**Request for publication in the Drug Catalogue and the Price List[[1]](#footnote-1)**

|  |  |
| --- | --- |
| **Product name** |  |
| **Nordic Article Number (Vnr)** | **Pharmaceutical form**  | **Strength** | **Pack size**  | **Package type** | **Packaging material** | **Marketing authorisation number** | **Wholesaler** |
|  |  |  |  |  |  |  |  |
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Please tick the relevant box:

[ ]  New product [ ]  New pack size [ ]  New name of medicinal product (applies

only for the Price Catalogue)

[ ]  New pharmaceutical form [ ]  New packaging type [ ]  New Nordic article number

[ ]  New strength [ ]  From POM to OTC

Please confirm that the following conditions are fulfilled, by ticking the relevant boxes:

[ ]  An Icelandic marketing authorisation has been issued.

[ ]  Approved Icelandic product information in accordance with marketing authorisation are available

[ ]  Packages which will be marketed are in compliance with the mock-ups of the primary and the secondary packaging material. The Icelandic Medicines Agency has confirmed receipt of the Mock-ups.

[ ]  Approved price and reimbursement, if relevant. [ ]  Not relevant (OTC products for human use).

[ ]  Conditions according to Annex II are fulfilled[[2]](#footnote-2). [ ]  Annex II is not relevant2.

**[ ]** Request for the product to appear on the substitution list, substitutable product: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Explanations, e.g. please state the old Nordic article numbers if they are changing |
|  |

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

1. Completed application form shall be sent by e-mail to birting@lyfjastofnun.is and verd@lyfjastofnun.is, in word format. [↑](#footnote-ref-1)
2. Conditions for marketing. [↑](#footnote-ref-2)