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02 July 2026

Dear Supplier

REQUEST FOR PROPOSALS – SUPPLY OF ABIRATERONE AND NOVEL ANDROGEN RECEPTOR INHIBITORS

Pharmac invites proposals for the supply of abiraterone and novel androgen receptor inhibitors in New Zealand.

This request for proposals (**RFP**) letter incorporates the following schedules:

- Schedule 1 specifies the pharmaceuticals for which Pharmac is requesting proposals and sets out the background to the RFP and the types of proposals sought;
- Schedule 2 describes the process that Pharmac expects to follow in relation to the RFP;
- Schedule 3 sets out information about the estimated size of the current subsidised market for the pharmaceuticals;
- Attachment 1 is the form in which you can provide non-price information;
- Attachment 2 is the form in which you can provide price information;
- Attachment 3 contains Pharmac's standard terms and conditions for supply of pharmaceuticals;
- Attachment 4 contains the standard Principal Supply Status terms; and
- Attachment 5 is the New Zealand Government Supplier Code of Conduct.

If you wish to submit a proposal, you must submit it to Pharmac via the Government Electronic Tenders Service (**GETS**) no later than **12:00pm (New Zealand time) on 13 August 2026**.

If you have any enquiries about this RFP, you should submit them via GETS, using the questions and answers function before **12:00pm (New Zealand time) on 31 July 2026**. Responses to all enquires will be published on GETS. If you do need to get in touch via email, please contact procurement@pharmac.govt.nz

We will also be holding an online supplier briefing **1:00pm (New Zealand time) on 16 July 2026**. If you are interested in attending this, please register your interest by emailing procurement@pharmac.govt.nz

We look forward to receiving your proposal.

Yours sincerely

Geraldine MacGibbon
Director, Pharmaceuticals

Schedule 1: Pharmaceutical, background to RFP and types of proposals sought

1. Developing and submitting your proposal

(a) This is a competitive procurement process.

(b) Take time to read and understand the RFP.

(c) Take time to understand how your proposal will be evaluated. This is set out in Schedule 2 below.

(d) For resources on tendering visit https://www.procurement.govt.nz/suppliers-2/

(e) If you have any enquiries about this RFP, you should submit them via GETS, using the questions and answers function before 12:00pm noon on 31 July 2026.

(f) Use the Response Form to submit your proposal, this is included on GETS in Attachment 1 and Attachment 2. This is a Microsoft Word document that you can download from GETS.

(g) You must use the form in Attachment 2 for your pricing information.

(h) Check you have provided all the necessary information in the correct format and order in Attachments 1 and 2.

(i) Complete and sign the declaration at the end of the Response Form included in Attachment 1.

(j) Submit your proposal before **12:00pm noon (New Zealand time) on 13 August 2026.**

2. Pharmaceuticals

Pharmac is interested in considering proposals from suppliers for the supply of abiraterone acetate (abiraterone) and novel androgen receptor inhibitors (nARIs) for the treatment of prostate cancer.

3. Background to RFP

<u>Prostate Cancer</u>

Prostate cancer is the most common cancer affecting men in New Zealand. Each year approximately 4000 men in New Zealand will be diagnosed with prostate cancer, and approximately 700 men will die from it. Māori experience a lower incidence of prostate cancer after controlling for age but have a higher mortality rate.

Metastatic castration-resistant prostate cancer (mCRPC) is a stage of prostate cancer where the cancer has spread to other parts of the body (metastatic) and continues to grow despite the body's low testosterone levels after hormone therapy (androgen deprivation therapy) or orchiectomy (surgical procedure to remove the testicles).

Metastatic castration-sensitive prostate cancer (mCSPC) is a stage of prostate cancer where the cancer has spread to other parts of the body and still responds to the hormone therapy that lowers testosterone levels. Please note that, within the context of this RFP, mCSPC includes people who are both hormone-sensitive and hormone-naïve.

Non-metastatic castration-resistant prostate cancer (nmCRPC) is a stage of prostate cancer where the cancer continues to grow despite low testosterone levels from hormone therapy and there is no evidence of spread to other parts of the body based on imaging.

Current funding status for abiraterone and nARIs

Abiraterone has been funded in New Zealand since May 2015 for individuals with mCRPC who meet Special Authority criteria - please refer to the Pharmaceutical Schedule for the current Special Authority criteria.

Pharmac does not currently fund any nARIs for the treatment of prostate cancer.

Funding applications received for abiraterone and nARIs

Pharmac has received a number of funding applications for abiraterone and nARIs for the treatment of prostate cancer, outlined below. These applications have all been assessed and ranked on our Options for Investment list, or our Only if Cost Neutral or Cost Saving list, as outlined below.

Abiraterone:

- Abiraterone for high-risk metastatic castration-sensitive prostate cancer. The Cancer Treatments Advisory Committee (CTAC) recommended funding with a high priority. Full records of the clinical advice we have received are available here. This application has been ranked on our Options for Investment List.

    - Although the original funding submission for abiraterone for mCSPC was for high-risk disease, based on clinical advice informing Pharmac that abiraterone provides a significant clinical benefit for people with mCSPC regardless of disease risk status, eligibility would not be restricted to high-risk mCSPC only, if access was widened as a result of this RFP.

Apalutamide:

- Apalutamide for high-risk non-metastatic castration-resistant prostate cancer. CTAC recommended funding with a high priority. Full records of the clinical advice we have received are available here. This application has been ranked on our Options for Investment List.

- Apalutamide for metastatic castration-sensitive prostate cancer. CTAC recommended funding with a high priority. Full records of the clinical advice we have received are available here. This application has been ranked on our Options for Investment List.

Darolutamide:

- Darolutamide for high-risk non-metastatic castration-resistant prostate cancer. The Pharmacology and Therapeutics Advisory Committee (PTAC) recommended funding with a high priority. Full records of the clinical advice we have received are available here. This application has been ranked on our Options for Investment List.

Enzalutamide:

- Enzalutamide for metastatic castration-resistant prostate cancer. PTAC and CTAC recommended the application be funded only if cost neutral to abiraterone. Full records of the clinical advice we have received are available here.
    - This application was ranked on our Only if Cost Neutral or Cost Saving list, but was declined in 2024 as cost neutral/saving pricing compared with abiraterone was not deemed to be feasible at the time. However, we consider that cost neutral/saving pricing of enzalutamide may be achievable through this RFP, and will consider progressing this indication for funding depending on pricing received.

- Enzalutamide for metastatic castration resistant prostate cancer for individuals who are intolerant of, or contraindicated to abiraterone. CTAC recommended funding with a high priority. Full records of the clinical advice we have received are available here. This application has been ranked on our Options for Investment List.

Summary of Clinical Advice informing RFP

In addition to the clinical advice sought from CTAC and PTAC on the individual funding applications for these treatments referred to above, in April 2024, Pharmac sought further advice from CTAC on funding options for first-line prostate cancer treatments across different disease stages – the record of this advice can be found here. This advice has since been consolidated further through advice from oncologists specialising in prostate and other genitourinary cancers, and has ultimately informed the structure of this RFP.

The key points of clinical advice informing this RFP are presented below:

(a) abiraterone and enzalutamide should be considered to have the same or similar health benefit for the treatment of mCRPC. Funding enzalutamide in addition to abiraterone would help to address the unmet health need for patients with mCRPC who are contraindicated to, or intolerant of, abiraterone

(b) abiraterone, apalutamide, darolutamide and enzalutamide should each be considered to have the same or similar health benefit as treatment options for mCSPC; widening access to abiraterone, and/or funding any nARI would help to address the unmet health need for people with mCSPC

(c) apalutamide, darolutamide and enzalutamide should each be considered to have the same or similar health benefit as treatment options for nmCRPC; funding any nARI would help to address the unmet health need for people with nmCRPC

(d) if funded access to abiraterone was widened for mCSPC, there would remain an unmet health need for people contraindicated to, or intolerant of, abiraterone. Any of the nARIs under consideration (apalutamide, darolutamide or enzalutamide) would be expected to provide a similar health benefit for these people

(e) noting the limited evidence to support sequential use of abiraterone or an nARI following prior treatment with one of these agents for an earlier disease stage, it would be appropriate to limit funding to one line of treatment regardless of disease stage or original agent used – restricting use to one course in a patient care pathway

(f) widening access to abiraterone and/or funding any nARI for one or more of the specified prostate cancer disease stages under consideration would be a significant step in addressing the unmet health need for prostate cancer in New Zealand

Eligibility criteria

The proposed eligibility criteria that would apply if these pharmaceuticals and indications were funded are shown below. These are in line with those recommended to Pharmac by CTAC and PTAC for the prostate cancer treatments included in this RFP.

The criteria are intended to be indicative and may be amended following consideration of any consultation feedback or further advice from CTAC and/or PTAC. Pharmac reserves the right to amend the criteria as part of this RFP process.

Abiraterone – metastatic castration-resistant prostate cancer (mCRPC)

Special Authority for Subsidy
Initial application (metastatic castration-resistant prostate cancer) only from a medical oncologist, radiation oncologist, urologist or another authorised prescriber on the recommendation of a medical oncologist, radiation oncologist or urologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1. Individual has metastatic castration resistant prostate cancer; and
2. Individual has ECOG performance score of 0-2; and
3. Individual has not received prior subsidised treatment with abiraterone or novel androgen receptor inhibitor; and
4. Abiraterone not to be used in combination with chemotherapy

Renewal (metastatic castration-resistant prostate cancer) only from a relevant specialist or from any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1. No evidence of disease progression; and
2. No initiation of chemotherapy with abiraterone

Enzalutamide – metastatic castration-resistant prostate cancer (mCRPC)

Special Authority for Subsidy
Initial application (metastatic castration-resistant prostate cancer) only from a medical oncologist, radiation oncologist, urologist or another authorised prescriber on the recommendation of a medical oncologist, radiation oncologist or urologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1. Individual has metastatic castration resistant prostate cancer; and
2. Individual has ECOG performance score of 0-2; and
3. Individual has not received prior subsidised treatment with abiraterone or novel androgen receptor inhibitor; and
4. Enzalutamide not to be used in combination with chemotherapy

Renewal (metastatic castration-resistant prostate cancer) only from a relevant specialist or from any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1. No evidence of disease progression; and
2. No initiation of chemotherapy with enzalutamide

Enzalutamide – metastatic castration-resistant prostate cancer (mCRPC); abiraterone contraindicated or intolerant

Initial application (metastatic castration-resistant prostate cancer) only from a medical oncologist, radiation oncologist, urologist or another authorised prescriber on the recommendation of a medical oncologist, radiation oncologist or urologist. Approvals valid for 6 months for applications meeting the

following criteria:
All of the following:
1. Individual has metastatic castration-resistant prostate cancer; and
2. Individual has a ECOG performance score of 0-2; and
3. Either:
    3.1. Individual is contraindicated to abiraterone due to preexisting chronic liver disease (Childs-Pugh B or C); or
    3.2. Both:
        3.2.1. Either
            3.2.1.1. Individual has experienced abiraterone induced grade 3 or 4 hepatotoxicity resulting in permanent treatment cessation; or
            3.2.1.2. Individual has experienced abiraterone induced hypertension (SBP/DBP of ≥160/100 mm Hg) resistant to antihypertensive therapy resulting in permanent treatment cessation; and
        3.2.2. Individual's disease did not progress when receiving treatment with abiraterone; and
4. Individual has not received prior subsidised treatment with abiraterone or novel androgen receptor inhibitor; and
5. Enzalutamide not to be used in combination with chemotherapy

Renewal (metastatic castration-resistant prostate cancer) only from a relevant specialist or from any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1. There is no evidence of disease progression; and
2. No initiation of chemotherapy with enzalutamide

Abiraterone - metastatic castration-sensitive prostate cancer (mCSPC)

Special Authority for Subsidy
Initial application (metastatic castration-sensitive prostate cancer) only from a medical oncologist, radiation oncologist, urologist or another authorised prescriber on the recommendation of a medical oncologist, radiation oncologist or urologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1. Individual has metastatic castration-sensitive prostate cancer; and
2. Individual has ECOG performance score of 0-2; and
3. Abiraterone must be/have been initiated within 6 months of treatment initiation with androgen deprivation therapy; and
4. Individual has not received prior subsidised treatment with novel androgen receptor inhibitor; and
5. Either:
    5.1. Abiraterone is to be used in combination with androgen deprivation therapy; or
    5.2. Individual has had a bilateral orchiectomy

Renewal (metastatic castration-sensitive prostate cancer) only from a relevant specialist or from any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1. No evidence of disease progression; and
2. Individual's disease remains castration-sensitive

Novel ARI (apalutamide, darolutamide, enzalutamide) - metastatic castration-sensitive prostate cancer (mCSPC)

Initial application (metastatic castration-sensitive prostate cancer) only from a medical oncologist, radiation oncologist, urologist or another authorised prescriber on the recommendation of a medical oncologist, radiation oncologist or urologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1. Individual has metastatic castration sensitive prostate cancer; and
2. Individual has ECOG performance score of 0-2; and
3. Novel ARI must be/have been initiated within 6 months of treatment initiation with androgen deprivation therapy; and
4. Individual has not received prior subsidised treatment with novel androgen receptor inhibitor; and
5. Either:
    5.1. Novel ARI is to be used in combination with androgen deprivation therapy; or
    5.2. Individual has had a bilateral orchiectomy

Renewal (metastatic castration-sensitive prostate cancer) only from a relevant specialist or from any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1. No evidence of disease progression; and
2. Individual's disease remains castration sensitive

Novel ARI (apalutamide, darolutamide, enzalutamide) - metastatic castration-sensitive prostate cancer (mCSPC); abiraterone contraindicated or intolerant

Initial application (metastatic castration-sensitive prostate cancer) only from a medical oncologist, radiation oncologist, urologist or another authorised prescriber on the recommendation of a medical oncologist, radiation oncologist or urologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1. Individual has metastatic castration-sensitive prostate cancer; and
2. Individual has a ECOG performance score of 0-2; and
3. Novel ARI must be/have been initiated within 6 months of treatment initiation with androgen deprivation therapy; and
4. Either:
    4.1. Individual is contraindicated to abiraterone due to preexisting chronic liver disease (Childs-Pugh B or C); or
    4.2. Both:
        4.2.1. Either
            4.2.1.1. Individual has experienced abiraterone induced grade 3 or 4 hepatotoxicity resulting in permanent treatment cessation; or
            4.2.1.2. Individual has experienced abiraterone induced hypertension (SBP/DBP of ≥160/100 mm Hg) resistant to antihypertensive therapy resulting in permanent treatment cessation; and
        4.2.2. Individual's disease did not progress when receiving treatment with abiraterone; and
5. Individual has not received prior subsidised treatment with novel androgen receptor inhibitor for prostate cancer
6. Either:
    6.1. Novel ARI is to be used in combination with androgen deprivation therapy; or
    6.2. Individual has had a bilateral orchiectomy

Renewal (metastatic castration-sensitive prostate cancer) only from a relevant specialist or from any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1. There is no evidence of disease progression; and
2. Individual's disease remains castration-sensitive

Novel ARI (apalutamide, darolutamide, enzalutamide) – non-metastatic castration-resistant prostate cancer (nmCRPC)

Initial application (non-metastatic castration-resistant prostate cancer) only from a medical oncologist, radiation oncologist, urologist or another authorised prescriber on the recommendation of a medical oncologist, radiation oncologist or urologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1. Individual has non-metastatic castration-resistant prostate cancer; and
2. Individual has a PSA doubling time of 10 months or less during continuous androgen deprivation therapy; and
3. Either:
    3.1. Novel ARI to be used in combination with androgen deprivation therapy; or
    3.2. Individual has had a bilateral orchiectomy; and

Renewal (non-metastatic castration-resistant prostate cancer) only from a relevant specialist or from any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1. There is no evidence of disease progression

RFP structure

Informed by the funding applications received for abiraterone and nARIs, and the clinical advice relevant to these applications and this RFP as noted above, we have divided the RFP into three separate markets for which proposals are requested, as follows:

RFP Market 1 – supply of **abiraterone** for metastatic castration-resistant prostate cancer (mCRPC) i.e. the current funded market; or mCRPC and widened access for metastatic castration-sensitive prostate cancer (mCSPC)

RFP Market 2 – supply of **enzalutamide** for treatment of metastatic castration-resistant prostate cancer (mCRPC)

RFP Market 3 – supply of a **novel androgen receptor inhibitor (apalutamide, darolutamide or enzalutamide)** for metastatic castration-sensitive prostate cancer (mCSPC); or mCSPC and non-metastatic castration-resistant prostate cancer (nmCRPC)

One supplier for each market may be awarded Principal Supply Status (PSS) – see the sections below for more detail on what PSS means and how it may be awarded in the context of this RFP.

Reasons for running the RFP

Pharmac is aware that there are multiple suppliers that could supply abiraterone and nARIs in New Zealand. In consideration of this competition, and the clinical advice supporting the appropriateness of running a competitive process, the purpose of this RFP is to:

(a) reduce the total expenditure in the abiraterone market and secure ongoing supply of funded abiraterone; and

(b) determine if widened access to abiraterone, for the relevant indications, would be possible from within the available budget based on the proposals received; and

(c) determine if funding nARIs, for the relevant indications, would be possible from within the available budget based on the proposals received.

Any proposals submitted in response to the RFP would be evaluated in accordance with the process set out in Schedule 2.

Intended Outcome of the RFP

Principal Supply Status

Pursuant to the proposals received and their evaluation, Pharmac intends to award the successful supplier(s) Principal Supply Status (PSS) for abiraterone, and potentially nARIs, for the treatment of prostate cancer.

The awarding of PSS means that the successful supplier's brand would be the principal funded brand of abiraterone and/or nARI (apalutamide, darolutamide, and/or enzalutamide) in New Zealand for the specified markets. The supplier(s) would be guaranteed 95% of the relevant market(s).

Brands of abiraterone and of the nARIs (apalutamide, darolutamide, and/or enzalutamide) other than the PSS brand could be funded for use in up to 5% of the relevant market(s), using the Alternative Brand Allowance (ABA) outlined below. PSS includes both the community and hospital use.

PSS may be awarded to one supplier for each of the three markets included within the scope of this RFP. Either one supplier, or up to three different suppliers could be awarded PSS as a result of this RFP.

The specific markets for which PSS may be awarded as a result of the RFP are as follows:

(a) **RFP Market 1 - Abiraterone for metastatic castration-resistant prostate cancer (mCRPC) i.e. the current funded market; or mCRPC and widened access for metastatic castration-sensitive prostate cancer (mCSPC)**

(i) One supplier would be awarded PSS for the supply of abiraterone for mCRPC; or, both mCRPC and mCSPC.

(ii) The awarding of PSS for this market would mean that the successful supplier's brand of abiraterone would be the principial funded brand of abiraterone in New Zealand. The supplier would be guaranteed at least 95% of the funded abiraterone market across all funded indications.

(iii) Brands of abiraterone other than the PSS brand could be funded for use in up to 5% of this funded market, using the alternative brand allowance outlined below.

(b) **RFP Market 2 - Enzalutamide for treatment of metastatic castration-resistant prostate cancer (mCRPC)**

(i) One supplier may be awarded PSS for supply of enzalutamide for mCRPC.

(ii) The awarding of PSS for this market would mean that the successful supplier's brand of enzalutamide would be the principal funded brand of enzalutamide in New Zealand for the mCRPC indication. The supplier would be guaranteed at least 95% of the funded enzalutamide market for the mCRPC indication.

(iii) Brands of enzalutamide other than the PSS brand could be funded for use in up to 5% of this funded market, using the alternative brand allowance outlined below.

(c) **RFP Market 3 - Supply of a novel androgen receptor inhibitor (apalutamide, darolutamide or enzalutamide) for metastatic castration-sensitive prostate cancer (mCSPC); or mCSPC and non-metastatic castration-resistant prostate cancer (nmCRPC).**

(i) One supplier may be awarded PSS for supply of an nARI (apalutamide, darolutamide or enzalutamide) for mCSPC; or, both mCSPC and nmCRPC.

(ii) The awarding of PSS for this market would mean that the successful supplier's brand of nARI would be the principal funded brand of nARI in New Zealand for mCSPC; or, mCSPC and nmCRPC. The supplier would be

guaranteed at least 95% of the funded nARI market within the scope of the specified indication(s).

(iii) Different brands of the same nARI, or another brand of different nARI chemical, other than the PSS brand, could be funded for use in up to 5% of this funded market, using the alternative brand allowance outlined below.

The PSS period would be approximately **3** years following the end of any transition period (if required following the initial listing date on the Pharmaceutical Schedule) for abiraterone; or, **3** years from the date of listing on the Pharmaceutical Schedule for nARIs. There would be an optional two PSS extension periods of **1 year** each. Exercising the extension period would be at Pharmac's discretion. See *Term* below for more information.

Please refer to Attachment 4 for Pharmac's standard terms for Principal Supply Status.

Pharmac would reserve the right, through this RFP, to widen access to abiraterone and/or fund a nARI at its sole discretion, based on the evaluation of proposals received.

Funded access to all treatments would be subject to eligibility criteria – please see *Eligibility Criteria* above for the proposed eligibility criteria. Pharmac would retain the right at its sole discretion to widen funded access to these treatments at any time during the PSS period through amendment of eligibility criteria.

Alternative Brand Allowance (ABA)

Typically, the Alternative Brand Allowance (ABA) would be for individuals with unique clinical circumstances who need an alternative brand of treatment funded. Pharmac retains its discretion as to who could access funding for an alternative brand and how funded access to it would be enabled. Funded access to an ABA brand could be enabled by a listing on the Pharmaceutical Schedule or through Pharmac's Exceptional Circumstances framework.

Transition Period

For abiraterone, if the outcome of the RFP resulted in a brand change, PSS would start after a transition period of at least 5 months for the currently funded mCRPC market. If abiraterone access was widened to include mCSPC, access would be widened only for the awarded brand at the beginning of the transition period, with PSS beginning 5 months after that date; this would only occur if a supplier of a new brand of abiraterone was awarded PSS.

If funded, a nARI would be a new listing. PSS would start immediately from the date of listing (i.e. PSS would not be subject to a transition period).

3. Types of proposals sought

Funding Scenarios

Pharmac would consider the following funding scenarios listed in Table 1 as potential outcomes of the RFP when evaluating proposals.

Note that funded access to each treatment for each indication would be subject to eligibility criteria – see proposed *Eligibility criteria* above.

Suppliers should consider these possible funding scenarios when submitting proposals.

Table 1: Summary of funding scenarios that Pharmac anticipates could result from this RFP

Scenario	mCRPC	mCRPC*	mCSPC	mCSPC*	nmCRPC
1	A				
2	A	B			
3	A / C				
4	A		D		
5	A	B	D	E	
6	A / C		D / F		
7	A	B	D	E	G
8	A / C		D / F		G

Key:

Abiraterone
Enzalutamide
A novel ARI (one of apalutamide, darolutamide, enzalutamide)

mCRPC: metastatic castration-resistant prostate cancer

mCRPC*: metastatic castration-resistant prostate cancer (eligibility restricted to individuals who are contraindicated to/intolerant of abiraterone)

mCSPC: metastatic castration-sensitive prostate cancer

mCSPC*: metastatic castration-sensitive prostate cancer (eligibility restricted to individuals who are contraindicated to/intolerant of abiraterone)

nmCRPC: non-metastatic castration-resistant prostate cancer

<u>Pharmac is willing to consider the following types of proposals:</u>

Options for proposal submission

Tables 2 to 4 outline the permitted options for which proposal may be submitted for.

Note that each table of proposal options represents a separate market for which PSS may be awarded. Proposals for each market will be evaluated independently in accordance with the terms of this RFP.

Pharmac may choose to progress one or more proposals with the resulting outcome being one of the funding scenarios presented in Table 1.

Please note the mandatory requirements for submitting proposals for the abiraterone market noted in Table 2.

Table 2: Proposal options for RFP Market 1 - supply of abiraterone for metastatic castration-resistant prostate cancer (mCRPC) and metastatic castration-sensitive prostate cancer (mCSPC)

Proposal options	mCRPC	mCSPC
1a	✓	
1b	✓	✓

✓ indications that would be funded under a given proposal option

mCRPC: metastatic castration-resistant prostate cancer

mCSPC: metastatic castration-sensitive prostate cancer

Mandatory requirements

Suppliers submitting proposals for option 1b MUST also submit a proposal for option 1a

Table 3: Proposal options for RFP Market 2 - supply of enzalutamide for metastatic castration-resistant prostate cancer (mCRPC)

Proposal options	mCRPC*	mCRPC
2a	✓	
2b		✓

✓ indications that would be funded under a given proposal option

mCRPC*: metastatic castration-resistant prostate cancer (eligibility restricted to individuals who are contraindicated to/intolerant of abiraterone)

mCRPC: metastatic castration-resistant prostate cancer

Note for suppliers of enzalutamide where a supplier submits proposals for enzalutamide in both RFP Market 2 and Market 3, Pharmac will apply a single consistent price across the relevant combination of proposal options for purposes of evaluation and any resulting agreement, should that supplier be the preferred supplier for both RFP Market 2 and Market 3.

The price applied will be the lowest price offered by that supplier across the applicable pair of proposals. This ensures that, if PSS was awarded to that supplier for both RFP Market 2 and Market 3, a single price would apply to enzalutamide across all funded indications.

This approach will be applied to the following proposal combinations where a supplier submits an offer for both proposal options:

- **2a AND 3a**
- **2b AND 3b**
- **2a AND 3c**
- **2b AND 3d**

Table 4: Proposal options for RFP Market 3 - supply of novel androgen receptors (nARIs) (apalutamide, darolutamide or enzalutamide) for metastatic castration-sensitive prostate cancer (mCSPC) and non-metastatic castration-resistant prostate cancer (nmCRPC)

Proposal options	mCSPC*	mCSPC	nmCRPC
3a	✓		
3b		✓	
3c	✓		✓
3d		✓	✓

✓ indications that would be funded under a given proposal option

mCSPC*: metastatic castration-sensitive prostate cancer (eligibility restricted to individuals who are contraindicated to/intolerant of abiraterone)

mCSPC: metastatic castration-sensitive prostate cancer

nmCRPC: non-metastatic castration-resistant prostate cancer

Note for suppliers of enzalutamide: where a supplier submits proposals for enzalutamide in both RFP Market 2 and Market 3, Pharmac will apply a single consistent price across the relevant combination of proposal options for purposes of evaluation and any resulting agreement, should that supplier be the preferred supplier for both RFP Market2 and Market 3.

The price applied will be the lowest price offered by that supplier across the applicable pair of proposals. This ensures that, if PSS was awarded to that supplier for both RFP Market 2 and Market 3, a single price would apply to enzalutamide across all funded indications.

This approach will be applied to the following proposal combinations where a supplier submits an offer for both proposal options:

- **2a AND 3a**

- **2b AND 3b**
- **2a AND 3c**
- **2b AND 3d**

Pricing and Proposal Structure

(a) Suppliers **MUST** submit a proposal for abiraterone and/or one of the specified nARIs (apalutamide, darolutamide, or enzalutamide) in accordance with the options for proposal submission listed above and subject to the eligibility criteria listed above.

(i) Proposals **MUST** include one price, per presentation, per chemical, per proposal option.
(ii) Suppliers **MAY** submit different proposal pricing between proposal options.
(iii) Where a supplier submits proposals for enzalutamide in both RFP Market 2 and Market 3, Pharmac will apply a single consistent price across the relevant combination of proposal options for purposes of evaluation and any resulting agreement, should that supplier the preferred supplier for both RFP Market 2 and Market 3.

The price applied will be the lowest price offered by that supplier across the applicable pair of proposal options. This ensures that, if PSS was awarded to that supplier for both RFP Market 2 and Market 3, a single price would apply to enzalutamide across all funded indications.

This approach will be applied to the following proposal combinations where a supplier submits an offer for both proposal options:

- 2a AND 3a
- 2b AND 3b
- 2a AND 3c
- 2b AND 3d

(b) Proposals **MAY** include a rebate; however, only proposals including a flat rebate structure on a per unit basis will be accepted.

(c) Suppliers submitting proposals for abiraterone **MUST** submit a proposal for scenario 1a.

(d) Proposals **MUST** be for both community and hospital use.

Proposal Validity Period

(f) All proposals **MUST** remain valid for 12 months from the submission deadline. Suppliers must honour the terms and conditions stated in their proposals. Changes to pricing, terms or conditions post-submission may result in disqualification. Pharmac may seek clarifications or engage in limited negotiations during the validity period.

Strengths

(g) Suppliers wishing to submit proposals for **abiraterone MUST** submit proposals that include the currently funded 250 mg presentation. Proposals **MAY** also include a 500 mg presentation in addition to the mandatory 250 mg presentation.

(h) Suppliers wishing to submit proposals for **apalutamide MUST** submit proposals that include 60 mg presentations.

(i) Suppliers wishing to submit proposals for **darolutamide MUST** submit Pharmac proposals that include 300 mg presentations.

(j) Suppliers wishing to submit proposals for **enzalutamide MUST** submit proposals that include 40 mg presentations.

Term

(k) Proposals **MUST** include a PSS period for each pharmaceutical included in the proposal, with an ABA of 5%. The PSS period will be approximately 3 years following the end of any transition period (if required) with an optional two 12-month extensions possible at Pharmac's discretion. The PSS period is exclusive of any transition period.

Product registration status

(l) Proposals **MAY** include abiraterone and/or novel androgen receptor inhibitors that are yet to obtain all necessary Consents (where 'Consents' means all consents, permits, licences and authorisations, whether statutory or otherwise, required for the supply of the pharmaceutical in New Zealand (including Medsafe approval)). In such circumstances:

(i) Suppliers may be required to demonstrate their ability to obtain those Consents within a time frame acceptable to Pharmac.

(ii) Pharmac would not list the proposed brand in the Pharmaceutical Schedule until all Consents are obtained.

<u>Pharmac is not willing to consider the following types of proposals:</u>

(a) Proposals for pharmaceuticals, or related products other than abiraterone or the specified nARIs (apalutamide, darolutamide, enzalutamide).

(b) Proposals for micronised abiraterone products; or abiraterone products co-packaged with a corticosteroid.

(c) Proposals that include a requirement to widen access to abiraterone or fund a novel ARI outside the proposal options and proposed eligibility criteria specified in this RFP.

(d) Proposals that involve foreign currency exchange rate clauses or prices linked to any index.

(e) Proposals that include a 'hard cap', where a 100% rebate exists over a certain level of expenditure.

(f) Proposals that involve the listing of one or more of the RFP pharmaceuticals with a partial subsidy.

(g) Proposals that include an end-date for supply or price.

(h) Two-part pricing arrangements, whereby Pharmac may make an up-front payment (in addition to any ongoing subsidy) in return for the listing of a pharmaceutical on specific terms.

Subject to the above, Pharmac is open to considering any other types of proposals you may wish to put forward.

Schedule 2: RFP process

Pharmac expects to follow the process set out below in the sequence indicated.

1. Submission

(a) You may submit more than one proposal. Each proposal will be considered as a separate proposal.

(b) Proposals must be submitted to Pharmac via the Government Electronic Tenders Service (GETS) no later than **12:00pm noon (New Zealand time) on 13 August 2026**. Late proposals will only be considered at Pharmac's discretion, taking into account the need for fairness to other suppliers and integrity of the RFP process.

(c) You cannot withdraw your proposal, once submitted, while the RFP process is continuing.

(d) If you have any enquiries about this RFP, you should submit them via GETS, using the questions and answers function. Responses to all enquires will be published on GETS. If you do need to get in touch via email, please contact procurement@pharmac.govt.nz.

2. Evaluation

(a) Following the deadline for submitting proposals, an evaluation committee comprising Pharmac staff and clinical advisors (Evaluation Committee) will evaluate each proposal to select its preferred proposal(s). Pharmac may engage relevant external advisors at the evaluation stage, who would be required to enter into a confidentiality agreement with Pharmac prior to any review of proposals.

(b) The evaluation model that will be used is a weighted attribute method. All proposals that meet the pre-conditions, will be evaluated using the evaluation model as detailed in paragraphs 5 to 8 below. Scores will assist in deciding which proposals are progressed, but ultimately the decision will be based on which proposal(s) we consider will provide the best overall public value in accordance with Pharmac's Factors for Consideration (Factors) that form part of Pharmac's then current Operating Policies and Procedures (OPPs), as published on Pharmac's website. More information on the Factors can be found at www.pharmac.health.nz/factors-for-consideration.

An initial review of proposals will be undertaken by Pharmac procurement staff to ensure that the proposals are compliant and complete responses in accordance with the requirements of the RFP. Pharmac reserves the right, at its sole discretion, to not evaluate any proposal which does not meet the preconditions specified in paragraph 5(a) below or does not include the information requested in this RFP.

(c) If a proposal scores 4 or less in any category or overall using the scoring scale at paragraph 6 below, Pharmac may, in its sole discretion, decline to pursue the proposal further.

(d) Each proposal will be evaluated on the basis that the price offered, the expenditure entailed, and any other terms included in the proposal, are the best that the supplier is able to offer. If you do not put forward your best terms and/or do not provide all mandatory information in the requested format, you risk having your proposal excluded at the evaluation stage.

(e) Pharmac is not bound to select the lowest priced proposal or any proposal.

3. Overarching Considerations

(a) The Evaluation Committee will evaluate proposals in light of Pharmac's statutory objective, which is "to secure for eligible people in need of pharmaceuticals, the best health outcomes that are reasonably achievable from the pharmaceutical treatment and from the amount of funding provided." In doing so, the Evaluation Committee will be guided by the Factors for Consideration referred to at 2(b) above.

(b) The requirement for Pharmac to pursue its statutory objective means that emphasis will be given to those aspects of proposals that demonstrate "health outcomes", and those aspects of proposals that demonstrate the impact on the "funding provided" for pharmaceuticals. Those Factors that relate directly to these aspects will be given the greatest weight by the Evaluation Committee, but all Factors are important.

4. Pharmac may request further information

(a) Pharmac may request such further information as it considers necessary from or about you for the purposes of clarifying or evaluating your proposal.

(b) If Pharmac requests further information from or about you, it is not obliged to request the same or any other information from or about any other party provided that, in Pharmac's judgment, this would not be unfair to any other party.

5. Evaluation Criteria and Weightings

Preconditions

(a) Each supplier must meet the following preconditions before their proposal will be considered for evaluation:

Preconditions	**Meets?**
The pharmaceutical must be Medsafe-approved, or If not yet approved, the proposal must include a credible plan and timeframe for obtaining Medsafe approval. Please indicate this for each abiraterone or nARI product that you are submitting for. (please attach copy of Medsafe Gazette notice, by embedding the document here).	Yes/No

Evaluation Criteria

(b) Having met the precondition, qualifying proposals will be evaluated on their merits using the following evaluation criteria and weightings.

Criterion	Weighting
Company Information	Information Only
Clinical Suitability	40%
Supply Chain and Logistics/Track Record	30%
Implementation and Education	20%
Economic Benefit for New Zealanders	10%
Contract Departures	Value Narrative
Price	Value Narrative
Pharmac Track Record	Value Narrative
Modern Slavery	Information Only

Clinical suitability will be evaluated at 40% of the total score. The remaining 60% of the evaluation criteria will still be assessed at the overall submission level. This allows us to consider the supplier's broader value and capabilities once, while still treating each product on its individual clinical merits.

Price is not a weighted criterion, however, is an important consideration for proposals to demonstrate value for money.

6. Scoring

The following scoring scale will be used in evaluating proposals. Scores by individual evaluation members may be modified through a moderation process across the whole Evaluation Committee.

Rating	Definition	Score
EXCELLENT significantly exceeds the criterion	Exceeds the criterion. Exceptional demonstration by the supplier of the relevant ability, understanding, experience, skills, resource and quality measures required to meet the criterion. Proposal identifies factors that will offer potential added value, with supporting evidence.	**9-10**
GOOD exceeds the criterion in some aspects	Satisfies the criterion with minor additional benefits. Above average demonstration by the supplier of the relevant ability, understanding, experience, skills, resource and quality measures required to meet the criterion. Proposal identifies factors that will offer potential added value, with supporting evidence.	**7-8**
ACCEPTABLE meets the criterion	Satisfies the criterion. Demonstration by the supplier of the relevant ability, understanding, experience, skills, resource, and	**5-6**

in full, but at a minimal level	quality measures required to meet the criterion, with supporting evidence.	
MINOR RESERVATIONS marginally deficient	Satisfies the criterion with minor reservations. Some minor reservations of the supplier's relevant ability, understanding, experience, skills, resource and quality measures required to meet the criterion, with little or no supporting evidence.	**3-4**
SERIOUS RESERVATIONS significant issues that need to be addressed	Satisfies the criterion with major reservations. Considerable reservations of the supplier's relevant ability, understanding, experience, skills, resource and quality measures required to meet the criterion, with little or no supporting evidence.	**1-2**
UNACCEPTABLE significant issues not capable of being resolved	Does not meet the criterion. Does not comply and/or insufficient information provided to demonstrate that the supplier has the ability, understanding, experience, skills, resource and quality measures required to meet the criterion, with little or no supporting evidence.	**0**

7. Price

Pricing information will be required to be submitted in a prescribed format using the provided table in Attachment 2 to ensure consistency of key price information capture to allow comparable evaluation of requirements.

8. Value for Money

The value for money assessment will include consideration of the optimal combination of financial and non-financial factors through the lifecycle of the abiraterone and/or nARIs being procured in accordance with the requirements of the RFP.

The Evaluation Committee will consider the scores and overall value for money considering any additional information (e.g., answers to questions of clarification) to select the preferred supplier.

If a supplier offers a substantially lower price than other proposals, we may make enquiries or require additional evidence to verify that the supplier can meet all the requirements of the RFP.

Any information relating to the price must be clear, accurate and unambiguous. Prices must state whether they are exclusive or inclusive of Goods and Services Tax (GST).

(a) Suppliers must use Attachment 2 when submitting price information.

(b) Where relevant, Suppliers must document all assumptions and dependencies that affect its pricing and/or the total cost.

(c) Suppliers must tender prices in NZ$. Unless otherwise agreed, contractual payments will be in NZ$.

9. Negotiation

(a) For each market included within the scope of this RFP, Pharmac may negotiate with the submitter(s) of one or more preferred proposals, in the latter case the acceptance of either supplier's proposal would exclude acceptance of the other proposal.

(b) Negotiations will proceed on the basis that Pharmac's standard terms and conditions for supply of pharmaceuticals and terms for Principal Supply Status shall apply. These terms and conditions are available as Attachment 3 and 4 to this RFP on GETS.

(c) You must complete and submit the declaration in Attachment 1 of this RFP as part of your proposal by declaring that you have read and understood Pharmac's terms and conditions to list pharmaceuticals on the Pharmaceutical Schedule. Where you disagree with any of the terms and conditions, include comments about the terms and conditions you would seek to amend during any negotiation.

(d) Given that Pharmac expects your proposal to be the best you can offer, Pharmac does not intend to initiate negotiation with you on price. However, Pharmac does not exclude the possibility that the final price agreed will be different from the price put forward in your proposal, as a result of the impact that other negotiated terms may have on price.

(e) Pharmac may negotiate and enter into a provisional agreement with a preferred supplier(s) on whatever special terms, in addition to Pharmac's standard terms and conditions, Pharmac considers appropriate.

(f) If Pharmac and the supplier(s) are unable to reach a provisional agreement within what Pharmac considers to be a reasonable time, Pharmac may terminate those negotiations and negotiate with a different supplier(s).

10. Consultation and approval

(a) Any provisional agreement will be conditional on consultation with suppliers and other interested parties, to the extent Pharmac considers consultation to be necessary or appropriate, and approval by the Pharmac Board (or approval by the Board's delegate acting under delegated authority).

(b) Pharmac will not consider any counteroffers received during consultation.

(c) The provisional agreement and responses to consultation will be considered by Pharmac's Board (or by the Board's delegate acting under delegated authority) in accordance with the decision criteria in Pharmac's then current OPPs.

(d) If the Board or its delegate does not approve the provisional agreement, then Pharmac may initiate negotiations for a provisional agreement with any other supplier(s).

(e) The RFP process will be complete once Pharmac has notified suppliers of either:

(i) the Board's or its delegate's decision to accept a negotiated agreement; or

(ii) the termination of the RFP process.

11. Miscellaneous

(a) Pharmac reserves the right, having regard to probity principles:

(i) to make such adjustments to the above RFP process as it considers appropriate, at any time during the process, provided that it notifies suppliers affected by those changes;

(ii) not to accept any proposal;

(iii) to seek clarification of any proposal;

(iv) to meet with any supplier in relation to its proposal;

(v) to enter into an agreement or arrangement that differs in material respects from that envisaged in this RFP letter;

(vi) to suspend this RFP process. For example, if during the RFP process (and before a provisional agreement is entered into) it becomes apparent to Pharmac that further consultation is appropriate or required we may suspend the RFP process in order to consult. In this situation we may ask you to adapt and resubmit your proposal in light of consultation, or alternatively we may request that new proposals be submitted;

(vii) to terminate this RFP process at any time, by notifying suppliers who submitted proposals, and, following termination, to negotiate with any supplier(s) on whatever terms Pharmac thinks fit;

(viii) to readvertise for proposals.

(b) Pharmac may consult or seek clinical advice from CTAC, PTAC or specialist advice at any stage of the RFP process. Pharmac will notify you if the clinical advice results in any changes to the terms of the RFP.

(c) You must not initiate or engage in any communication with other suppliers in relation to the RFP, whether before or after submitting their proposal(s), until such time as a provisional agreement is accepted by Pharmac's Board or the Board's delegate.

(d) You must not initiate or engage in any communication with Pharmac, the Ministry of Health, including its operating unit Medsafe, the Minister of Health (or any Associate Ministers), Health New Zealand, or advisors to Pharmac with a view to influencing the outcome of this RFP process. Failure to comply with this clause will entitle Pharmac, in its sole discretion, to disqualify you from this RFP process.

(e) You must pay your own costs for preparing and submitting your proposal.

(f) Proposals are submitted in reliance on your own knowledge, skill, and independent advice, and not in reliance on any representations made by Pharmac.

(g) Your submission of a proposal will be taken as acceptance of the terms contained in this RFP document. Pharmac may exclude your proposal if you do not comply with any of the terms contained in this RFP document.

(h) This is an RFP and not a tender. Your proposal is not an offer capable of being converted into a contract for the supply of abiraterone and/or nARIs by Pharmac's apparent acceptance and instead a separate agreement needs to be negotiated.

(i) Pharmac is not liable in any way whatsoever for any direct or indirect loss (including loss of profit), damage or cost of any kind incurred by you or any other person in relation to this RFP.

(j) Pharmac will consider your proposal and information exchanged between us in any negotiations relating to your proposal, excluding information already in the public domain, to be confidential to us and our employees, legal advisors and other consultants, external advisors, the Ministry of Health and Health New Zealand (**Confidential Information**). However, you acknowledge that it may be necessary or appropriate for Pharmac to release Confidential Information:

(i) pursuant to the Official Information Act 1982; or

(ii) in the course of consultation on a provisional agreement entered into with a supplier; or

(iii) in publicly notifying any approval by the Pharmac Board of that agreement; or

(iv) otherwise pursuant to Pharmac's public law or any other legal obligations.

Pharmac may consult with you before deciding whether to disclose Confidential Information for the purposes described in sub-clauses (i) to (iv) above. You acknowledge, however, that it is for Pharmac to decide, in its absolute discretion, whether it is necessary or appropriate to disclose information for any of the above purposes, provided that Pharmac shall act in good faith in disclosing any Confidential Information.

12. Anticipated timetable

(a) Following receipt of proposals, Pharmac anticipates:

(i) the Evaluation Committee evaluating proposals in August 2026;

(ii) negotiating with submitter(s) of one or more preferred proposals in September and October 2026;

(iii) consulting on the provisional agreement(s) in November 2026;

(iv) Pharmac's Board, or the Board's delegate, considering the provisional agreement(s) in or after January 2026,

provided that the above time frames are only approximate and may be extended, without notice being required from Pharmac, if any stages of the RFP process take longer than anticipated.

(b) Under this indicative timetable, the earliest that changes to the Pharmaceutical Schedule could be implemented is 1 March 2027.

(c) Please note that if a proposal for sole supply is accepted, the date of implementation may be later to allow for an orderly transition to any sole supply arrangement.

13. Governing Law

This RFP is governed by New Zealand law, and the New Zealand courts have exclusive jurisdiction in all matters relating to this RFP.

Schedule 3: Current listing and market information

The following information relates to the estimated subsidised market size of the pharmaceuticals in scope of this procurement.

The information is approximate and indicative only. Pharmac makes no representation as to the accuracy of this information or as to the level of sales or likely sales of abiraterone and nARIs and, while Pharmac has taken all reasonable care in preparing the information set out below, it accepts no liability for any errors or omissions in the information. Pharmac is not obliged to notify you in the event of any change to the figures below.

Figures below are based on community dispensing only.

Current Listings

	F2021/22	**F2022/23**	**F2023/24**	**F2024/25**
Abiraterone units (individual 250 mg tablets)	807,000	888,000	901,000	961,000

Estimated uptake for other funding scenarios

Based on advice from our clinical experts, New Zealand data sources, a number of commercial assumptions and modelling, we consider that the total number of people who may access treatment under each of the scenarios below each year in Aotearoa New Zealand could be as shown in the table below. We have also included indicative units for each scenario.

The scenarios below correspond to the funding scenarios presented in Table 1.

Scenario			**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Scenario 1	Abiraterone current access (mCRPC)	Patients[1]	643	673	704	734	765
		Units[2]	1,074,000	1,124,000	1,175,000	1,225,000	1,276,000
Scenario 2	Abiraterone current access (mCRPC)	Patients[1]	643	673	704	734	765
		Units[2]	1,074,000	1,124,000	1,175,000	1,225,000	1,276,000
	Enzalutamide (mCRPC*)	Patients[1]	20	67	70	73	76
		Units[3]	34,000	112,000	117,000	123,000	128,000
Scenario 3	Abiraterone current access (mCRPC)	Patients[1]	588	337	352	367	382
		Units[2]	982,000	562,000	587,000	613,000	638,000
		Patients[1]	120	404	422	441	459

	Enzalutamide (mCRPC)	Units[3]	200,000	655,000	705,000	735,000	766,000
Scenario 4	Abiraterone current access (mCRPC)	Patients[1]	643	673	704	734	765
		Units[2]	1,074,000	1,124,000	1,175,000	1,225,000	1,276,000
	Abiraterone (mCSPC)	Patients[4]	370	371	372	373	374
		Units[2]	390,000	529,000	774,000	963,000	1,109,000
Scenario 5	Abiraterone current access (mCRPC)	Patients[1]	643	673	704	734	765
		Units[2]	1,074,000	1,124,000	1,175,000	1,225,000	1,276,000
	Enzalutamide (mCRPC*)	Patients[1]	20	67	70	73	76
		Units[3]	34,000	112,000	117,000	123,000	128,000
	Abiraterone (mCSPC)	Patients[4]	370	371	372	373	374
		Units[2]	390,000	529,000	774,000	963,000	1,109,000
	nARI (mCSPC*)	Patients[4]	37	37	37	37	37
		Units[5]	54,000	73,000	106,000	132,000	151,000
Scenario 6	Abiraterone current access (mCRPC)	Patients[1]	588	337	352	367	382
		Units[2]	982,000	562,000	587,000	613,000	638,000
	Enzalutamide (mCRPC)	Patients[1]	120	404	422	441	459
		Units[3]	200,000	655,000	705,000	735,000	766,000
	Abiraterone (mCSPC)	Patients[4]	184	185	186	186	187
		Units[2]	195,000	265,000	387,000	481,000	554,000
	nARI (mCSPC)	Patients[4]	222	222	223	224	224
		Units[5]	321,000	435,000	638,000	793,000	911,000
Scenario 7	Abiraterone current access (mCRPC)	Patients[1]	643	673	704	734	765
		Units[2]	1,074,000	1,124,000	1,175,000	1,225,000	1,276,000
	Enzalutamide (mCRPC*)	Patients[1]	20	67	70	73	76
		Units[3]	34,000	112,000	117,000	123,000	128,000

	Abiraterone (mCSPC)	Patients[4]	370	371	372	373	374
		Units[2]	390,000	575,000	809,000	990,000	1,129,000
	nARI (mCSPC*)	Patients[4]	370	371	372	373	374
		Units[5]	390,000	529,000	774,000	963,000	1,109,000
	nARI (nmCRPC)	Patients[4]	37	37	37	37	37
		Units[5]	54,000	73,000	106,000	132,000	151,000
Scenario 8	Abiraterone current access (mCRPC)	Patients[1]	588	337	352	367	382
		Units[2]	982,000	562,000	587,000	613,000	638,000
	Enzalutamide (mCRPC)	Patients[1]	120	404	422	441	459
		Units[3]	200,000	655,000	705,000	735,000	766,000
	Abiraterone (mCSPC)	Patients[4]	184	185	186	186	187
		Units[2]	195,000	265,000	387,000	481,000	554,000
	nARI (mCSPC)	Patients[4]	222	222	223	224	224
		Units[5]	321,000	435,000	638,000	793,000	911,000
	nARI (nmCRPC)	Patients[4]	54	55	56	57	58
		Units[5]	62,000	86,000	129,000	165,000	194,000

[1]Average number of patients dispensed per month

[2] Calculations based on abiraterone 250 mg tablets

[3] Calculations based on enzalutamide 40 mg capsules

[4]New patients initiating treatment per year

[5] Calculations based on apalutamide 60 mg tablets, darolutamide 300 mg tablets or enzalutamide 40 mg capsules