**Request for republication in the Medicine Price Catalogue[[1]](#footnote-1)**

|  |  |
| --- | --- |
| **Product name** |  |
| **Pharmaceutical form** |  |
| **Nordic Article Number (Vnr)** | **Strength** | **Pack size**  | **Maximum wholesale price (ISK)** | **Discount price to pharmacies (ISK)** | **Removal date of the product from the Price Catalogue** |
|  |  |  |  |  | **\_\_\_\_\_\_\_month, year 20\_\_\_** |
|  |  |  |  |  | **\_\_\_\_\_\_\_month, year 20\_\_\_** |
|  |  |  |  |  | **\_\_\_\_\_\_\_month, year 20\_\_\_** |
|  |  |  |  |  | **\_\_\_\_\_\_\_month, year 20\_\_\_** |
|  |  |  |  |  | **\_\_\_\_\_\_\_month, year 20\_\_\_** |
|  |  |  |  |  | **\_\_\_\_\_\_\_month, year 20\_\_\_** |
|  |  |  |  |  | **\_\_\_\_\_\_\_month, year 20\_\_\_** |
|  |  |  |  |  | **\_\_\_\_\_\_\_month, year 20\_\_\_** |

Confirm in the boxes below that the following conditions are fulfilled:

[ ]  Marketing authorisation is valid, marketing authorisation number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  Packaging has been approved by the Icelandic Medicines Agency.

|  |  |  |
| --- | --- | --- |
| Date |  | Name of the person requesting a product to be republished  |

1. Completed application form shall be sent by e-mail to verd@lyfjastofnun.is before the 5th day of each month in order for the product to be published in the next drug price list. [↑](#footnote-ref-1)