****

**Application Form for List Management Services**

**From 1 July 2019, applicants must complete an Application Form for List Management Services in order for list management services to be provided by the Commonwealth.**

## **IMPORTANT INFORMATION**

## **Privacy and your personal information**

Your personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles, and is being collected by the Australian Government Department of Health for the purposes of your organisation applying to list a medicine on the [Pharmaceutical Benefits Scheme](http://www.pbs.gov.au/info/industry/listing/listing-steps).

If you do not provide this information, your organisation will be unable to apply for these benefits.

You can get more information about the way in which the Department of Health will manage your personal information, including our privacy policy, at <http://www.pbs.gov.au/info/general/privacy-policy>.

| A complete APPLICATION FORM FOR LIST MANAGEMENT SERVICES (list management application[[1]](#footnote-1)) together with the required attachments must be submitted to PBS Pricing for each requested list management service, in word format. Please do not submit a scanned or pdf version of the form. The [Procedure Guidance](http://www.pbs.gov.au/info/industry/listing/listing-steps) provides further information on the list management process.The APPLICATION FORM FOR LIST MANAGEMENT SERVICES (list management application) constitutes an essential component of the Pharmaceutical Benefits Scheme (PBS) Cost Recovery process.  |
| --- |

## **Before completing the List Management Application Form (list management application) and nominating the fee payment category:**

List management services are the services described in regulation 3A.1 of the *National Health (Pharmaceutical and Vaccines – Cost Recovery) Regulations 2009* (the Regulations). It is recommended that applicants familiarise themselves with the Regulations and the PBS Cost Recovery Administrative Guidelines.These Regulations and guidelines include important information about the PBS Cost Recovery framework and applicable fees for service.

## **Completing the List Management Application Form (list management application):**

**Within 15 business days** after receipt of a completed list management application, the Department will provide written notification to the applicant (authorised representative) acknowledging receipt and the fee payable for list management services.

If intending to apply for a fee exemption or a fee waiver, the applicant is required to nominate the fee category that would apply in the absence of the exemption or waiver. Circumstances in which fee exemptions or fee waivers may apply are described in the Regulations.

An applicant may withdraw a list management application at any time. If withdrawn **within 10 business days** after notification of the fee payable is given, the applicant is entitled to a full refund of any fees paid. If the submission is withdrawn **after 10 business days** have passed, the fee remains payable and will be subject to Commonwealth Government debt recovery processes should it remain unpaid after the due date.

**Pricing and PBS Policy Branch**

**Department of Health**

**GPO Box 9848, Canberra ACT 2601**

# **List management service – fee category nomination**

| **Fee category nomination and rationale:** | Category: | Please select |
| --- | --- | --- |
|  | Click or tap here to enter text. |

The list below outlines the information required for each list management service application. Please ensure you provide all the required information to the Department with this application form.

|  |
| --- |
|[ ]  **Ministerial Discretion not to apply a Statutory Price Reduction request**Your application must also include a complete:* Ministerial Discretion Request form; and
* [PB11b form](http://www.pbs.gov.au/info/industry/useful-resources/pbs-forms#_PB11b).

Further information on requesting [Ministerial Discretion not to apply a Statutory Price Reduction](http://www.pbs.gov.au/info/industry/pricing/ministerial-discretion) is available via the PBS website.Submit your application to: PBSSPR@health.gov.au  |
|  |  |
|[ ]  **Price increase request**Your application must also include a complete:* [PB11a form](http://www.pbs.gov.au/info/industry/useful-resources/pbs-forms#_PB11a); and
* [PB11b form](http://www.pbs.gov.au/info/industry/useful-resources/pbs-forms#_PB11b).

Further information [on requesting a change to an existing price](http://www.pbs.gov.au/info/industry/pricing/pbs-items/fact-sheet-requesting-a-change-to-an-existing-price) including price increases is available via the PBS website. Submit your application to: PBSPriceIncreases@health.gov.au  |
|  |  |
|[ ]  **Brand premium request**Your application must also include a complete:* [PB11a form](http://www.pbs.gov.au/info/industry/useful-resources/pbs-forms#_PB11a).

Further information [on requesting a change to an existing price](http://www.pbs.gov.au/info/industry/pricing/pbs-items/fact-sheet-requesting-a-change-to-an-existing-price) including brand premiums is available via the PBS website. Submit your application to: pbspricing@health.gov.au |
|  |  |
|[ ]  **New item recognised as a new presentation request**Your application must also include:* The date that the drug in the pharmaceutical item was first PBS listed.
* A statement that the company is the sponsor for both the existing listed item and the new item.
* An explanation, and evidence (if applicable), as to why the new item is a new presentation.

Further information on requesting a [new item be recognised as a new presentation](http://www.pbs.gov.au/industry/pricing/ministerial-discretion/New-Presentation-Ministerial-Discretion-Guidance.pdf) is available via the PBS website.Submit your application to: PBSSPR@health.gov.au |
|[ ]  **Deed renewal request**To renew an existing deed arrangement at the end of the initial five-year deed term.Further information on [expiry and renewing a deed of agreement](https://www.pbs.gov.au/info/industry/listing/elements/deeds-agreement/c-deed-of-agreement) is available via the PBS website.Submit your application to: pbspricing@health.gov.auNote: the five-year rebate management fee applies to this request.  |
|  |  |
|[ ]  **Deed variation request**For changes to an existing deed of agreement that do not require PBAC consideration i.e. administrative changes.Further information on [variations to a deed of agreement](https://www.pbs.gov.au/info/industry/listing/elements/deeds-agreement/c-deed-of-agreement) is available via the PBS website.Submit your application to: pbspricing@health.gov.au |
| Please refer to Part 3A of the *National Health (Pharmaceuticals and Vaccines–Cost Recovery) Regulations* 2009 for further information on list management fees. |
| **Fee Exemption or Fee Waiver requested?** | Please select |
| **Supporting documentation attached?** | Please select |
| If requesting a Fee Exemption or Fee Waiver supporting documentation must be attached. **Please note: Exemptions** may only be approved for items specified in Regulation 5.1. **Waivers** may only be approved in the circumstances specified in Regulation 5.2. Guidance on how to submit a waiver application is included in the Cost Recovery Administrative Guidelines. |

# **Applicant details**

| **Name of Company or supplier of the Drug/Vaccine:** | Click or tap here to enter text. |
| --- | --- |
| **ABN:** | Click or tap here to enter text. |
|  |  |
|  | **Authorised Representative** | **Secondary contact** |
| **Contact person (for the List Management phase):** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Position:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Email address:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Telephone number:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Mobile number (optional):** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Postal address (if different from above):** | Click or tap here to enter text. | Click or tap here to enter text. |

# **Applicant declaration**

**I declare that:**

|[ ]  I am authorised to make this request on behalf of the applicant. |
| --- |
|[ ]  The information I have provided in this form contains all information I know to be relevant to the listing of the drug / vaccine and is correct to the best of my knowledge. |

**I understand that:**

|[ ]  Giving false or misleading information is a serious offence. |
| --- |
|[ ]  Consistent with the *National Health (Pharmaceuticals and Vaccines–Cost Recovery) Amendment Regulations 2009*, a fee will ordinarily be payable for list management services provided by the Commonwealth.  |

| **Full name:** | Click or tap here to enter text. |
| --- | --- |
| Authorised for electronic signature. | Click or tap to enter a date. |

A complete APPLICATION FORM FOR LIST MANAGEMENT SERVICES must be submitted electronically in word format. Please do not submit a scanned or PDF version of the form.

\*The applicable fee amount and the payment options will be outlined in the request for payment notification and the invoice, including terms of trade advice, sent by the Department. The notice will be issued within 10 business days of submission of a complete list management application.

1. . Refer to subregulation 3A.2(1) of the National Health (Pharmaceuticals and Vaccines–Cost Recovery) Regulations 2009. [↑](#footnote-ref-1)