# Schedule 4: Proposal form

**An electronic version of this form is available on GETS (**[**www.gets.govt.nz**](http://www.gets.govt.nz)**)*.***

***You should expand the boxes as necessary.***

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

Director of Operations  
C/- Josh Wiles  
PHARMAC  
PO Box 10-254  
(or for courier delivery:  
Level 9  
40 Mercer Street)  
Wellington 6011  
New Zealand

Dear Sir/Madam

**Proposal for the supply of fluticasone and fluticasone with salmeterol, metered dose inhalers**

In response to your request for proposals (**RFP**) dated 29 July 2019, we put forward the following proposal in respect of fluticasone and fluticasone with salmeterol, metered dose inhalers.

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

1. Our contact details:

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

1. Details of pharmaceutical presentation:

***You should duplicate this box as necessary***

|  |  |
| --- | --- |
| Chemical name |  |
| Strength (e.g. 50mcg) |  |
| Form (e.g. aerosol inhaler) |  |
| Brand name |  |
| Pack size (e.g. 120 doses) |  |

1. Details of pharmaceutical manufacture:

***You should duplicate this box as necessary***

|  |  |
| --- | --- |
| [Chemical name] | |
| [Inhaled Corticosteroid Treatment eg fluticasone, fluticasone with salmeterol] | |
| [Strength eg 50 mcg, 125 mcg, 250 mcg] | |
| Name and address of manufacturer/s of the pharmaceutical (including API manufacturer, manufacturer of final dose form, packaging etc) |  |
| Lead time (Time from notification of award to product being available to supply the New Zealand market) |  |
| Details on pharmaceutical manufacturing sites and their registration with Medsafe or other international regulatory body (e.g. TGA, FDA, MHRA) |  |
| Batch size/s |  |
| Approximate manufacture time |  |
| Approximate time for shipping |  |

1. Key features of our proposal:

|  |
| --- |
|  |

1. Information relating to pricing ($NZ, GST exclusive), including any related conditions or proposed terms affecting cost for PHARMAC (e.g. risk sharing mechanisms, rebates, separate pricing arrangements, subsidy and delisting protections etc. (if any) is to be provided below:   
     
   ***Please add strengths to the below tables as required***

|  |  |  |
| --- | --- | --- |
| **Sole supply status (individual pricing)** | | |
| Aerosol Inhaler | Strength | Proposal |
| **fluticasone MDI** | 50 mcg |  |
| 125 mcg |  |
| 250 mcg |  |
| **fluticasone with salmeterol combination MDI** | 50 mcg with salmeterol 25 mcg |  |
| 125 mcg with salmeterol 25 mcg |  |

|  |  |  |
| --- | --- | --- |
| **Sole supply status (bundled pricing)** | | |
| Aerosol Inhaler | Strength | Proposal |
| **fluticasone MDI** | 50 mcg |  |
| 125 mcg |  |
| 250 mcg |  |
| **fluticasone with salmeterol combination MDI** | 50 mcg with salmeterol 25 mcg |  |
| 125 mcg with salmeterol 25 mcg |  |

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

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

1. Confirmation that there are no intellectual property barriers (including patent barriers) to our supply of this product for the proposed indications in New Zealand, with additional information if required:

|  |
| --- |
|  |

1. Information about our ability to ensure the continuity of supply of the pharmaceutical:

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

1. Information about our education, training and implementation programmes, to improve access and support adherence for the products included in our proposal amongst groups experiencing health inequities in New Zealand, specifically Māori and Pacific peoples (adults and children)

***Please include any additional attachments such as proposed training programmes and resources to support your response to this question***

|  |
| --- |
|  |

1. Information about suitability features of the pharmaceutical and/or inhaler such as dose counters, ease of use, colour or other differentiating features,

|  |
| --- |
|  |

1. Information about accessories such as administration device aids (eg Haleraids) to be provided as part of your proposal.

|  |
| --- |
|  |

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:

|  |
| --- |
|  |

1. Additional information that PHARMAC should consider when evaluating our proposal (e.g. if applicable, an estimate of any savings to the patient and/or health system as a result of less-frequent injections). 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:

|  |
| --- |
|  |