議。</p>		
• 英文摘要	Since the national health insurance has started in 1995, the pharmaceutical expenditure increases from 6,220 million in 1996 and		

9,440 million in 2003 to 10,970 million in 2007, which represents approximately 24.5 percent to 25.5 percent of the total NHI expenditure and is higher than 15 percent of the pharmaceutical expenditure of America. Meanwhile, due to limited financial resources to NHI, population aging and disease severity, pharmaceutical costs become extremely high. Thus, the control on the growth of pharmaceutical expenditure becomes one of the primary goals for the Bureau of National Health Insurance. The pharmaceutical policies in most countries are mainly to regulate the reimbursement list and control the pharmaceutical price. To define whether the pharmaceuticals can be reimbursed or not, two methods, positive lists and negative lists are adopted. Positive lists include the pharmaceuticals which are defined as reimbursable, whereas negative lists contain the pharmaceuticals which cannot be reimbursed but pharmaceuticals not in negative lists can be. For the price control, most countries besides America adopt statutory pricing and also negotiate price through governments or insurers with manufactures. Procedures they used to set and control the pharmaceutical price include international price comparison, reference pricing, cost-plus pricing, the pharmaceutical price survey, price ceiling, price freeze and price-volume agreement. The research reviews and analyzes the literatures concerning the pharmaceutical reimbursement and pricing policy from 2000 within an international context through the literature searched from large databases, such as MEDLINE, PUBMED and SCOPUS. The research focus on literatures in America, United Kingdom, Canada, Australia, Sweden, Germany, France, Belgium, Japan, South Korea, Spain, Greece, etc. In addition, two expert meeting are going to be held in the third month and the fifth month after the launch of the project. By referring to the analysis of the literature review, experts are expected to provide suggestions with regard to the prospective pharmaceutical reimbursement and pricing policy of Taiwan, and the consequence and impact of the policy revision on Taiwan.