# Schedule 4: Proposal form

Note: An electronic version of this form is available on [GETS](http://www.gets.govt.nz) or on [PHARMAC’s website](https://www.pharmac.govt.nz/news). You should expand the boxes as necessary. Parts (a) to (s) are mandatory and must be completed, Parts (t) to (v) are optional.

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

Director of Operations
C/- Matthew Wolfenden

Senior Procurement Manager
PHARMAC

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

Dear Sir

**Proposal for the supply of permanent coronary drug-eluting stents (DES)**

In response to your request for proposals (**RFP**) dated 6 November 2017, we put forward the following proposal in respect of DES.

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

Signed for and behalf of < insert name of submitter>

Signature:

<Insert name>

<Insert designation>

1. Our contact details:

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| Full legal trading name of supplier in New Zealand |  |
| Contact person |  |
| Address |  |
| Phone |  |
| Facsimile |  |
| Email address |  |

1. Key features of our proposal:

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1. Information about our company structure - in New Zealand and globally (if applicable):

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1. Information about our financial resources:

*Your response must include information about your ability to manage liability in the event of a major product recall or failure to supply event as described in Part 6 of PHARMAC’s standard terms and conditions for the supply of medical devices – refer to Attachment 2.*

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1. Information about our Business Continuity Plan:

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1. Information about management, technical skills, qualifications and experience of our company’s staff:

*Your response must include information that relates specifically to staff involved in the supply and support of DES.*

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1. Information about our current supply arrangements, supply volumes and relevant supply terms in other major markets including recent tenders awarded (in New Zealand and/or other countries):

*Your response must include information that relates specifically to the supply of DES.*

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1. Information about our previous supply performance and relevant expertise in providing DES, in New Zealand and in other countries:

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1. Information about our relevant business, supply chain and manufacturing quality assurance processes:

*If you are not the manufacturer of the device, your response must also include information that relates to the manufacturer’s quality assurance processes. Please indicate in your response what international standards (e.g. ISO, GMP) these processes meet, if any, and if they are externally audited.*

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1. Information on our proposed distribution and supply arrangements for DES and our ability to ensure continuity of supply of DES to DHB hospitals:

*Your response must include information on:*

* *whether you are a manufacturer or distributor of the proposed DES;*
* *terms of any distribution agreements if you are not the manufacturer (e.g. duration and exclusivity of the distribution agreement);*
* *the supply chain used to bring DES stock to New Zealand*
* *your ability to hold a minimum of 3 months stock of these devices in New Zealand (preferred stock holding option) or your ability to ensure continuity of supply if 3 months stock cannot be held in New Zealand;*
* *minimum order size;*
* *delivery frequency;*
* *freight charges- if any (free into store is the preferred model);*
* *lead times for a stable demand situation;*
* *your processes and lead times in the event of supply disruptions;*
* *your processes and lead times when there is an unexpected surge in demand for your devices; and*
* *any specific measures you will take to secure stock for New Zealand from international production*.

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1. Information regarding the installation and management of consignment stock within DHB hospitals:

*Your response must include:*

* *a statement of your understanding of DHB consignment stock requirements:*
* *information on required storage conditions (if any);*
* *information on the shelf life of the DES;*
* *information on the processes for stock-takes, stock replacement, stock transfers and investigating and resolving stock discrepancies and delineation of which tasks your staff and DHB staff are responsible for;*
* *information on reporting processes (format and frequency) to DHBs and PHARMAC; and*
* *details of any additional costs associated with consignment stock – if any (the preferred model is for no additional charges to be associated with consignment stock).*

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1. Information on current or proposed resources and activities we would make available or implement to support DHBs, clinicians and patients during and following a brand switch to our product (e.g. training, clinical support and education resources/materials):

*Your response must include:*

* *a statement of your understanding of DHB hospital educational, training and clinical support requirements;*
* *information on the scope, format, quantity and frequency of education, training and clinical support activities;*
* *information on the scope, format and quantity of education resources/materials (including those directed at patients);*
* *information on any additional costs associated with education and clinical support – if any (the preferred model is for education and clinical support activities and resources to be provided free of charge);*
* *information on the skills and experience of your education, training and clinical support staff;*
* *information on how you would track education, training and clinical support services provided to a DHB hospital and report this information to the DHB;*
* *your proposed transition plan for DHBs requiring a brand switch; and*
* *information on how you would organise and manage your resources to support a national implementation plan and provide on-going national support.*

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1. Information on current or proposed complaints management processes, including ability to recall stock, refund or credit for damaged or faulty goods:

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1. Evidence of WAND registration and CE or TGA or FDA certification:

*Insert additional rows to the table as required. Copies of all listed WAND registrations and CE or TGA or FDA certificates must be attached to your submission. If you are in the process of obtaining CE or TGA or FDA certification for a DES please write “In progress” and provide evidence of the certification process being underway.*

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| **Brand name of proposed DES** | **WAND registration number(s)** | **CE or TGA or FDA certificate number(s)** |
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1. Contact details (name, job title, hospital name and full address, phone number and email) for 2 supply chain referees and 2 clinical referees, who can be contacted if required, regarding our company’s performance in supplying and supporting their hospitals use of your DES.

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1. Information relating to any existing alternative price models, currently accessed by DHBs, that involve the proposed DES (e.g. volume commitment pricing, bundles, rebates). If none, please write not applicable:

*Your response must include:*

* *a detailed description of the model(s) including pricing and qualification requirements to access alternative pricing model(s);*
* *a list of DHBs currently accessing the model(s) and the level/type of alternative pricing/rebates accessed by each DHB;*
* *$ value of the alternative pricing/rebate model(s) for each DHB for the period 1 October 2016 – 30 September 2017; and*
* *how you would plan to manage the financial impact to DHBs of dissolving bundle models (if applicable) that will need to occur if PHARMAC implements market share agreements for DES.*

*Note: Additional documents (e.g. spreadsheets) may be attached to your submission to assist in providing this information. Please label these documents as Alternative Price Model - Attachment 1, Alternative Price Model - Attachment 2 etc.*

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1. Additional information about our company’s capabilities/capacity that demonstrates our ability to support exclusive supply of DES to DHB hospitals, in either a hospital supply status or dual supplier model:

*If none, please write not applicable.*

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1. Information relating to pricing ($NZ, GST exclusive) submitted in our proposal, including any related conditions or proposed terms affecting cost for PHARMAC:

*If none, please write not applicable.*

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1. Information about how we envisage working with PHARMAC and other key stakeholders:

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1. Proposals/suggestions regarding DES, 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:

*Consider any relevant information under PHARMAC’s* [*Factors for Consideration*](http://www.pharmac.health.nz/factors-for-consideration) *decision making framework.*

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