22 July 2026

Dear Supplier

REQUEST FOR PROPOSALS – SUPPLY OF RITUXIMAB, INFLIXIMAB, AND TOCILIZUMAB

Pharmac invites proposals for the supply of rituximab, infliximab and tocilizumab 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 and estimated forecasted 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 **12:00 p.m**. **(New Zealand time)** on **2 September 2026.**

If you have any enquiries about this RFP you should submit them via GETS prior to **12:00 p.m. (New Zealand time)** on **19 August 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 at **1:00 p.m**. **(New Zealand time)** on **Tuesday 4 August**. 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: Products, 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 (New Zealand time) on 19 August 2026.

(f) Use the response forms 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 **12:00 p.m. noon (New Zealand time)** on **2 September 2026.**

2. Pharmaceuticals

Pharmac is interested in considering proposals from suppliers of rituximab, infliximab and/or tocilizumab. Suppliers can submit proposals for one or more of these pharmaceuticals. Suppliers do not need to submit proposals for all three pharmaceuticals.

3. Background to RFP

New Zealand context

Rituximab, infliximab and tocilizumab are treatments primarily administered in the hospital setting via intravenous infusion. All three pharmaceuticals belong to a group of medicines known as biologic medicines which work by lowering the body's inflammatory response.

- Rituximab is a monoclonal antibody that destroys B cells by acting against CD20 proteins on their surface.

- Infliximab is a chimeric monoclonal antibody that targets and binds to tumour necrosis factor alpha (TNFα) preventing it from binding to its receptors and therefore reducing its activity.
- Tocilizumab is a monoclonal antibody that targets and binds to the interleukin-6 (IL-6) receptor reducing its activity.

These pharmaceuticals are currently funded for a range of indications spanning oncology, rheumatology, gastroenterology, dermatology and autoimmune diseases.

Rituximab

Intravenous rituximab has been funded since May 2005. There are currently two funded brands, Mabthera and Riximyo.

Mabthera is supplied by Roche Products (New Zealand) Limited (Roche) and is currently funded for rheumatoid arthritis. Mabthera is subject to a listing agreement between Pharmac and Roche.

Riximyo is supplied by Sandoz Pty Ltd (Sandoz) and has been listed on the Pharmaceutical Schedule for all funded indications except rheumatoid arthritis since March 2020. This resulted from the 2019 RFP for the supply of rituximab.

Confidential rebates apply to both Mabthera and Riximyo which reduce the net expenditure paid by Pharmac for these products.

Please refer to the Pharmaceutical Schedule for the current Special Authority criteria and further details regarding the listing of Mabthera and Riximyo.

Through this RFP, we intend to proceed with a single brand of IV rituximab being supplied for all funded indications.

This RFP considers two possible funding outcomes for rituximab:

1. Listing restricted to currently funded indications only (**scenario A**)
2. Open listing i.e. no indication restrictions (**scenario B**)

Forecasted uptake for rituximab open listing is included in the market information section below.

Pharmac has previously assessed a funding application for subcutaneous (SC) rituximab for the treatment of non-Hodgkin lymphoma. This application was declined in March 2022. Pharmac would not consider listing a SC formulation of rituximab alongside IV rituximab as a result of this RFP as Pharmac is not aware of any competition in this market in New Zealand or internationally. There is currently only one brand of SC rituximab available internationally which is only indicated for certain types of blood cancers, including follicular lymphoma and diffuse large B-cell lymphoma.

Infliximab

Intravenous (IV) infliximab has been funded since July 2013. The currently funded brand of IV infliximab is Remicade. Remicade (supplied by Janssen-Cilag Pty Ltd) is subject to a listing agreement with Pharmac. This resulted from the 2019 RFP for the supply of infliximab which awarded Hospital Supply Status until 30 June 2024[1]. Hospital Supply Status was subsequently extended to 30 June 2025. Note that a confidential rebate applies to infliximab which reduces the net expenditure on this product. SC infliximab is not currently funded.

Please refer to the Pharmaceutical Schedule for the current Special Authority criteria and further details regarding the listing of Remicade.

Pharmac has received a funding application for subcutaneous (SC) infliximab in all currently funded indications. This application for SC infliximab has been assessed and is currently on Pharmac's 'Only if cost neutral or cost saving list'. We consider that cost neutral/cost saving pricing may be achievable through this RFP. Pharmac would consider listing SC infliximab alongside IV infliximab, subject to the same funding criteria as IV infliximab depending on the pricing received.

Pharmac has received funding applications for dose escalation for Crohn's disease (Crohn's) and ulcerative colitis (UC), and for paediatric Crohn's patients requiring exclusive enteral nutrition (EEN). We would consider widening access to both of these indications through this RFP subject to the proposals received and budget availability.

This RFP therefore considers the following possible outcomes for infliximab:

1. Current access to currently funded indications (**Scenario C**)
    a. Only IV infliximab listed (**sub-scenario C1**)
    b. Both IV and SC infliximab listed (**sub-scenario C2**)
2. Current access and widening of access to enable dose escalation for Crohn's and UC, and widened access to paediatric Crohn's patients requiring EEN (**Scenario D**)
    a. Only IV infliximab listed (**sub-scenario D1**)
    b. Both IV and SC infliximab listed (**sub-scenario D2**)

Forecasted uptake for dose escalation for Crohn's and UC, and for paediatric Crohn's patients requiring EEN is included in the market information section below.

Note that the inclusion of widening access to paediatric Crohn's patients requiring EEN as an option in Scenario D, would not prevent Pharmac from proceeding with widening access to this group of patients independently of the RFP.

[1] Note that the 2019 RFP was released prior to Pharmac changing to Principal Supply Status in 2020, hence the awarding of Hospital Supply Status.

Tocilizumab

IV tocilizumab has been funded since July 2013. The currently funded brand of tocilizumab is Actemra. Actemra (supplied by Roche) is subject to a listing agreement with Pharmac.

A confidential rebate applies to Actemra which reduces the net expenditure paid by Pharmac for this product.

Please refer to the Pharmaceutical Schedule for the current Special Authority criteria and further details regarding the listing of Actemra.

Through this RFP, we would consider listing SC tocilizumab alongside IV tocilizumab, subject to the same eligibility criteria as IV tocilizumab.

Widening of access for tocilizumab would consider the funding application for giant cell arteritis.

This RFP process therefore considers the following possible outcomes for tocilizumab:

1. Current access to currently funded indications (**Scenario E**)
    a. Only IV tocilizumab listed (**sub-scenario E1**)
    b. Both IV and SC tocilizumab listed (**sub-scenario E2**)
2. Current access and widening of access to giant cell arteritis (**Scenario F**)
    a. Only IV tocilizumab listed (**sub-scenario F1**)
    b. Both IV and SC tocilizumab listed (**sub-scenario F2**)

Forecasted uptake for giant cell arteritis is included in the market information section below.

Patents

Pharmac is aware of the following patents relating to rituximab and tocilizumab. Pharmac is unaware of any patents for infliximab.

Patent number	**Owner**	**Expiry**	**Brief description**
Rituximab			
NZ567709	Genentech, Inc	14 Nov 2026	Use of rituximab to treat rheumatoid arthritis joint damage with a specific dosage and dosing regime where patient has had an inadequate response to TNF inhibitors and has

			been treated with rituximab before.
Tocilizumab			
NZ586378	Roche Products (NZ) Ltd	26 Dec 2028	The presence of arginine and methionine in the mAb composition of tocilizumab.
NZ597809	Genentech, Inc	6 Aug 2030	A method to purify mAb to remove viruses.
NZ598677	Genentech, Inc	6 Aug 2030	A culture medium for cell growth and mAb production.
NZ712902	Genentech, Inc	31 Aug 2032	A highly concentrated composition of mAbs.
NZ712315	Genentech, Inc	14 Mar 2034	Compositions that have a reduced intensity of colour.
NZ751400			

Pharmac makes no representation as to the patent status and descriptions outlined above and accepts no liability for any patent infringement that might occur as a result of this RFP process or Pharmac's acceptance of any proposals.

Clinical Advisory Committee Advice

Rituximab

In August 2025, Pharmac sought advice from its Pharmacology and Therapeutics Advisory Committee (PTAC) regarding biosimilar rituximab and appropriate competitive processes for the rituximab market. PTAC recommended that it was clinically appropriate for Pharmac to run a Request for Proposals or Tender for the Principal Supply of rituximab for all indications currently funded. PTAC considered that patients could be changed from the currently funded Mabthera and Riximyo to a biosimilar rituximab, noting a need for educational material for prescribers and patients to support such a brand change if implemented. The full minutes of the meeting are available on our website. Pharmac previously sought advice from its Cancer Treatments Advisory Committee (CTAC) in October 2019 on the clinical appropriateness of rituximab biosimilars, with CTAC considering that there is no evidence to suggest any differences

in the health benefits or risks between innovator and biosimilar rituximab. The full minutes of the meeting are available on our website.

Infliximab

In May 2014, Pharmac sought advice from PTAC regarding biosimilar infliximab and appropriate competitive processes for the infliximab market. PTAC considered that patients could be changed to biosimilar infliximab but recommended that Pharmac provide educational material to prescribers and patients to support such a change if implemented. The full minutes of the meeting are available on our website. In August 2023, Pharmac sought advice from PTAC regarding the clinical appropriateness of SC infliximab. PTAC considered there was sufficient and consistent evidence of non-inferiority between SC and IV formulations across the indications investigated in clinical trials. PTAC also considered it was reasonable to assume non-inferior clinical efficacy between formulations in other indications where no clinical trial data was available.

Tocilizumab

In November 2025, Pharmac sought advice from PTAC regarding biosimilar tocilizumab and appropriate competitive processes for the tocilizumab market. The full minutes of this meeting are available on our website. PTAC recommended that patients could be changed to biosimilar tocilizumab but recommended that a robust implementation plan to support both consumers and healthcare professionals would be needed to support a change. PTAC noted that while the evidence for tocilizumab applies only to rheumatoid indications, it considered that tocilizumab biosimilar equivalence could reasonably be applied to all currently funded indications across both IV and SC biosimilar formulations.

Pharmac also sought advice from PTAC's Rheumatology and Gastroenterology Advisory Committees in February and March 2026 on the funding applications which could be impacted by the outcome of this procurement process. Both Advisory Committees were supportive of a competitive process for the relevant pharmaceuticals. The minutes of these meetings are available on our website.

Reasons for running the RFP

Pharmac is aware that there are multiple suppliers that could supply rituximab, infliximab, and/or tocilizumab 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) secure ongoing supply of these products

b) reduce the total expenditure in these markets

c) determine if open listing of rituximab would be possible from within the available budget based on the proposals received

d) determine if widened access for infliximab to allow for dose escalation in Crohn's and UC, and paediatric Crohn's patients requiring EEN would be possible from within the available budget based on the proposals received

e) determine if widened access for tocilizumab to giant cell arteritis would be possible from within the available budget based on the proposals received; and

f) determine if funding SC formulations of infliximab and/or tocilizumab would be possible from within the budget available 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 IV rituximab, IV infliximab and IV tocilizumab. Pharmac may also award PSS for SC infliximab, and/or SC tocilizumab dependent on the proposals received and budget availability.

PSS in these markets would be applied at the formulation level. This would mean that the successful supplier's brand of IV rituximab; IV or SC infliximab; or IV or SC tocilizumab would be the principal funded brand of each relevant formulation in New Zealand for the specified markets. The supplier(s) would be guaranteed at least 95% of the relevant funded markets across all funded indications.

Brands of rituximab, infliximab and/or tocilizumab 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.

Please note that for infliximab and tocilizumab, Pharmac may progress either IV formulations only, or both IV and SC formulations. We would not progress SC formulations without also progressing the IV formulation.

See the *Funding Scenarios* section below for details of the specific combinations of proposals allowed in this RFP.

Through this RFP, Pharmac intends to award the successful supplier(s) PSS as follows:

(a) **Rituximab**

(i). One supplier could be awarded PSS for the supply of IV rituximab for current access to currently funded indications (**Scenario A**) **OR** with no indication restrictions (**Scenario B**)

(b) **Infliximab**

(i). **Scenario C (current access to currently funded indications)**

(a). One supplier could be awarded PSS for the supply of IV infliximab only (sub-scenario C1) **OR** supplier(s) could be awarded PSS for the supply of both IV and SC infliximab (PSS to apply individually to each of IV and SC) (**sub-scenario C2**).

(b). For the avoidance of doubt, under sub-scenario C2, PSS could be awarded to a single supplier for both IV and SC infliximab, or PSS could be awarded to two different suppliers for IV and SC infliximab.

(ii). **Scenario D (widened access to enable dose escalation in Crohn's and UC)**

(a). One supplier could be awarded PSS for the supply of IV infliximab only (**sub-scenario D1**) **OR** supplier(s) could be awarded PSS for the supply of both IV and SC infliximab (PSS to apply individually to each of IV and SC) (**sub-scenario D2**)

(b). For the avoidance of doubt, under sub-scenario D2, PSS could be awarded to a single supplier for both IV and SC infliximab, or PSS could be awarded to two different suppliers for IV and SC infliximab.

(c) **Tocilizumab**

(i). **Scenario E (current access to currently funded indications)**

(a). One supplier could be awarded PSS for the supply of IV tocilizumab only (**sub-scenario E1**) **OR** supplier(s) could be awarded PSS for the supply of both IV and SC tocilizumab (PSS to apply individually to each of IV and SC) (**sub-scenario E2**)

(b). For the avoidance of doubt, under sub-scenario C2, PSS could be awarded to a single supplier for both IV and SC tocilizumab, or PSS could be awarded to two different suppliers for IV and SC tocilizumab.

(ii). **Scenario F (widened access to giant cell arteritis)**

(a). One supplier could be awarded PSS for the supply of IV tocilizumab only (**sub-scenario F1**) **OR** supplier(s) could be awarded PSS for the supply of both IV and SC tocilizumab (PSS to apply individually to each of IV and SC) (**sub-scenario F2**)

(b). For the avoidance of doubt, under sub-scenario F2, PSS could be awarded to a single supplier for both IV and SC tocilizumab, or PSS could be awarded to two different suppliers for IV and SC tocilizumab.

The PSS period would be **3 years with the option of a 1 year extension** to be exercised at Pharmac's sole discretion. See *Term* below for more information.

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

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

Alternative Brand Allowance

Typically, the 5% 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 by a listing on the Pharmaceutical Schedule or by Pharmac's Exceptional Circumstances framework.

Transition Period

For formulations currently listed on the Pharmaceutical Schedule (i.e. IV rituximab, IV infliximab, and IV tocilizumab), PSS would start after a transition period of at least 6 months (if the successful proposal would result in a brand change). If the successful proposal would not result in a brand change, then PSS would start immediately from the listing date (i.e. PSS would not be subject to a transition period).

For formulations not currently listed on the Pharmaceutical Schedule (i.e. SC infliximab or SC tocilizumab), PSS would start immediately from the listing date (i.e. PSS would not be subject to a transition period).

See *Term* below for more information.

PCT pharmaceuticals

Rituximab, infliximab, and tocilizumab are all listed in Section B of the Pharmaceutical Schedule as PCT-only pharmaceuticals despite only being used in hospital settings. PCT-only, when applied to a specific community pharmaceutical, means a pharmaceutical where only a Health New Zealand hospital pharmacy can claim the subsidy.

Through this RFP process, it is intended that IV formulations of rituximab, infliximab, and tocilizumab would remain listed in Section B of the Pharmaceutical Schedule as PCT-only pharmaceuticals.

If SC formulations of infliximab and/or tocilizumab were to be listed as an outcome of this RFP, Pharmac could, subject to budget availability and in consultation with Health New Zealand and other relevant stakeholders, consider listing these without a PCT-only restriction allowing them to be prescribed and dispensed in the community setting. However, the PCT restriction would remain on both IV and SC formulations, allowing Health New Zealand hospitals to continue claiming subsidies for their usage.

Further information about PCT pharmaceuticals can be found in the Pharmaceutical Schedule rules.

Eligibility criteria

The proposed eligibility criteria that would apply if access were widened to rituximab, infliximab, and/or tocilizumab are shown below. These are in line with those recommended to Pharmac by the relevant Advisory Committees for the pharmaceuticals included in this RFP.

The criteria are intended to be indicative and may change following consideration of consultation feedback or further advice from the relevant Advisory Committees and/or PTAC. Pharmac reserves the right to change the criteria as part of this RFP process.

Rituximab

Two brands of rituximab are currently funded. Mabthera (supplied by Roche) is funded for rheumatoid arthritis. The Special Authority criteria for Mabthera can be found on the Pharmaceutical Schedule.

Riximyo (supplied by Sandoz) is funded for all other funded indications. The Special Authority criteria for Riximyo can be found on the Pharmaceutical Schedule.

As a result of this RFP, the intention is that one brand of rituximab would be funded for all funded indications.

If open listing of rituximab is the outcome of this RFP, no indication restrictions would apply to rituximab and rituximab could therefore be used for any indication.

Infliximab

The current Special Authority criteria for infliximab can be found on the Pharmaceutical Schedule.

The proposed eligibility criteria for a widening of access to allow dose escalation in Crohn's or UC would remain the same as the current Special Authority criteria and Hospital Restrictions; however, the reference to dose escalation under the renewal criteria for Crohn's and UC would be removed.

The proposed eligibility criteria for paediatric Crohn's patients requiring EEN are as follows:

Initial application – Crohn's disease (children)

Applications from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1. Paediatric patient has active Crohn's disease; and
2. Either:
    - 2.1 Patient has a PCDAI score of greater than or equal to 30; or
    - 2.2 Patient has extensive small intestine disease; and
3. Patient has tried, but experienced an inadequate response to, or intolerable side effects from, prior therapy with immunomodulators and either corticosteroids or a course of Exclusive Enteral Nutrition (EEN), or
4. Immunomodulators, corticosteroids and Exclusive Enteral Nutrition (EEN) are contraindicated.

If SC infliximab is funded as an outcome of this RFP, both IV and SC infliximab would be subject to the same eligibility criteria.

Note that any proposed eligibility criteria are subject to consultation and change.

Tocilizumab

The current Special Authority criteria for tocilizumab can be found on the Pharmaceutical Schedule.

The proposed eligibility criteria for giant cell arteritis are as follows:

Initial application (giant cell arteritis) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1. Both of the following:
    1.1. Individual has newly diagnosed with giant cell arteritis; and
    1.2. Individual is at increased risk of developing glucocorticoid-related side effects or complications, such as osteoporosis, diabetes, hypertension, or glaucoma; or
2. Individual has refractory or relapsing disease.

Renewal – (giant cell arteritis) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

1. The treatment remains appropriate, and the patient is benefiting from continuing tocilizumab therapy

Note that any proposed eligibility criteria are subject to consultation and change.

4. Types of proposals sought

Funding scenarios

Pharmac would consider the following funding scenarios as potential outcomes of this RFP.

Rituximab funding scenarios

Funding scenarios*	***IV***
Scenario A (current access)	✓
Scenario B (open listing)	✓
Suppliers **MUST submit a bid for Scenario A. Suppliers **MAY** submit a bid for Scenario B. If a supplier submits a bid for Scenario B, it **MUST** submit a bid for Scenario A.*	

Infliximab funding scenarios

Funding scenarios*	***Sub-scenarios***	***Only IV listed (mandatory bid)***	***IV if SC also listed (mandatory bid)***	***SC (optional bid)***
Scenario C (current access)	***C1 (only IV formulation listed)***	✓		
	C2 (both IV and SC formulations listed)		✓	✓
Scenario D (widened access to allow for dose escalation in Crohn's and UC, and widened access to paediatric Crohn's patients requiring EEN)*	***D1 (only IV formulation listed)***	✓		
	D2 (both IV and SC formulations listed)		✓	✓
Suppliers **MUST submit a bid for Scenario C. Suppliers **MAY** submit a bid for Scenario D. If a supplier submits a bid for Scenario D, it **MUST** submit a bid for Scenario C.* ***Pharmac reserves the right to widen access to paediatric Crohn's patients requiring EEN independently of the RFP*				

Tocilizumab funding scenarios

Funding scenarios*	***Sub-scenarios***	***Only IV listed (mandatory bid)***	***IV if SC also listed (mandatory bid)***	***SC (optional bid)***
Scenario E (current access)	***E1 (only IV formulation listed)***	✓		
	E2 (both IV and SC formulations listed)		✓	✓
Scenario F (widened access to giant cell arteritis)	***F1 (only IV formulation listed)***	✓		
	F2 (both IV and SC formulations listed)		✓	✓
Suppliers **MUST submit a bid for Scenario E. Suppliers **MAY** submit a bid for Scenario F. If a supplier submits a bid for Scenario F, it **MUST** submit a bid for Scenario E.*				

Proposals

Pharmac is willing to consider the following types of proposals:

(a) Suppliers **MUST** submit proposals in response to the Funding Scenarios outlined above.

(b) Suppliers **MAY** submit proposals for more than one of rituximab, infliximab, or tocilizumab. Proposals for each pharmaceutical will be considered separately and independently of each other. For the avoidance of doubt, suppliers are **NOT** required to submit proposals for all three pharmaceuticals.

Rituximab

(c) Suppliers **MUST** submit proposals for PSS of IV rituximab with a 5% Alternative Brand Allowance for Scenario A (current eligibility criteria).

(d) Suppliers **MAY** submit proposals for PSS of IV rituximab with a 5% Alternative Brand Allowance for Scenario B (no funding restrictions).

(e) For the avoidance of doubt, if a supplier submits a proposal for Scenario B, it **MUST** also submit a proposal for Scenario A. Suppliers may **NOT** submit proposals for Scenario B without also submitting a proposal for Scenario A. A supplier **MAY** submit a proposal for Scenario A without submitting a proposal for Scenario B.

(f) Proposals for IV rituximab **MUST** be for hospital use only.

Infliximab

(g) Suppliers **MUST** submit proposals for PSS of IV infliximab with a 5% Alternative Brand Allowance for Scenario C (current eligibility criteria).

(h) Suppliers B **MAY** submit proposals for PSS of IV infliximab with a 5% Alternative Brand Allowance for Scenario D (widened access to enable dose escalation in Crohn's and UC, and to paediatric Crohn's patients requiring EEN).

(i) Suppliers **MUST** submit proposals for PSS of IV infliximab with a 5% Alternative Brand Allowance in the event that:

  (i) only IV infliximab is listed on the Pharmaceutical Schedule.

  (ii) both IV and SC infliximab are listed on the Pharmaceutical Schedule.

(j) Suppliers **MAY** submit proposals for PSS of SC infliximab with a 5% Alternative Brand Allowance for the proposed funding scenarios as follows:

  (i) Scenario C: current eligibility criteria.

  (ii) Scenario D: widened access to enable dose escalation in Crohn's and UC, and to paediatric Crohn's patients requiring EEN.

(k) For the avoidance of doubt, if a supplier submits proposals for SC infliximab, they **MUST** also submit proposals for IV infliximab. Suppliers may **NOT** submit proposals for SC infliximab only.

(l) Proposals for IV infliximab **MUST** be for hospital use only. Proposals for SC infliximab **MUST** be for both hospital and community use.

(m) For the avoidance of doubt, if a supplier submits a proposal for Scenario D, it **MUST** also submit a proposal for Scenario C. Suppliers may **NOT** submit proposals for Scenario D without also submitting a proposal for Scenario C. A supplier **MAY** submit a proposal for Scenario C without submitting a proposal for Scenario D.

Tocilizumab

(n) Suppliers **MUST** submit proposals for PSS of IV tocilizumab with a 5% Alternative Brand Allowance for Scenario E (current eligibility criteria).

(o) Suppliers **MAY** submit proposals for PSS of IV tocilizumab with a 5% Alternative Brand Allowance for Scenario F (widened access for giant cell arteritis)

(p) Suppliers **MUST** submit proposals for PSS of IV tocilizumab with a 5% Alternative Brand Allowance in the event that:

  (i) only IV tocilizumab is listed on the Pharmaceutical Schedule.

  (ii) both IV and SC tocilizumab are listed on the Pharmaceutical Schedule.

(q) Suppliers **MAY** submit proposals for PSS of SC tocilizumab with a 5% Alternative Brand Allowance for the proposed funding scenarios as follows:

  (i) Scenario E (current eligibility criteria)

  (ii) Scenario F (widened access for giant cell arteritis)

(r) For the avoidance of doubt, if a supplier submits proposals for SC tocilizumab, they **MUST** also submit proposals for IV tocilizumab. Suppliers may **NOT** submit proposals for SC tocilizumab only.

(s) Proposals for IV tocilizumab **MUST** be for hospital use only. Proposals for SC tocilizumab **MUST** be for both community and hospital use.

(t) For the avoidance of doubt, if a supplier submits a proposal for Scenario E, it **MUST** also submit a proposal for Scenario F. Suppliers may **NOT** submit proposals for Scenario F without also submitting a proposal for Scenario E. A supplier **MAY** submit a proposal for Scenario E without submitting a proposal for Scenario F.

(u)

Pricing and Proposal Structure

(v) Suppliers **MUST** submit a proposal for rituximab, infliximab, and/or tocilizumab in accordance with the *Funding Scenarios* in the section above, subject to the *eligibility criteria* described above.

(w) Proposals for rituximab, infliximab, and/or tocilizumab **MAY** include the following arrangements (that may be confidential):

(i) flat or linear % rebates on the per unit (per mg) gross price of infliximab, rituximab, or tocilizumab.

(x) Suppliers **MAY** submit multiple proposals for the supply of rituximab, infliximab, and/or tocilizumab. For the avoidance of doubt, suppliers **MAY** submit multiple proposals for any funding scenario.

Proposal Validity Period

(y) 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.

Formulations

(z) Suppliers wishing to submit proposals for SC infliximab or SC tocilizumab **MUST** also submit proposals for IV infliximab or IV tocilizumab. Suppliers may **NOT** submit proposals for SC formulations of infliximab or tocilizumab only.

Presentations

(aa) Suppliers wishing to submit proposals for IV rituximab, IV infliximab and/or IV tocilizumab **MUST** submit proposals for presentations that align with the presentations currently listed on the Pharmaceutical Schedule. Suppliers **MAY** also submit proposals for different presentations in addition to the mandatory presentations.

(bb) The listing of any additional presentations to those mandated will be at Pharmac's discretion.

Term

(cc) Proposals **MUST** be for a PSS period of up to 3 years with an ABA of 5%. The PSS period will be 3 years following the end of any transition period (if required). The PSS period is exclusive of any transition period. Pharmac retains the option to extend the PSS period for an additional 1-year period at its sole discretion.

(dd) All proposals that would require a change of brand for rituximab, infliximab, or tocilizumab, **MUST** include a transition period of at least 6 months between listing the new brand and commencement of any PSS period, noting that this period may be subject to negotiation following evaluation of proposals.

Product registration status

(ee) Proposals **MAY** include brands of rituximab, infliximab, or tocilizumab 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 timeframe acceptable to Pharmac.

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

Transition and ongoing support

(ff) Suppliers **MUST** include information regarding the additional support that would be provided in terms of implementation support for any brand change that may occur as a result of this RFP process, including but not limited to:

(i) specific information about the implementation within Health New Zealand hospitals, training materials, in-person support, and help-line availability.

(gg) Suppliers who submit proposals for SC formulations of infliximab and/or tocilizumab **MUST** include information regarding the additional support that would be provided regarding the introduction of the SC formulation to the market including but not limited to:

(i) specific information about the implementation within Health New Zealand hospitals and primary care, training materials, in-person support, and help-line availability.

<u>Pharmac is **NOT** willing to consider the following types of proposals (out of scope)</u>

(a) Proposals involving pharmaceuticals, related products or devices other than rituximab, infliximab, or tocilizumab.

(b) Proposals for a pharmaceutical where acceptance of the proposal is conditional, or otherwise dependent on, Pharmac accepting a proposal for another pharmaceutical included in this RFP.

(c) Proposals that include rebate structures other than a flat or linear percentage.

(d) Proposals that include a requirement to widen access to funded rituximab, infliximab or tocilizumab outside the funding scenarios and proposed eligibility criteria specified in this RFP.

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

(f) Proposals that include a 'hard or soft cap', where a rebate exists over a certain level of expenditure or volume used.

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

(h) Proposals that include and end-date for supply or price.

(i) 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.

Labelling, images and samples

Suppliers **MUST** provide Pharmac with detailed labelling and images of the products and packaging as part of their proposal.

Physical samples of all pharmaceuticals included should be provided, **upon request**, within a specified timeframe communicated to a supplier from Pharmac (and, if supply is intended to be in a different presentation, form and strength from the provided samples, information about the differences must be supplied).

Samples delivered to Pharmac are at the supplier's cost.

Supplier Code of Conduct

The New Zealand Government is committed to sustainable and inclusive government procurement and the Supplier Code of Conduct outlines the Government's expectations of suppliers in this respect. Pharmac expects suppliers to meet or exceed the minimum standards set out in the Supplier Code of Conduct.

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 **12:00 p.m**. **noon (New Zealand time)** on **2 September 2026**. Late proposals will only be considered at Pharmac's discretion, considering 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 before **12:00 p.m**. **noon (New Zealand time)** on **19 August 2026**. Responses to all enquires will be published on GETS. If you do need to get in touch via email, please contact us at procurement@pharmac.govt.nz

2. **Evaluation**

   (a) Following the deadline for submitting proposals an evaluation committee comprising Pharmac staff (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 on the Pharmac website.

   (c) An initial review of proposals will be undertaken by Pharmac procurement staff to ensure that the proposals are compliant and complete 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.

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

(e) 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.

(f) 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 referred to in 2(c) 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	Yes/No

If not yet approved, the proposal must include a credible plan and timeframe for obtaining Medsafe approval. Please indicate this for each pharmaceutical that you are submitting a proposal for. (please attach copy of Medsafe Gazette notice, by embedding the document here).	

Evaluation criteria

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

Criterion	Weighting
Company Information	Information Only
Clinical Suitability	30%
Supply Chain and Logistics/Track Record	30%
Implementation and Education	30%
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 30% of the total score. If a proposal includes both IV and SC formulations of infliximab and/or tocilizumab, each product's clinical suitability will be assessed separately to ensure fairness and comparability. The remaining 70% 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 Committee 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 in full, but at a minimal level	Satisfies the criterion. Demonstration by the supplier of the relevant ability, understanding, experience, skills, resource, and quality measures required to meet the criterion, with supporting evidence.	**5-6**
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 the 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 hospital biologics 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 be stated exclusive 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; and

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

9. Negotiation

(a) For each pharmaceutical, Pharmac may negotiate with the submitter(s) of one or more preferred proposals, in the latter case regardless of whether 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 Principal Supply Status of pharmaceuticals shall apply. These terms and conditions are available as Attachments 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 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 PTAC and/or its relevant Advisory Committees (including but not limited to the Rheumatology Advisory Committee, Gastrointestinal Advisory Committee, and/or the Cancer Treatments Advisory Committee), 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 infliximab, rituximab and/or tocilizumab 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 or its delegate 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 September and October 2026;

(ii) Negotiating with submitter(s) of one or more preferred proposals in November 2026;

(iii) Consulting on a provisional agreement in January 2027;

(iv) Pharmac's Board or the Board's delegate, considering the provisional agreement in or after February 2027.

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 April 2027.

(c) Please note that if a proposal for Principal Supply Status is accepted, the date of implementation may be later to allow for an orderly transition to any Principal Supply Status 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: Market information

The following information relates to the estimated subsidised market size of rituximab, infliximab, and tocilizumab.

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 rituximab, infliximab and/or tocilizumab 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.

The current listing figures below represent the number of units claimed by Health New Zealand hospitals via the PCT mechanism in the Pharmaceutical Schedule under the current eligibility criteria and restrictions.

Estimates of patient uptake in widened access scenarios and the market split between IV and SC formulations are based on advice from our clinical experts, New Zealand data sources and a number of commercial assumptions and modelling.

Rituximab

Current listing

Funded rituximab units by presentation (financial year)					
Presentation	**2020/21**	**2021/22**	**2022/23**	**2023/24**	**2024/25**
Mabthera					
Inj 100 mg per 10 ml vial	244 vials	8 vials	5 vials	Nil	Nil
Inj 500 mg per 50 ml vial	695 vials	560 vials	295 vials	358 vials	327 vials
Inj 1 mg for ECP	1,267,430 mg	1,400,670 mg	1,496,269 mg	1,636,214 mg	1,846,077 mg
Total Mabthera mg	1,639,330 mg	1,681,470 mg	1,644,269 mg	1,815,214 mg	2,009,577 mg
Riximyo					
Inj 100 mg per 10 ml vial	1,629 vials	1,038 vials	729 vials	42 vials	25 vials
Inj 500 mg per 50 ml vial	2,525 vials	2,489 vials	1,501 vials	1,548 vials	766 vials
Inj 1 mg for ECP	4,043,903 mg	4,262,497 mg	4,502,079 mg	4,900,596 mg	5,643,707 mg
Total Riximyo mg	5,469,303 mg	5,610,797 mg	5,325,479 mg	5,678,796 mg	6,029,207 mg

Total rituximab mg (Mabthera + Riximyo)	**7,108,633 mg**	**7,292,267 mg**	**6,969,748 mg**	**7,494,010 mg**	**8,038,784 mg**

Estimated increase in usage of rituximab with open listing

Based on data from open listing in overseas markets, Pharmac estimates rituximab usage to increase in New Zealand following the removal of indication restrictions as follows:

	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Year on year percentage increase	30%	10%	1%	1%	1%

Infliximab

Current listing

Funded infliximab units by presentation (financial year)					
Presentation	**2020/21**	**2021/22**	**2022/23**	**2023/24**	**2024/25**
Inj 100 mg	35,474 vials	38,794 vials	41,679 vials	44,034 vials	46,208 vials
Inj 1 mg for ECP	2,829,460 mg	3,588,658 mg	3,843,823 mg	4,207,004 mg	5,103,701 mg
Total mg	**6,376,860 mg**	**7,468,058 mg**	**8,011,723 mg**	**8,610,404 mg**	**9,724,501 mg**

Estimated patient uptake for dose escalation in Crohn's and UC

	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Number of patients	387	408	430	451	472

Estimated patient uptake for paediatric Crohn's patients who require EEN

	Year 1	Year 2	Year 3	Year 4	Year 5
Number of patients	26	29	32	35	38

Estimated market split between SC and IV formulations

The Rheumatology and Gastrointestinal Advisory Committees in February 2026 and March 2026 considered the likely uptake of SC infliximab would be between 50-75% and 50-80% respectively; based on similar uptakes from other comparable countries and the range of anticipated suitability benefits. On that basis, Pharmac estimates the following market split between SC and IV formulations of infliximab if SC infliximab is funded alongside IV infliximab as a result of this RFP.

Formulation	Percentage of patients
SC infliximab	70%
IV infliximab	30%

Tocilizumab

Current listing

Funded tocilizumab units by presentation (financial year)					
Presentation	**2020/21**	**2021/22**	**2022/23**	**2023/24**	**2024/25**
Inj 20 mg per ml, 4 ml vial	2,314 vials	958 vials	1,172 vials	1,837 vials	2,249 vials
Inj 20 mg per ml, 10 ml vial	2,709 vials	926 vials	596 vials	892 vials	896 vials
Inj 20 mg per ml, 20 ml vial	1,134 vials	783 vials	1,219 vials	1,662 vials	2,037 vials
Inj 1 mg for ECP	1,115,147 mg	516,178 mg	576,439 mg	913,656 mg	1,077,727 mg
Total mg	**2,295,667 mg**	**1,092,218 mg**	**1,276,999 mg**	**1,903,816 mg**	**2,251,647 mg**

Estimated patient uptake for giant cell arteritis

	Year 1	Year 2	Year 3	Year 4	Year 5
Number of patients	216	366	557	567	576

Estimated market split between SC and IV formulations

The Rheumatology Advisory Committee in February 2026, considered the likely uptake of SC tocilizumab would be between 50-75%, based on similar uptakes from other comparable countries and the range of anticipated suitability benefits. On that basis, Pharmac estimates the following market split between SC and IV formulations of tocilizumab if SC tocilizumab is funded alongside IV tocilizumab as a result of this RFP.

Formulation	Percentage of patients
SC infliximab	70%
IV infliximab	30%

Pharmac makes no representations as to market share for any products, which may be awarded PSS as a consequence of this RFP. A supplier needs to rely on its own knowledge, skill and independent advice or assessment of the market size for any product and Pharmac is to have no liability in that regard.