

Avo Northbound Medical Protection – Healthcare Services Handbook

Services Overview

The healthcare services under Avo Northbound Medical Protection are provided to the insured person by Avo's designated service provider - MediLink Solutions Limited (hereinafter referred to as the "Designated Service Provider" or "Medilink") during the period of insurance.

The service types and details are as follows:

Type of Services	Services Eligibility	Services Usage Limits
Medical Escort Service	After the waiting period	2 times per policy year
Green Channel Service - Non-designated doctor	After the waiting period	Once per policy year
Green Channel Service – Hospitalization / Surgery Arrangement	After the waiting period, when the insured person is first diagnosed with illness and disease within the coverage scope	Once per policy year
Hospital Assistance	After the waiting period	Unlimited
Second Opinion for Critical Illness	After the waiting period	Once per policy year
Nursing Care	After the waiting period, upon obtaining the hospital admission notice	Once per policy year (Up to 5 days, 4 nights)
Proton and Heavy Ion Therapy Medical Assistance	After the waiting period, when the insured person is first diagnosed with severe malignant tumour within the coverage scope	Once per policy year
Pre-Treatment Genetic Testing for Medication Guidance	After the waiting period, when the insured person is diagnosed with severe malignant tumour within the coverage scope	Once per policy year
Hospital Deposit Guarantee	After the waiting period, when the insured person requires hospitalization due to disease	Unlimited
Specific Drug Direct Billing Service	After the waiting period, when the insured person is diagnosed with illness and disease within the coverage scope	Unlimited

Designated Service Provider Hotline:

Hong Kong +852-3572-8222

1. Medical Escort Service

During the period of insurance, the insured person may apply for medical escort service, including pre-consultation greeting and reception, medical record card setup and number retrieval, appointment scheduling, examination booking, guidance, accompanying examinations, and medication pickup (excluding cases involving infectious diseases, mental illnesses, or maternity). The service aims to enhance efficiency and the overall experience of medical visits.

Service Usage Limit: 2 times per policy year (each session not exceeding 4 hours)
 Service Eligibility: After the waiting period, the insured person is eligible to apply for this service when hospitalization is required
 Service Hours: 09:30–17:30 (except Saturday, Sunday and public holidays)
 Service Processing Time: Medical escort will be arranged within approximately 3 business days after receiving the application. The service processing time is calculated from the receipt of complete documentation provided by the insured person. If service commencement is delayed due to incomplete documentation, the service arrangement will be postponed accordingly.

Important Notes:

- (1) This service is exclusively for the insured person. After receiving of a service application, the insured person will be requested to provide relevant documentation. After approval, the Designated Service Provider will arrange for an escort within the agreed timeframe;
- (2) Once a service application is successfully approved, rescheduling or cancellation is accepted up to one day before the scheduled service commencement.
Cancellation is not permitted on the day of service. This service does not cover any medical expenses incurred by the insured person during treatment, including but not limited to registration fees, consultation fees, room and board fees, surgery fees, specialist consultation fees, nursing fees, medication costs, test fees and related charges;
- (3) Medical Escort Service are not provided to patients with infectious diseases, individuals experiencing acute episodes of mental disorders, or critically ill patients with unstable vital signs. Patients with impaired cognitive function (e.g., Alzheimer's disease) or mobility limitations require the accompaniment of a family member.
- (4) After submitting the service application, please be attentive to incoming calls from service personnel.

2. Green Channel Service

2.1 Green Channel Service - Non-designated doctor

During the period of insurance, the Designated Service Provider will assist in matching the insured person with an appropriate high-quality Grade A tertiary hospital and department based on their specific circumstances. the Designated Service Provider will also facilitates an appointment with a physician holding the title of Associate Senior Physician or higher.

Service Usage Limit: Once per policy year
 Service Eligibility: After the waiting period, the insured person may apply for this service when requiring medical referrals and appointment scheduling.
 Service Hours: 09:30–17:30 (except Saturday, Sunday and public holidays)
 Service Processing Time: Specialist referrals and outpatient appointment will be completed within approximately 5-10 business days after receiving the application of all required documentation. The service processing time is calculated from the receipt of complete documentation provided by the insured person. If service commencement is delayed due to incomplete documentation submission, the service arrangement will be postponed accordingly.

Important Notes:

- (1) This service is exclusively for the insured person;
- (2) Outpatient Appointment: The hospital is designated, and physician cannot be specified;
- (3) Once this service application is successfully approved, rescheduling or cancellation will not be accepted. If the Designated Service Provider has made outpatient arrangements for the insured person but the insured person fails to attend the scheduled appointment due to personal reasons such as tardiness or not showing up, the service shall be deemed completed;
- (4) This service does not cover any medical expenses incurred by the insured person during treatment, including but not limited to registration fees, consultation fees, room and board fees, surgery fees, specialist consultation fees, nursing fees, medication costs, test fees and related charges;

2.2 Green Channel Service – Hospitalization / Surgery Arrangement (Select one of the two)

Based on the insured person's circumstances during the period of insurance, this service coordinates the surgery and hospitalization arrangements at a Grade A tertiary hospital within the designated area (The insured person must provide a hospital admission registration form and arrangements can only be made at the hospital that issued the form).

Service Usage Limit: Once per policy year
 Service Eligibility: After the waiting period, this service may be applied for when the insured person is first diagnosed with a critical illness covered under the policy terms.
 Service Hours: 09:30–17:30 (except Saturday, Sunday and public holidays)
 Service Processing Time: The appointment arrangement service will be completed within approximately 10-20 business days after receiving the application and all required documentation.

Important Notes:

- (1) This service is exclusively for the insured person;
- (2) The Insured person must submit medical documentation issued by a domestic hospital (including but not limited to outpatient records, blood test reports, computed tomography (CT) reports, magnetic resonance imaging (MRI) reports, pathology reports, or hospitalization registration forms) to apply for this service;
- (3) This service cannot be cancelled after it is confirmed by customer service. If the services is cancelled after confirmation, it will be considered fully rendered for that instance.
- (4) This service does not cover any medical expenses incurred by the insured person during treatment, including but not limited to registration fees, consultation fees, room and board fees, surgery fees, specialist consultation fees, nursing fees, medication costs, test fees and related charges;
- (5) The insured person must provide a hospital admission registration form. Arrangements can only be made at the hospital that issued the form.

3. Hospital Assistance

During the period of insurance, services will be provided to the insured person regarding disease diagnosis, treatment recommendations, medication guidance, and health management advice based on the insured person's circumstances.

Service Usage Limit: Unlimited
 Service Eligibility: After the waiting period
 Service Hours: 09:30–17:30 (except Saturday, Sunday and public holidays)
 Service Processing Time: The consultation arrangement service will be completed within approximately 1-3 business days after receiving the application and all required documentation. The service processing time is calculated from the receipt of complete documentation provided by the insured person. If service commencement is delayed due to incomplete documentation submission, the service arrangement will be postponed accordingly.

Important Notes:

- (1) This service is exclusively for the insured person.
- (2) This service provides support on matters including disease diagnosis, treatment advice, medication guidance, and health management.
- (3) Health consultation advice is for reference only. If you feel unwell, please seek timely medical attention at a hospital.

4. Second Opinion for Critical Illness

During the period of insurance, following a confirmed diagnosis and receipt of the initial treatment opinion from a public hospital at the secondary (Grade II) level or higher, this service provides the insured person with consultation advice from corresponding specialist physicians, both domestically and internationally. Upon submission of the required documents, an electronic written medical opinion will be issued to the insured person.

Service Usage Limit: Once per policy year
 Service Eligibility: After the waiting period
 Service Hours: 09:30–17:30 (except Saturday, Sunday and public holidays)
 Service Processing Time: After receiving the application and all complete documentation, the medical opinion will be issued within 7 business days for the domestic physicians and 14 business days for international physicians (Hong Kong, Singapore or United States etc.). If service commencement is delayed due to incomplete documentation submission, the service arrangement will be postponed accordingly.

Important Notes:

- (1) This service is exclusively for the insured person;
- (2) This service cannot be cancelled after it is confirmed by customer service. If the services is cancelled after confirmation, it will be considered fully rendered for that instance. This service does not cover any expenses incurred by the insured person during the medical treatment process, such as registration fees, consultation fees, room and board fees, surgery fees, specialist consultation fees, nursing fees, medication costs, test fees and related charges;
- (3) The insured person must submit medical documentation issued by a domestic hospital (including but not limited to outpatient records, blood test reports, computed tomography (CT) reports, magnetic resonance imaging (MRI) reports, pathology reports, or hospitalization registration forms) to apply for this service.

5. Nursing Care

During the period of insurance and according to the insured person's circumstances, this service provides 24/7 in-hospital care and companionship. Services include basic daily assistance, specialized care, hygiene and cleaning support, and attentive companionship.

Service Usage Limit:	Once per policy year (Up to 5 days, 4 nights)
Service Eligibility:	After the waiting period, this service is available when the insured person requires hospitalization.
Service Hours:	09:30–17:30 (except Saturday, Sunday and public holidays)
Service Processing Time:	Arrangements will be made within approximately 3 business days after receiving a complete application and all required documentation. The service processing time is calculated from the receipt of complete documentation provided by the applicant. If service commencement is delayed due to incomplete documentation submission, the service arrangement will be postponed accordingly.

Important Notes:

- (1) Before applying for this service, the insured person must confirm with the medical institution whether external caregivers are permitted to provide in-hospital services to inpatients.
- (2) The dedicated in-hospital attendant service has a maximum duration of 5 days and 4 nights and must be booked at least 3 business days in advance.
- (3) All necessary expenses incurred by the attendant during the service period for patient care items (e.g., disposable under pads, protective gear, tissues, etc.) must be borne by the client.
- (4) The service may be cancelled up to one day prior to the scheduled attendant's arrival. It is recommended to notify cancellation via the Designated Service Provider's hotline by 4:00 PM at least one day before the scheduled start time. Cancellations made before 4:00 PM will not count toward service usage. Cancellations after 4:00 PM will count as one service usage.
- (5) Attendant care services are not provided to patients with infectious diseases, individuals experiencing acute episodes of mental disorders, or critically ill patients with unstable vital signs. Patients with impaired cognitive function (e.g., Alzheimer's disease) or mobility limitations require the accompaniment of a family member.
- (6) The in-hospital nursing service coverage is limited to hospitals within the city proper and does not include county hospitals. If the client's hospital is not within the coverage area, they will be informed during the service confirmation process.

6. Proton and Heavy Ion Therapy Medical Assistance

During the period of insurance, this service assists the insured person in scheduling an outpatient appointment at the Shanghai Proton and Heavy Ion Center.

Service Usage Limit:	Once per policy year
Service Eligibility:	After the waiting period, this service can be applied for when the insured person is first diagnosed with severe malignant tumour covered under the policy terms.
Service Hours:	09:30–17:30 (except Saturday, Sunday and public holidays)
Service Processing Time:	Appointments will be arranged within approximately 10 business days after receiving a complete application and all required documentation. The service processing time is calculated from the receipt of complete documentation provided by the insured person. If service commencement is delayed due to incomplete documentation submission, the service arrangement will be postponed accordingly.

Important Notes:

- (1) This service can only be initiated if clinical documentation (such as medical records) indicate that proton or heavy ion therapy is medically necessary.
- (2) This service cannot be cancelled after it is confirmed by customer service. If the services is cancelled after confirmation, it will be considered fully rendered for that instance.
- (3) Required Documentation:
 - Relevant outpatient and hospitalization records from the onset of symptoms;
 - A pathological report confirming the diagnosis of a malignant tumour, issued by a public hospital at Grade II level or above;
 - Blood test reports (issued within one month), discharge summaries, and records of radiotherapy, chemotherapy, or surgery;
 - Imaging materials and reports, e.g., computed tomography (CT), positron emission tomography (PET) and magnetic resonance imaging (MRI).

7. Pre-Treatment Genetic Testing for Medication Guidance

During the period of insurance, if the insured person is diagnosed with a severe malignant tumor and requires targeted drug therapy, they may apply for this service. Based on the condition, a high-quality professional third-party testing institution will be recommended to conduct genetic testing for targeted drugs, helping to match the appropriate medication, assess drug efficacy or resistance, and guide a scientific treatment plan.

Service Usage Limit:	Once per policy year
Service Eligibility:	After the waiting period, this service can be applied for when the insured person is diagnosed with severe malignant tumour covered under the policy terms.
Service Hours:	09:30–17:30 (except Saturday, Sunday and public holidays)
Service Processing Time:	Within approximately 1 business day after receiving the application, personnel will contact the insured person; once the designated testing laboratory receives the sample, a report will be issued within 10 business days. The processing timeline begins upon receipt of complete

documentation from the insured person. If service initiation is delayed due to incomplete documentation submission, the service arrangement will be postponed accordingly.

Important Notes:

- (1) When applying for the service, the insured person must submit medical documents to confirm the condition. Required materials vary by disease but generally include outpatient records, discharge summaries, blood test reports, CT reports, MRI reports, or pathology reports.
- (2) This service only provides genetic testing for solid tumors.
- (3) Depending on the type of malignant tumor tested, the insured person must provide samples that meet genetic testing requirements, such as pathology slides, peripheral blood, biopsy tissue, or saliva.
- (4) Avo and the Designated Service Provider assume no responsibility for delays, damage, or loss of samples caused by force majeure or the transportation company entrusted by the testing institution, nor for inaccurate results due to sample issues. The insured person must cooperate with re-sampling, but the designated testing institution will not charge additional testing fees.
- (5) The service will be confirmed with the customer before initiation. Once sample collection begins, the service cannot be canceled. If the customer cancels for personal reasons after initiation, the service will be considered started, and any incurred costs will reduce the benefits.
- (6) This service is limited to specific medical tests and designated institutions. Genetic testing products purchased independently by the insured person is not covered and will not be reimbursed.
- (7) Genetic testing reports are generally issued within 7–10 business days after the sample is received. To avoid delaying subsequent treatment, please apply for this service at least 10 business days before planning to use the report.
- (8) This service is only for genetic testing appointments for specific medications for severe malignant tumors. Avo and the Designated Service Provider do not participate in sampling, sample delivery, testing, or report issuance. Genetic testing and related services are provided by the testing institution (see Appendix 9), which guarantees the safety and effectiveness of the service. Any issues during the process are the responsibility of the testing institution; please contact them directly for inquiries.
- (9) The Designated Service Provider only advances the genetic testing fees within the coverage scope.

8. Hospital Deposit Guarantee

During the period of insurance, after receiving outpatient treatment at a hospital listed in the network directory, the insured person may contact the Designated Service Provider upon obtaining a hospitalization certificate and submit a pre-authorization application. The Designated Service Provider will review necessary documentations provided by the insured person, including outpatient medical records, pathology test reports, and hospitalization certificates. Upon approval, the Designated Service Provider will arrange for a staff to accompany the insured person to complete the hospitalization procedures and provide an advance payment for the expenses before admission. (The advance payment service covers both admission and discharge.)

Service Usage Limit: Unlimited

Service Eligibility: After the waiting period, when the insured person requires hospitalization.

Service Hours: 09:30–17:30 (except Saturday, Sunday and public holidays)

Service Processing Time: Arrangements will be made within approximately 3 business days after receiving a complete application and all required documentation. The service processing time is calculated from the receipt of complete documentation provided by insured person. If service commencement is delayed due to incomplete documentation submission, the service arrangement will be postponed accordingly.

Important Notes:

- (1) This service is exclusively for the insured person. The Insured person must schedule this service in advance before hospitalization for pre-authorization review.
- (2) This service is a value-added benefit of the insurance product. If the service cannot be provided due to a failure to pass the Designated Service Provider's review or a failure to comply with service rules, the insured person may pay the hospitalization fees directly and subsequently file a claim with Avo independently. The outcome of the claim is subject to the result of claim review.
- (3) The insured person must submit medical documentation issued by a domestic hospital (including but not limited to outpatient records, blood test reports, computed tomography (CT) reports, magnetic resonance imaging (MRI) reports, pathology reports, or hospitalization registration forms) to apply for this service.
- (4) The hospitalization advance payment service is not available to the insured person who cannot access treatment and settle expenses directly through their social medical insurance. In these cases, the insured person must first pay for treatment and then file a claim for reimbursement through Avo's standard claim application process.
- (5) If the Designated Service Provider has arranged the advance payment service, but the insured person fails to complete the hospitalization admission procedures at the scheduled time or refuses to sign the Medical Advance Payment Informed Consent Form and the Claim Authorization Letter, it will be considered that the insured person has forfeited this service instance.
- (6) Advance payment does not guarantee full reimbursement. If the treatment involves policy exclusions or deductible stipulated in the policy, the Designated Service Provider will subsequently settle these related costs with the insured person.
- (7) Handling of Deductibles: Public hospitals usually do not collect the corresponding deductible upfront due to their internal settlement procedures. If a deductible applies, the Designated Service Provider will initially advance the related deductible costs. After receiving the detailed bill from the hospital, the Designated Service Provider will subsequently settle the deductible amount directly with the insured person.
- (8) The Insured person should be aware that pre-authorization may be difficult to implement in emergency situations. In such cases, the insured person may pay the emergency outpatient medical fees or the hospitalization deposit upfront in order to complete the admission process and contact the Designated Service Provider's service hotline within 48 hours of the emergency to submit a supplementary pre-authorization application.

9. Specific Drug Direct Billing Service

If the insured person requires treatment for a severe malignant tumour, they may apply for the Specific Drug Direct Billing Service. The Designated Service Provider will review the prescription. Upon approval, The Designated Service Provider will coordinate with a network pharmacy to arrange direct payment, and the insured person can collect the medication from the designated pharmacy.

The drug applied for by the insured person must be listed in the *Agreed Drug List*. Furthermore, the application materials provided by the insured person (such as prescription, medical records, imaging reports, genetic test reports, etc.) must precisely match the indications, dosage, and usage specified in the instruction leaflet of the drug approved by the China National Medical Products Administration (NMPA). The drug must also be medically necessary and reasonable for the current treatment.

Service Usage Limit:	Unlimited
Service Eligibility:	After the waiting period, the insured person is diagnosed with severe malignant tumor under the policy terms.
Service Hours:	09:30–17:30 (except Saturday, Sunday and public holidays)
Service Processing Time:	Arranged within approximately 3 business days after receiving a complete application and all required documents. The processing timeline begins upon receipt of complete documentation from the insured person. If service initiation is delayed due to incomplete documentation submission, the service arrangement will be postponed accordingly.
Drug List:	See Appendix 1: <i>Agreed Drug List</i>
Service Providers and Network:	See Appendix 2: <i>Designated Medical Institution or Pharmacy</i>

Important Notes:

- (1) As the provision of this service involves claims liability assessment, first-time applicants may be required to provide past medical documentation issued by domestic hospitals to facilitate the investigation. This service can only be provided after the liability assessment is completed. If the liability assessment process is lengthy and affects the timeline for arranging the services, the insured person may choose to purchase the medication at their own expense from medical institutions or pharmacies within Avo's recognized or partner network, based on their medical condition. They may subsequently file a claim independently according to Avo's claim application process.
- (2) When applying for this service, must submit medical documentation issued by a domestic hospital to confirm the malignant tumor diagnosis, including but not limited to outpatient medical records, discharge summaries, blood test reports, computed tomography (CT) reports, magnetic resonance imaging (MRI) reports, or pathological reports. A clear photo of the original drug prescription issued by the attending physician must also be submitted. If genetic testing has been performed, the genetic test report issued by domestic medical institutions must be provided.
- (3) When collecting medication, the insured person must sign the Claim Application Form, Medical Direct Payment Informed Consent Form, and Claim Authorization Form, and provide claim-related documents, including the original invoice, to the service personnel.
- (4) To avoid delays in accessing your medication, please apply for this service at least 4 days before your planned purchase date.
- (5) When this service is successfully utilized, Avo will only provide direct payment for the specific drug costs incurred during the insured person's treatment at domestic medical institutions. It does not cover other expenses such as registration fees, consultation fees, room and board fees, surgery fees, specialist consultation fees, nursing fees, medication fees (excluding specific medications purchased outside the hospital), test fees and related fees, etc.

Appendix 1 Agreed Drug List

This Agreed Drug List is only available in Chinese. The Company reserves the right to update this table from time to time without prior notice to the Policy Holder. Please refer to the latest version of these Terms and Conditions, which is available on the Company's website.

商品名	通用名	適用疾病種類
赫賽汀	曲妥珠單抗	胃癌、乳腺癌
艾坦	阿帕替尼	胃癌
歐狄沃	納武單抗	胃癌、肺癌、黑色素瘤、頭頸鱗癌
可瑞達	帕博利珠單抗	肺癌、黑色素瘤、食管鱗癌
泰瑞沙	奧希替尼	肺癌
特羅凱	厄洛替尼	肺癌
吉泰瑞	阿法替尼	肺癌
易瑞沙	吉非替尼	肺癌
伊瑞可	吉非替尼	肺癌
安聖莎	阿來替尼	肺癌
贊可達	塞瑞替尼	肺癌
賽可瑞	克唑替尼	肺癌
安維汀	貝伐珠單抗	肺癌、結直腸癌
凱美納	埃克替尼	肺癌
多澤潤	達克替尼	肺癌
恩度	重組人血管內皮抑制素	肺癌
福可維	安羅替尼	肺癌
英飛凡	度伐利尤單抗	肺癌
阿美樂	阿美替尼	肺癌
泰聖奇	阿替利珠單抗	肺癌
艾瑞卡	卡瑞利珠單抗	肺癌、肝癌、淋巴瘤、食管鱗癌
多吉美	索拉非尼	肝癌、腎癌、甲狀腺癌
樂衛瑪	倫伐替尼	肝癌
拜萬戈	瑞戈非尼	肝癌、結直腸癌、胃腸道間質瘤
索坦	舒尼替尼	腎癌、胃腸道間質瘤、胰腺神經內分泌瘤
飛尼妥	依維莫司	腎癌
維全特	培唑帕尼	腎癌
英立達	阿昔替尼	腎癌
泰立沙	拉帕替尼	乳腺癌
帕捷特	帕妥珠單抗	乳腺癌
愛博新	呱柏西利	乳腺癌
艾瑞妮	吡咯替尼	乳腺癌
赫賽萊	恩美曲妥珠單抗	乳腺癌
賀儷安	奈拉替尼	乳腺癌
愛必妥	西妥昔單抗	結直腸癌
愛優特	呋喹替尼	結直腸癌
施達賽	達沙替尼	白血病
依尼舒	達沙替尼	白血病
格列衛	伊馬替尼	白血病、胃腸道間質瘤、隆突性皮膚纖維肉瘤

商品名	通用名	適用疾病種類
格尼可	伊馬替尼	白血病
諾利寧	伊馬替尼	白血病
昕維	伊馬替尼	白血病
達希納	尼洛替尼	白血病
億珂	伊布替尼	白血病、淋巴瘤
豪森昕福	氟馬替尼	白血病
百悅澤	澤布替尼	白血病、淋巴瘤
利普卓	奧拉帕利	卵巢癌
則樂	尼拉帕利	卵巢癌
佐博伏	維莫非尼	黑色素瘤
拓益	特瑞普利單抗	黑色素瘤
邁吉寧	曲美替尼	黑色素瘤
泰菲樂	達拉非尼	黑色素瘤
泰欣生	尼妥珠單抗	頭頸鱗癌
澤珂	阿比特龍	前列腺癌
安森珂	阿帕他胺	前列腺癌
安可坦	恩紮盧胺	前列腺癌
美羅華	利妥昔單抗、利妥昔單抗（維持）	淋巴瘤
漢利康	利妥昔單抗、利妥昔單抗（維持）	淋巴瘤
達伯舒	信迪利單抗	淋巴瘤
愛譜沙	西達本胺	淋巴瘤
萬珂	硼替佐米	淋巴瘤、多發性骨髓瘤
百澤安	替雷利珠單抗	淋巴瘤
安適利	維布妥昔單抗	淋巴瘤
齊普樂	硼替佐米	多發性骨髓瘤
昕泰	硼替佐米	多發性骨髓瘤
千平	硼替佐米	多發性骨髓瘤
益久	硼替佐米	多發性骨髓瘤
瑞複美	來那度胺	多發性骨髓瘤
立生	來那度胺	多發性骨髓瘤
齊普怡	來那度胺	多發性骨髓瘤
安顯	來那度胺	多發性骨髓瘤
恩萊瑞	伊沙佐米	多發性骨髓瘤
兆珂	達雷妥尤單抗	多發性骨髓瘤
安加維	地舒單抗	骨巨細胞瘤
愛普盾	-	腦膠質瘤
奕凱達	阿基命賽注射液	淋巴瘤
倍諾達	瑞基奧命賽注射液	淋巴瘤
可瑞達	帕博利珠單抗注射液	肺癌、黑色素瘤、結直腸癌、頭頸部鱗癌、食管癌
歐狄沃	納武利尤單抗注射液	肺癌、頭頸部鱗癌、胃癌、間皮瘤
愛博新	呱柏西利膠囊	乳腺癌

商品名	通用名	適用疾病種類
多澤潤	達可替尼片	肺癌
兆珂	達雷妥尤單抗注射液	多發性骨髓瘤
安森珂	阿帕他胺片	前列腺癌
泰立沙	甲苯磺酸拉帕替尼片	乳腺癌
英飛凡	度伐利尤單抗注射液	肺癌
赫賽萊	注射用恩美曲妥珠單抗	乳腺癌
泰聖奇	阿替利珠單抗注射液	肺癌、肝癌
賀儷安	馬來酸奈拉替尼片	乳腺癌
安適利	注射用維布妥昔單抗	淋巴瘤
倍利妥	注射用貝林妥歐單抗	白血病
宜諾凱	奧布替尼片	淋巴瘤
唯可來	維奈克拉片	白血病
貝美納	鹽酸恩沙替尼膠囊	肺癌
安躍	泊馬度胺膠囊	多發性骨髓瘤
唯擇	阿貝西利片	乳腺癌
蘇泰達	索凡替尼膠囊	神經內分泌瘤
Folotyn	普拉曲沙注射液	淋巴瘤
艾瑞頤	氟唑帕利膠囊	卵巢癌
樂衛瑪	甲磺酸侖伐替尼膠囊	肝癌、甲狀腺癌
拓益	特瑞普利單抗注射液	鼻咽癌、黑色素瘤、尿路上皮癌
艾瑞卡	注射用卡瑞利珠單抗	鼻咽癌、肺癌、肝癌、淋巴瘤、食管癌
安聖莎	鹽酸阿來替尼膠囊	肺癌
利普卓	奧拉帕利片	卵巢癌、前列腺癌
捷恪衛	磷酸蘆可替尼片	骨髓纖維化
艾瑞妮	馬來酸吡咯替尼片	乳腺癌
帕捷特	帕妥珠單抗注射液	乳腺癌
愛優特	呋喹替尼膠囊	結直腸癌
達伯舒	信迪利單抗注射液	肺癌、肝癌、淋巴瘤
億珂	伊布替尼膠囊	淋巴瘤
佐博伏	維莫非尼片	黑色素瘤
萬珂	注射用硼替佐米	多發性骨髓瘤、淋巴瘤
昕泰	注射用硼替佐米	多發性骨髓瘤、淋巴瘤
千平	注射用硼替佐米	多發性骨髓瘤、淋巴瘤
齊普樂	注射用硼替佐米	多發性骨髓瘤、淋巴瘤
益久	注射用硼替佐米	多發性骨髓瘤、淋巴瘤
恩立施	注射用硼替佐米	多發性骨髓瘤、淋巴瘤
安維汀	貝伐珠單抗注射液	肺癌、肝癌、結直腸癌、腦瘤
達攸同	貝伐珠單抗注射液	肺癌、結直腸癌、腦瘤
安可達	貝伐珠單抗注射液	肺癌、結直腸癌、腦瘤
格列衛	甲磺酸伊馬替尼片/甲磺酸伊馬替尼膠囊	白血病、胃腸道間質瘤
漢利康	利妥昔單抗、利妥昔單抗（維持）	淋巴瘤

商品名	通用名	適用疾病種類
諾利寧	甲磺酸伊馬替尼片/甲磺酸伊馬替尼膠囊	白血病、胃腸道間質瘤
格尼可	甲磺酸伊馬替尼片/甲磺酸伊馬替尼膠囊	白血病、胃腸道間質瘤
昕維	甲磺酸伊馬替尼片/甲磺酸伊馬替尼膠囊	白血病、胃腸道間質瘤
瑞複美	來那度胺膠囊	多發性骨髓瘤
立生	來那度胺膠囊	多發性骨髓瘤
安顯	來那度胺膠囊	多發性骨髓瘤
齊普怡	來那度胺膠囊	多發性骨髓瘤
佑甲	來那度胺膠囊	多發性骨髓瘤
多吉美	甲苯磺酸索拉非尼片	肝癌、甲狀腺癌、腎癌
利格思泰	甲苯磺酸索拉非尼片	肝癌、甲狀腺癌、腎癌
愛必妥	西妥昔單抗注射液	結直腸癌、頭頸部鱗癌
維全特	培唑帕尼片	腎癌
贊可達	塞瑞替尼膠囊	肺癌
澤珂	醋酸阿比特龍片	前列腺癌
艾森特	醋酸阿比特龍片	前列腺癌
晴可舒	醋酸阿比特龍片	前列腺癌
欣楊	醋酸阿比特龍片	前列腺癌
拜萬戈	瑞戈非尼片	肝癌、結直腸癌、胃腸道間質瘤
賽可瑞	克唑替尼膠囊	肺癌
泰瑞沙	甲磺酸奧希替尼片	肺癌
恩萊瑞	枸橼酸伊沙佐米膠囊	多發性骨髓瘤
泰欣生	尼妥珠單抗注射液	鼻咽癌
恩度	重組人血管內皮抑制素注射液	肺癌
英立達	阿昔替尼片	腎癌
索坦	蘋果酸舒尼替尼膠囊	神經內分泌瘤、腎癌、胃腸道間質瘤
艾坦	甲磺酸阿帕替尼片	肝癌、胃癌
施達賽	達沙替尼片	白血病
依尼舒	達沙替尼片	白血病
達希納	尼洛替尼膠囊	白血病
美羅華	利妥昔單抗注射液	白血病、淋巴瘤
漢利康	利妥昔單抗注射液	白血病、淋巴瘤
達伯華	利妥昔單抗注射液	白血病、淋巴瘤
愛譜沙	西達本胺片	淋巴瘤、乳腺癌
吉泰瑞	馬來酸阿法替尼片	肺癌
赫賽汀	注射用曲妥珠單抗	乳腺癌、胃癌
漢曲優	注射用曲妥珠單抗	乳腺癌、胃癌
福可維	鹽酸安羅替尼膠囊	肺癌、甲狀腺癌、軟組織肉瘤
飛尼妥	依維莫司片	神經內分泌瘤、腎癌
易瑞沙	吉非替尼片	肺癌
伊瑞可	吉非替尼片	肺癌
吉至	吉非替尼片	肺癌

商品名	通用名	適用疾病種類
科愈新	吉非替尼片	肺癌
凱美納	鹽酸埃克替尼片	肺癌
特羅凱	鹽酸厄洛替尼片	肺癌
洛瑞特	鹽酸厄洛替尼片	肺癌
豪森昕福	甲磺酸氟馬替尼片	白血病
安可坦	恩紮盧胺軟膠囊	前列腺癌
泰菲樂	甲磺酸達拉非尼膠囊	黑色素瘤
邁吉寧	曲美替尼片	黑色素瘤
則樂	甲苯磺酸尼拉帕利膠囊	卵巢癌
百澤安	替雷利珠單抗注射液	肺癌、肝癌、淋巴瘤、尿路上皮癌
阿美樂	甲磺酸阿美替尼片	肺癌
百悅澤	澤布替尼膠囊	淋巴瘤
賽普汀	注射用伊尼妥單抗	乳腺癌
康士得	比卡魯胺片	前列腺癌
朝暉先	比卡魯胺片	前列腺癌
雙益安	比卡魯胺片	前列腺癌
海正	比卡魯胺片	前列腺癌
岩列舒	比卡魯胺片	前列腺癌
-	甲磺酸伊馬替尼膠囊	-
愛普盾	腫瘤電場治療	腦瘤

Appendix 2 - Designated Medical Institution or Pharmacy

This Designated Medical Institution or Pharmacy is only available in Chinese. The Company reserves the right to update this table from time to time without prior notice to the Policy Holder. For details and assistance, please contact the service provider nominated by the Company for “Value-added Healthcare Services” or refer to the Healthcare Services Handbook.

省份	城市	藥房數量	藥房示例
安徽省	安慶市	2	安慶華氏大藥房有限公司宜城分店
	蚌埠市	2	安徽天星大藥房連鎖有限公司蚌埠市春和義大藥房
	滁州市	3	天長市天康藥房有限公司
	阜陽市	2	阜陽市第一大藥房零售連鎖有限公司潁泉區人民路一店
	合肥市	15	安徽天星大藥房連鎖有限公司新特藥藥房
			合肥新稀特大藥房有限公司
	淮北市	3	安徽高濟敬賢堂藥業有限責任公司醫藥大廈壹佰零柒店
	黃山市	2	黃山市一心伯特利大藥房有限公司
	蕪湖市	3	蕪湖徽弋堂大藥房有限公司
	宿州市	1	安徽天星大藥房連鎖有限公司宿州分公司
	銅陵市	1	國藥控股銅陵有限公司筆架山路藥房
	宣城市	1	宣城市德宣堂大藥房有限公司
	池州市	1	銅陵江南大藥房連鎖有限公司貴池秋浦西路店
北京市	北京市	23	北京德信行醫保全新大藥房有限公司安定門店
			北京恩濟普惠大藥房有限公司
			北京國大藥房連鎖有限公司永定門連鎖店
			北京金象大藥房醫藥連鎖有限責任公司西單金象大藥房
			北京市億順堂醫藥有限公司
			北京信海科園大藥房有限公司
福建省	福州市	14	國藥控股福州有限公司鼓樓區古田路國控大藥房
			國藥控股福州專業藥房有限公司鼓樓區古田路分店
	龍岩市	2	國藥控股龍岩有限公司新羅區九一北路藥店
	南平市	2	國藥控股南平新力量有限公司南平四鶴店
	寧德市	1	國藥控股寧德有限公司福安鶴興店
	莆田市	1	國藥控股莆田有限公司荔城延壽店
	泉州市	6	國藥控股泉州有限公司豐澤東海店
	三明市	1	國藥控股三明有限公司直營藥房
	廈門市	12	鷺燕醫藥股份有限公司湖裏門市部
			廈門鷺燕大藥房有限公司鎮海路分店
	漳州市	1	國藥控股漳州有限公司薌城勝利西路藥店
甘肅省	定西市	1	重慶醫藥（集團）甘肅欣特醫藥連鎖有限公司定西店
	蘭州市	10	蘭州惠仁堂藥業連鎖有限責任公司新特藥房
			重慶醫藥（集團）甘肅欣特醫藥連鎖有限公司腫瘤醫院店
	武威市	1	重慶醫藥（集團）甘肅欣特醫藥連鎖有限公司武威店
	天水市	1	重慶醫藥（集團）甘肅欣特醫藥連鎖有限公司天水店
廣東省	東莞市	9	國藥控股廣州有限公司東莞大藥房
	佛山市	14	國藥控股廣州有限公司佛山大藥房
		48	廣州醫藥大藥房有限公司佛山親仁路分店

省份	城市	藥房數量	藥房示例
廣東省	廣州市		廣東德信行大藥房連鎖有限公司旗艦店
			廣州市南外大藥房有限公司
			廣州醫藥大藥房有限公司海珠區南洲店
			廣州百濟新特藥業連鎖有限公司腫瘤藥品分店
			國藥控股大藥房廣州連鎖有限公司站前店
			國藥控股廣州有限公司大藥房
	惠州市	11	國藥控股廣州有限公司惠州大藥房鵝嶺北路分店
	江門市	5	國藥控股廣州有限公司江門大藥房
	揭陽市	3	國藥控股廣州有限公司揭陽臨江南路大藥房
	梅州市	2	國藥控股廣州有限公司梅州大藥房
	清遠市	1	國藥控股廣州有限公司清遠大藥房
	汕頭市	4	國藥控股廣州有限公司汕頭大藥房
	汕尾市	1	國藥控股廣州有限公司陸豐人醫大藥房
	韶關市	2	國藥控股廣州有限公司韶關大藥房
	深圳市	34	國藥控股國大藥房（深圳）連鎖有限公司展銷廳分店
			國藥控股國大藥房（深圳）連鎖有限公司蓮花北分店
			國藥控股國大藥房（深圳）連鎖有限公司振興分店
			深圳廣藥聯康醫藥有限公司翠竹藥房
			國藥控股深圳延風有限公司新稀特大藥房
	湛江市	7	國藥控股廣州有限公司湛江大藥房
	肇慶市	4	國藥控股廣州有限公司肇慶大藥房
	中山市	5	國藥控股廣州有限公司中山大藥房
	珠海市	3	國藥控股廣州有限公司珠海大藥房
			珠海市鳳凰園發展有限公司
	河源市	1	國藥控股廣州有限公司河源文祥路大藥房
	茂名市	4	廣州醫藥大藥房有限公司高州中心店
			廣州醫藥大藥房有限公司茂名中心店
	雲浮市	2	國藥控股廣州有限公司羅定藥房
			國藥控股廣州有限公司雲浮大藥房
	潮州市	2	廣州醫藥大藥房有限公司潮州中心店
廣西壯族 自治區	百色市	1	柳州桂中大藥房連鎖有限責任公司百色中山店
	北海市	2	柳州桂中大藥房連鎖有限責任公司北海解放路分店
	崇左市	1	國藥控股廣西有限公司崇左龍峽山中路大藥房
	貴港市	3	柳州桂中大藥房連鎖有限責任公司貴港中山中路店
	桂林市	4	國藥控股廣西有限公司桂林大藥房
	河池市	2	柳州桂中大藥房連鎖有限責任公司宜州山谷路店
	賀州市	4	國藥控股廣西有限公司賀州育才路大藥房
	柳州市	2	柳州桂中大藥房連鎖有限責任公司北站路藥店
	南寧市	13	國藥控股廣西有限公司南寧桃源路大藥房
			柳州桂中大藥房連鎖有限責任公司南寧教育路藥店
			廣西醫大大藥房連鎖有限責任公司一附院便民店
	欽州市	5	柳州桂中大藥房連鎖有限責任公司欽州明陽路店

省份	城市	藥房數量	藥房示例
廣西壯族自治區	梧州市	4	柳州桂中大藥房連鎖有限責任公司梧州潘塘店
	玉林市	1	國藥控股廣西有限公司玉林大藥房
貴州省	貴陽市	7	貴州省醫藥（集團）和平藥房連鎖有限公司貴陽延安中路分店
			貴州一樹連鎖藥業有限公司地礦分店
			國藥控股貴州有限公司雲岩分店
	遵義市	3	貴州一樹連鎖藥業有限公司遵義新蒲新區一分店
	黔東南苗族侗族自治州	1	貴州一樹吉大夫健康藥房連鎖有限公司五分店
海南省	海口市	6	海南廣藥晨菲大藥房連鎖有限公司六東路分店
	三亞市	2	國藥控股專業藥房連鎖（海南）有限公司三亞店
	瓊海市	1	海南廣藥晨菲大藥房連鎖有限公司瓊海富海分店
河北省	保定市	3	保定古城醫藥有限公司古城大藥房
	滄州市	5	滄州陽光本草大藥房連鎖有限公司欣怡店
	邯鄲市	1	河北仁泰醫藥連鎖有限公司邯鄲醫藥城分公司
	衡水市	2	國藥樂仁堂衡水醫藥有限公司第一藥房
	秦皇島市	2	華潤秦皇島醫藥有限公司醫藥商場
	石家莊市	7	國藥樂仁堂河北藥業有限公司石家莊國藥店
			石家莊鄰客智慧藥房有限公司
			石家莊潤益祥大藥房有限公司
	唐山市	2	國藥河北樂仁堂醫藥連鎖有限公司唐山勝利路店
	邢臺市	1	國藥樂仁堂邢臺醫藥有限公司中興東大街店
河南省	安陽市	2	華潤安陽醫藥有限公司新稀特大藥房
	鶴壁市	2	河南潤禾貳拾肆小時醫藥連鎖有限公司浚縣浚州大道分店
	商丘市	1	國藥控股商丘有限公司凱旋路大藥房
	開封市	1	開封百姓新特藥業有限公司
	洛陽市	2	華潤洛陽醫藥有限公司新稀特大藥房
	南陽市	2	華潤南陽醫藥有限公司新稀特大藥房
	平頂山市	6	國藥控股平頂山有限公司第一人民醫院便民藥房
	濮陽市	2	國藥控股濮陽有限公司黃河東路藥房
	新鄉市	4	河南潤禾貳拾肆小時醫藥連鎖有限公司新鄉平原路店
	許昌市	1	許昌大參林新特藥有限公司
	鄭州市	15	國藥控股河南股份有限公司大學路店
			華潤河南醫藥有限公司新稀特大藥房
			河南銀星大藥房有限公司
			國藥控股河南股份有限公司管城區東大街店
	周口市	1	國藥控股周口有限公司中心大藥房
	駐馬店市	2	國藥控股駐馬店有限公司通達大藥房
黑龍江省	大慶市	2	大慶市世一大藥房連鎖有限公司福佳醫藥分店
	哈爾濱市	17	華潤黑龍江醫藥有限公司哈爾濱德信行大藥房
			哈爾濱致和醫藥有限公司
			哈藥集團醫藥有限公司新藥特藥商店
	佳木斯市	1	華潤佳木斯醫藥有限公司光華街德信行大藥房

省份	城市	藥房數量	藥房示例
黑龍江省	雞西市	1	雞西雞礦醫院有限公司
	綏化市	1	安達市醫院
湖北省	恩施土家族苗族自治州	8	國藥控股恩施有限公司國藥控股專業藥房
	黃岡市	1	國藥控股黃岡有限公司康正大藥房
	黃石市	2	國藥控股（湖北）漢口大藥房有限公司黃石路店
	荊門市	4	國藥控股荊門有限公司沙洋便民藥房
	荊州市	7	荊州市健之安藥品銷售有限公司
	十堰市	11	國藥控股濟安大藥房連鎖十堰有限公司六堰店
	武漢市	13	老百姓大藥房連鎖（湖北）有限公司武漢彭劉楊路店
			國藥控股（湖北）漢口大藥房有限公司體育館店
			國藥控股（湖北）漢口大藥房有限公司健康穀分店
	鹹寧市	1	國藥控股鹹寧有限公司溫泉藥房
	襄陽市	15	天濟大藥房連鎖有限公司十六分店
	宜昌市	4	國藥控股宜昌有限公司萬達大藥房
	鄂州市	1	國藥控股鄂州有限公司中心大藥房
	潛江市	1	國藥控股湖北江漢有限公司橫堤路藥房
	隨州市	1	隨州中心大藥房有限公司
	天門市	2	國藥控股天門有限公司國大藥房
	孝感市	1	國藥控股孝感有限公司長征路大藥房
湖南省	常德市	5	國藥控股湖南維安大藥房連鎖有限公司常德店
	郴州市	5	郴州市正德向善大藥房有限公司
	衡陽市	8	老百姓大藥房連鎖股份有限公司衡陽蒸湘北路分店
	懷化市	5	國藥控股湖南維安大藥房連鎖有限公司懷化店
	婁底市	2	湖南華益潤生大藥房有限公司婁底石馬店
	邵陽市	5	國藥控股湖南維安大藥房連鎖有限公司邵陽店
	湘潭市	4	國藥控股湖南維安大藥房連鎖有限公司湘潭店
	湘西土家族苗族自治州	3	國藥控股湖南維安大藥房連鎖有限公司吉首店
	益陽市	4	國藥控股湖南維安大藥房連鎖有限公司益陽店
	永州市	4	國藥控股湖南維安大藥房連鎖有限公司永州店
	岳陽市	6	國藥控股湖南維安大藥房連鎖有限公司岳陽店
	張家界市	1	國藥控股湖南維安大藥房連鎖有限公司張家界店
	長沙市	24	國藥控股湖南維安大藥房連鎖有限公司附一店
			湖南達嘉維康醫藥產業股份有限公司五一一路分店
			長沙鄰客智慧大藥房有限公司
	株洲市	4	湖南華益潤生大藥房有限公司株洲濱江南路店
吉林省	吉林市	2	國藥控股吉林市大藥房有限公司北京路連鎖店
	通化市	3	國藥控股通化有限公司勝利路藥房
	延邊朝鮮族自治州	1	國藥控股專業藥房延邊連鎖有限公司新興街店
	白山市	1	國藥控股通化大藥房有限公司新華路店（白山市）

省份	城市	藥房數量	藥房示例
吉林省	長春市	8	吉林省大格新特藥連鎖有限公司平治店
			長春大格大藥房有限公司紅旗店
江蘇省	常州市	7	江蘇潤天醫藥連鎖藥房有限公司金壇新特藥店
	淮安市	5	淮安廣濟醫藥連鎖有限公司淮陰區藥店
	連雲港市	1	江蘇潤天醫藥連鎖藥房有限公司連雲港第一藥店
	南京市	31	江蘇潤天醫藥連鎖藥房有限公司南京解放路藥房
			南京德眾堂大藥房有限公司
			南京醫藥股份有限公司第一藥店
			南京延順堂大藥房有限公司
	南通市	6	國藥控股南通有限公司恒康堂大藥房
	蘇州市	16	華潤蘇州禮安醫藥連鎖總店有限公司第六十七醫藥商店
			蘇州德軒堂藥房有限公司
			蘇州雷允上國藥連鎖總店有限公司滄浪藥店
	泰州市	7	江蘇潤天醫藥連鎖藥房有限公司泰州迎春路店
	無錫市	6	江蘇潤天醫藥連鎖藥房有限公司無錫清揚路藥店
			無錫匯華強盛醫藥連鎖有限公司廣瑞路門市部
	宿遷市	2	江蘇潤天醫藥連鎖藥房有限公司宿遷第一人民醫院藥店
	徐州市	13	江蘇潤天醫藥連鎖藥房有限公司徐州新特藥店
			江蘇省徐州市恩華統一醫藥連鎖銷售有限公司恩華第八藥店
	鹽城市	5	鹽城東方紅大藥房有限公司鹽阜大藥房
	揚州市	6	國藥控股揚州大藥房連鎖有限公司第一新特藥房
	鎮江市	3	鎮江存仁堂醫藥連鎖有限責任公司夢溪藥店
江西省	贛州市	5	江西黃慶仁棧華氏大藥房有限公司贛州晨暉藥店
	吉安市	2	江西黃慶仁棧華氏大藥房有限公司吉安市車站分店
	撫州市	1	江西黃慶仁棧華氏大藥房有限公司九洲大藥房總店
	景德鎮市	1	江西黃慶仁棧華氏大藥房有限公司景德鎮種德堂總店
	九江市	5	江西黃慶仁棧華氏大藥房有限公司九江市朝陽連鎖門店
	南昌市	15	江西黃慶仁棧華氏大藥房有限公司南昌市永外藥店
			南昌市上普大藥房有限責任公司
	萍鄉市	2	江西黃慶仁棧華氏大藥房有限公司萍鄉市健康藥店
	新餘市	2	江西匯仁堂藥品連鎖股份有限公司新餘抱石大道店
	上饒市	2	江西黃慶仁棧華氏大藥房有限公司鴻春堂信江大藥房
	宜春市	1	江西黃慶仁棧華氏大藥房有限公司天成總店天成藥號
	鷹潭市	1	江西黃慶仁棧華氏大藥房有限公司鷹潭市慶裕堂中心店
遼寧省	鞍山市	1	鞍山市腫瘤醫院
	朝陽市	1	國大藥房（朝陽）仁愛藥房有限公司
	大連市	19	大連德信行潤德堂大藥房有限公司
			大連美羅大藥房連鎖有限公司聯合路店
			大連三合緣藥房有限公司
	丹東市	3	丹東市老天祥大藥房有限公司
	錦州市	2	錦州三合緣藥房有限公司
	盤錦市	1	瀋陽三合緣藥房有限公司盤錦店

省份	城市	藥房數量	藥房示例
遼寧省	瀋陽市	15	瀋陽三合緣藥房有限公司大東店
			瀋陽麥若可藥房有限責任公司
			瀋陽麥若可藥房有限責任公司和平店
內蒙古自治區	包頭市	3	包頭市腫醫新特藥大藥房有限公司
	鄂爾多斯市	1	內蒙古上藥科園大藥房有限公司
	呼和浩特市	4	內蒙古潤藥安蓓大藥房有限公司
			國藥控股國大藥房內蒙古有限公司第一門店
	通遼市	1	國藥控股通遼有限公司關愛大藥房
	呼倫貝爾市	1	國藥控股國大藥房呼倫貝爾有限公司海拉爾區二店
寧夏回族自治區	銀川市	9	銀川鄰客智慧大藥房有限公司
青海省	西寧市	4	青海省醫藥有限責任公司夏都大街大藥房
山東省	德州市	7	德州國藥大藥房有限公司
	東營市	1	東營天成國藥大藥房有限公司
	荷澤市	2	荷澤潤藥醫藥有限公司
	濟南市	14	山東國藥關愛大藥房有限公司濟南經三路店
			濟南鄰客大藥房有限公司
			濟南潤生新藥特藥大藥房有限公司
			濟南上藥眾協大藥房有限公司
	濟寧市	3	濟寧新華魯抗大藥房有限公司古槐路新華魯抗大藥房
	日照市	1	國藥控股日照有限公司棗莊路店
	聊城市	3	聊城國藥大藥房有限公司
	臨沂市	3	臨沂德信行惠友大藥房有限公司
	青島市	16	青島百洋健康藥房連鎖有限公司第二藥店
			青島市海王星辰健康藥房連鎖有限公司南京路店
			青島豐碩堂醫藥連鎖有限公司第二十二大藥房
	泰安市	2	泰安國泰民安大藥房連鎖有限公司中心店
	威海市	8	煙臺德信行惠友大藥房有限公司威海分公司
	濰坊市	2	濰坊國藥大藥房有限公司
	煙臺市	8	煙臺德信行惠友大藥房有限公司
	棗莊市	3	棗莊國藥大藥房有限公司
	淄博市	2	淄博國藥關愛大藥房有限公司
山西省	大同市	4	國藥山西國康大藥房連鎖有限公司大同三院店
	汾陽市	1	國藥山西國康大藥房汾陽醫院店有限公司
	晉城市	2	國藥山西國康大藥房晉城澤州醫院店有限公司
	臨汾市	1	國藥集團臨汾有限公司國康大藥房
	呂梁市	2	國藥山西國康大藥房連鎖有限公司呂梁劉家灣店
	太原市	11	華潤山西康興源醫藥有限公司新特藥大藥房
			國藥集團山西有限公司零售一部
	忻州市	1	國藥山西國康大藥房連鎖有限公司忻州市公園街店
	運城市	2	國藥山西國康大藥房運城中心店有限公司
陝西省	安康市	1	西安怡康醫藥連鎖有限責任公司安康興安東路連鎖店

省份	城市	藥房數量	藥房示例
陝西省	寶雞市	3	西安怡康醫藥連鎖有限責任公司寶雞二店
	漢中市	3	西安怡康醫藥連鎖有限責任公司漢中康復路店
	商洛市	1	商洛怡康醫藥連鎖有限責任公司北新街二店
	渭南市	1	西安怡康醫藥連鎖有限責任公司渭南熙園公館店
	西安市	25	上藥科園信海陝西醫藥有限公司西安新特藥大藥房
			西安怡康醫藥連鎖有限責任公司東二店
			國藥控股陝西大藥房有限公司西安長樂西路分店
	咸陽市	2	咸陽怡康醫藥連鎖有限責任公司第十一分店
	延安市	1	延安炎黃人大藥房有限公司中心街店
	榆林市	2	榆林怡悅醫藥有限公司航宇路分公司
上海市	上海市	23	上海雲瑞大藥房有限公司
			上藥雲健康益藥藥房（上海）有限公司中山西路店
			國藥控股健康關愛（上海）大藥房有限公司
			上海躍信藥房有限公司
			上海上醫新特藥商店有限公司
			上海澤鄰德軒堂大藥房有限公司
四川省	成都市	43	國藥集團西南醫藥有限公司武侯區武興四路藥店
			國藥控股四川專業藥房連鎖有限公司金牛區一環路西三段藥房
			四川麥德凱大藥房有限公司
			成都鄰客大藥房有限公司
			成都同康藥房有限責任公司
			四川省晟德藥房有限公司
	達州市	1	國藥控股四川專業藥房連鎖有限公司達州藥房
	德陽市	3	國藥控股德陽有限公司泰山路關愛大藥房
	巴中市	1	國藥控股巴中醫藥有限公司興文關愛大藥房
	涼山彝族自治州	1	國藥控股四川醫藥股份有限公司西昌便民藥房
	瀘州市	3	國藥集團西南醫藥瀘州有限公司江陽分公司
	綿陽市	1	國藥集團西南醫藥自貢有限公司涪城大藥房
	南充市	3	國藥控股四川醫藥股份有限公司南充藥房
	內江市	2	國藥控股內江有限公司第一大藥房
	遂寧市	3	國藥控股四川醫藥股份有限公司遂寧藥房
	宜賓市	5	四川環晟大藥房有限公司
	廣安市	2	國藥醫投民心廣安大藥房有限公司
	自貢市	2	國藥集團西南醫藥自貢有限公司健康藥店
	資陽市	3	國藥控股資陽藥房有限公司
	廣元市	1	國藥控股廣元醫藥有限公司關愛大藥房
	眉山市	1	國藥控股四川醫藥股份有限公司眉山藥房
	攀枝花市	4	國藥集團攀枝花醫藥有限公司華山藥房
			國藥控股四川醫藥股份有限公司攀枝花益康街藥房
	雅安市	3	國藥雅安藥房有限公司
			國藥控股四川醫藥股份有限公司雅安藥房

省份	城市	藥房數量	藥房示例
天津市	天津市	21	天津德信行大藥房有限公司第二十一店
			天津博康勝家大藥房有限公司
			天津隆昇合藥品銷售有限公司
			天津益大天眾藥房有限公司
			天津德信行大藥房有限公司第三店
新疆維吾爾自治區	伊犁哈薩克自治州	1	國藥控股國大藥房新疆新特藥業連鎖有限責任公司伊寧市第一藥店
	石河子市	2	國藥控股新疆新特藥專業藥房連鎖有限公司石河子市第三藥房
	阿克蘇地區	1	國藥控股國大藥房新疆新特藥業連鎖有限責任公司阿克蘇市分店
	烏魯木齊市	12	國藥控股新疆新特藥專業藥房連鎖有限公司烏魯木齊安居北路分店
			新疆濟康大藥房醫藥連鎖有限責任公司烏魯木齊第一三一分店
	昌吉回族自治州	1	國藥控股國大藥房新疆新特藥業連鎖有限責任公司昌吉十二分店
雲南省	巴音郭楞蒙古自治州	1	國藥控股國大藥房新疆新特藥業連鎖有限責任公司庫爾勒市廣場藥店
	楚雄彝族自治州	2	國藥控股楚雄益爾健大藥房有限公司
	大理白族自治州	1	雲南省醫藥有限公司新特藥大理市古城零售店
	德宏傣族景頗族自治州	1	雲南省醫藥有限公司新特藥德宏零售店
	昆明市	20	國藥控股雲南有限公司大藥房
			國藥控股昆明大藥房有限公司金碧大藥房
			雲南省醫藥有限公司新特藥麻園零售店
浙江省	杭州市	24	杭州全德堂藥房有限公司
			浙江英特怡年藥房連鎖有限公司杭州半山店
			杭州海王星辰健康藥房有限公司新市街店
	湖州市	3	浙江英特怡年藥房連鎖有限公司湖州醫院巷店
	嘉興市	7	嘉興全德堂藥房有限公司
	金華市	4	金華愛倍生大藥房有限公司
	麗水市	1	英特一洲（溫州）醫藥連鎖有限公司麗水括蒼路店
	寧波市	8	上藥控股寧波醫藥股份有限公司大藥房
			寧波愛倍生大藥房有限公司
	衢州市	2	浙江英特怡年藥房連鎖有限公司衢州柯城下街店
	紹興市	1	紹興華虞大藥房有限公司昌安西街藥店
	臺州市	14	臺州愛倍生大藥房有限公司
			浙江英特怡年藥房連鎖有限公司臺州東海大道二店
重慶市	重慶市	21	國藥控股附益大藥房溫州有限公司
			溫州愛倍生謝池大藥房有限公司
			重慶和平新健康欣特健康管理連鎖有限公司大坪店
			重慶和平新健康欣特健康管理連鎖有限公司萬州店
			重慶和平新健康欣特健康管理連鎖有限公司渝中藥事服務中心