Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Section H Update

for Hospital Pharmaceuticals

September 2022

PHARMAC
TE PĀTAKA WHAIORANGA

Contents

Summary of decisions
EFFECTIVE 1 SEPTEMBER 2022

- Ambrisentan (Mylan) tab 10 mg – new listing
- Ambrisentan (Ambrisentan Mylan) tab 10 mg – to be delisted 1 March 2023
- Amino acid formula (without phenylalanine) powder 20 g protein, 3.8 g carbohydrate and 0.23 g fibre per 28 g sachet (e.g. PKU Lophlex Powder (neutral) and powder 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet (e.g. PKU Anamix Junior (van/choc/neutral)) – amended example brand name
- Amisulpride (Sulprix) tab 400 mg – Pharmacode 2500159 to be delisted 1 March 2023.
- Amoxicillin with clavulanic acid (Augmentin) grans for oral liq amoxicillin 25 mg with clavulanic acid 6.25 mg per ml, 100 ml – price increase
- Ascorbic acid (Cvite) tab 100 mg – new Pharmacode listing and addition of PSS
- Ascorbic acid (Cvite) tab 100 mg – Pharmacode 2439697 to be delisted 1 February 2023
- Bendamustine hydrochloride (Ribomustin) inj 25 mg and 100 mg vial – amended restriction criteria
- Benralizumab (Fasenra) inj 30 mg per ml, 1 ml prefilled pen – new listing
- Cetomacrogol with glycerol (Evara) crm 90% with glycerol 10%, 500 ml and 1,000 ml – new listing
- Cetomacrogol with glycerol (Boucher) crm 90% with glycerol 10%, 500 ml and 1,000 ml – to be delisted 1 March 2023
- Ciprofloxacin (Viatris) inj 2 mg per ml, 100 ml bag – new listing
- Codeine phosphate (Aspen) tab 30 mg – new listing
- Dexamethasone phosphate (Hameln) inj 4 mg per ml, 1 ml and 2 ml ampoule – new listing and addition of PSS
- Dexamethasone phosphate (Dexamethasone Phosphate Panpharma) inj 4 mg per ml, 1 ml and 2 ml ampoule – to be delisted 1 February 2023
- Diazepam (Stesolid) rectal tubes 5 mg – price increase and addition of PSS
- Eplerenone (Inspra) tab 25 mg – Pharmacode 2316129 to be delisted 1 March 2023
- Eplerenone (Inspra) tab 50 mg – new Pharmacode listing
- Erlotinib (Alchemy) tab 100 mg and 150 mg – new listing and addition of PSS
- Erlotinib (Tarceva) tab 100 mg and 150 mg – to be delisted 1 February 2023
- Fluoxetine hydrochloride (Fluox) tab dispersible 20 mg, scored, 28 tab pack – price increase and addition of PSS

Summary of decisions – effective 1 September 2022 (continued)

- Fluoxetine hydrochloride (Fluox) tab dispersible 20 mg, scored, 30 tab pack – to be delisted 1 February 2023
- Glycerol (Lax-suppositories Glycerol) suppos 4 g – new listing and addition of PSS
- Glycerol suppos 1.27 g, 2.55 g and suppos 3.6 g (PSM) – to be delisted 1 February 2023
- Loratadine (Lorafix) tab 10 mg – price increase and addition of PSS
- Macrogol 3350 with ascorbic acid, potassium chloride and sodium chloride (e.g. Glycoprep-O) powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 210 g sachet – new listing
- Macrogol 3350 with ascorbic acid, potassium chloride, sodium chloride and citric acid with magnesium oxide and sodium picosulfate (e.g. Prepkit-O) powder for oral soln 52.9 g with ascorbic acid 6 g, potassium chloride 740 mg, sodium chloride 2.6 g and sodium sulphate 5.6 g per sachet (1) and powder for oral soln citric acid 12 g with magnesium oxide 3.5 g and sodium picosulfate 10 mg per sachet (2) – new listing
- Mepolizumab (Nucala) inj 100 mg prefilled pen and vial – amended restriction criteria
- Methadone hydrochloride (Methadone BNM) tab 5 mg – new listing and addition of PSS
- Methadone hydrochloride (Methatabs) tab 5 mg – to be delisted 1 February 2023
- Methenamine (hexamine) hippurate (Hiprex) tab 1 g – price decrease and addition of PSS
- Multivitamins (Mvite) tab (BPC cap strength) – new Pharmacode listing and addition of PSS
- Multivitamins (Mvite) tab (BPC cap strength) – Pharmacode 2439689 to be delisted 1 February 2023
- Naloxone hydrochloride (Hameln) inj 400 mcg per ml, 1 ml ampoule – new listing and addition of PSS
- Naloxone hydrochloride (DBL Naloxone Hydrochloride) inj 400 mcg per ml, 1 ml ampoule – to be delisted 1 February 2023
- Obinutuzumab (Gazyva) inj 25 mg per ml, 40 ml vial – amended restriction criteria
- Paracetamol (Avallon) oral liq 120 mg per 5 ml and oral liq 240 mg per 5 ml, 200 ml – new listing

Summary of decisions – effective 1 September 2022 (continued)

- Piperacillin with tazobactam (PipTaz-AFT) inj 4 g with tazobactam 0.5 g vial – new listing and addition of PSS
- Piperacillin with tazobactam (PipTaz Sandoz and PiperTaz Sandoz) inj 4 g with tazobactam 0.5 g vial – to be delisted 1 February 2023
- Secretin pentahydrochloride inj 80 u and 100 u vial – new listing
- Sodium thiosulfate inj 250 mg per ml, 100 ml vial – new listing

		Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer

Section H changes to Part II

Effective 1 September 2022

ALIMENTARY TRACT AND METABOLISM

14 MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE AND SODIUM CHLORIDE (new listing)
Powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 210 g sachet — *e.g. Glycoprep-O*

14 MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE, SODIUM CHLORIDE AND CITRIC ACID WITH MAGNESIUM OXIDE AND SODIUM PICOSULFATE (new listing)
Powder for oral soln 52.9 g with ascorbic acid 6 g, potassium chloride 740 mg, sodium chloride 2.6 g and sodium sulphate 5.6 g per sachet (1) and powder for oral soln citric acid 12 g with magnesium oxide 3.5 g and sodium picosulfate 10 mg per sachet (2) — *e.g. Prepkit-O*

15 GLYCEROL (new listing and addition of PSS)

Suppos 4 g – **5% DV Feb-23 to 2025**	10.39	20	**Lax-suppositories Glycerol**

Note: DV limit applies to glycerol suppository presentations.

15 GLYCEROL (delisting)

Suppos 1.27 g			
Suppos 2.55 g			
Suppos 3.6 g	9.25	20	PSM

Note – PSM suppos 3.6 mg and suppos 1.27 g and 2.55 g to be delisted from 1 February 2023.

24 MULTIVITAMINS (new listing and addition of PSS)

Tab (BPC cap strength) – **5% DV Feb-23 to 2025**	18.50	1,000	**Mvite**

Note – this is a new Pharmacode listing, 2642247.

24 MULTIVITAMINS (delisting)

Tab (BPC cap strength)	11.45	1,000	Mvite

Note – this delist applies to Pharmacode, 2439689 from 1 February 2023.

26 ASCORBIC ACID (new listing and addition of PSS)

Tab 100 mg – **5% DV Feb-23 to 2025**	12.50	500	**Cvite**

Note – this is a new Pharmacode listing, 2642255.

26 ASCORBIC ACID (delisting)

Tab 100 mg	9.90	500	Cvite

Note – this delisting applies to Pharmacode, 2439697 from 1 February 2023.

Changes to Section H Part II – effective 1 September 2022 (continued)

CARDIOVASCULAR SYSTEM

48 EPLERENONE (delisting)
➔ Tab 25 mg – **5% DV Jun-22 to 2024** ..... 18.50 — 30 — **Inspra**
Note – this delist applies to Pharmacode 2316129 from 1 March 2023.

48 EPLERENONE (new Pharmacode listing)
➔ Tab 50 mg – **5% DV Jun-22 to 2024** ..... 25.00 — 30 — **Inspra**
Note – this is a new Pharmacode listing, 2619520.

53 AMBRISENTAN (new listing)
➔ Tab 10 mg ..... 1,550.00 — 30 — Mylan

53 AMBRISENTAN (delisting)
➔ Tab 10 mg – **1% DV Mar-21 to 2023** ..... 1,550.00 — 30 — **Ambrisentan Mylan**
Note – Ambrisentan Mylan tab 10 mg to be delisted from 1 March 2023.

DERMATOLOGICALS

58 CETOMACROGOL WITH GLYCEROL (new listing)
Crm 90% with glycerol 10% ..... 2.35 — 500 ml — Evara
3.10 — 1,000 ml — Evara
Note: DV limit applies to the pack sizes of greater than 100 g.

58 CETOMACROGOL WITH GLYCEROL (delisting)
Crm 90% with glycerol 10% ..... 2.35 — 500 ml — Boucher
3.10 — 1,000 ml — Boucher
Note: DV limit applies to the pack sizes of greater than 100 g.
Note – Boucher crm 90& with glycerol 10%, 500 ml and 1,000 ml delisted from 1 March 2023.

HORMONE PREPARATIONS

69 DEXAMETHASONE PHOSPHATE (new listing and addition of PSS)
Inj 4 mg per ml, 1 ml ampoule – **5% DV Feb-23 to 2025** ..... 7.86 — 10 — Hameln
Inj 4 mg per ml, 2 ml ampoule – **5% DV Feb-23 to 2025** ..... 13.10 — 10 — Hameln
Note – Dexamethasone Phosphate Panpharma inj 4 mg per ml, 1 ml and 2 ml ampoule to be delisted from 1 February 2023.

INFECTIONS

82 AMOXICILLIN WITH CLAVULANIC ACID (↑ price)
Grans for oral liq 25 mg with clavulanic acid 6.25 mg per ml ..... 6.50 — 100 ml — Augmentin

82 PIPERACILLIN WITH TAZOBACTAM (new listing and addition of PSS)
➔ Inj 4 g with tazobactam 0.5 g vial – **5% DV Feb-23 to 2025** ..... 3.59 — 1 — **PipTaz-AFT**

		Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer

Changes to Section H Part II – effective 1 September 2022 (continued)

82 PIPERACILLIN WITH TAZOBACTAM (delisting)
➔Inj 4 g with tazobactam 0.5 g vial ..... 38.00 — 10 — PipTaz Sandoz; PiperTaz Sandoz

Note – PipTaz Sandoz and PiperTaz Sandoz inj 4 g with tazobactam 0.5 g vial to be delisted from 1 February 2023.

83 CIPROFLOXACIN (new listing)
Inj 2 mg per ml, 100 ml bag ..... 148.00 — 10 — Viatris

85 METHENAMINE (HEXAMINE) HIPPURATE (↓ price and addition of PSS)
Tab 1 g – **5% DV Feb-23 to 2025** ..... 19.95 — 100 — **Hiprex**

NERVOUS SYSTEM

115 PARACETAMOL (new listing)
Oral liq 120 mg per 5 ml ..... 10.50 — 200 ml — Avallon
Oral liq 240 mg per 5 ml ..... 11.98 — 200 ml — Avallon

115 CODEINE PHOSPHATE (new listing)
Tab 30 mg ..... 32.80 — 100 — Aspen

116 METHADONE HYDROCHLORIDE (new listing and addition of PSS)
Tab 5 mg – **5% DV Feb-23 to 2025** ..... 1.45 — 10 — **Methadone BNM**

Note – Methatabs tab 5 mg to be delisted from 1 February 2023.

119 FLUOXETINE HYDROCHLORIDE (↑ price and addition of PSS)
Tab dispersible 20 mg, scored – **5% DV Feb-23 to 2025** ..... 2.50 — 28 — **Fluox**

119 FLUOXETINE HYDROCHLORIDE (delisting)
Tab dispersible 20 mg, scored ..... 1.98 — 30 — Fluox

Note – this delist applies to the 30 tab pack from 1 February 2023.

119 DIAZEPAM (↑ price and addition of PSS)
Rectal tubes 5 mg – **5% DV Feb-23 to 2025** ..... 54.58 — 5 — **Stesolid**

124 AMISULPRIDE (delisting)
Tab 400 mg ..... 29.78 — 60 — Sulprix

Note – this delist applies to Pharmacode 2500159 from 1 March 2023.

Changes to Section H Part II – effective 1 September 2022 (continued)

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

135 BENDAMUSTINE HYDROCHLORIDE (amended restriction criteria – affected criteria shown only)

➔ Inj 25 mg vial – **5% DV Sep-21 to 2024**..... 77.00 1 **Ribomustin**

➔ Inj 100 mg vial – **5% DV Sep-21 to 2024**..... 308.00 1 **Ribomustin**

Restricted

Initiation – Indolent, Low-grade lymphomas

Reassessment required after 9 months

All of the following:

1 The patient has indolent low grade NHL requiring treatment; and

2 Patient has a WHO performance status of 0-2; and

3 ~~Either~~ **Any of the following:**

3.1 Both:

3.1.1 Patient is treatment naive; and

3.1.2 Bendamustine is to be administered for a maximum of 6 cycles (in combination with rituximab when CD20+); or

3.2 ~~All of the following~~ **Both:**

3.2.1 ~~Patient has relapsed disease following prior chemotherapy~~ **Patient is refractory to or has relapsed within 12 months of a rituximab containing combined chemo-immunotherapy regimen; and**

3.2.2 ~~The patient has not received prior bendamustine therapy~~ **Bendamustine is to be administered in combination with obinutuzumab for a maximum of 6 cycles; or**

~~3.2.3 Either~~

3.3 ~~3.2.3.1 Both~~ **All of the following**:

3.3.1 ~~3.2.2~~ The patient has not received prior bendamustine therapy; and

3.3.2 ~~3.2.3.1.1~~ Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+); and

3.3.3 ~~3.2.3.1.2~~ Patient has had a rituximab treatment-free interval of 12 months or more; or

3.4 ~~3.2.3.2~~ Bendamustine is to be administered as monotherapy for a maximum of 6 cycles in rituximab refractory patients.

Continuation – Indolent, Low-grade lymphomas

Reassessment required after 9 months

~~Both~~ **Either**:

1 Both:

1.1 Patient is refractory to or has relapsed within 12 months of rituximab in combination with bendamustine; and

1.2 Bendamustine is to be administered in combination with obinutuzumab for a maximum of 6 cycles; or

2 Both:

2.1 Patients have not received a bendamustine regimen within the last 12 months; and

2.2 Either:

2.2.1 Both:

2.2.1.1 Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+); and

2.2.1.2 Patient has had a rituximab treatment-free interval of 12 months or more; or

2.2.2 Bendamustine is to be administered as a monotherapy for a maximum of 6 cycles in rituximab refractory patients.

Note: 'indolent, low-grade lymphomas' includes follicular, mantle cell, marginal zone and lymphoplasmacytic/ Waldenstrom's macroglobulinaemia.

		Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer

Changes to Section H Part II – effective 1 September 2022 (continued)

146 ERLOTINIB (new listing and addition of PSS)

➔Tab 100 mg – **5% DV Feb-23 to 2023** ..... 329.70 30 **Alchemy**

➔Tab 150 mg – **5% DV Feb-23 to 2023** ..... 569.70 30 **Alchemy**

Note – Tarceva tab 100 mg and 150 mg to be delisted from 1 February 2023.

178 BENRALIZUMAB (new listing)

➔Inj 30 mg per ml, 1 ml prefilled pen ..... 3,539.00 1 Fasenra

Restriction

Initiation – Severe eosinophilic asthma

Respiratory physician or clinical immunologist

Reassessment required after 12 months

All of the following:

1 Patient must be aged 12 years or older; and
2 Patient must have a diagnosis of severe eosinophilic asthma documented by a respiratory physician or clinical immunologist; and
3 Conditions that mimic asthma eg. vocal cord dysfunction, central airway obstruction, bronchiolitis etc. have been excluded; and
4 Patient has a blood eosinophil count of greater than 0.5 × 10 ^ 9cells/L in the last 12 months; and
5 Patient must be adherent to optimised asthma therapy including inhaled corticosteroids (equivalent to at least 1000 mcg per day of fluticasone propionate) plus long acting beta-2 agonist, or budesonide/formoterol as part of the anti-inflammatory reliever therapy plus maintenance regimen, unless contraindicated or not tolerated; and
6 Either:
   6.1 Patient has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, where an exacerbation is defined as either documented use of oral corticosteroids for at least 3 days or parenteral corticosteroids; or
   6.2 Patient has received continuous oral corticosteroids of at least the equivalent of 10 mg per day over the previous 3 months; and
7 Treatment is not to be used in combination with subsidised mepolizumab; and
8 Patient has an Asthma Control Test (ACT) score of 10 or less. Baseline measurements of the patient's asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 52 weeks after the first dose to assess response to treatment; and
9 Either:
   9.1 Patient has not previously received an anti-IL5 biological therapy for their severe eosinophilic asthma; or
   9.2 Both:
      9.2.1 Patient was refractory or intolerant to previous anti-IL5 biological therapy; and
      9.2.2 Patient was not eligible to continue treatment with previous anti-IL5 biological therapy and discontinued within 12 months of commencing treatment.

Continuation – Severe eosinophilic asthma

Respiratory physician or clinical immunologist

Reassessment required after 2 years

Both:

1 An increase in the Asthma Control Test (ACT) score of at least 5 from baseline; and
2 Either:
   2.1 Exacerbations have been reduced from baseline by 50% as a result of treatment with benralizumab; or
   2.2 Reduction in continuous oral corticosteroid use by 50% or by 10 mg/day while maintaining or improving asthma control.

➔ Restriction

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

	Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer

Changes to Section H Part II – effective 1 September 2022 (continued)

188 MEPOLIZUMAB (amended restriction criteria – affected criteria shown only)

➔ Inj 100 mg prefilled pen	1,638.00	1	Nucala
➔ Inj 100 mg vial	1,638.00	1	Nucala

Restricted
Initiation – Severe eosinophilic asthma
Respiratory physician or clinical immunologist
Re-assessment required after 12 months
All of the following:

1 Patient must be aged 12 years or older; and
2 Patient must have a diagnosis of severe eosinophilic asthma documented by a respiratory physician or clinical immunologist; and
3 Conditions that mimic asthma eg. vocal cord dysfunction, central airway obstruction, bronchiolitis etc. have been excluded; and
4 Patient has a blood eosinophil count of greater than 0.5 × 10^9 cells/L in the last 12 months; and
5 Patient must be adherent to optimised asthma therapy including inhaled corticosteroids (equivalent to at least 1000 mcg per day of fluticasone propionate) plus long acting beta-2 agonist, or budesonide/formoterol as part of the single maintenance and reliever therapy regimen, unless contraindicated or not tolerated; and
6 Either:
   6.1 Patient has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, where an exacerbation is defined as either documented use of oral corticosteroids for at least 3 days or parenteral corticosteroids; or
   6.2 Patient has received continuous oral corticosteroids of at least the equivalent of 10 mg per day over the previous 3 months; and
7 **Treatment is not to be used in combination with subsidised benralizumab; and**
8 Patient has an Asthma Control Test (ACT) score of 10 or less. Baseline measurements of the patient's asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 52 weeks after the first dose to assess response to treatment; **and**
9 Either:
   9.1 Patient has not previously received an anti-IL5 biological therapy for their severe eosinophilic asthma; or
   9.2 Both:
      9.2.1 Patient was refractory or intolerant to previous anti-IL5 biological therapy; and
      9.2.2 Patient was not eligible to continue treatment with previous anti-IL5 biological therapy and discontinued within 12 months of commencing treatment.

		Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer

Changes to Section H Part II – effective 1 September 2022 (continued)

188 OBINUTUZUMAB (amended restriction criteria – new criteria shown only)
➔Inj 25 mg per ml, 40 ml vial ..... 5,910.00 1 Gazyva

Restricted
Initiation – follicular / marginal zone lymphoma
Re-assessment required after 9 months
All of the following:
1 Either:
1.1 Patient has follicular lymphoma; or
1.2 Patient has marginal zone lymphoma; and
2 Patient is refractory to or has relapsed within 12 months of a rituximab containing combined chemo-immunotherapy regimen*; and
3 Patient has an ECOG performance status of 0-2; and
4 Patient has been previously treated with no more than four chemotherapy regimens; and
5 Obinutuzumab to be administered at a maximum dose of 1000 mg for a maximum of 6 cycles in combination with chemotherapy*
Note: *includes unapproved indications.

Continuation – follicular / marginal zone lymphoma
Re-assessment required after 24 months
All of the following:
1 Patient has no evidence of disease progression following obinutuzumab induction therapy; and
2 Obinutuzumab to be administered at a maximum of 1000 mg every 2 months for a maximum of 2 years; and
3 Obinutuzumab to be discontinued at disease progression.

RESPIRATORY SYSTEM AND ALLERGIES

222 LORATADINE (↑ price and addition of PSS)
Tab 10 mg – **5% DV Feb-23 to 2025** ..... 1.78 100 **Lorafix**

VARIOUS

236 NALOXONE HYDROCHLORIDE (new listing and addition of PSS)
Inj 400 mcg per ml, 1 ml ampoule – **5% DV Feb-23 to 2024** ... 35.26 10 **Hameln**
Note – DBL Naloxone Hydrochloride inj 400 mcg per ml, 1 ml ampoule to be delisted from 1 February 2023.

236 SODIUM THIOSULFATE (new listing)
Inj 250 mg per ml, 100 ml vial

241 SECRETIN PENTAHYDROCHLORIDE (new listing)
Inj 80 u vial
Inj 100 u vial

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

		Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer

Changes to Section H Part II – effective 1 September 2022 (continued)

SPECIAL FOODS

251 AMINO ACID FORMULA (WITHOUT PHENYLALANINE) (amended example brand name)

➔Powder 20 g protein, 3.8 g carbohydrate and 0.23 g fibre per 28 g sachet — *e.g. PKU Lophlex Powder (~~unflavoured~~ **neutral**)*

➔Powder 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet — *e.g. PKU Anamix Junior (van/choc/~~unfl~~ **neutral**)*

Effective 1 August 2022

VACCINES

274 VARICELLA ZOSTER VACCINE [SHINGLES VACCINE] (new listing)

➔Inj 50 mcg per 0.5 ml vial plus vial	0.00	1	Shingrix

274 VARICELLA ZOSTER VACCINE [SHINGLES VACCINE] (amended restriction criteria)

➔Inj 50 mcg per 0.5 ml vial plus vial	0.00	1	Shingrix
➔Varicella zoster virus (Oka strain) live attenuated vaccine [shingles vaccine]	0.00	1	Zostavax
		10	Zostavax

Restricted
Initiation – people aged 65 years **(Zostavax)**
Therapy limited to 1 dose
One dose for all people aged 65 years.

I**nitiation – people aged 65 years (Shingrix)**
Therapy limited to 2 doses
Two doses for all people aged 65 years.

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Pharmaceuticals and brands

New Zealand
Permit No. 478

Permit

Pharmaceutical Management Agency
Level 9, 40 Mercer Street, PO Box 10254, Wellington 6143, New Zealand
Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz
Email: enquiry@pharmac.govt.nz

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