

Appendix A
Application for Price Increase Requests

1. Product Description

Manufacturer	XXX	Brand-name	XXX
Generic name	XXX	Form (tablet, liquid, etc.)	XXX
Strength	XXX	DIN	XXX

2. Product Type: Choose one of the following

(a) Imported as a finished packaged product	X
(b) Imported in bulk and packaged in Canada	X (specify if Ontario)
(c) Manufactured and packaged in Canada	X (specify if Ontario)
(d) Other (give details below)	X

3. Costing Unit (e.g. 100 tablet packages)* XXX

***Note: All listed Drug Benefit Prices (DBPs) are based on the largest package size. Relevant costs included in this submission must relate to that package size.**

4. Price Information

Current Manufacturer's List Price	XXX
Current Drug Benefit Price	XXX
New Proposed Price	XXX
Change in Drug Benefit Price (Proposed Price less Current DBP Price)	XXX
Percentage Change (Change in DBP / Current DBP Price)	XXX

5. Manufacturing, Factory and Importing Cost Information**

Material Costs	Locally Manufactured	Imported
Active Ingredient Costs	XXX	
Other Material Costs (specify)	XXX	
Total Materials Costs (A)	XXX	

**Note: All cost information must be reported for 3 periods:

- Current costs (as per time of request)
- Costs for the two previous 12-month periods (indicate fiscal year or calendar year)

6. Rationale for Proposed Price Increase and Other Comments (include separately):

- Brief textual Rationale for Price Increase (1-2 pages)
- Budget Impact Analysis (BIA) - impact on ODB Program's budget over the next 3 fiscal years if price increase approved.

7. Contact Information

In the event that the ministry needs to clarify details within the application, please include appropriate contact information.

8. Certification

I certify that the information set above is, to the best of my knowledge, correct in every detail.

Signature:

Name (print):

Position Held:

Contact Information: