**Application for Reimbursement for Licensed Medicines – Biosimilar or Generic drugs**

* **Parts I:** Marketing authorization holder/applicant should fill in each field on the form. Application is not considered valid unless all the fields have been filled in.
* **Part II:** Filled in by The National University Hospital.

**Part I. – Basic Information**

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| 1.Please fill in the following basic information: | |
| Marketing authorization holder |  |
| Local representative |  |
| Contact name |  |
| Address |  |
| Phone number |  |
| Email address |  |

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| 2. Trade name and active pharmaceutical ingredient. |
|  |
| 3. What is the new pharmaceutical form? |
|  |
| 4. What is the new strength? |
|  |
| 5. Insert link to SmPC. |

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| 6. ATC code. |

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| 7.   |  |  | | --- | --- | | Indications of the reference medicinal product that have been approved for reimbursement  (see https://www.lyfjastofnun.is/verd-og-greidsluthatttaka/akvardanir-verd-greidsluthatttoku/) | Select indications that this application is for, mark with X. | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

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| 8. Other aspects for consideration? |

**Part II. – Assessment by Icelandic Medicine Pricing and Reimbursement Committee at The National University Hospital of Iceland (Lyfjanefnd Landspítala) (IMPRC)**

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| 1. IMPRC‘s full assessment: |

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| 2. Summary of clinical and economical evaluation by IMPRC: |

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| 3. Date of summary/by: |