

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) 1.1 ABN: 41 169 715 664 TEVA Pharma Australia Pty Ltd

1.3 RESPONSIBLE PERSON:

(entity name)

Address for customer enquiries*	37 Epping Road, Macquarie Park, New South Wales, 2113
Company Website	www.teva.com
Telephone Number for customer enquiries	(02) 8061 9900
Email address for customer enquiries	customerservice.au@tevapharm.com

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).

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Name		
Title	Scientific Affairs ANZ	
Address*	37 Epping Road, Macquarie Park, New South Wales, 2113	
Work Phone		
Mobile Phone		
E-mail address	@tevapharm.com	
Second E-mail address (optional)		

^{*} Please note that only Australian addresses are accepted

2.2	I,					
		(Name	of Authorise	ed Representa	itive)	
	- 1 -	(D)				
		(Position	i within the	corporation)		

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



2.2 ALITHODISED DEDDESENTATIVE 2 (entire all)

Name	
Title	
Address*	37 Epping Road, Macquarie Park, New South Wales, 2113
Work Phone	
Mobile Phone	
E-mail address	
Second E-mail address (optional)	

Date: 2 Jan 2018

this notification.

2.4 I, ___

(Position within the corporation) declare that I have the legal authority to act on behalf of the Responsible Person named in

Date: 2 Jan 2018

Signed:

Signed:

^{*} Please note that only Australian addresses are accepted

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:

Item Code*	Listed Drug (Schedule text)	Form (strength, type, pack size etc) (Schedule text/TGA approved)	Manner of Admin	Brand	Container Type	Dosage Form	ARTG Number
8626B	Tiotropium (as bromide)	13 microgram powder for inhalation, 30	Oral inhalation	Braltus	Bottle	capsules =	293317
		1 - 10 is 1 - 1 - 1 - 1 - 1					

^{*} 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: 2 Jan 2018

AUTHORISED REPRESENTATIVE 2

Signed:

Date: 2 Jan 2018