**Alternative Commercial Proposal Submission Form**

Note to respondents: information to support how to best develop an Alternative Commercial Proposal (ACP) is available in the ACP guidance document.

1. Contact details:

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

1. Proposal:

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| Item(s) from 2024/25 ITT: |
| Pharmaceutical (brand name) | Formulation | List price  | Unit price  | Pack Size  | Lead time | Medsafe approval (Y/N) | Community/Hospital supply |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Other Pharmaceuticals  |
| Pharmaceutical (brand name) | Formulation | List price  | Unit price  | Pack Size  | Lead time | Medsafe approval (Y/N) | Community/Hospital supply | Schedule/ Options for Investment listing |
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1. Proposal summary (description of the proposal, including any proposed rebates and/or other special terms):
2. Confirmation that there are no intellectual property barriers (including patent barriers) to supply this product for the proposed indications in New Zealand, with additional information if required:
3. Description of any available implementation support:

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