# 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

PHARMAC

C/- Jeremy Price

Procurement Manager

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

**Proposal for the supply of Anti-Vascular Endothelial Growth Factor Agents (Anti-VEGF agents)**

In response to your request for proposals (**RFP**) **dated 5 May 2016** we put forward the following proposal in respect of Anti-VEGF agents.

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

1. Our contact details:

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

1. Details of pharmaceutical presentation:

|  |  |
| --- | --- |
| Chemical name |  |
| Strength (e.g. 3.6 mg) |  |
| Duration of action (e.g.  monthly) |  |
| Presentation (e.g depot implant) |  |
| Needle length |  |
| Route of administration |  |
| Storage conditions/stability and expiry |  |
| Reconstitution- solution or suspension, storage conditions/stability, and expiry |  |
| Indications |  |
| Pack size |  |
| Pharmacokinetic data |  |

1. Key features of our proposal not detailed elsewhere in the response:

|  |
| --- |
|  |

1. Information relating to pricing ($NZ, GST exclusive), including any related conditions or proposed terms affecting cost for PHARMAC (e.g. price in return for HSS, reference price protection, risk sharing mechanisms, etc.):

|  |
| --- |
|  |

1. Information about our proposed customer support, training and education provided to health professionals:

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

1. Proposals/suggestions (e.g. pricing, risk sharing arrangements, etc) regarding the pharmaceutical not expressly identified in this RFP that we would like PHARMAC to consider as part of our proposal:

|  |
| --- |
|  |