# Tender Submission Form

**An electronic version of this form is available on GETS. You should expand the boxes as necessary.**

**<Tenderer to Insert Date>**

Director of Operations

PHARMAC

[By electronic transfer using GETS (https://www.gets.govt.nz)](https://www.gets.govt.nz/)

Dear Sir/Madam

**Tender bid for the supply of** **antiretroviral treatments to DHB** **hospitals and community pharmacies - commercial in confidence**

In response to your request for tenders (**RFT**) dated 6 August 2018, we put forward the following tender bid in respect of antiretroviral treatments.

Set out below is further information in support of our tender bid.

(a)

(b)

(c)

Our contact details

(i.e. who communications relating to the attached bid(s) should be made to):

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

Information about our company structure:

Information about our management and technical skills:

(d) Information about our financial resources:

(e) (f) (g)

(h)

Information about our, or our supplier’s, existing supply commitments/other markets supplied:

Information about our quality assurance processes (where applicable):

Information about our ability to ensure the continuity of supply of the Tender Item:

Please confirm completion of the following Bids on the appropriate worksheets (for more information on the Tender Bid types - refer to Schedule Three of this RFT):

(i) (ii)

Combined Community & Hospital Tender Bid

Aggregated Tender Bid

**Yes/No\* Yes/No\***

\* Delete as appropriate

(i)

Evidence for market approval and any other required consents:

For any products without market approval but where the dossier has been submitted to Medsafe, have you provided evidence of the submission?

**Yes/No\***

Insert the details of any other consents required for the pharmaceutical(s) and any further details that are relevant to assessing the likelihood and timing of your brand gaining all the necessary consents:

(j) The name and location of:

The manufacturer(s) of the finished product(s) (and name and location of the packaging site, if different):

The manufacturer(s) of the active ingredients:

Alternative manufacturers of the finished product(s) and active ingredients (if any):

(k) (l) (m)

(n)

Our proposed distribution and supply arrangements for the Tender Item(s):

Key features of our tender bid:

Information about our previous supply performance and relevant expertise:

Any additional information that PHARMAC should consider when evaluating your

Tender Bid:

Signed for and on behalf of **<insert name of tenderer>** by

**<Insert name>**

**<Insert designation>**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Chemical name[DELETE COLUMNS AS APPLICABLE\*] | Abacavir sulphate 300mg | Abacavir sulphate 600mg with lamivudine 300mg | Efavirenz 600mg with emtricitabine 200mg and tenofovir disoproxil fumarate 300mg | Emtricitabine 200mg | Emtricitabine 200mg with tenofovir disoproxil fumarate 300mg | Etravirine 200mg | Atazanavir sulphate 150mg | Atazanavir sulphate 200mg | Ritonavir 100mg | Abacavir 300 mg with lamivudine 150 mg and zidovudine 300 mg | Tenofovir disoproxil fumarate 300 mg with emtricitabine 200 mg and elvitegravir 150 mg and cobicistat 150 mg | Dolutegravir 50 mg with abacavir 600 mg and lamivudine 300 mg |
| Brand name |  |  |  |  |  |  |  |  |  |  |  |  |
| Price/Pack (NZD) |  |  |  |  |  |  |  |  |  |  |  |  |
| Pack size |  |  |  |  |  |  |  |  |  |  |  |  |
| Packaging type (e.g. blister) |  |  |  |  |  |  |  |  |  |  |  |  |
| Form (e.g. tablet) |  |  |  |  |  |  |  |  |  |  |  |  |
| Colour, Shape and Marlkings (e.g. white triangular tablet embossed with XYZ) |  |  |  |  |  |  |  |  |  |  |  |  |
| Shelf-life (e.g. 36 months from date of manufacture stored at or below 30C\_ |  |  |  |  |  |  |  |  |  |  |  |  |
| Lead Time |  |  |  |  |  |  |  |  |  |  |  |  |
| Batch size |  |  |  |  |  |  |  |  |  |  |  |  |
| Approx manufacture time |  |  |  |  |  |  |  |  |  |  |  |  |
| Approx shipping time |  |  |  |  |  |  |  |  |  |  |  |  |
| Market Approval **(Yes/No)** If No Market Approval: Actual or Expected Date of Dossier Submission To Medsafe**[[1]](#footnote-1)**  |  |  |  |  |  |  |  |  |  |  |  |  |

\* Note – if you submit an Aggregated Bid (i.e. with more than one pharmaceutical) you **MUST** also submit a separate Tender Bid for each of those Tender Items

**Rebate Information (if applicable):**

Please note:

* It is the preference of PHARMAC that Tender Bids do not include Rebates.
* If your Tender Bid includes a Rebate, you must populate the following table (refer to Schedule 7 for definitions):

| **Rebate Pharmaceutical** | **Unit (e.g. tablet, capsule, pack)** | **Listing Amount**  | **Agreed Amount** | **Differential** | **Time periods within which Rebate Periods fall** |
| --- | --- | --- | --- | --- | --- |
|  |  | $ | $ | $ |  |

1. Please attach confirmation that the dossier has been submitted to Medsafe [↑](#footnote-ref-1)