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Application for Generic Drug Pricing	Check List
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To: The director of Medicine Policies Department

I hereby request your agreement to price the following pharmaceutical product

1. Applicant (contact person)		
Name of the applicant (responsible pharmacist)		
Telephone		
Fax		
Email		
2. Manufacturer		
Name		
Address		
Telephone		
Fax		
Email		
3. Drug Information		
Trade name		
Strength		
Pack size		
Pharmaceutical form		
Active ingredient(s)		
ATC code		
Registration number in Palestine (if registered)		
Required Ex-factory price (NIS)		
Required price to pharmacy (NIS)		
Required public price (NIS) including VAT		
Current public price (NIS) including VAT		
Indicate if the drug is for hospital use		
Indicate if the drug is second brand		
Indicate if the drug is patent		
Countries to which drug is exported (if available) and the prices		
4. Reference (Original) drug information		

Trade name		
Strength		
Pack size		
Pharmaceutical form		
Manufacturer		
Public price in Palestine including VAT (NIS)		
5. Suggested indications of drug		

Signature of the Responsible Pharmacist:

Date:

Checked By: