



**Australian Government**

**Department of Health**

**Notification of Responsible Person under *National Health Act 1953***

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 is also responsible for notifying the Department of Health of any changes to their details including:

- Responsible person name
- ABN
- Registered/Postal Address
- Name and contact details for their Authorised Representative
- Brand names for which they are the Responsible Person

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

**1. Responsible Person Details**

The Responsible Person is identified by its ABN and by its **entity name** as detailed on the Australian Business Register. (Please refer to [www.abr.business.gov.au](http://www.abr.business.gov.au))

1.1 ABN:

1.2 Responsible Person:  
(entity name)

**1.3 RESPONSIBLE PERSON:**

Address for customer enquiries*	
Company Website	
Telephone Number for customer enquiries	
Email address for customer enquiries	

Please note that the above information may be published in the Index of Manufacturers' details in the Schedule.

\* Please note that only Australian addresses are accepted

## 2. Authorised Representative Details

The Authorised Representatives are individuals who have the legal authority to act on behalf of the Responsible Person. This authority extends to all of the Responsible Person obligations (price negotiation and agreements, price disclosure, guarantee of supply and change of responsible person details).

Where there are any additions or changes to PBS items for a Responsible Person, a Summary of Changes (SoC) is provided to Authorised Representatives 'under embargo'. The SoC is provided on the condition that the information will not be publicly released before the effective date of the Schedule of Pharmaceutical Benefits. You may undertake limited distribution of this information to finalise materials to allow availability and prescribing of your product on the effective listing date. 'Under embargo' requirements also extend to any general correspondence between the Authorised Representatives and the Department of Health pertaining to PBS items. Any persons this information is released to must also follow the 'under embargo' requirements.

### 2.1 AUTHORISED REPRESENTATIVE 1:

Name	
Position within the corporation	
Address*	
Work Phone*	
Mobile Phone*	
E-mail address	
Second E-mail address (optional)	

\* Please note that only Australian addresses and phone numbers are accepted

2.2 I, \_\_\_\_\_  
(Name of Authorised Representative)

declare that I have the legal authority to act on behalf of the Responsible Person named in this notification.

Signed:

Date:

### 2.3 AUTHORISED REPRESENTATIVE 2 (optional):

Name	
Position within the corporation	
Address*	
Work Phone*	
Mobile Phone*	
E-mail address	
Second E-mail address (optional)	

\* Please note that only Australian addresses and phone numbers are accepted

2.4 I, \_\_\_\_\_  
(Name of Authorised Representative)

declare that I have the legal authority to act on behalf of the Responsible Person named in this notification.

Signed:

Date:

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

I wish to confirm that the Responsible Person detailed in this notification will be the supplier of the following brands of pharmaceutical items to wholesalers, or in the case where wholesalers are not involved, to approved pharmacists directly:

<b>Item Code*</b>	<b>Listed Drug (Schedule text)</b>	<b>Form (strength, type, pack size etc) (Schedule text/TGA approved)</b>	<b>Manner of Admin</b>	<b>Brand</b>	<b>Container Type</b>	<b>Dosage Form</b>	<b>ARTG Number</b>

\* It is only necessary to include the item code here if it already exists, e.g. when listing a new brand or where the item has an existing code

AUTHORISED REPRESENTATIVE 1

Signed:

Date:

AUTHORISED REPRESENTATIVE 2

Signed:

Date: