

Letter No.:

Price Appeal

Date:

New Registration Price Revision

| | | | |
|--------------|--|-----------------------------------|----------------|
| Product Name | | Date of Price change notification | / /14 / /20 |
| MAH | | SADAD invoice | |

1. Product Information:

| | | | |
|---|--|----------------------------|--|
| Registration No. | | Reference No. | |
| Active Ingredient | | Strength/Unit or Conc. | |
| Dosage form | | Route(s) of administration | |
| Pack size | | Therapeutic class | |
| Manufacturer | | Agent | |
| Indication - For one indication only. If there is more than one, please fill another form. | | | |

2. Price Information:

| Current Price | | Cost | Per Unit | |
|---------------------------|--|------|------------|--|
| CIF | | | Per Month | |
| Public | | | Per Course | |
| Proposed Price by Company | | Cost | Per Unit | |
| CIF | | | Per Month | |
| Public | | | Per Course | |

3. Prevalence (References):

Hospital Item Retail Item

| | | | | | |
|-----------------------|--|------------------|--|-------------------|--|
| KSA No. of Patient | | KSA Incidence | | KSA Prevalence | |
| Global No. of Patient | | Global Incidence | | Global Prevalence | |

4. Consumption & Market Share (Only for Price Revision Appeal):

| Consumption (for the last five years) | | | | | |
|---------------------------------------|----|----|----|----|----|
| Type of Consumption | 20 | 20 | 20 | 20 | 20 |
| Volume (private sector) | | | | | |
| Volume (government sector) | | | | | |
| Market share | | | | | |

5. Attachments required (CD):

| | | |
|--|--|---|
| 1- Clinical Data <input type="checkbox"/> Approved indication. <input type="checkbox"/> Place in therapy. <input type="checkbox"/> Guidelines. | 2- Economic Data <input type="checkbox"/> Pharmacoeconomics Studies. <input type="checkbox"/> Budget Impact Analysis. | 3- Company's Justification letter. |
|--|--|---|

6. Authentication:

| | |
|-----------|--|
| Email | |
| Phone No. | |
| Signature | |

Stamp