

## Application for Innovated Drug Pricing

طلب تسعير دواء مبتكر مستورد

To: The director of Medicine Policies Department

I hereby request your agreement to price the following pharmaceutical product

### 1. Applicant (contact person)

Name of applicant (responsible pharmacist)	Dima Toubassi
Telephone / Fax	02-2952356
Fax	02-2952357
Email	<a href="mailto:dima.toubassi@cezartrades.com">dima.toubassi@cezartrades.com</a>

### 2. Manufacturer

Name	Bayer Pharma AG
Address / country	Germany
Telephone / Fax	
Email	

### 3. Local authorized agent

Name	Cezar Trades
Address	Ayyam Street, Ramallah
Telephone / Fax	02-2952356/ 03-2952357
Email	<a href="mailto:info@cezartrades.com">info@cezartrades.com</a>

### 4. Drug Information

Trade name	Megaxin IV
Strength	400 mg
Pack size	250 ml
Pharmaceutical form	Solution for infusion
Active ingredient(s)	Moxifloxacin
ATC code	
Registration number in Palestine	
Shipment: CIF or FOB	
Value of value added tax (VAT) in the country of origin	
Wholesaler profit margin in the country of origin	
Pharmacy profit margin in the country of origin	
Required public price in Palestine (NIS) including VAT	

Current public price in Palestine (NIS) including VAT if available	296
Public price of drug in nearest country (NIS) including VAT	296
Indicate if the drug is for hospital use	

**5. Reference countries**

	Country of origin	Belgium (€)	UK (£)	Italy (€)	Jordan (JD)	Saudi Arabia (RS)
Ex-factory price						
Price to pharmacy						
Public price including VAT						
Reimbursement status						

**6. Suggested indications of pharmaceutical product**

Treatment of Bacterial respiratory infections of skin infections
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**Signature of the Responsible Pharmacist**

**Date**

.....ديمة طوباسي.....

...08/09/2015.....

