# Schedule 4: Proposal form

**An electronic version of this form is available on n 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/- [Insert contact name

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

Dear Sir/Madam

**Proposal for the supply of selective cyclooxygenase-2 (COX-2) inhibitors**

In response to your request for proposals (**RFP**) dated 1 August 2016, we put forward the following proposal in respect of [***insert pharmaceutical***].

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 (e.g. 100 mg) |  |
| Form (e.g. capsule) |  |
| Brand name |  |
| Pack size (e.g. 60 capsules) |  |
| Packaging type (e.g. blister pack) |  |
| Shelf life (e.g. 36 months from date of manufacture stored at or below 30°C) |  |
| Indications |  |

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 |  |
| 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 (e.g. price in return for sole supply, reference price protection, risk sharing mechanisms, etc.):

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| --- |
|  |

1. Information outlining likely daily cost, including information on recommended daily dose.

|  |
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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 (please attach confirmation from Medsafe that dossier has been submitted) |  |
| **OR** Expected date of dossier submission to Medsafe |  |

1. Confirmation that there are no intellectual property barriers (including patent barriers) to our supply of this product 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:

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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, risk sharing 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. Additional information that PHARMAC should consider when evaluating our proposal:

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