

# NOTIFICATION OF PRODUCT CHANGES

## GENERAL INFORMATION: COMPLETE ALL FIELDS

### PRODUCT DETAILS

Brand name:		
Generic name:		
Formulation:		
Pack size:		
Packaging type:		
Pharmacode:		
Unapproved medicine: <i>Please tick</i>	<input type="checkbox"/> s26 medicine	<input type="checkbox"/> s29 medicine

### SUPPLIER DETAILS

Company:	
Contact person:	
Phone:	
Email:	
Today's date:	

### ADDITIONAL COMMENTS

## CHANGE INFORMATION: COMPLETE ONE SECTION ONLY

### NEW PRODUCT

NZMT CTPP:	
GTIN:	
Supplier item code:	
Price ex supplier (excl GST):	
Effective date:	

### PRICE CHANGE

Current price ex supplier (excl GST):	
New price ex supplier (excl GST):	
Effective date:	

### DISCONTINUATION

Effective date:	
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### OTHER CHANGE

Details:	
Effective date:	

## NOTIFICATION OF PRODUCT CHANGES: THE PROCESS

Complete this form for all **new products** or **changes to products** listed in the Schedule. This includes both contracted and non-contracted products.

- For changes to contracted listings, this form should only be completed after any price change or discontinuation has been agreed with PHARMAC.
- For changes that have not been previously agreed with PHARMAC, suppliers should discuss the change with their Contract Manager before submitting this form.

For new listings in the Pharmaceutical Schedule

For products listed through the **Invitation to Tender**, this information is required by the earlier of:

- 10 business days after Market Notification Date, or
- the 5th day of the month prior to the product being listed in the Schedule.

For **other contracted listings**, this information is required within 10 business days following a provisional listing agreement.

In **all other cases**, such as the listing of an Alternative Pharmaceutical, this information should be provided as soon as possible, and by the earlier of:

- 2 business days after a request for this form by PHARMAC or
- the 12th day of the month prior to the product being listed in the Schedule.

### For other changes

This information is required no later than the earlier of:

- 2 business days after a request for this form by PHARMAC, or
- the 12th day of the month prior to the change being effective in the Schedule.

Please note that for changes that require a change in Pharmacode, such as a pack size or brand change, suppliers should submit 2 NOPC forms:

1. delisting the old product, and
2. listing the replacement product.

### How to use this form

- Use one form per pharmaceutical product, completing all fields that are applicable.
- Email this form to (as soon as possible, but no later than the dates outlined above) :
  1. PHARMAC ([schedule@pharmac.govt.nz](mailto:schedule@pharmac.govt.nz))
  2. the Pharmacy Guild ([info@pharmacode.co.nz](mailto:info@pharmacode.co.nz)), **and**
  3. the New Zealand Universal List of Medicines ([nopc@nzulm.org.nz](mailto:nopc@nzulm.org.nz))
- Suppliers may provide this information in spreadsheet format where a large number of products are changing, as long as all of the required information is provided.

The Pharmacy Guild of New Zealand Inc  
PO Box 27 139 Wellington 6141  
Phone (04) 802 8200, Fax (04) 384 8085  
Email: [info@pharmacode.co.nz](mailto:info@pharmacode.co.nz)

**PHARMAC**  
TE PĀTAKA WHAIORANGA

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