



Application to list or modify price of a product on the Repatriation Schedule of Pharmaceutical Benefits (RSPB)

**The Secretariat
Repatriation Pharmaceutical Reference Committee
GPO Box 9998
Canberra, ACT, 2601**

I _____
(Please print name)

of _____
(Name and address of sponsor)

Request that the following product be listed on the Repatriation Schedule of Pharmaceutical Benefits. (A separate application is required for each form, size or strength of a product)

Application to list on RSPB **OR** Application to modify price of a product listed on RSPB

Reason for price modification: _____

Description						Pricing (\$AUS)	
RPBS Code (if listed)	ARTG Code	Form (including strength) / Size	Generic Name & Manner of Admin	Brand Name	Max Pricing Qty	Agreed Ex-Manufacturer Price for pricing qty (AEMP)	Price To Pharmacy (PTP)

Most Recent Modification			Proposed Modification			Percentage Change	
Date	List Price (\$p)	Health Index Number (HI1)	Date	List Price (\$c)	Health Index Number (HI2)	List Price (((\$c-\$p)/\$p)*100)	Health Index Number ((HI2-HI1)/HI1)*100

I Certify that:

- the information given is correct in every particular; and
- ex-manufacturer prices are firm for a period of twelve months following the product being listed at the initial or previously modified list price*; and
- the product will be continuously available to all pharmacies, as a maximum price not exceeding the stated list price while listed on the RSPB.

Signature



Date
____ / ____ / ____

Contact Number
____ | ____ | ____ | ____ | ____ | ____ | ____ | ____

Name of signatory (print)

* DVA reserves the right to consider submissions from a sponsor for a price modification prior to the expiration of the stated twelve-month period.