

**نموذج طلب إعادة النظر في السعر**

**Price Reevaluation Request Form**

|  |  |
| --- | --- |
| 7 أغسطس 2022 | تاريخ الاصدار |
| 1 | رقم النسخة |

*للاستفسارات*

*SDR.Drug@sfda.gov.sa*

|  |  |  |  |
| --- | --- | --- | --- |
| **Product Name** |  | **Date** | **00/000/14--** |
| **00/000/20--** |
| **MAH - Nationality** |  | **Letter No.** |  |
| **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 - Nationality** |  | **Last Price Update** | **00/00/14-- - 00/00/20- -** |

**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:**

|  |
| --- |
| **Consumption (for the last five years)** |
| **Type of Consumption** | **20--** | **20--** | **20--** | **20--** | **20--** |
| **Volume** |  |  |  |  |  |
| **Market share** |  |  |  |  |  |
| **Value** |  |  |  |  |  |

**5. Attachments required (CD):**

|  |  |  |  |
| --- | --- | --- | --- |
| **1- Clinical Data** | **☐ Approved indication****☐ Place in therapy****☐ Guidelines** | **2- Company’s Appeal Justifications.** | **3- SADAD Bill.** |

|  |
| --- |
| **Stamp** |
|  |

 **6. Authentication:**

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