

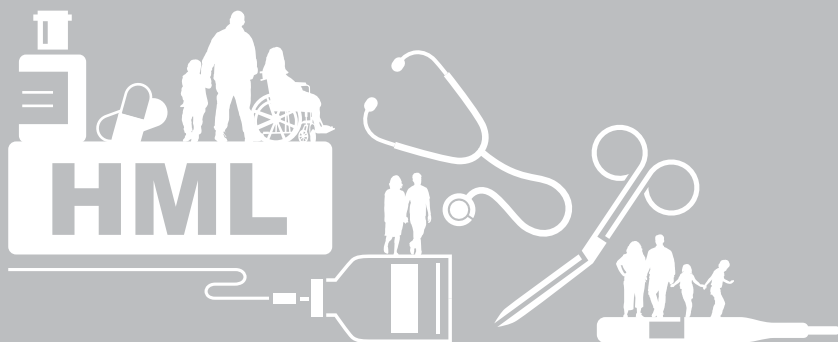
The Hospital Medicines List (HML)

Section H

for Hospital Pharmaceuticals

Update effective 1 January 2015

Cumulative for December 2014
and January 2015



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Summary of decisions

EFFECTIVE 1 JANUARY 2015

- Allopurinol (Apo-Allopurinol) tab 100 mg and 300 mg – price decrease and addition of HSS
- Apraclonidine (Iopidine) eye drops 0.5% – new listing and addition of HSS
- Bisoprolol fumarate (Bosvate) tab 2.5 mg, 5 mg and 10 mg – amended chemical name, price decrease and addition of HSS
- Cefoxitin (Hospira) inj 1 g vial – price increase
- Ciprofloxacin with hydrocortisone (Ciproxin HC Otic) ear drops ciprofloxacin 0.2% with 1% hydrocortisone – amended chemical name and presentation descriptions, new listing with addition of HSS
- Clarithromycin (Martindale) inj 500 mg vial – new listing and addition of HSS
- Clarithromycin (Klacid) inj 500 mg vial – to be delisted 1 March 2015
- Desferrioxamine mesilate (Hospira) inj 500 mg vial – price increase
- Dexamethasone with tobramycin (Tobradex) eye drops 0.1% with tobramycin 0.3% – new listing and addition of HSS
- Diazepam (Hospira) inj 5 mg per ml, 2 ml ampoule – price increase
- Ephedrine (Max Health) inj 30 mg per ml, 1 ml ampoule – price decrease and addition of HSS
- Ganciclovir eye gel 0.15% – new listing
- Glyceril trinitrate (Hospira) inj 5 mg per ml, 10 ml ampoule – price increase
- Hydrocortisone and paraffin liquid and lanolin (DP Lotn HC) lotn 1% with paraffin liquid 15.9% and lanolin 0.6% – amended chemical name and presentation description
- Hyoscine hydrobromide (Hospira) inj 400 mcg per ml, 1 ml ampoule – price increase
- Infliximab (Remicade) inj 100 mg – price decrease and addition of HSS
- Influenza vaccine (Fluarix and Influvac) inj 45 mcg in 0.5 ml syringe – amended restriction
- Levocarnitine oral soln 1,100 mg per 15 ml – new listing
- Levocarnitine oral soln 500 mg per 15 ml – to be delisted 1 July 2015
- Miconazole nitrate (Multichem) crm 2% – price increase and addition of HSS
- Naloxone hydrochloride (Hospira) inj 400 mcg per ml, 1 ml ampoule – price increase
- Paracetamol with codeine (Paracetamol + Codeine (Relieve)) tab paracetamol 500 mg with codeine phosphate 8 mg – price decrease

Summary of PHARMAC decisions – effective 1 January 2015 (continued)

- Pentamidine isethionate (Pentacarinat) inj 300 mg vial – new listing and addition of HSS
- Promethazine hydrochloride (Hospira) inj 25 mg per ml, 2 ml ampoule – price increase
- Solifenacin succinate (Vesicare) tab 5 mg and 10 mg – price decrease
- Testosterone undecanoate (Reandron 1000) inj 250 mg per ml, 4 ml vial – new listing
- Testosterone undecanoate (Reandron 1000) inj 250 mg per ml, 4 ml ampoule – to be delisted 1 March 2015
- Tocilizumab (Actemra) inj 20 mg per ml, 4 ml, 10 ml and 20 ml vial – amended restriction
- Zinc sulphate (Zincaps) cap 137.4 mg (50 mg elemental) – addition of HSS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Section H changes to Part II

Effective 1 January 2015

ALIMENTARY TRACT AND METABOLISM

22	LEVOCARNITINE → Oral soln 1,100 mg per 15 ml (new listing) → Oral soln 500 mg per 15 ml (delisting) Note – Levocarnitine oral soln 500 mg per 15 ml to be delisted 1 July 2015.			
24	ZINC SULPHATE (addition of HSS) Cap 137.4 mg (50 mg elemental) – 1% DV Mar-15 to 2017	11.00	100	Zincaps

CARDIOVASCULAR SYSTEM

42	BISOPROLOL FUMARATE (amended chemical name, ↓ price and addition of HSS) Tab 2.5 mg – 1% DV Mar-15 to 2017 Tab 5 mg – 1% DV Mar-15 to 2017 Tab 10 mg – 1% DV Mar-15 to 2017	2.40 3.50 6.40	30 30 30	Bosvate Bosvate Bosvate
47	GLYCERYL TRINITRATE (↑ price) Inj 5 mg per ml, 10 ml ampoule	100.00	5	Hospira
48	EPHEDRINE (↓ price and addition of HSS) Inj 30 mg per ml, 1 ml ampoule – 1% DV Mar-15 to 2017	51.48	10	Max Health

DERMATOLOGICALS

51	MICONAZOLE NITRATE (↑ price and addition of HSS) Crn 2% – 1% DV Mar-15 to 2017	0.55	15 g	Multichem
54	HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN WITH WOOL FAT AND MINERAL OIL- (amended chemical name and presentation description) Lotn 1% with paraffin liquid 15.9% and lanolin 0.6% wool-fat hydrous 3% and mineral oil – 1% DV Dec-14 to 2017	10.57	250 ml	DP Lotn HC

GENITO-URINARY SYSTEM

61	SOLIFENACIN SUCCINATE (↓ price) → Tab 5 mg → Tab 10 mg	37.50 37.50	30 30	Vesicare Vesicare
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HORMONE PREPARATIONS – SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

62	TESTOSTERONE UNDECANOATE Inj 250 mg per ml, 4 ml vial (new listing) Inj 250 mg per ml, 4 ml ampoule (delisting)	86.00 86.00	1 1	Reandron 1000 Reandron 1000
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Note – Reandron 1000 inj 250 mg per ml, 4 ml ampoule to be delisted 1 March 2015.

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 January 2015 (continued)

INFECTIONS – AGENTS FOR SYSTEMIC USE

73	CEFOXITIN (↑ price) Inj 1 g vial	74.25	5	Hospira
74	CLARITHROMYCIN → Inj 500 mg vial – 1% DV Mar-15 to 2017 Note – Klacid inj 500 mg vial to be delisted from 1 March 2015.	20.40	1	Martindale
83	PENTAMIDINE ISETHIONATE → Inj 300 mg vial – 1% DV Mar-15 to 2017	180.00	5	Pentacarinat

MUSCULOSKELETAL SYSTEM

100	ALLOPURINOL (↓ price and addition of HSS) Tab 100 mg – 1% DV Mar-15 to 2017	15.11	1,000	Apo-Allopurinol
	Tab 300 mg – 1% DV Mar-15 to 2017	15.91	500	Apo-Allopurinol

NERVOUS SYSTEM

112	PARACETAMOL WITH CODEINE (↓ price) Tab paracetamol 500 mg with codeine phosphate 8 mg	2.11	100	Paracetamol + Codeine (Relieve)
115	DIAZEPAM (↑ price) Inj 5 mg per ml, 2 ml ampoule	11.83	5	Hospira
120	HYOSCINE HYDROBROMIDE (↑ price) Inj 400 mcg per ml, 1 ml ampoule	46.50	5	Hospira

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

158	INFLIXIMAB (↓ price and addition of HSS) → Inj 100 mg – 10% DV Mar-15 to 29 Feb 2020	806.00	1	Remicade
170	TOCILIZUMAB (amended restriction – amended criterion only displayed) → Inj 20 mg per ml, 4 ml vial	220.00	1	Actemra
	→ Inj 20 mg per ml, 10 ml vial	550.00	1	Actemra
	→ Inj 20 mg per ml, 20 ml vial	1,100.00	1	Actemra

Restricted
Initiation -Rheumatoid Arthritis
Rheumatologist
Re-assessment required after 6 months

Either:

1 All of the following:

1.1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab and/or etanercept; or

continued...

→ Restriction
(Brand) indicates a brand example only. It is not a contracted product.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 January 2015 (continued)

continued...

- 1.2.2 **The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for rheumatoid arthritis; and**
- 1.3 **The patient has been started on rituximab for rheumatoid arthritis in a DHB hospital in accordance with the HML rules; and**
- 1.4 **Either:**
 - 1.4.1 **The patient has experienced intolerable side effects from rituximab; or**
 - 1.4.2 **At four months following the initial course of rituximab the patient has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis; or**
- 2 **All of the following:**
 - 2.1 Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer; and
 - 2.2 Tocilizumab is to be used as monotherapy; and
 - 2.3 **Either:**
 - 2.3.1 Treatment with methotrexate is contraindicated; or
 - 2.3.2 Patient has tried and did not tolerate oral and/or parenteral methotrexate; and
 - 2.4 **Either:**
 - 2.4.1 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of cyclosporine alone or in combination with another agent; or
 - 2.4.2 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of leflunomide alone or in combination with another agent; and
 - 2.5 **Either:**
 - 2.5.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or
 - 2.5.2 Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
 - 2.6 **Either:**
 - 2.6.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
 - 2.6.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Continuation – Rheumatoid Arthritis

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Following 6 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician.

RESPIRATORY SYSTEM AND ALLERGIES

176	PROMETHAZINE HYDROCHLORIDE (↑ price) Inj 25 mg per ml, 2 ml ampoule	11.99	5	Hospira
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SENSORY ORGANS

181	DEXAMETHASONE WITH TOBRAMYCIN Eye drops 0.1% with tobramycin 0.3% – 1% DV Mar-15 to 2017	12.64	5 ml	Tobradex
181	GANCICLOVIR Eye gel 0.15%			e.g. Virgan

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 January 2015 (continued)

182	CIPROFLOXACIN WITH HYDROCORTISONE WITH CIPROFLOXACIN (amended chemical and presentation descriptions, and new listing with HSS) Ear drops ciprofloxacin 0.2% with 1% hydrocortisone with ciprofloxacin 0.2% – 1% DV Mar-15 to 2017	16.30	10 ml	Ciproxin HC Otic
185	APRACLONIDINE Eye drops 0.5% – 1% DV Mar-15 to 2017	19.77	5 ml	Iopidine

VARIOUS

187	NALOXONE HYDROCHLORIDE (↑ price) Inj 400 mcg per ml, 1 ml ampoule	48.84	5	Hospira
188	DESFERRIOXAMINE MESILATE (↑ price) Inj 500 mg vial	109.89	10	Hospira

VACCINES

215	INFLUENZA VACCINE (amended restriction) → Inj 45 mcg in 0.5 ml syringe	90.00	10	Fluarix Influvac
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Restricted

Any of the following:

- 1 All people 65 years of age and over; or
- 2 People under 65 years of age who:
 - 2.1 Have any of the following cardiovascular diseases:
 - 2.1.1 Ischaemic heart disease; or
 - 2.1.2 Congestive heart disease; or
 - 2.1.3 Rheumatic heart disease; or
 - 2.1.4 Congenital heart disease; or
 - 2.1.5 Cerebro-vascular disease; or
 - 2.2 Have any of the following chronic respiratory diseases:
 - 2.2.1 Asthma, if on a regular preventative therapy; or
 - 2.2.2 Other chronic respiratory disease with impaired lung function; or
 - 2.3 Have diabetes;
 - 2.4 Have chronic renal disease;
 - 2.5 Have any cancer, excluding basal and squamous skin cancers if not invasive;
 - 2.6 Have any of the following other conditions:
 - 2.6.1 Autoimmune disease;
 - 2.6.2 Immune suppression;
 - 2.6.3 HIV;
 - 2.6.4 Transplant recipients;
 - 2.6.5 Neuromuscular and CNS diseases;
 - 2.6.6 Haemoglobinopathies;
 - 2.6.7 Are children on long term aspirin; or
 - 2.7 Are pregnant, or
 - 2.8 Are children aged four and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness; or
- 3 ~~People under 18 years of age living within the boundaries of the Canterbury District Health Board.~~

Note: The following conditions are excluded from funding:

- asthma not requiring regular preventative therapy; and
- hypertension and/or dyslipidaemia without evidence of end-organ disease.

→ Restriction

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		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 December 2014

ALIMENTARY TRACT AND METABOLISM

18	INSULIN ASPART Inj 100 u per ml, 3 ml syringe	51.19	5	NovoRapid FlexPen
20	DOCUSATE SODIUM WITH SENNOSIDES (↓ price) Tab 50 mg with sennosides 8 mg	4.40	200	Laxsol
21	DANTHRON WITH POLOXAMER – Restricted see terms below → Oral liq 25 mg with poloxamer 200 mg per 5 ml	21.30	300 ml	Pinorax
	→ Oral liq 75 mg with poloxamer 1 g per 5 ml	43.60	300 ml	Pinorax Forte
	Note – Pinorax and Pinorax Forte oral liquid to be delisted from 1 April 2015.			
23	POTASSIUM IODATE Tab 256 mcg (150 mcg elemental iodine) Note – Potassium iodate tab 256 mcg (150 mcg elemental iodine) to be delisted 1 December 2014.			

CARDIOVASCULAR SYSTEM

43	AMLODIPINE (↓ price and addition of HSS) Tab 2.5 mg – 1% DV Feb-15 to 2017	2.21	100	Apo-Amlodipine
48	NORADRENALINE Inj 1 mg per ml, 2 ml ampoule (delisting) Inj 1 mg per ml, 4 ml ampoule (new listing) Note – Noradrenaline inj 1 mg per ml, 2 ml ampoule to be delisted from 1 June 2015.			
50	ILOPROST Inj 50 mcg in 0.5 ml ampoule – 1% DV Feb-15 to 2016	89.50	1	Arrow-Iloprost
	Note – Iloprostin inj 50 mcg in 0.5 ml ampoule to be delisted from 1 February 2015.			

DERMATOLOGICALS

56	IMIQUIMOD → Crm 5%, 250 mg sachet – 1% DV Feb-15 to 2017	17.98	12	Apo-Imiquimod Cream 5%
	Note – Aldara crm 5% to be delisted 1 February 2015.			

GENITO-URINARY SYSTEM

59	LEVONORGESTREL (amended presentation description) Subdermal implant (2 x 75 mg rods) Implant 75 mg – 5% DV Oct-14 to 31 Dec 2017	133.65	1	Jadelle
61	SODIUM CITRO-TARTRATE (↓ price and addition of HSS) Grans eff 4 g sachets – 1% DV Feb-15 to 2017	2.93	28	Ural

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 December 2014 (continued)

HORMONE PREPARATIONS – SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

62	ZOLEDRONIC ACID (amended presentation description) → Inj 4 mg per 5 ml, vial 0.8 mg per ml, 5 ml vial	550.00	1	Zometa
63	PREDNISOLONE (↓ price) Oral liq 5 mg per ml	7.50	30 ml	Redipred
71	TERLIPRESSIN Inj 1 mg per 8.5 ml ampoule	450.00	5	Glypressin

INFECTIONS – AGENTS FOR SYSTEMIC USE

74	ERYTHROMYCIN (AS ETHYLSUCCINATE) (↑ price) Grans for oral liq 200 mg per 5 ml	5.00	100 ml	E-Mycin
	Grans for oral liq 400 mg per 5 ml	6.77	100 ml	E-Mycin
75	AMOXICILLIN Grans for oral liq 125 mg per 5 ml	1.55	100 ml	Ospamox
	Grans for oral liq 250 mg per 5 ml	1.10	100 ml	Ospamox

Note – Ospamox grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml to be delisted from 1 February 2015.

MUSCULOSKELETAL SYSTEM

97	ZOLEDRONIC ACID (amended presentation description) → Inj 5 mg per 100 ml, vial 0.05 mg per ml, 100 ml vial	600.00	100 ml	Aclasta
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NERVOUS SYSTEM

129	DEXAMFETAMINE SULFATE (Pharmacode change) → Tab 5 mg – 1% DV Mar-13 to 2015	16.50	100	PSM
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Note – change in Pharmacode from 206547 to 2461374. Pharmacode 206547 to be delisted from 1 February 2015.

131	DONEPEZIL HYDROCHLORIDE (↓ price and addition of HSS) Tab 5 mg – 1% DV Feb-15 to 2017	5.48	90	Donepezil-Rex
	Tab 10 mg – 1% DV Feb-15 to 2017	10.51	90	Donepezil-Rex

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

138	TRETINOIN (↑ price) Cap 10 mg	479.50	100	Vesanoid
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→ Restriction

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	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 December 2014 (continued)

139	IMATINIB MESILATE (Note amendment and new listing of 400 mg presentation) Note: Imatinib-AFT is not a registered for the treatment of Gastro Intestinal Stromal Tumours (GIST). The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA1460 in Section B of the Pharmaceutical Schedule.			
	→ Tab 100 mg	2,400.00	60	Glivec
	Cap 100 mg – 1% DV Jul-14 to 2017	298.90	60	Imatinib-AFT
	Note: Imatinib-AFT is not a registered for the treatment of Gastro Intestinal Stromal Tumours (GIST). The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA1460 in Section B of the Pharmaceutical Schedule.			
	Cap 400 mg (new listing)	597.80	30	Imatinib-AFT

RESPIRATORY SYSTEM AND ALLERGIES

175	CETIRIZINE HYDROCHLORIDE Oral liq 1 mg per ml – 1% DV Feb-15 to 2017	2.99	200 ml	Histaclear
	Note – Cetirizine – AFT oral liq 1 mg per ml to be delisted from 1 February 2015.			

SPECIAL FOODS

209	LOW ELECTROLYTE ORAL FEED 2 KCAL/ML → Liquid 3 g protein, 25.5 g carbohydrate and 9.6 g fat per 100 ml, 237 ml bottle			e.g. Suplena
	Note – Suplena liquid to be delisted from 1 February 2015.			

VACCINES

214	PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE → Inj 575 mcg in 0.5 ml vial (25 mcg of each 23 pneumococcal serotype) – 1% DV Jul-14 to 2017	0.00	1	Pneumovax 23
	Restricted			
	Any Either of the following:			
	1 Up to three doses for patients pre- or post-splenectomy or with functional asplenia; or			
	2 Up to two doses are funded for high risk children to the age of 18, or			
	3 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.			

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