# Schedule 4: Proposal form

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**[*Supplier to insert date***]

Director of Operations  
PHARMAC  
C/- Katie Brownless

By electronic transfer using GETS **(www.gets.govt.nz)**

Dear Sir/Madam

**Proposal for the supply of diabetes agents SGLT-2 inhibitors, GLP-1 agonists and/or DPP-4 inhibitors**

In response to your request for proposals (**RFP**) dated 15 January 2020, we put forward the following proposal in respect of SGLT-2 inhibitors, GLP-1 agonists and/or DPP-4 inhibitors.

Set out below is further information in support of our proposal.

1. Our contact details:

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| --- | --- |
| Name of supplier |  |
| Contact person |  |
| Address |  |
| Phone |  |
| Facsimile |  |
| Email address |  |

1. Details of pharmaceutical presentation:

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| --- | --- |
| Chemical name |  |
| Strength(s) (e.g. 500 mg) |  |
| Form(s) (e.g. injection) |  |
| Brand name |  |
| Pack size (e.g. 1 vial) |  |
| Packaging type (e.g. prefilled syringe) |  |
| Shelf life (e.g. 36 months from date of manufacture stored at or below 30°C) |  |
| If an injectable agent, state if needles are included |  |

1. Details of pharmaceutical manufacture:

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| --- | --- |
| Name and address of manufacturer/s of the pharmaceutical (including API manufacturer, manufacturer of final dose form, packaging etc) |  |
| Lead time (Time from notification of award to product being available to supply the New Zealand market) |  |
| Details on pharmaceutical manufacturing sites and their registration with Medsafe or other international regulatory body (e.g. TGA, FDA, MHRA) |  |
| Batch size/s |  |
| Approximate manufacture time |  |
| Approximate time for shipping |  |

1. Key features of our proposal/s:

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1. Information relating to pricing ($NZ, GST exclusive), including any related conditions or proposed terms affecting cost for PHARMAC and which scenarios the pricing applies to:

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| **Proposal Sets:**  Complete the relevant scenario tables for each class of agent included in your proposal.    Note: if pricing applies to all scenarios in a Proposal Set you may state this instead of completing the table for each scenario.  **Proposal Sets for a single class of diabetes agent:**  **SGLT-2 inhibitors:** (Pricing for each strength and pack size, as relevant to the agent, to be provided for each of the scenarios 1,2,3,4 and 5)   |  |  |  | | --- | --- | --- | | **Scenario** | **SGLT-2 inhibitor pricing** | **SGLT-2 inhibitor + metformin fixed dose combination product pricing (if applicable)** | | 1 |  |  | | 2 |  |  | | 3 |  |  | | 4 |  |  | | 5 |  |  |   **GLP-1 agonists:** (Pricing for each strength and pack size, as relevant to the agent, to be provided for each of the scenarios 1,2,4,6 and 7.)   |  |  | | --- | --- | | **Scenario** | **GLP-1 agonist pricing** | | 1 |  | | 2 |  | | 4 |  | | 6 |  | | 7 |  |   **DPP-4 inhibitors:** (Pricing for each strength and pack size, as relevant to the agent, to be provided for each of the scenarios 1,2,3,4,5,6 and 7)   |  |  |  | | --- | --- | --- | | **Scenario** | **DPP-4 inhibitor pricing** | **DPP-4 inhibitor + metformin fixed dose combination product pricing** | | 1 |  |  | | 2 |  |  | | 3 |  |  | | 4 |  |  | | 5 |  |  | | 6 |  |  | | 7 |  |  |   **Bundled proposals (if applicable):**  Pricing to be provided for each of the agents included in bundled proposals for the relevant scenarios as stated in Table 1, as below.  **SGLT-2 inhibitor and GLP-1 agonist:**   |  |  |  |  | | --- | --- | --- | --- | | **Scenario** | **SGLT-2 inhibitor pricing** | **SGLT-2 inhibitor + metformin fixed dose combination product pricing (if applicable)** | **GLP-1 agonist pricing** | | 1 |  |  |  | | 2 |  |  |  | | 4 |  |  |  |   **SGLT-2 inhibitor and DPP-4 inhibitor:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Scenario** | **SGLT-2 inhibitor pricing** | **SGLT-2 inhibitor + metformin fixed dose combination product pricing (if applicable)** | **DPP-4 inhibitor pricing** | **DPP-4 inhibitor + metformin fixed dose combination product pricing** | | 1 |  |  |  |  | | 2 |  |  |  |  | | 3 |  |  |  |  | | 4 |  |  |  |  | | 5 |  |  |  |  |   **GLP-1 agonist and DPP-4 inhibitor:**   |  |  |  |  | | --- | --- | --- | --- | | **Scenario** | **GLP-1 agonist pricing** | **DPP-4 inhibitor pricing** | **DPP-4 inhibitor + metformin fixed dose combination product pricing** | | 1 |  |  |  | | 2 |  |  |  | | 4 |  |  |  | | 6 |  |  |  | | 7 |  |  |  |   **SGLT-2 inhibitor, GLP-1 agonist and DPP-4 inhibitor:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Scenario** | **SGLT-2 inhibitor pricing** | **SGLT-2 inhibitor + metformin fixed dose combination product pricing (if applicable)** | **GLP-1 agonist pricing** | **DPP-4 inhibitor pricing** | **DPP-4 inhibitor + metformin fixed dose combination product pricing** | | 1 |  |  |  |  |  | | 2 |  |  |  |  |  | | 4 |  |  |  |  |  | |

1. Clinical evidence of cardiovascular benefit for SGLT-2 inhibitors or GLP-1 agonists (if agent not previously considered by PTAC):

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| Clinical evidence can be provided as attachments as part of the RFP submission.  For examples of sources of clinical evidence that could be provided please see the [Guidelines for Funding Applications to PHARMAC](https://www.pharmac.govt.nz/assets/funding-guidelines-2019-08.pdf). For the avoidance of doubt a full funding application is not required. |

1. Evidence of market approval and any other required consents:

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| --- | --- |
| Date of market approval (please attach copy of Medsafe Gazette notice) |  |
| **OR** Date of submission of dossier or changed-medicine notification submission (please attach confirmation from Medsafe that it has been submitted) |  |
| **OR** Expected date of dossier or changed-medicine notification submission to Medsafe (please provide details) |  |

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1. Confirmation that there are no intellectual property barriers (including patent barriers) to our supply of this product for the proposed indications in New Zealand, with additional information if required:
2. Information about our ability to ensure the continuity of supply of the pharmaceutical, including other countries where the product is provided:

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1. Information about our previous supply performance, existing supply commitments and relevant expertise:

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1. Proposals/suggestions (e.g. pricing, rebate arrangements, etc) regarding the pharmaceutical not expressly identified in this RFP that we would like PHARMAC to consider as part of our proposal:

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1. Reasons why PHARMAC should accept our proposal:

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1. Please include any additional information you consider relevant under PHARMAC’s [Factors for Consideration](https://www.pharmac.govt.nz/medicines/how-medicines-are-funded/factors-for-consideration/) decision making framework:

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