



**Pharmaceutical Benefits Scheme: Guarantee of Supply  
Notification under Section 99AEG of the *National Health Act 1953***

**1. Responsible Person's Details**

The Responsible Person is the individual or corporation determined by the Minister to be the supplier of a particular brand of a PBS item. Under the *National Health Act 1953* the Responsible Person has obligations in relation to:

- Division 3B (price disclosure) and
- Division 3C (guarantee of supply) and
- Section 85AD (price negotiations).

The Responsible Person will be an individual or an Australian corporation and must have an Australian Business Number (ABN).

The Responsible Person will be identified by its ABN and by its **entity name** as detailed on the Australian Business Register.

1.1 ABN:

1.2 Responsible Person:   
(entity name)

**2. Brand(s) of 'Pharmaceutical Item(s)'**

Listed Drug	Form (strength, type, size etc)	Manner of Administration	Brand

### 3. Notification

3.1. I, \_\_\_\_\_  
(Name of person signing)

\_\_\_\_\_  
(Position within the corporation)

- (i) Declare that I am authorised by the Responsible Person named in this notification to make this notification on its behalf.
- (ii) Hereby notify that the Responsible Person named in this notification;
- has formed the belief that they will fail or will be unable to supply the brands of pharmaceutical items listed here for the period stated below; or
- has failed or been unable to supply the brands of pharmaceutical items listed here for the period below.

**Period:**

\_\_\_\_\_  
(From)

\_\_\_\_\_  
(To)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: This notification only covers the period above. A new notification will be required if the period extends.*

### 4. Reason for failure or inability to supply

You are not obliged to provide reasons. However, the Minister in exercising the powers under Section 99 AEH in relation to a failure or inability to supply may have regard to the reasons for those and other failures or inability.

Please attach any such reasons and email the completed form to [pbslisting@health.gov.au](mailto:pbslisting@health.gov.au)