# Schedule 4: Proposal form

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

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

Lisa Williams, Director of Operations  
C/- Tim Nuthall  
PHARMAC

Dear Sir/Madam

**Proposal for the supply of lamotrigine dispersible tablets**

In response to your request for proposals (**RFP**) dated 14 June 2018, we put forward the following proposal in respect of lamotrigine.

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

1. Our contact details:

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

1. Details of pharmaceutical presentation(s):

|  |  |
| --- | --- |
| Chemical name |  |
| Strength (eg 100 mg) |  |
| Form (eg chewable/dispersible tablets) |  |
| Colour, Shape and Markings (eg white to off-white, round tablets with ‘LTG’ over ‘2’ on one side and scored on the other) |  |
| Indications |  |
| Brand name |  |
| Pack size (eg 30) |  |
| Packaging type (eg blister) |  |

1. Details of pharmaceutical manufacture:

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| --- | --- |
| Name and address of manufacturer/s of the pharmaceutical (including API manufacturer, manufacturer of final dose form, packaging etc) |  |
| Details on pharmaceutical manufacturing sites and their registration with Medsafe or other international regulatory body (eg TGA, FDA, MHRA) |  |
| Lead time (Time from notification of award to product being available to supply the New Zealand market) |  |
| Batch size/s |  |
| Approximate manufacture time |  |
| Approximate time for shipping |  |

1. Any relevant data including disintegration, dispersion, dissolution and chewability;

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1. Key features of our proposal:

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1. Information relating to pricing ($NZ, GST exclusive), including any related conditions or proposed terms affecting cost for PHARMAC (eg price in return for sole supply, reference price protection, etc.):

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

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| --- | --- |
| Date of market approval (please attach copy of Medsafe Gazette notice) |  |
| **[OR** Date of submission of dossier (please attach confirmation from Medsafe that dossier has been submitted)] |  |
| **[OR** Expected date of dossier submission to Medsafe] |  |

1. Information about our ability to ensure the continuity of supply of the pharmaceutical (if not currently supplying in New Zealand please detail any other markets which you supply your product), please note that this product will be classed as an Additional Stock Pharmaceutical which will require suppliers to hold additional stock.

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

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1. Information about educational tools and training we could offer health care providers to support any brand switch that may occur;

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1. Proposals/suggestions (e.g. Pricing, etc) regarding the pharmaceutical not expressly identified in this RFP that we would like PHARMAC to consider as part of our proposal:

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1. Reasons why PHARMAC should accept our proposal:

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1. Additional information that PHARMAC should consider when evaluating our proposal including resourcing for patient and clinical education [Please include information you consider relevant under PHARMAC’s [Factors for Consideration](https://www.pharmac.govt.nz/medicines/how-medicines-are-funded/factors-for-consideration/) decision making framework]:

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