# Schedule 4: Proposal form

**An editable version of this form is available on the GETS listing for this RFP.**

***Proposals must be submitted to Pharmac via the Government Electronic Tenders Service (GETS) (www.gets.govt.nz) no later than 4.00 p.m. on 19 October 2022.***

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

Director of Operations  
C/- Catherine Kingsbury  
Pharmac  
PO Box 10-254

Tēnā koe

**Proposal for the supply of intravenous trastuzumab**

In response to your request for proposals (**RFP**) dated **8 September 2022**, we put forward the following proposal in respect of intravenous trastuzumab.

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

1. Our contact details:

|  |  |
| --- | --- |
| Name of supplier |  |
| Contact person |  |
| Address |  |
| Phone |  |
| Email address |  |
| Additional contact person |  |
| Email address of additional contact person |  |

1. Details of pharmaceutical presentation:

|  |  |
| --- | --- |
| Chemical name |  |
| Strength(s) (e.g. 150 mg) |  |
| Form (e.g. powder for concentrate) |  |
| Brand name |  |
| Pack size (e.g. 1 vial) |  |
| Packaging type (e.g. prefilled syringe) |  |
| Shelf life (e.g. 36 months from date of manufacture stored at or below 30°C) |  |

1. Information regarding to the stability of the compounded intravenous trastuzumab product of approximately 30 days:

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1. Details of pharmaceutical manufacture:

|  |  |
| --- | --- |
| Name and address of manufacturer(s) of the pharmaceutical (including API manufacturer, manufacturer of final dose form, packaging etc) |  |
| Lead time (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:

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| --- |
|  |

1. Information relating to pricing ($NZ, GST exclusive), including any related conditions or proposed terms affecting cost for Pharmac: Please note, clause 3(g) of Schedule 1.

**Please expand these boxes and add strengths to the below table as required**

|  |  |
| --- | --- |
| **Trastuzumab** | |
| **Strength** | **Proposal** |
|  |  |
|  |  |

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:

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1. Information about our ability to ensure the continuity of supply of the pharmaceutical (including potential actions if a supply issue were to occur), as well as information regarding other countries where the product is provided:

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|  |

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

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1. Information relating to the education support plan and implementation support for the transition period (if required), including information regarding compounding and stability data; training for clinicians regarding administration differences; and international evidence regarding previous transitioning of patients.

Please include any attachments or additional information with your proposal to support your response to this question:

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|  |

1. Information about any support that would be provided to minimise any potential impact of a transition on patient groups experiencing health inequities:

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| --- |
|  |

1. Information about sustainability aspects of our company:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does our Organisation have an environmental/sustainability policy? | | Yes |  | No |  |
| Does our Organisation have a sustainability report? | | Yes |  | No |  |
| If yes to either of the two above questions, please attach or link: |  | | | | |
| How does our Organisation contribute to environmental sustainability? | *Please describe the measures you take to contribute to environmental sustainability – in general and specifically in relation to this Invitation* | | | | |
| Has our Organisation received any environmental/sustainability award(s)? | | Yes |  | No |  |
| If yes, provide details: |  | | | | |
| Has our Organisation received any environmental fine/prosecution(s)? | | Yes |  | No |  |
| If yes, provide details: |  | | | | |
| Has our Organisation received any environmental audit(s) or does it comply with a recognised standard? | | Yes |  | No |  |
| If yes, provide details: |  | | | | |

1. Reasons why Pharmac should accept our proposal:

|  |
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|  |

1. Additional information that Pharmac should consider when evaluating our proposal:

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1. Please include any additional 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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