# Schedule 4: Proposal form

**An electronic version of this form is available on GETS (**[**www.gets.govt.nz**](http://www.gets.govt.nz)**). You should expand the boxes as necessary.**

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

Christine Chapman

Senior Therapeutic Group Manager
PHARMAC

By electronic transfer using GETS (<https://www.gets.govt.nz>)

Dear Madam

**Proposal for the supply of influenza vaccine**

In response to your request for proposals (**RFP**) dated 3 February 2016, we put forward the following proposal in respect of influenza vaccine.

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

1. Our contact details:

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

1. Details of vaccine presentation:

|  |  |
| --- | --- |
| Brand name |  |
| Full description of the vaccine including formulation, number of strains, which strains, potency (label claim), paediatric use |  |
| Presentation  |  |
| Needle specification (including length), including if attached or available separately |  |
| Route of administration (e.g. subcutaneous, intramuscular etc) |  |
| Pack size (eg 1s, 10s) |  |
| Packaging type (eg individual box) |  |
| Known adverse events and details |  |

1. Details of vaccine manufacture:

|  |  |
| --- | --- |
| Name and address of manufacturer/s of the vaccine |  |
| Lead time |  |
| Details on vaccine manufacturing sites and their registration with Medsafe or other registrations |  |
| Batch size/s |  |
| Approximate manufacture time |  |
| Approximate time for shipping |  |

For a sole subsidised supply scenario PHARMAC may have a preference for suppliers who have multiple influenza vaccine manufacturing sites registered with Medsafe or have other mechanisms in place that would provide confidence around assurance of supply.

1. Key features of our vaccine not mentioned above:

|  |
| --- |
|  |

1. Information relating to pricing ($NZ, GST exclusive), including any related conditions or proposed terms affecting cost for PHARMAC (for example but not limited to price in return for sole supply, reference price protection and risk sharing mechanisms). Note this price is to include distribution to vaccinators.

Proposals must be clear about which type of proposal the price relates to, Suppliers are welcome to submit more than one proposal, each will be considered separately.

|  |
| --- |
|  |

1. Information about the proposed distribution arrangements (including a returns policy for unused vaccines and any minimum order requirements) and ability to monitor cold chain requirements.

|  |
| --- |
|  |

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

|  |  |
| --- | --- |
| Date of market approval (please attach copy of Medsafe Gazette notice) |  |
| **OR** Date of submission of dossier (please attach confirmation from Medsafe that dossier has been submitted) |  |
| **OR** Expected date of dossier submission to Medsafe |  |
| Insert any other consents required for vaccine |  |
| If the vaccine is not registered in New Zealand, what countries is it registered in? |  |

1. Information about our ability to ensure the continuity of supply of the vaccine:

|  |
| --- |
|  |

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

|  |
| --- |
|  |

1. Proposals/suggestions (for example but not limited to pricing and risk sharing arrangements) regarding the vaccine not expressly identified in this RFP that we would like PHARMAC to consider as part of our proposal:

|  |
| --- |
|  |

1. Reasons why PHARMAC should accept our proposal:

|  |
| --- |
|  |

1. Additional information that PHARMAC should consider when evaluating our proposal:

|  |
| --- |
|  |