**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](mailto:birting@lyfjastofnun.is) in word format. [↑](#footnote-ref-1)
2. Conditions for marketing. [↑](#footnote-ref-2)