

The PHARMAC Seminar Series continues to be an important forum for health professionals (doctors, nurses, pharmacists and midwives) and others with an interest in when and how best to prescribe medicines.

The Series has grown since PHARMAC began the initiative in February 2006, with 23 seminars in 2006 and a further nine to 30 June 2007. An independent Board, chaired by Heart Foundation Medical Director Prof Norman Sharpe, provides direction and the subjects of each forum; PHARMAC provides logistical support and funding.

As the seminars are popular and often over-subscribed, some have been run more than once. Topics this year included Infections in Pregnancy, practical tips for managing difficult children, Diabetes and the Ischaemic Limb, and Cardiovascular Disease Risk Assessment & Management.

To date, the seminars have only been held in Wellington, but it's possible the Series will develop into other areas.

Comments from people attending included:

"Delivered what was promised. Excellent day. Enthusiastic presentations by those working in fields."

"Very relevant to my current workforce development, although (it is) in everyone's interest that medicines are being used optimally."

Seminar Series – an investment in health education

Australian-trained pharmacist Veronica Lehndorf, until recently editor of New Zealand Pharmacy, attended several of PHARMAC's clinicians' seminars; she's still amazed they were funded by the country's drug-buying agency.

"The seminars are a fantastic investment in our on-going education; with excellent speakers who were well-chosen and highly respected by the audience of clinicians, midwives, Māori health representatives and pharmacists. I attended several – treating infections in pregnancy, and when to prescribe antibiotics for example – which were informative and interesting.

"There was nothing like this when I was practising in Australia. The information provided for us to take away was great too, with the speakers' full contact details supplied just in case attendees had follow up questions.

"I've heard so much positive feedback about the seminars. About 80 attended each session and I'd happily recommend them.

"Well-run; well-organised; high-quality presentations. How often do you get that, when someone else is paying?"



"Covered all of my needs as per programme promised. I would recommend the programme to colleagues in pharmacy, especially those who are completing MUR accreditation."



Kyle Reid

High Cost Pharmaceuticals Co-ordinator



Kyle Reid is one of PHARMAC's newest staff members; he hasn't even had time to find out about the book club or join the group who pound around the waterfront at lunchtime. He's responsible for co-ordinating applications for high-cost drugs – ones like

cerezyme for patients with Gaucher's Disease (\$100,000 per patient per year) and pulmozyme for patients with cystic fibrosis (\$17,000 per patient per year).
"All the applications go to the panel of medical experts, but PHARMAC does the co-ordination. I love the responsibility, and the autonomy; it's very challenging having so much to think about, especially when it's so important for the patients. I enjoy working in a small organisation, where everyone works together."

Kyle, with his Bachelor of Science in Chemistry and Bachelor of Biomedical Science, is part of the medical team that reports to the Medical Director. He has also assumed responsibility for organising PHARMAC's fortnightly Seminar Series, which provides education for health professionals on a range of current health issues. Demand for these seminars can be high, and current hot topics include cardiovascular risk assessment and diabetes management.

PHARMAC

- an agent of DHBs

PHARMAC has a special relationship with District Health Boards, founded in its role of managing the community pharmaceutical budget. PHARMAC's job is, essentially, to act as an agent on behalf of DHBs in deciding which medicines are funded. It manages the funding set aside by DHBs for pharmaceuticals.

This role has expanded since 2002, when PHARMAC was asked to manage national contracting of pharmaceuticals used in public hospitals as well. PHARMAC's involvement has helped to achieve savings through contracting nationally for many hospital medicines. PHARMAC's team of pharmacoeconomic analysts has also been providing an assessment service for DHBs on new pharmaceuticals used in hospitals - the Hospital Pharmaceuticals Assessment Process.

PHARMAC and DHBs have become increasingly interwoven in areas such as hospital purchasing, economic assessment and in funding of Access and Optimal Use projects like One Heart Many Lives. The collaboration on Optimal Use projects has seen PHARMAC and individual DHBs working closely together to develop campaigns that are responsive to the needs of people in particular areas.

PHARMAC's expertise in clinical and economic assessment, and in negotiating contracts and achieving efficiencies through nationwide purchasing, continues to be tapped into by DHBs. In 2006-07, PHARMAC built on work commenced in previous years and secured contracts for products other than pharmaceuticals.

Significant projects included:

Bulk intravenous fluids – savings of \$1.3 million over five years. Arrangements include securing a range of pre-mixed heparin and potassium chloride solutions, which are a safety improvement as the need to mix preparations on the wards is reduced;

Radiological Contrast Media - savings of \$1.5 million over five years;

Anaesthetic gases – savings of \$4.1 million over five years; and

Influenza vaccine - negotiations for the national programme have produced savings of \$900,000 over three years.

“At PHARMAC, people work and play hard; we all have the same goals, so there's no patch protection.”

Influenza vaccine

Once again PHARMAC managed the purchasing of influenza vaccine in 2007, with 745,189 doses of influenza vaccine distributed – the second-highest on record. The figures coincide with a slightly lower incidence of influenza during the subsidised campaign season (March to June), picked up at Ministry of Health sentinel sites and reported to ESR; the number of people going to the doctor with influenza-like illnesses peaked towards the end of July.

Hawke's Bay and eastern Bay of Plenty were hardest hit, followed by South Canterbury and Taupo. Overall, according to sentinel site data, the incidence of flu was down, or hit later, than 2006.



Kaye Wilson

Pharmaceutical Schedule Analyst



According to Google Earth, Kaye Wilson walks 4.6km twice a day; that's 13,000 steps in total, between her house in Kilbirnie and PHARMAC where she strips off her gym gear and dons more corporate garb.

She hadn't intended working in the health field, but after training as a primary school teacher, decided the career wasn't for her. Fortunately, her student job in a pharmacy wholesaler opened up a new possibility as a pharmacy technician. Kaye worked her way around Kenepuru and Wellington hospitals, the Ministry of Health and Medsafe – then joined PHARMAC nearly four years ago. She's responsible for the production of the Pharmaceutical Schedule and its regular updates, and her role includes staffing the PHARMAC help line: "I love the challenge of not knowing what's next – we get calls from specialists, GPs, MPs, the Citizen Advice Bureau, radio talk backs and, of course, the public." Kaye's also responsible for analysing hospital drug buying, so PHARMAC can monitor purchasing patterns.

"At PHARMAC, people work and play hard; we all have the same goals, so there's no patch protection. We just get stuck in, always trying to make things better. Yes, we are always concerned about outside perceptions, and we do listen; we really do try to help. The people at PHARMAC are fantastic."

PHARMAC's helpline (0800 00 66 50) operates 9am-5pm.



“PHARMAC continues to improve New Zealanders’ access to funded medicines while remaining within budget.”

PHARMAC chairman Richard Waddel

Exceptional Circumstances

PHARMAC administers the Exceptional Circumstances programme which enables patients with rare or unusual diseases to access drugs not otherwise subsidised. Access is subject to approval by panels of clinicians, and operates within a sub-set of the pharmaceutical budget. Separate schemes are operated for community (CEC), hospital (HEC), and Cancer (CaEC) medicines.

Community Exceptional Circumstances

In the year to June 2007 there were 715 applications under CEC, of which 505 were new applications and the remaining 210 were renewals. Approvals are generally given for a year. Overall, 41% of initial and 99% of renewal applications were approved. CEC expenditure was within budget at \$2.15 million.

Hospital Exceptional Circumstances

HEC has been running since July 2003. This is the mechanism that enables DHB hospitals to fund medicines in the community that are not funded through the Pharmaceutical Schedule. The sole criterion for approval under HEC is that funding the medicine by the DHB hospital is more cost effective for the hospital than the most likely alternative intervention or outcome.

This year HEC processed 1423 Panel applications. Of these 1038 were new applications and 385 were renewals. 86% of initial and 90% of renewal applications were approved over the year.

Cancer EC

Cancer EC was set up in 2005. This mechanism allows DHB hospitals to fund, on application to PHARMAC, cancer medicines that are not funded through the Pharmaceutical Cancer Treatments "basket" – a list of cancer medicines that all DHB hospitals must fund.

There were 44 applications under Cancer Exceptional Circumstances during the year July 2006 to June 2007; of these 42 were approved. An approval under Cancer EC permits the DHB to fund a pharmaceutical for the treatment of cancer from the Hospital's own budget.

Analysing new medicines

During the year a significant piece of work was completed – a fresh look at the Prescription for Pharmacoeconomic Analysis, the 'road map' PHARMAC uses to guide how it undertakes pharmaco-economic analysis of medicines

Last year PHARMAC completed a major review of its methods for assessing the cost-effectiveness of new drugs.

The result of the review, version 2 of The Prescription for Pharmacoeconomic Analysis (PFPA), was published in June 2007. This document provides a guide to the way PHARMAC undertakes "cost-utility analysis" - the form of analysis that provides information on the relative cost-effectiveness of a pharmaceutical compared to other funding options.

After receiving expert advice from the pharmaceutical industry, clinicians, consumers and economists from New Zealand and abroad, changes were made to ensure the PHARMAC framework remains international best practice. Consultation tested PHARMAC's thinking on proposed changes and added significant value to the final document.

Publishing the PFPA is an important way for PHARMAC to show just how it goes about its pharmacoeconomic analysis. There are misunderstandings around what PHARMAC does or doesn't take into account (for example, it isn't widely known that PHARMAC takes into account other health sector costs such as hospital treatment, when it looks at the impact of medicines). Making the PFPA publicly available is aimed at helping people understand how PHARMAC undertakes this important aspect of its work, and as guidance to pharmaceutical companies when providing analysis to support funding applications.

The most significant change in the updated PFPA is a reduction in the discount PHARMAC applies when assessing the future value of funding decisions; a 3.5% discount rate will now be used, rather than the previous 8% discount rate. This means high cost medicines with enduring benefits are now more likely to have a

PHARMAC's Decision Criteria

Seeking best health outcomes from the pharmaceutical dollar

PHARMAC's reviews and changes to the Pharmaceutical Schedule are governed by its Operating Policies and Procedures – a public document that is periodically reviewed and consulted on. The document emphasises the importance of basing decisions on the latest research-based clinical information, and it sets out criteria to be taken into account in decisions about the Schedule.

These criteria are:

- the health needs of all eligible¹ people within New Zealand;
- the particular health needs of Māori and Pacific peoples;
- the availability and suitability of existing medicines, therapeutic medical devices and related products and related things;
- the clinical benefits and risks of pharmaceuticals;
- the cost-effectiveness of meeting health needs by funding pharmaceuticals rather than using other publicly funded health and disability support services;
- the budgetary impact (in terms of the pharmaceutical budget and the Government's overall health budget) of any changes to the Pharmaceutical Schedule;
- the direct cost to health service users;
- the Government's priorities for health funding, as set out in any objectives notified by the Crown to PHARMAC, or in PHARMAC's Funding Agreement, or elsewhere; and
- such other criteria as PHARMAC thinks fit. PHARMAC will carry out appropriate consultation when it intends to take any such "other criteria" into account.

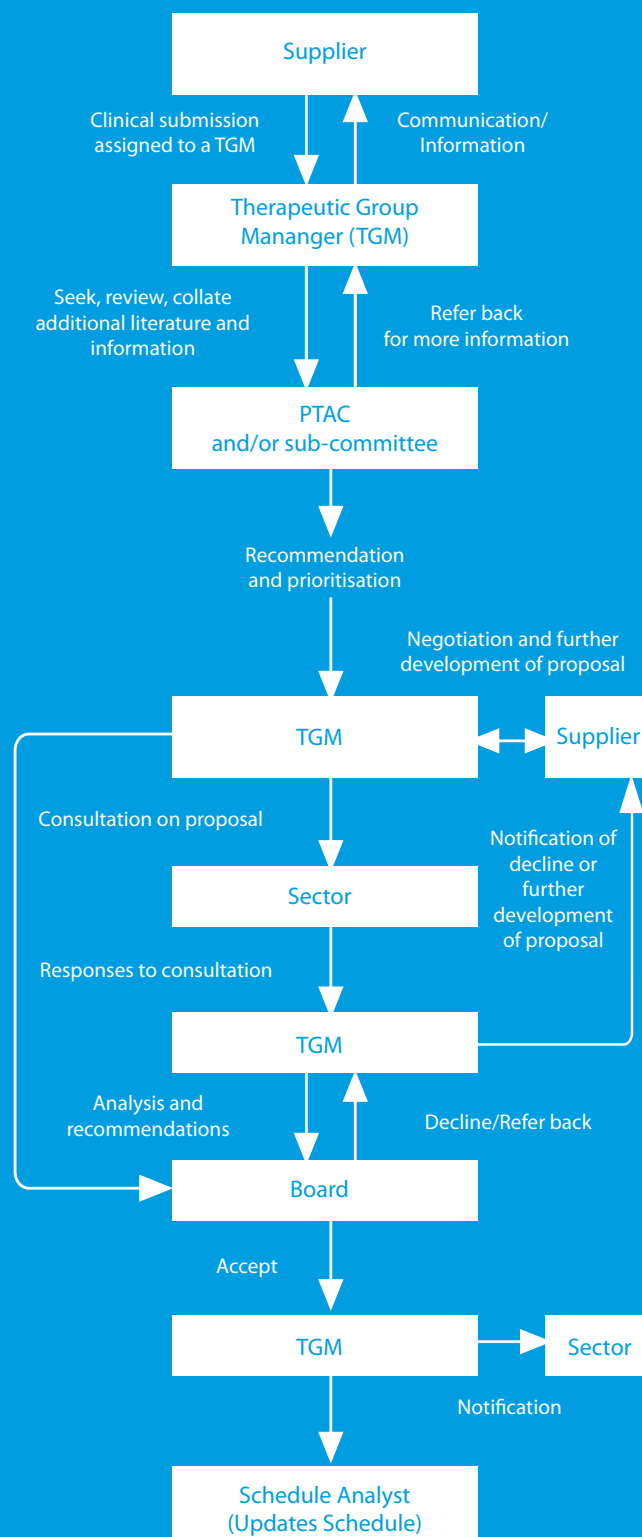
¹ As defined by the Government's then current rules of eligibility.

better cost-benefit ratio than under the higher discount. This will impact the priority given to new funding opportunities, although PHARMAC will still take into account other factors (including patient need, total cost and government health priorities) when making funding decisions. In addition to the lower discount rate, PHARMAC's analyses will now take into account the lower cost of generic medicines and direct patient healthcare costs.

Pharmacoeconomic analysis is an important input to PHARMAC's decision-making. Results of cost-utility analysis are considered alongside other criteria such as overall cost, patient need and the health needs of Māori and Pacific People.

Process for listing a new pharmaceutical on the Pharmaceutical Schedule

The process set out in the diagram below is intended to be indicative of the process that may follow where a supplier wishes to list a new pharmaceutical on the Pharmaceutical Schedule. PHARMAC may, at its discretion, adopt a different process or variations of this process.



Hearing from the experts – PHARMAC’s Advisory Committees

PHARMAC’s advisory committees provide a range of views from experts in their field, in areas such as clinical use of pharmaceuticals, consumer issues and the use of hospital medicines.

The Pharmacology and Therapeutics Advisory Committee (PTAC) is PHARMAC’s clinical advisory committee. Members of the committee are independently appointed by the Ministry of Health, and have expertise in critical appraisal of clinical trial data. Members of PTAC are all practicing doctors and are nominated by their respective professional bodies.

The Consumer Advisory Committee (CAC) provides advice from a health consumer and patient perspective, with nine members bringing diversity and a balance of views to the committee’s deliberations. The committee is chaired by Auckland Regional

Councillor and health consumers’ advocate Sandra Coney. Members are appointed by the PHARMAC Board, and include members with perspectives on women’s health, Māori health, Pacific people’s health, the health of older people, and issues affecting people in isolated locations.

CAC members have become increasingly involved in PHARMAC’s interactions with the public, in particular PHARMAC’s Access & Optimal Use work. Members have also taken an active role in supporting PHARMAC’s work in Māori health.

CAC was consulted on a number of PHARMAC projects, including the development of a refined vision and set of values for PHARMAC, the process for reviewing high cost medicines and PHARMAC’s framework for undertaking economic assessments of pharmaceuticals (The Prescription for Pharmacoeconomic Analysis).

Thinking independence

It’s really important PTAC retains its independence so it can provide PHARMAC with robust advice. Our independence is important to us; it comes with wide responsibility, which we take very seriously indeed.

People do get confused about our role. PTAC assesses drugs for possible funding; we’re not responsible for their registration. We compare new drugs with other agents used for the same or similar conditions, then assess whether there are groups of New Zealanders with a particular need. We do take cost into account; this is necessary where there might be minor – or no – benefits over funded compounds.

Sometimes assessment can be difficult because long-term data may not be available or the potential for benefit may be over exaggerated with diminution of adverse effects; that’s how it was with Cox 2 Inhibitors (which PHARMAC didn’t fund) where our concerns were proved right.

Cholinesterase Inhibitors for Alzheimer’s Disease are an interesting drug group – we’ve consistently turned them down for funding, despite pleas from advocacy groups and the pharmaceutical industry; PTAC is not convinced of their efficacy. Now PHARMAC’s British equivalent, NICE, is belatedly coming around to our point of view and there’s been an outcry – it’s hard to reverse things once a drug is funded which underscores the need to be sure before public funding is committed. One of PTAC’s concerns was over the length of the clinical trials; it’s okay to have week long trials for agents like antibiotics, drugs which may be only taken for a week; but short studies aren’t much of an indication for a long-term problem. The benefit over longer periods of time needs to be demonstrable and, for Alzheimer’s drugs we haven’t been able to judge their long-term efficacy – or side effects. We recognise there’s a major need for something to treat Alzheimer’s, so PTAC looks at all possibilities

Independence is an important theme for PHARMAC’s clinical advisory committee, writes chairman Professor Carl Burgess

very carefully but to date the drug trials have been poorly designed – PTAC has refused to recommend any of them.

Nowadays there’s talk about fast-tracking drug registration and funding to get new agents on the market; but many of us don’t think that’s a good idea; we’re firm believers in having adequate clinical trials where safety is included in addition to efficacy. When we’re assessing new drugs, we know the submitting company will provide data supporting their drug, so we always access independent data to provide a balanced opinion.

PHARMAC doesn’t always take our advice, and I guess that is the price of being independent. We’re well aware our role is only advisory; our views are considered very seriously but there are other important aspects where we don’t get involved, like the commercial aspects, such as price negotiations.

People have to realise there are always financial limits. New Zealand is one of the few developed nations with an overt budget for pharmaceuticals and we do accept that in our deliberations.

All in all, chairing PTAC is hard work, but it is also rewarding.

Carl Burgess chairs PHARMAC’s Pharmacology & Therapeutics Advisory Committee (PTAC). He is Professor of Medicine & Clinical Pharmacology at the University of Otago, Wellington.



“It’s really important PTAC retains its independence so it can provide PHARMAC with robust advice.”

PTAC chairman Professor Carl Burgess

Directory

The PHARMAC Board

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Richard Waddell BCom, FCA, AFInstD

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 Adrienne von Tunzelmann MA (Hons), Master of Public Policy
 Karen Guilliland RM, RGON, MA, MNZM (resigned)
 Kura Denness (Te Atiawa) MBA CA
 David Moore (Ngai Tahu) MCom, Dip Health Econ (Tromso), CA

Pharmacology and Therapeutics Advisory Committee (PTAC)

Chair

Prof. Carl Burgess MBChB, MD, MRCP (UK), FRACP, FRCP, physician/
 clinical pharmacologist

Deputy Chair

Dr Paul Tomlinson BSc, MBChB, MD, MRCP, FRACP, paediatrician

Committee Members

Dr Ian Hosford MBChB, FRANZCP, psychiatrist
 Dr Sisira Jayathissa MBBS, MD, MRCP (UK), FRCP (Edin), FRACP,
 FAFPHM, Dip Clin Epi, Dip OHP, Dip HSM, MBS, physician
 Dr Peter Jones BMedSci, MB, ChB, PhD, MRCP (UK), FRACP, physician
 Dr Jim Lello BHB, MBChB, DCH, FRNZCGP, general practitioner
 Dr Peter Pillans MBBCh, MD, FCP, FRACP, physician / clinical
 pharmacologist
 Dr Tom Thompson MBChB, FRACP, physician
 Dr Jim Vause MBChB, DipGP, FRNZCGP, general practitioner
 Dr Howard Wilson BSc, PhD, MB, BS, Dip Obst, FRNZCGP, FRACGP,
 general practitioner

PTAC Subcommittees

Analgesic - Dr Howard Wilson (chair, PTAC, general practitioner)
 Dr Peter Jones (PTAC, physician), Dr Rick Acland (anaesthetist),
 Dr Jonathan Adler (palliative care specialist), Dr Bruce Foggo
 (palliative care specialist), Dr Lindsay Haas (neurologist), Dr Geoff
 Robinson (physician), Dr Jane Thomas (paediatric anaesthetist).

Anti-infective - Dr Paul Tomlinson (chair, PTAC, paediatrician),
 Dr Steve Chambers (infectious disease specialist),
 Dr Iain Loan (general practitioner), Dr Richard Meech (infectious
 disease specialist), Dr Mark Thomas (infectious disease specialist),
 Dr Howard Wilson (PTAC, general practitioner).

Cardiac Stents - Dr Tom Thompson (chair, PTAC, physician),
 Dr Mark Webster (cardiologist), Dr Patirck Kay (cardiologist), Dr Gerry
 Devlin (clinical director), Dr Scott Harding (cardiologist), Dr Dougal
 McLean (cardiologist), Carol Foote (nurse manager - cardiology),
 Sally Johanssen (procurement specialist).

Cardiovascular - Dr Sisira Jayathissa (appointed chair, PTAC,
 physician), Dr Malcolm Abernathy (cardiologist), Dr Lannes Johnson
 (general practitioner), Dr Stewart Mann (cardiologist), Dr Richard
 Medicott (general practitioner), Dr Miles Williams (cardiologist).

Cancer Treatments (CaTSop) - Prof Carl Burgess (chair, PTAC Chair,
 internal medicine physician), Dr Bernie Fitzharris (oncologist), Dr Peter
 Ganly (haematologist), Dr Vernon Harvey (oncologist), Dr Tim Hawkins
 (haematologist), Dr Andrew Macann (radiation oncologist), Dr Anne
 O'Donnell (oncologist), Dr Lochie Teague (paediatric haematologist/
 oncologist).

Diabetes - Dr Tom Thompson (chair, PTAC, physician), Dr Paul
 Tomlinson (PTAC, paediatrician), Pat Carlton (diabetes nurse
 specialist), Dr Nic Crook (endocrinologist), Dr Tim Kenealy (general
 practitioner), Dr Peter Moore (physician), Dr Bruce Small (general
 practitioner), Dr Jim Vause (PTAC, general practitioner).

Dialysis Fluids - Dr Sisira Jayathissa (chair, PTAC physician),
 Neil Aitcheson (materials manager), Dr John Collins (nephrologist),
 Noreen McCullam (dialysis centre nurse), Dr Krishan Madham
 (nephrologist), Karin Norman (dialysis centre nurse), Assoc Prof Johan
 Rosman (renal physician).

Mental Health - Dr Ian Hosford (chair, PTAC, psychiatrist), Dr Jim Lello
 (PTAC, general practitioner) Dr Crawford Duncan (psychiatrist), Dr Jan
 Holmes (general practitioner), Dr Verity Humberstone (psychiatrist),
 Prof Richard Porter (psychiatrist), Prof John Werry (psychiatrist).

Neurological - Dr Tom Thompson (chair, PTAC, physician), Dr Alistair
 Dunn (general practitioner), Dr Lindsay Haas (neurologist), Dr Ian
 Hosford (PTAC, psychiatrist), Dr William Wallis (neurologist), Dr Peter
 Bergin (neurologist).

Ophthalmology - Dr Tom Thompson (chair, PTAC, physician),
 Dr Neil Aburn (ophthalmologist), Dr Rose Dodd (general practitioner),
 Dr Steve Guest (vitreo retinal surgeon), Dr Allan Simpson
 (ophthalmologist).

Respiratory - Dr Jim Lello (chair, PTAC, general practitioner),
 Prof Carl Burgess (PTAC chair, internal medicine physician), Dr John
 Kolbe (respiratory physician), Dr Ian Shaw (paediatrician), Dr John
 McLachlan (respiratory physician).

Special Foods - Dr Paul Tomlinson (chair, PTAC, paediatrician), Dr Simon Chin (paediatric gastroenterologist), Kerry McIlroy (dietician), Jo Stewart (dietician), Moira Styles (dietician), Dr John Wyeth (gastroenterologist).

Tender Medical - Dr Paul Tomlinson (chair, PTAC, paediatrician), Dr Jim Lello (general practitioner), Dr Tom Thompson (physician), Ms Sarah Fitt (pharmacist), Dr Grant Howard (intensive care specialist), Geoff Savell (pharmacist), Andrea Shirtcliffe (pharmacist), Dr David Simpson (haematologist).

Consumer Advisory Committee (CAC)

Sandra Coney (chair, women's health advocate, Auckland), Vicki Burnett (mental health consultant, Auckland), Sharron Cole (national trainer, Parents Centres, Wellington), Matiu Dickson (Te Runanga o Kirikiriroa chair, Hamilton), Dennis Paget (Grey Power, Blenheim), Paul Stanley (General Manager, Waipareira Trust), Kuresa Tiumalu-Faleseuga (social services consultant, Levin), Te Aniwa Tutara (Māori health manager, Waitemata DHB), Heather Thomson (health manager, Te Aroha, eastern Bay of Plenty).

Hospital Pharmaceuticals Advisory Committee (HPAC)

Ian Winwood (chair, clinical co-ordinator pharmacy services, Southland), Sarah Fitt (pharmacy manager, Auckland DHB), Neil Aitchison (materials manager, MidCentral DHB), Paul Barrett (pharmacy services manager, Canterbury DHB), Jan Goddard (manager pharmacy services, Waikato DHB), Lesley Hawke (Service Manager of Pharmacy, Counties Manukau DHB).

Panels

Exceptional Circumstances Panel

Dr Howard Wilson (chair, general practitioner, pharmacologist), Dr Mel Brieseman (Medical Officer of Health, Christchurch) Dr Paul Tomlinson (paediatrician, Southland DHB), Dr David Waite (physician, Capital & Coast DHB), Dr Sharon Kletchko (manager funding and planning, Nelson Marlborough DHB), Dr Andrew Herbert (consultant gastroenterologist, MidCentral DHB).

Cystic Fibrosis Advisory Panel

Dr John Kolbe (respiratory physician), Dr Ian Shaw (paediatrician), Dr Richard Laing (respiratory physician), Dr Cass Byrnes (paediatrician).

Gaucher Treatment Advisory Panel

Dr Callum Wilson (metabolic consultant), Dr Ruth Spearing (consultant haematologist), Dr Clinton Pinto (musculoskeletal radiologist).

Multiple Sclerosis Treatment Advisory Panel

Dr Ernie Willoughby (neurologist), Dr David Abernethy (neurologist), Dr Alan Wright (neurologist)



PHARMAC Management Team

Chief Executive

Wayne McNee BPharm, MPS, PG Dip Clin Pharm (Dist)
– on secondment to Department of Prime Minister and Cabinet

Acting Chief Executive

Matthew Brougham MSc (Hons), Dip Health Econ (Tromso)

Medical Director

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Peter Alsop
Manager,
Corporate & External Relations



Steffan Crausaz
BPharm, MSc, MRPharmS
Manager,
Funding & Procurement



Rachel Mackay
BA, NZIMR
Acting Manager,
Schedule & Contracts



Marama Parore
(Ngati Whatua, Ngati Kahu,
Nga Puhī)
Acting Manager,
Access and Optimal Use



Rico Schoeler
Acting Manager,
Analysis & Assessment



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