

ODB Financial Impact Analysis Summary

Section I. Drug Product

Product Information	
Drug name/Manufacturer	
Generic Name/Strength/Dosage Form	
Proposed reimbursement status	
DIN	
Submitted Price Per Unit	
Daily Cost *	
Usual Dosing Regimen/Duration	
Maximum Dosing Regimen/Duration	

*Note: The daily cost is based on usual regimen and submitted price, as stated above.

Section II. Summary of ODB Financial Impact

Manufacturer's Submitted Estimates			
Summary Item	Year 1	Year 2	Year 3
Drug Cost* (\$)			
Claims			
Net Expenditure/(Savings)			

*Note: The drug cost should exclude up-charge and professional fee.