Australian Government
Department of Health and Ageing

Price Disclosure Submission form

The price disclosure requirements for a supply of a brand of a pharmaceutical item are set out in s 99ADC of the *National Health Act 1953* (the Act), and ss 37G to 37J of the *National Health (Pharmaceutical Benefits) Regulations 1960*.

Part VII, Division 3B, Subdivision C of the *National Health Act 1953* (the Act) sets out when a Responsible Person is required to comply with the price disclosure requirements for a supply of a brand of a pharmaceutical item.

This form is used to provide information for the purposes of the price disclosure requirements.

The person signing this form must declare that they are authorised by the Responsible Person to provide the information.

Delivery Details

Post this form to:

Price Disclosure Team
High Cost Drugs/Price Disclosure
Pharmaceutical Evaluation Branch
MDP 952
Department of Health and Ageing
GPO Box 9848, Canberra ACT 2601

The Department recommends that you use registered post.

1. Responsible Person details

The Responsible Person for a brand of a pharmaceutical item means the person determined by the Minister under section 84AF of the Act to be the Responsible Person for the brand of the pharmaceutical item.

Name of Responsible Person:	
ABN:	

2. Submission Details

Information provided for quarterly reporting period? (Yes/No)	
Information provided for annual reporting period? (Yes/No)	
Resubmission? (Yes/No)	
Previous Transaction Number (found on the confirmation report)	
Media identification (Name or title which is written on the disk):	
Number of disks :	
Submission Date:	

3. Information provided

Name of drug in pharmaceutical item:	
Manner of administration of drug:	
PD Number:	
Form of drug:	
Strength of drug:	
Brand name:	
Number or quantity of units in a pack:	
Period to which the information relates:	

Quarterly reporting period
(complete only if providing information for a quarterly reporting period)

Month			
Volume of brand sold (based on number of packs sold)			
Sales revenue for brand excluding sales to public hospitals (expressed in Australian dollars, excluding GST and rounded to the nearest whole dollar, rounding 50 cents upwards)			

Annual reporting period
(complete only if providing information for an annual reporting period)

Period (YYYY/YYYY):	
Kind of incentives given in relation to the brand for this period:	
Value of incentives given in relation to the brand for this period (expressed in Australian dollars, excluding GST and rounded to the nearest whole dollar):	

Note:
This page can be copied and completed as needed.

3. DECLARATION

I,

(1) (Name of person signing) _____

(2) (Title of person signing) _____

_____

(3) Declare that:

(i) I am authorised by the Responsible Person named in section 1 of this form to provide this information for and on its behalf.

(ii) I have caused reasonable reviews of the information to be done and, to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: _____

Date: _____

Contact Email Address: _____

Contact Telephone Number:_____

Support and further information

Price Disclosure Support
+61 2 6289 7335
Pricedisclosure@health.gov.au
http://www.health.gov.au/pbsreform