# Schedule 2: Information Requested – Response form

***You should expand the boxes as necessary.***

**[*Insert Date*]**

Jeremy Price (Procurement Manager)

Sarita Von Afehlt (Therapeutic Group Manager)
PHARMAC

PO Box 10 254

Wellington 6143

New Zealand

Via GETS

Dear PHARMAC

**Information regarding the provision of Compression Hosiery Products.**

* In response to PHARMAC’s request for information (**RFI**) dated 11 July 2018, we put forward the following information in respect of Compression Hosiery Products:

**Our contact details:**

|  |  |
| --- | --- |
| Name of organisation |  |
| Department if relevant |  |
| Contact person |  |
| Physical Address |  |
| Phone |  |
| Facsimile |  |
| Email address |  |

**Are you willing to be contacted for any follow up questions relating to the responses?**

Yes / No *(delete as appropriate)*

1. **What specific Compression Hosiery Products** **(for the treatment and prevention of Venous Leg Ulcers) do you currently supply to the New Zealand market?**

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1. **What are your annual volumes (classes, sizes, standard hosiery and made to measure hosiery) sold to**
	1. **DHB Hospitals?**
	2. **Other publicly funded health services?**
	3. **Directly to Patients?**

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**3. Do you supply directly to patients?**

 **If so, what sizing and other information do you require from the patient?**

 **Is there a delivery charge in addition to the cost of the hosiery?**

**4 When supplying Compression Hosiery products to DHBs what level of detail do**

 **you require to be submitted via the purchase orders?**

1. **What clinician education and information do you provide?**

**Please give details of training courses / education sessions for clinical staff relating to measuring and fitting of compression hosiery etc.**

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1. **What patient education and information do you provide?**

**7. Do you currently hold any contracts for the supply of Compression Hosiery Products** **to DHB Hospitals, if so:**

* + which line items does the contract(s) cover?
	+ which DHBs are contracted?
	+ what is the tenure of the contract(s) and when will it expire?
	+ does the contract(s) include any pricing mechanism such as tiered pricing or volume commitments. If so, what is the impact on the price to the DHB Hospital?

 **8. Do you have a current distribution arrangement for your Compression**

 **Hosiery Products within New Zealand, and if so, who is this with?**

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 **9. Please provide any additional information you consider may be of**

 **Assistance to PHARMAC with regard to any competitive process for**

 **Compression Hosiery Products**

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  **Are you likely to respond to any competitive process for Compression**

 **Hosiery Products (Y/N).**

**Please note that for the purposes of any competitive process for Compression Hosiery Products PHARMAC will treat Compression Hosiery Products as pharmaceuticals (medicines) and as such the standard PHARMAC contract terms for pharmaceuticals (medicines) will be applied in the event any listing agreement is entered into.**