# 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***]

Director of Operations  
PHARMAC  
C/- Katie Brownless

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

Dear Sir/Madam

**Proposal for the supply of infliximab**

In response to your request for proposals (**RFP**) dated 19 August 2019, we put forward the following proposal in respect of infliximab.

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 pharmaceutical presentation:

|  |  |
| --- | --- |
| Chemical name |  |
| Strength(s) (e.g. 100 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) |  |

1. Details of pharmaceutical manufacture:

|  |  |
| --- | --- |
| 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:

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

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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 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) |  |

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:

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1. 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. Information about our education and training to be provided for clinicians, patients and other groups as part of our proposal:

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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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