Consultation

PHARMAC
TE PĀTAKA WHAIORANGA

4 August 2020

2020/21 Invitation to Tender

PHARMAC is seeking feedback from pharmaceutical suppliers and interested parties on:

- A proposal to tender certain pharmaceuticals for principal supply;
- The implications of awarding Principal Supply Status; and
- Commercial proposals as an alternative to tendering.

PHARMAC welcomes all feedback on the draft 2020/21 Tender. Feedback received by the deadline may be considered by the Tender Medical Evaluation Subcommittee of PTAC and would be considered by the PHARMAC Board (or its Delegate, where applicable) prior to making a decision on this proposal.

Feedback should be submitted by the following dates; late feedback may not be considered:

ALTERNATIVE COMMERCIAL PROPOSAL RESPONSES DUE BY
4 PM (NEW ZEALAND TIME), MONDAY 24 AUGUST 2020

ALL OTHER CONSULTATION RESPONSES DUE BY
4 PM (NEW ZEALAND TIME), MONDAY 31 AUGUST 2020

Feedback should be provided by submitting an email or letter to the Tender Analysts:

Email: tender@pharmac.govt.nz

Letter: Tender Analysts
PHARMAC
PO Box 10-254
Wellington 6143

Feedback we receive is subject to the Official Information Act 1982 (OIA) and we will consider any request to have information withheld in accordance with our obligations under the OIA. Anyone providing feedback, whether on their own account or on behalf of an organisation, and whether in a personal or professional capacity, should be aware that the content of their feedback and their identity may need to be disclosed in response to an OIA request.

We are not able to treat any part of your feedback as confidential unless you specifically request that we do, and then only to the extent permissible under the OIA and other relevant laws and requirements. If you would like us to withhold any commercially sensitive, confidential proprietary, or personal information included in your submission, please clearly state this in your submission and identify the relevant sections of your submission that you would like it withheld. PHARMAC will give due consideration to any such request.

Details of the proposed 2020/21 Tender

In general, the proposed 2020/21 Tender process would be similar to the 2019/20 Tender. However, the 2020/21 Tender would result in awarding Principal Supply Status (PSS) (previously Sole Supply Status and/or Hospital Supply Status).

In essence, this change would mean that a Discretionary Variance provision (renamed Alternative Brand Allowance) would apply across both the community and hospital markets, rather than just the hospital market.

Principal Supply Status was subject to an initial consultation in July 2020. In addition to Alternative Commercial Proposals (discussed below), we seek comments on all sections of the draft 2020/21 Tender, in particular on:

- The proposed changes in the draft 2020/21 Tender;
- An indication of any pharmaceuticals, whether or not they are included in Schedule Two of the draft 2020/21 Tender, that you consider should be tendered, and the reasons for that view. If you wish, you may provide a non-binding confidential indication of the price or price range that you might be able to offer for a line item or group of line items you wish to have tendered;
- An indication of any pharmaceuticals, whether or not they are included in Schedule Two of the draft 2020/21 Tender, that you consider would be inappropriate to tender, and the reasons for that view, including any contractual constraints or patent protection that could restrict PHARMAC from awarding a tender on a particular pharmaceutical;
- Your views on whether any product included in Schedule Two might have more than 5% of patients needing to access an alternative brand;
- Feedback on any unresolved Tender Bid(s) from previous tenders that you consider should remain open for acceptance. Please note that some currently unresolved Tender Bids may be resolved prior to the consultation deadline and the final 2020/21 Tender being issued.

Draft Invitation to Tender

We are seeking feedback on the composition of the draft 2020/21 Tender. This is still under development and may change before it is taken to the Board (or its Delegate) for approval and subsequently issued. At this stage, but depending on the extent of any changes, PHARMAC does not intend to send out further drafts for consultation.

A complete copy of the draft 2020/21 Tender, including the proposed terms and conditions which successful tender bids would be subject to, is available on our website (www.pharmac.govt.nz). The draft 2020/21 Tender comprises the following sections:

Schedule 1:	Definitions and interpretation
Schedule 2:	The list of pharmaceuticals proposed for tender* #
Schedule 3:	The tender process (for both hospital and community tender bids)
Schedule 4:	Contract terms for Principal Supply Status for both community and hospital supply
Schedule 5:	Additional contract terms for Principal Supply Status for community supply
Schedule 6:	Additional contract terms for Principal Supply Status for hospital supply
Schedule 7:	Additional special terms for particular pharmaceuticals

*The units provided in Schedule Two consist of market data for the year ended 30 June 2020. The figures included are indicative only and are provided on the basis set out in clause 1.3 of Schedule 2 of the draft 2020/21 Tender.

#The final list of products, which may change following consultation, would be released as part of the 2020/21 Tender, following Board (or its Delegate) approval. You may provide feedback on the inclusion of any additional pharmaceuticals after the 2020/21 Tender has been issued, and any such feedback would be considered by the Board (or its Delegate) before making a final decision on any product, provided that any feedback is given prior to the tender close date in late 2020.

Proposed inclusion of the following provisions in the 2020/21 Invitation to Tender

Principal Supply Status
As outlined in the "Proposal to modify PHARMAC's approach to competitive procurement" consultation dated 10 July 2020, we are proposing that the 2020/21 Invitation to Tender replaces Sole Supply Status and Hospital Supply Status with Principal Supply Status.

The purpose of the change is to extend the DV provisions (renamed Alternative Brand Allowance) across both markets.

- PHARMAC would have flexibility regarding if and how to fund alternative brands in the community:
    - In some cases, this could be through listing (or maintaining the listing of) other brands under Special Authority criteria, and in others it may be through our exceptional circumstances framework.
    - Regardless of the mechanism used, we are intending to develop and communicate clear clinical criteria for the funding of alternative brands.
- Our *preliminary* view is that alternative brand funding might be needed in three different circumstances:
    - If a patient has experienced adverse clinical outcomes as a result of a brand change,
    - If a patient has unique clinical circumstances that would put them at heightened risk of adverse clinical outcomes, and wishes to avoid a brand change, or
    - If a patient's circumstances mean that they require a temporary delay to the brand switch.
- This may not be all the circumstances in which we need to consider funding of an alternative brand. We are interested in receiving feedback on what the criteria for those circumstances should be, and whether there are other circumstances that we need to consider as well.
- We note that brand changes are generally well-tolerated, and so we do not expect to fund alternative brands for all products. However, by implementing this change across all products, we would be able to respond to issues as they arise.
    - We are interested in receiving feedback on which chemicals (or indications for a chemical) might have a particular need for funding of an alternative brand (and why). In addition, for those situations, whether you consider that clinical destabilisation can be objectively determined, and if so, how.
- We expect that the Alternative Brand Allowance would, in DHB hospitals, operate much as DV limits have in the past. However, PHARMAC would have the ability to manage this more closely if needed, such as setting clinical criteria.

- The tender relates to supply of the principal brand only. Any commercial arrangements for the supply of other brands would be managed separately and may (as in the case of DV purchases) be managed outside of a supply agreement.
- The proposed Alternative Brand Allowance limit is not a cap on the number of patients who could access an alternative brand, nor is it a prediction of that need. It is, as in the case of the DV limit, a threshold (indicated by the "ABA Limit" in Schedule Two) over which PHARMAC/DHBs would compensate the principal supplier. However, we are interested to understand if you consider that there are any products that we are proposing to tender where more than 5% of patients might need access an alternative brand.

The new provisions resulting from this change are as follows:

1.6 **Principal Supplier**

(a) You shall have Principal Supply Status during the Principal Supply Period, which shall be subject to the Alternative Brand Allowance, where other supplier brands of the Pharmaceutical may be subsidised in the community and/or purchased by DHB Hospitals.

(b) The Alternative Brand Allowance referred to in paragraph (a) above is specified as a percentage of the Total Pharmaceutical Volume for the Pharmaceutical, that percentage being as set out in Schedule Two.

(c) You acknowledge and agree that any other supplier brands of the Pharmaceutical may be concurrently listed on the Pharmaceutical Schedule at any time during the First Transition Period, the Principal Supply Period and the Final Transition Period and your rights under this Agreement do not extend to an exclusive listing of the Pharmaceutical on the Pharmaceutical Schedule.

1.7 **Exceptions to Principal Supply Status**

(a) PHARMAC may, from time to time during the Principal Supply Period or the First Transition Period, amend the Alternative Brand Allowance for the Pharmaceutical after consultation with a relevant medical adviser (being either the Ministry of Health, PTAC or its sub-committees), provided that PHARMAC may only increase the Alternative Brand Allowance without your prior agreement if it has a direction to that effect from Medsafe or its successor, or a recommendation that it do so from PTAC or its sub-committees, based on a significant clinical issue.

(b) Subject to clause 1.8 of this Schedule, you acknowledge and agree that while you have Principal Supply Status:

(i) other supplier brands of the Pharmaceutical may be subsidised in the community and/or purchased by DHB Hospitals, subject to the Alternative Brand Allowance; and

(ii) without derogating from any other rights available to PHARMAC, the Funder or DHB Hospitals under this Agreement or otherwise, if you fail to supply the Pharmaceutical in accordance with this Agreement (other than for a reason that PHARMAC reasonably considers, following discussion with you, to be wholly outside your control) at any time during the Principal Supply Period, then the Alternative Brand Allowance shall not apply and other supplier brands of the Pharmaceutical may be subsidised in the community and/or purchased by DHB Hospitals without limitation during that period of non-supply and any calculation performed in accordance with clause 1.8 below shall exclude that period of non-supply.

1.8 Principal Supply Status Monitoring

(a) If you reasonably believe that the percentage usage of other supplier brands of the Pharmaceutical subsidised in the community and/or purchased by DHB Hospitals exceeds the Alternative Brand Allowance for a particular Pharmaceutical during the Principal Supply Period, you may at any date after a three (3) month period following the end of any Relevant Period, request that PHARMAC carry out calculations for that Relevant Period in accordance with the procedure set out in this clause 1.8, and PHARMAC may, in its discretion, agree to carry out such calculations, provided that if PHARMAC refuses to carry out such calculations, it will provide you with the reasons for refusing to do so. For the avoidance of doubt, where you have Principal Supply Status for both community and hospital supply of a Pharmaceutical, PHARMAC will carry out any calculations for those markets in combination, with a single, combined figure to be used for each of Total Pharmaceutical Volume and Total Brand Allowance Pharmaceuticals when carrying out the calculations below.

(b) Within 30 business days of PHARMAC accepting your request to carry out calculations in accordance with paragraph (a) above, PHARMAC shall carry out the following calculations for the Relevant Period in question:

(i) (Total Brand Allowance Pharmaceuticals / Total Pharmaceutical Volume) x 100 = Brand Allowance Indicator;

(ii) Brand Allowance Indicator – Alternative Brand Allowance = Brand Differential

(c) In the event the Brand Differential is a number greater than zero i.e. a positive amount, PHARMAC shall carry out the following calculations for the Relevant Period in question:

(i) Total Pharmaceutical Volume / 100 = Volume Multiplier;

(ii) Volume Multiplier x Brand Differential = Eligible Volume;

(iii) (Eligible Volume x Unit Price and/or Unit Subsidy) / 2 = Brand Compensation

(d) PHARMAC will notify you in writing of any Brand Compensation payable in accordance with paragraph (c) above and will provide you with the details of the relevant party or parties to be invoiced, for example the relevant DHB(s). Following such notification to you from PHARMAC, you may invoice the relevant party or parties for the Brand Compensation.

(e) PHARMAC's calculation for the purposes of this clause 1.8, shall not be subject to audit by you and you acknowledge and agree that the data extracted from the records used by PHARMAC are the best data and those records are the best records, for the purposes of carrying out the calculations.

New definitions associated with the proposed definitions have also been added. Provisions regarding DV Pharmaceuticals, DV Limit and DV Limit Compliance have been removed from the tender document.

Additional Special Terms

1. **Somatropin**

You shall provide the following resources and related products at no cost for the Pharmaceutical somatropin:

- The provision of education, training and support Resources to endocrinologists, paediatric endocrinologists, pharmacies and patients in respect of the use of somatropin.
- The Resources shall be provided to all endocrinologists, paediatric endocrinologists, pharmacies and patients in New Zealand or upon request by any relevant party.
- The Resources shall be provided to patients when their prescription is filled and directly to all endocrinologists, paediatric endocrinologists and pharmacies before the commencement of the Principal Supply Period.
- The provision of Related Products for your proposed brand of somatropin for the benefit of patients, in respect of the use of somatropin. The Related Products shall be delivered to the nominated delivery address of the prescribed patient.

For the purposes of this clause:

“Resources” shall include but not be limited to the:

- provision of patient training and medical education and support for endocrinologists, paediatric endocrinologists and pharmacies on the use of somatropin devices, including a requirement for clinical educators to talk specifically with patients and for an 0800 number to be available for patients to contact with any further queries;
- provision of training materials (DVDs, pamphlets, leaflets, brochures) to new patients; and
- provision of presentations and/or demonstrations on the use of somatropin devices to patients and/or healthcare professionals.

“Related Products”, which shall be inclusive of the replacement of any defective Related Product, shall include but not be limited to devices, needles, needle clippers, sharps bins, and other products which are required for the safe treatment of your brand of somatropin.

Key Dates and Timeframes for the 2020/21 Tender:

The timelines for the 2020/21 Tender are envisaged to be similar to the 2019/20 Tender; we propose to release the final 2020/21 Invitation to Tender in early November 2020 and consequently the closing date for tender submissions would be late December 2020. The proposed timeline is outlined in the following table:

Date	Event
4 August 2020	Consultation with suppliers, medical groups and interested parties on the proposed pharmaceutical list and draft 2020/21 Tender.
24 August 2020	Final date for receipt of Alternative Commercial Proposals (ACPs) to tendering by PHARMAC.
31 August 2020	Final date for all consultation to be received.
September 2020	PHARMAC considers feedback from consultation, negotiates with suppliers over any ACP proposals it considers would meet PHARMAC's Factors for Consideration, and enters into provisional contracts with suppliers where appropriate.
September 2020	Meeting of the Tender Medical Evaluation Subcommittee of PTAC to consider clinical issues in relation to the proposed Tender list.
September/October 2020	Consultation and decisions on Alternative Commercial Proposals.
Early November 2020	Issuing of the 2020/21 Tender.
17 December 2020	Invitation to Tender closes.
From end of January 2021	Announcements on Tender decisions will commence.

Unresolved Tender Bids

We intend to review any unresolved Tender Bids from the 2018/19 Tender and the 2019/20 Tender prior to issuing the 2020/21 Tender. The following Tender Bids remain unresolved:

2018/19 Invitation to Tender

Chemical Name	Line Item
Aciclovir	Eye oint 3%
Cefalexin monohydrate	Cap 500 mg
Cyclizine lactate	Inj 50 mg per ml, 1 ml
Levonorgestrel	0.75 mg - 1.5 mg
Loperamide hydrochloride [split market]	Tab 2 mg
Loratadine	Oral liq 1 mg per ml
Macrogol 3350 with ascorbic acid, potassium chloride and sodium chloride	Powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium

Chemical Name	Line Item
	sulphate 80.62 mg per g, 210 g sachet
Minocycline hydrochloride	Tab 50 mg
Sodium nitroprusside	Inj 50 mg
Spironolactone	Tab 25 mg
Spironolactone	Tab 100 mg
Tenoxicam	Inj 20 mg
Teriparatide	Inj 250 mcg per ml
Tigecycline	Inj 50 mg
Vitamin B complex (strong)	Tab

2019/20 Invitation to Tender

Chemical Name	Line Item
Acetazolamide	Tab 250 mg
Amoxicillin clavulanate	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml
Amoxicillin clavulanate	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml
Brimonidine Tartrate with Timolol Maleate	Eye drops 0.2% with timolol maleate 0.5%
Bupivacaine hydrochloride	Inj 2.5 mg per ml, 20 ml ampoule
Carbimazole	Tab 5 mg
Carmellose sodium	Eye drops 1%
Clobazam	Liq
Clotrimazole	Crm 1%
Colistin Sulphomethate	Inj 150 mg
Condoms	Female, non-latex
Condoms	Male 55 mm - 58 mm, non-latex
Disulfiram	Tab 200 mg
Docetaxel	Inj 20 mg
Docetaxel	Inj 80 mg
Ephedrine	Inj 3 mg per ml, 10 ml prefilled syringe
Erlotinib hydrochloride	Tab 100 mg
Erlotinib hydrochloride	Tab 150 mg
Escitalopram	Tab 10 mg
Escitalopram	Tab 20 mg
Ethinyloestradiol with levonorgestrel	Tab 30 mcg with levonorgestrel 150 mcg
Ethinyloestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg
Exemestane	Tab 25 mg
Febuxostat	Tab 80 mg
Febuxostat	Tab 120 mg
Fludrocortisone Acetate	Tab 100 mcg
Glucose [Dextrose]	Solution 15 g
Glyceryl trinitrate	Inj 5 mg per ml, 10 ml ampoule
Hydrocortisone	Powder

Chemical Name	Line Item
Insulin pen needles	29 g x 12.7 mm
Insulin pen needles	31 g x 8 mm
Insulin pen needles	31 g x 5 mm
Insulin pen needles	31 g x 6 mm
Insulin pen needles	32 g x 4 mm
Insulin syringes, disposable with attached needle	Syringe 0.3 ml with 29 g x 12.7 mm needle
Insulin syringes, disposable with attached needle	Syringe 0.5 ml with 29 g x 12.7 mm needle
Insulin syringes, disposable with attached needle	Syringe 1 ml with 29 g x 12.7 mm needle
Insulin syringes, disposable with attached needle	Syringe 0.3 ml with 31 g x 8 mm needle
Insulin syringes, disposable with attached needle	Syringe 0.5 ml with 31 g x 8 mm needle
Insulin syringes, disposable with attached needle	Syringe 1 ml with 31 g x 8 mm needle
Insulin syringes, disposable with attached needle	Syringe 0.3 ml with 29 g x 6 mm needle
Insulin syringes, disposable with attached needle	Syringe 0.5 ml with 29 g x 6 mm needle
Insulin syringes, disposable with attached needle	Syringe 1 ml with 29 g x 6 mm needle
Irbesartan	Tab/Cap 75 mg
Irbesartan	Tab/Cap 150 mg
Irbesartan	Tab/Cap 300 mg
Irbesartan with hydrochlorothiazide	Tab/Cap 150 mg with hydrochlorothiazide 12.5 mg
Irbesartan with hydrochlorothiazide	Tab/Cap 300 mg with hydrochlorothiazide 12.5 mg
Irbesartan with hydrochlorothiazide	Tab/Cap 300 mg with hydrochlorothiazide 25 mg
Ivabradine (current access)	Tab 5 mg
Ivabradine (current access)	Tab 7.5 mg
Ivabradine (widened access)	Tab 5 mg
Ivabradine (widened access)	Tab 7.5 mg
Lamivudine	Tab 300 mg
Latanoprost with timolol	Eye drops 0.005% with timolol 0.5%
Levosimendan	Inj 2.5 mg per ml, 5 ml
Lidocaine [lignocaine] hydrochloride with adrenaline and tetracaine hydrochloride	Soln 4% with adrenaline 0.1 % and tetracaine hydrochloride 0.5%, 5

Chemical Name	Line Item
	ml syringe
Magnesium sulphate	Inj 2 mmol per ml, 5ml
Metaraminol tartrate	Inj 0.5 mg per ml, 10 ml
Metaraminol tartrate	Inj 0.5 mg per ml, 5 ml prefilled syringe
Metaraminol tartrate	Inj 0.5 mg per ml, 10 ml prefilled syringe
Morphine	Inj 10 mg per ml, 1 ml
Morphine	Inj 15 mg per ml, 1 ml
Morphine	Inj 30 mg per ml, 1 ml ampoule
Morphine	Inj 20 mg per ml
Morphine	Inj 50 mg per 5 ml
Morphine	Inj 100 mg per 5 ml
Mupirocin	Topical oint 2% (pack size 5 g or less)
Mupirocin	Intra-nasal oint 2%
Neostigmine metisulfate	Inj 2.5 mg per ml, 1 ml
Nitrofurantoin	Tab modified-release
Noradrenaline	Inj 0.1 mg per ml, 100 ml bag
Noradrenaline	Inj 0.1 mg per ml, 50 ml syringe
Noradrenaline	Inj 0.06 mg per ml, 50 ml syringe
Noradrenaline	Inj 0.12 mg per ml, 100 ml bag
Noradrenaline	Inj 0.16 mg per ml, 50 ml syringe
Noradrenaline	Inj 0.06 mg per ml, 50 ml vial
Noradrenaline	Inj 0.12 mg per ml, 50 ml vial
Octreotide (somatostatin analogue)	Inj 100 mcg per ml, 1 ml
Octreotide (somatostatin analogue)	Inj 50 mcg per ml, 1 ml
Octreotide (somatostatin analogue)	Inj 500 mcg per ml, 1 ml
Omeprazole	Cap 10 mg
Omeprazole	Cap 20 mg
Omeprazole	Cap 40 mg
Ondansetron hydrochloride	Inj 2 mg per ml, 2 ml
Ondansetron hydrochloride	Inj 2 mg per ml, 4 ml
Phenylephrine hydrochloride	Inj 10 mg per ml, 1 ml vial
Piperacillin with tazobactam	Inj 4 g with

Chemical Name	Line Item
	tazobactam 500 mg
Progesterone	Cap 100 mg
Rifaximin	Tab 200 mg - 550 mg
Rosuvastatin	Tab 5 mg
Rosuvastatin	Tab 10 mg
Rosuvastatin	Tab 20 mg
Rosuvastatin	Tab 40 mg
Silver Sulphadiazine	Crm 1% (pack size of 100 g or less)
Sodium alginate with sodium bicarbonate and calcium carbonate	Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg per 10 ml
Tacrolimus	Oint 0.1%
Tadalafil	Tab/Cap 5 mg
Tadalafil	Tab/Cap 10 mg
Tadalafil	Tab/Cap 20 mg
Tadalafil	Tab/Cap 2.5 mg
Talc	Dusting Powder BP
Teriflunomide (current access)	Tab 14 mg
Teriflunomide (widened access)	Tab 14 mg
Thiamine Hydrochloride	Tab 50 mg
Thiotepa	Inj 15 mg
Thiotepa	Inj 100 mg
Ticagrelor	Tab 90 mg
Tramadol hydrochloride	Oral soln 10 mg per ml
Travoprost	Eye drops 0.004%
Vitamins	Cap/tab (fat soluble vitamins A, D, E, K)
Water-based lubricant	Single use sachets, 4 ml/g or larger
Zinc	Paste (pack size 50 g or less)
Zinc	Crm (pack size greater than 50 g)
Zinc	Crm (pack size 50 g or less)
Zinc	Oint (pack size greater than 50 g)
Zinc	Oint (pack size 50 g or less)
Zinc and castor oil	Oint (pack size greater than 50 g)
Zinc and castor oil	Oint (pack size 50 g or less)

Should any unresolved Tender Bids be declined prior to the release of the 2020/21 Tender, PHARMAC would consider re-tendering those pharmaceuticals when the 2020/21 Tender is issued. Unresolved Tender Bids have not been included in the draft pharmaceutical list (Schedule Two).

Products not currently listed in Section B of the Pharmaceutical Schedule

The following products included in Schedule Two of the draft 2020/21 Tender are not currently listed in Section B of the Pharmaceutical Schedule:

Chemical Name	Line Item
Alpha Tocopheryl Acetate	Oral liq 156 u per ml
Amiloride	Tab 5 mg
Amoxicillin clavulanate	Grans for oral liq amoxicillin 400 mg with potassium clavulanate 57 mg per 5 ml
Aprepitant	Cap 80 mg
Aprepitant	Cap 125 mg
Aprepitant	Cap 165 mg
Baclofen	Oral liq
Budesonide	Rectal Enema 2 – 4 mg
Calcipotriol	Soln 50 mcg per ml (pack size 30 ml or greater)
Crotamiton	Lotn 10%
Efavirenz	Tab 50 mg
Etoricoxib	Tab 30 mg
Etoricoxib	Tab 60 mg
Etoricoxib	Tab 90 mg
Etoricoxib	Tab 120 mg
Fenofibrate	Cap/tab 48 mg
Fenofibrate	Cap/tab 145 mg
Fentanyl	Patches 6.25 mcg per hour
Ferrous Gluconate with Ascorbic Acid	Tab 170 mg with ascorbic acid 40 mg
Glyceryl Trinitrate	Tab sublingual 600 mcg
Heparin Sodium	Inj 1,000 iu per ml, 20 -35 ml
Hydrocortisone	Oint 1% (pack size 100 g or less)
Hydrocortisone	Oint 1% (pack size greater than 100 g)
Hydrocortisone	Oral liq
Hydrocortisone	Tab 1 mg
Hydrogen Peroxide	Crm 2%
Indomethacin	Inj
Indomethacin	Cap 25 – 50 mg
Indomethacin	Cap long-acting 75 mg
Indomethacin	Suppos 100 mg
Lanreotide	Inj 60 mg per 0.5 ml, 0.5 ml syringe
Lanreotide	Inj 90 mg per 0.5 ml, 0.5 ml syringe
Lanreotide	Inj 120 mg per 0.5 ml, 0.5 ml syringe
Liquid paraffin with white soft paraffin	Liquid paraffin 50% with white soft paraffin 50% ointment (pack size 100 g or less)
Lorazepam	Tab 0.5 mg
Metformin Hydrochloride	Cap/tab sustained-release 1 g
Metformin Hydrochloride	Cap/tab sustained-release 500 mg
Metformin Hydrochloride	Cap/tab immediate-release 1 g
Metronidazole	Gel 0.75%
Netupitant with Palonosetron	Cap netupitant 300 mg with palonosetron 500 mcg
Oil in Water Emulsion	Crm (pack size 100 g or less)
Omeprazole	Oral Suspension
Potassium citrate	Tab
Povidone Iodine	Skin preparation, povidone iodine 10% with 30% alcohol (pack size greater than 100 ml)
Povidone Iodine	Skin preparation, povidone iodine 10% with 70% alcohol (pack size greater than 100 ml)
Prednisolone	Rectal Enema 10 – 20%
Prednisolone	Rectal Foam 10 – 20%

Chemical Name	Line Item
Ramipril	Cap/tab 1.25 mg
Ramipril	Cap/tab 2.5 mg
Ramipril	Cap/tab 5 mg
Ramipril	Cap/tab 10 mg
Somatropin	Inj 0.05 mg per ml – 2.5 mg per ml, including overage
Somatropin	Inj 5.51 mg per ml – 9 mg per ml, including overage
Somatropin	Inj 0.05 mg per ml – 2.5 mg per ml, including overage
Sunitinib	Cap 37.5 mg
Terlipressin	Inj 0.2 mg per ml, 5 ml
Terlipressin	Inj 0.2 mg per ml, 10 ml
Testosterone	Transdermal patch 2.5 mg

Electronic Tender (eTender) system

The 2020/21 Tender will be distributed via PHARMAC's electronic tendering portal. The portal requires companies to register for a user account and details of how to register will be distributed prior to the release of the final 2020/21 Invitation to Tender. Please let us know if the contact details for the person responsible for submitting tender bids have changed for your company by sending an email to the Tender Analysts at tender@pharmac.govt.nz by **4 pm (New Zealand time), Friday 25 September 2020**.

Alternative Commercial Proposals

PHARMAC seeks any Alternative Commercial Proposals (ACPs) to tendering that you may wish to submit. An ACP may, for example, offer price reductions on one set of pharmaceuticals in return for PHARMAC agreeing to defer tendering on another group of pharmaceuticals for a period.

Please note the following points apply to ACPs for both the community and DHB hospital markets:

- ACPs may include more than one line item and may include pharmaceuticals not listed in Schedule Two of the draft 2020/21 Tender;
- ACPs may seek PHARMAC's agreement to defer tendering or application of reference pricing for a period of time for any pharmaceutical, whether or not it is listed in Schedule Two of the draft 2020/21 Tender;
- ACPs may not propose awarding Principal Supply Status in the community or DHB Hospitals;
- PHARMAC reserves the right:
    - not to accept any ACPs; and/or
    - not to provide reasons for the acceptance or non-acceptance of any ACP; and/or
    - to enter into an agreement or arrangement that differs in a material respect from that envisaged in this letter.

ACPs are due by **4 pm (New Zealand Time), Monday 24 August 2020**. PHARMAC may not consider any ACPs that are submitted after this date.

Usage data for 'PCT only' injectable products

The table below contains 'PCT only' usage data for items included in the 2020/21 Tender. These volumes are approximate and indicative only. PHARMAC makes no representation as to the accuracy of these figures or as to the level of sales or likely sales of any tender item.

Chemical and description	Total usage (mg)*
Azacitidine	370,423
Bendamustine	311,756
Bleomycin Sulphate	8,208,273,000**
Carboplatin	2,013,908

Cisplatin	137,868
Cyclophosphamide	6,134,574
Cytarabine	4,493,242
Doxorubicin	312,878
Epirubicin	82,099
Fluorouracil sodium	28,888,214
Idarubicin Hydrochloride	1,705
Irinotecan	955,641
Methotrexate	2,780,562
Oxaliplatin	783,467
Pemetrexed	1,061,695
*Usage in mg, for period between 1 January 2019 to 31 December 2019 ** Usage shown in IU (international units)	