

28 June 2013

Dear Supplier

REQUEST FOR PROPOSALS – SUPPLY OF VARIOUS VACCINES

PHARMAC invites proposals for the supply of various vaccines in New Zealand.

This request for proposals (**RFP**) letter incorporates the following schedules:

- Schedule 1 specifies the pharmaceuticals for which PHARMAC is requesting proposals and sets out the background to the RFP and the types of proposals sought;
- Schedule 2 describes the process that PHARMAC expects to follow in relation to the RFP;
- Schedule 3 sets out information about the estimated size of the current subsidised market for the pharmaceuticals; and
- Schedule 4 contains the RFP form in which you are to provide details of your proposal.

If you wish to submit a proposal, you must submit it to PHARMAC no later than 4.00 p.m. on Thursday, 1 August 2013.

If you have any questions about this RFP, please contact **Greg Williams** at PHARMAC by telephone (04) 916 7524 or email greg.williams@pharmac.govt.nz.

We look forward to receiving your proposal.

Yours sincerely



Sarah Fitt
Director of Operations

Schedule 1: Pharmaceuticals, background to RFP and types of proposals sought

1. Pharmaceutical

PHARMAC is interested in considering proposals from suppliers of various vaccines as listed in Tables 1 and 2 below (hereinafter collectively referred to as ‘Vaccines’):

Table 1. Currently funded vaccines

Key	Vaccine description	Currently listed brand
BCG	Bacillus Calmette-Guerin vaccine	BCG Vaccine
DTaP-IPV	Diphtheria, tetanus, pertussis and polio vaccine	Infanrix-IPV
dTaP	Adult/adolescent diphtheria, tetanus, pertussis vaccine	Boostrix
DTaP-IPV-HepB/HiB	Diphtheria, tetanus, pertussis, polio, hepatitis B and <i>haemophilus influenzae</i> type B vaccine	Infanrix-hexa
HepB	Paediatric Hepatitis B vaccine	HBvaxPro
HPV	Human papillomavirus vaccine	Gardasil
IPV	Poliomyelitis vaccine	I POL
MenPV4	Meningococcal (A,C,Y,W-135) polysaccharide vaccine	Menomune
MMR	Measles, mumps and rubella vaccine	MMR II
PCV10	Pneumococcal conjugate (PCV10) vaccine	Synflorix
PCV13	Pneumococcal conjugate (PCV13) vaccine	Prevenar 13
PPV23	Pneumococcal (PPV23) polysaccharide vaccine	Pneumovax 23
Hib	Haemophilus influenzae type b conjugate vaccine	Act-HIB
Td	Adult diphtheria and tetanus vaccine	ADT Booster

Table 2. Currently unfunded vaccines

Vaccine description
Adult hepatitis B vaccine
Varicella vaccine
Rotavirus vaccine
Meningococcal (A,C,Y,W-135) conjugate vaccine
Meningococcal C conjugate vaccine
Hepatitis A vaccine

Proposals should be in relation to the Sole Subsidised supply of the Vaccines to those meeting the eligibility criteria set out in clause 2.6 and 3.1 and in the event of an outbreak as further described in clauses 2.5 and 3.2.1 (below). Proposals should not include any other vaccines or pharmaceuticals either related or not to the vaccines outlined above.

2. **Background to RFP**

Since July 2012 PHARMAC has been responsible for managing the funding of vaccinations on the National Immunisation Schedule. As part of this role, PHARMAC is now seeking commercial proposals from suppliers for funding and supply of a range of vaccines.

In preparation for this request we have sought advice from the Immunisation Subcommittee of PTAC on the current Immunisation Schedule, and some potential additions to it. The Immunisation Subcommittee of PTAC minutes are available on line at the following link:

http://www.pharmac.health.nz/ckeditor_assets/attachments/420/immunisation-subcommittee-minutes-2013-03-06.pdf

Below are some factors that you should consider in preparing a response to the request for proposals.

2.1 ***Varicella vaccine***

The Immunisation Subcommittee of PTAC reviewed a PHARMAC generated proposal for the funding of this vaccine. The Immunisation Subcommittee recommended funding varicella vaccine with a high priority. The Subcommittee noted a possible effect on the incidence of herpes zoster in those with previous varicella if circulating wild type virus disappears due to a universal immunisation programme.

PTAC has reviewed the advice from the Subcommittee and requested that PHARMAC provide its full proposal to PTAC for consideration at its August meeting. PTAC noted the issues regarding a potential increase in herpes zoster if a varicella vaccine was listed and wished to undertake a full review of this vaccine.

PHARMAC has received further advice from the Immunisation Subcommittee regarding high risk patients (minutes will be presented to PTAC at its August meeting for consideration). PHARMAC is initially seeking proposals for Sole Subsidised Supply for high risk patient groups.

For the avoidance of doubt, though proposals are being sought for the varicella vaccine it is possible that, following PHARMAC's further assessment, the funding of the varicella vaccine may not be actively pursued or it may be declined.

2.2 ***Rotavirus vaccine***

PHARMAC has completed an initial review of rotavirus vaccine. The Immunisation Subcommittee of PTAC reviewed a PHARMAC-generated proposal for the funding of this vaccine. PTAC has reviewed the advice from the Subcommittee and requested that PHARMAC provide its full proposal to PTAC for consideration at its August meeting, including a cost-effectiveness analysis, before it gives a recommendation.

Including rotavirus vaccine in this RFP process will enable PHARMAC to obtain a price for the vaccine, which will inform our cost-effectiveness analysis and thus PTAC's advice.

For the avoidance of doubt, though proposals are being sought for the rotavirus vaccine it is possible that, following PHARMAC's further assessment, the funding of the rotavirus vaccine may not be actively pursued or it may be declined.

2.3 Potential changes to funded access for childhood National immunisation schedule vaccines

It is possible that funded access to certain Vaccines may be widened to include re-immunisation following immunosuppression.

PHARMAC has self-generated proposals for the funding of re-immunisation for patients post immunosuppression. The Immunisation Subcommittee of PTAC has considered this funding proposal, but its advice has not yet been reviewed or considered by PTAC.

PHARMAC has also sought advice from the Immunisation Subcommittee about how to improve the current descriptions of funded access in the Schedule. As a result of this review it is possible that PHARMAC may amend the criteria relating to vaccines to better describe funded access. We do not expect that possible changes would substantially alter market volumes.

2.4 National meningococcal vaccination programme

PHARMAC has not sought advice on funding a national meningococcal vaccination programme, however PHARMAC has sought specific advice from the Immunisation Subcommittee on the current usage of meningococcal C vaccination or A, C, Y and W135.

We intend to seek advice regarding funding a national meningococcal vaccination at the next meeting of the Immunisation Subcommittee.

2.5 Vaccines in the event of an outbreak of a vaccine preventable illness

PHARMAC has sought some initial advice from the Immunisation Subcommittee as to what role access to funded vaccines could play during outbreaks of a vaccine preventable illness. The minutes from the Subcommittee are not available at this time but will be presented to PTAC at its August meeting. The two vaccines identified as part of the review are:

- Hepatitis A – for close contacts of cases
- Meningococcal C – for community outbreaks and close contacts of cases (either conjugated meningococcal C or conjugated Meningococcal (A, C, Y and W135).

2.6 Eligibility criteria

2.6.1 The current eligibility criteria for funded Vaccines can be found on our website (<http://www.pharmac.govt.nz/patients/PharmaceuticalSchedule/Schedule>). As part of this RFP process, we may consider amending the eligibility criteria for the listed Vaccines to include revaccination following immunosuppression and to allow appropriate catch up programs for eligible individuals. Note that the restrictions in Part II of Section H to be effective 1 July 2013 are indicative of possible changes to eligibility.

2.6.2 PHARMAC is seeking sole supply for a pneumococcal conjugate vaccine for primary immunisation. As part of this RFP process, PHARMAC may consider widening access to PCV13 vaccine depending on:

- (a) the relative cost effectiveness of PCV 13 vaccine as a result of any proposals that PHARMAC receives;

(b) taking into account advice from PTAC and the Immunisation Subcommittee;
and

(c) any other matters that PHARMAC staff consider relevant.

2.6.3 Widening access to PCV13 vaccine could result in PCV10 vaccine being delisted and PCV13 vaccine being available as part of the primary National Immunisation Schedule.

2.6.4 In the event that any of the Vaccines listed in Table 2 (page 2 above) become listed and fully funded, we would consider applying the following eligibility criteria (exact wording to be determined):

Varicella vaccine (high risk patients)

For non-immune patients with chronic liver disease who may in future be candidates for transplantation,

For non-immune patients with deteriorating renal function before transplantation

For non-immune patients prior to solid organ transplant;

For patients at least 2 years after bone marrow transplantation, on advice of their specialist;

For patients at least 6 months after completion of chemotherapy, on advice of their specialist;

For non-immune patients prior to any elective immunosuppression (e.g. rheumatology or inflammatory bowel disease patients)

For HIV positive non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist;

For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has:

a) adult household contact – a negative serology result for varicella

b) child household contact – no clinical history of varicella or negative varicella serology;

Rotavirus

A course of x doses per patient

First dose must be given prior to age 15 weeks

Meningococcal C or Meningococcal A, C, Y and W135 conjugated vaccines

Any of the following:

For patients pre- and post-splenectomy; or

For children aged 0-18 years with functional asplenia; or

For use in transplant patients; or

For use following immunosuppression.

Hepatitis A vaccine

Any of the following:

For use in transplant patients; or

For use in children with chronic liver disease; or

For close contacts of known hepatitis A carriers.

Adult hepatitis B

Any of the following:

Household or sexual contacts of known hepatitis B carriers; or

Dialysis patients; or
HIV-positive patients; or
Hepatitis C positive patients; or
For use in transplant patients; or
For use following immunosuppression.

2.7 ***Distribution of vaccines***

- 2.7.1 It is expected that PHARMAC or its Agent will place orders for Vaccines to the supplier. Such orders would be required to be delivered to the address for delivery as designated by PHARMAC or its nominated Agent.
- 2.7.2 Orders are expected to be forwarded to the supplier by facsimile or mail (including electronic-mail) to the address designated by the supplier in Schedule 4 of this RFP.
- 2.7.3 Similar to current delivery requirements, suppliers are expected to provide a certificate of analysis giving full details of all testing carried out by the Vaccine manufacturer's quality control department with each batch of Vaccine that it delivers.
- 2.7.4 All Vaccine ordered by PHARMAC or its Agent must be packed and transported by air, so that the Vaccine is maintained at its recommended storage temperature for the entire journey, in accordance with the WHO guidelines on the International Packing and Shipping of Vaccines for the EPI (WHO/V&B/01.05).
- 2.7.5 Temperature monitors capable of indicating whether the required storage temperatures have been maintained during transport must accompany all Vaccine delivered to the designated address for delivery. Suitable temperature monitors include recording thermometers or thermochromatic indicators capable of indicating elevated temperatures and temperatures below 0 Celsius, if appropriate. Thermochromatic temperature monitors must be placed at the bottom and at the top of all Vaccine transportation containers.
- 2.7.6 Vaccine suppliers and manufacturers should provide detailed information supporting the stability of offered vaccines when exposed to temperatures outside of the cold chain (2-8C). This information should be consistent with data provided to Medsafe for the licensure and registration of the product for use in New Zealand and may include a statement about the range of temperature tolerance up to a heat or cold extreme and tolerance to temperatures between these extremes over a period of time. It may be appropriate to provide information showing the measured degradation of the product/s in the offered vaccine over time as charted measurable potency or seroconversion of clinical trials patients in humans.
- This information will be used to support national and local supplier and immunisation professionals when managing vaccine cold chain excursions, including the use of vaccine that has been outside of recommended storage ranges, as indicated on the vaccine datasheet.
- 2.7.7 All Vaccines delivered to the designated delivery address shall be accompanied by:
- (a) A certificate, signed by an appropriate official of the national control laboratory of the manufacturer's country:
 - (i) confirming that the Vaccine accompanying the certificate meets all regulatory requirements of the manufacturer's country and all standards set by the national control laboratory of the manufacturer's country;

- (ii) confirming that the Vaccine accompanying the certificate meets Part A of the then current WHO requirements applicable to such Vaccine;
 - (iii) advising the date of the last satisfactory test for potency of the Vaccine and the relevant lot number; and
 - (b) A copy of the official national release document for the Vaccine.
- 2.7.8 Proposals should outline the suppliers or nominated distributor's capabilities in meeting any delivery timeframes, requirements (e.g. cold chain distribution) and its ability to comply with any national or international standards or guidelines.
- 2.7.9 Proposals should also outline any returns policy and any minimum order requirements.

2.8 **Contract duration**

Any resulting contract(s) from this RFP process would be for a maximum Sole Supply period of three years. During this period the eligibility criteria may change and any contract(s) resulting from this process would provide for this.

3. **Types of proposals sought**

3.1 **Sole Supply**

PHARMAC is willing to consider the following types of proposals:

- (a) Proposals for a single Vaccine with Sole Supply Status ending no later than 30 June 2017, where the supplier is expected to meet the demand for all doses of that vaccine.
- (b) Proposals that bundle up to a maximum of three Vaccines with Sole Supply Status ending on 30 June 2017, where the supplier is expected to meet the demand for all doses of that vaccine.
- (c) Suppliers may submit multiple proposals for a single Vaccine or bundles of Vaccines as described in clause 3.1 (a) and (b) above.

Sole Supply Status would entail both Sole Subsidised Supply in the Community via a listing in Section I of the Pharmaceutical Schedule (i.e. the National Immunisation Schedule) and Hospital Supply Status in Part II of Section H of the Pharmaceutical Schedule.

Please note:

- If you wish to submit a bundle proposal for Vaccines, you must also submit at least one individual proposal for each of the Vaccines included in the bundle.

3.2 **Outbreak supply**

3.2.1 PHARMAC also seeks proposals for the supply of the vaccines outlined below to be used in the event of a disease outbreak. Suppliers of such vaccines would be required to guarantee delivery within a short timeframe.

- (a) Meningococcal A, C, Y and W135 or Meningococcal C conjugate vaccines
- (b) Measles
- (c) *Haemophilus influenzae* type b

- 3.2.2 Proposals should outline the supplier's or nominated distributor's capabilities in meeting any delivery timeframes, requirements (e.g. cold chain distribution) and its ability to comply with any national or international standards or guidelines.
- 3.2.3 Any contract(s) resulting from this RFP process would include provisions allowing exclusivity to be suspended in the event of a pandemic. The provisions would reflect compliance with any Ministry of Health and WHO requirements with regard to pandemic supply situations.

3.3 **Other types of proposals**

Suppliers may also like to submit other types of proposals. Possibilities include:

- (a) Supply of a fixed volume of doses per annum. For such proposals, it is possible that agreement(s) would be necessary with other suppliers to ensure sufficient stock was supplied to cover the entire market and therefore if a proposal of this type is submitted, there could be no restrictions on any other supplier gaining a subsidised listing.
- (b) Proposals that include rebate arrangements, where the list price may be different from the net price offered to PHARMAC.

3.4 PHARMAC is not willing to consider the following types of proposals:

- (a) Any proposal that involves products other than:
- (i) for Vaccines set out in Schedule 1, *Table 1. Currently funded vaccines; or*
 - (ii) for Vaccines set out in Schedule 1, *Table 2. Currently unfunded vaccines; or*
 - (iii) for Vaccines for disease outbreaks described in clause 3.2 above.
- (b) Proposals that include expenditure risk sharing mechanisms based on patient level data.

3.5 Subject to clause 3.4, PHARMAC is open to considering any other types of proposals that you may wish to put forward, including wider access than currently proposed.

3.6 PHARMAC is aware that, under a multiple supplier arrangement for a single Vaccine, it is possible that PHARMAC or its agent would be required to have some co-ordination role in the distribution of the Vaccines; this would be negotiated with the applicable suppliers if necessary.

3.7 Please note that supplier(s) of any Vaccines will be expected to continue to supply beyond the Sole Supply period ending on 30 June 2017. Any resulting contract(s) will specify the supply arrangements after the Sole Supply period.

Schedule 2: RFP process

PHARMAC expects to follow the process set out below in the sequence indicated.

1. Submission

- 1.1 You may submit more than one proposal. Each proposal will be considered as a separate proposal.
- 1.2 Proposals must be submitted no later than 4.00 p.m. (New Zealand time) on 1 August 2013. Late proposals will only be considered at PHARMAC's discretion.
- 1.3 You cannot withdraw your proposal, once submitted, while the RFP process is continuing.
- 1.1 All proposals must be submitted to PHARMAC by email to greg.williams@pharmac.govt.nz.

2. Evaluation

- 2.1 Following the deadline for submitting proposals an Evaluation Committee comprising PHARMAC staff will evaluate each proposal to select its preferred proposal(s). The Evaluation Committee may also include staff from the Ministry of Health.
- 2.2 PHARMAC may request a sample pack or container of the Vaccine (and if you intend supplying it in a different form from that sample pack, information about the form in which it will be supplied), in which case you must supply that sample pack or information within 10 business days of PHARMAC requesting it.
- 2.3 The basis on which the Evaluation Committee will evaluate proposals, and the weight to be given to the criteria and other matters that it considers, are to be determined by the Evaluation Committee at its sole discretion. The matters to be taken into account by the Evaluation Committee will, however, include:
 - (a) the decision criteria set out in PHARMAC's then current Operating Policies and Procedures (**OPPs**), as published on PHARMAC's website (www.pharmac.health.nz), to the extent applicable;
 - (b) any clinical advice from PTAC or its relevant sub-committee or other appropriate clinical advisors sought by PHARMAC; and
 - (c) any other matters that the Evaluation Committee considers to be relevant (provided that PHARMAC will notify such matters and allow an opportunity for submitters of proposals to address them).
- 2.4 Each proposal will be evaluated on the basis that the price offered, the expenditure entailed, and any other terms included in the proposal, are the best that the supplier is able to offer. If you do not put forward your best terms you risk having your proposal excluded at the evaluation stage.
- 2.5 PHARMAC is not bound to select the lowest priced proposal or any proposal.

3. Negotiation

- 3.1 PHARMAC may negotiate with the submitter(s) of one or more preferred proposals, in the latter case whether or not the acceptance of either supplier's proposal would exclude acceptance of the other proposal.
- 3.2 Negotiations will proceed on the basis that PHARMAC's standard terms and conditions for supply of pharmaceuticals, which are available on request from PHARMAC, will apply. In addition, a number of terms and conditions specific to the supply of Vaccines will be necessary. As an indication, some of these are outlined (in particular, concerning distribution) in Schedule 1 above, but this is without limitation to other clauses which may be necessary.
- 3.3 Given that PHARMAC expects your proposal to be the best you can offer, PHARMAC does not intend to initiate negotiation with you on price. However, PHARMAC does not exclude the possibility that the final price agreed will be different from the price put forward in your proposal, as a result of the impact that other negotiated terms may have on price.
- 3.4 PHARMAC may negotiate and enter into a provisional agreement with a preferred supplier(s) on whatever special terms, in addition to PHARMAC's standard terms and conditions, PHARMAC considers appropriate.
- 3.5 If PHARMAC and the supplier(s) are unable to reach a provisional agreement within what PHARMAC considers to be a reasonable time, PHARMAC may terminate those negotiations and negotiate with a different supplier(s).

4. Consultation and approval

- 4.1 Any provisional agreement will be conditional on consultation with suppliers and other interested parties, to the extent PHARMAC considers consultation to be necessary or appropriate, and on Board approval (or approval by the Board's delegate).
- 4.2 PHARMAC will not consider any counter-offers received during consultation.
- 4.3 The provisional agreement and responses to consultation will be considered by PHARMAC's Board (or its delegate) in accordance with the decision criteria in PHARMAC's then current OPPs.
- 4.4 If the Board or its delegate does not approve the provisional agreement, then PHARMAC may initiate negotiations for a provisional agreement with any other supplier(s).
- 4.5 The RFP process will be complete once PHARMAC has notified suppliers of either:
 - (a) the Board's or its delegate's decision to accept a negotiated agreement; or
 - (b) the termination of the RFP process

5. Miscellaneous

- 5.1 PHARMAC reserves the right:
 - (a) to make such adjustments to the above RFP process as it considers appropriate, at any time during the process, provided that it notifies suppliers affected by those changes;
 - (b) not to accept any proposal;

- (c) to seek clarification of any proposal;
 - (d) to meet with any supplier in relation to its proposal;
 - (e) to enter into an agreement or arrangement that differs in material respects from that envisaged in this RFP letter;
 - (f) to suspend this RFP process. For example, if during the RFP process (and before a provisional agreement is entered into) it becomes apparent to PHARMAC that further consultation is appropriate or required we may suspend the RFP process in order to consult. In this situation we may ask you to adapt and resubmit your proposal in light of consultation, or alternatively we may request that new proposals be submitted;
 - (g) to terminate this RFP process at any time, by notifying suppliers who submitted proposals, and, following termination, to negotiate with any supplier(s) on whatever terms PHARMAC thinks fit;
 - (h) to re-advertise for proposals.
- 5.2 PHARMAC may consult or seek clinical advice from PTAC or its relevant sub-committee at any stage of the RFP process. PHARMAC will notify you if the clinical advice results in any changes to the terms of the RFP.
- 5.3 You must not initiate or engage in any communication with other suppliers in relation to the RFP, whether before or after submitting their proposal(s), until such time as a provisional agreement is accepted by PHARMAC's Board or its delegate.
- 5.4 You must not at any time initiate any communication with PHARMAC's directors or officers, the Ministry of Health, the Minister of Health or District Health Boards, with a view to influencing the outcome of this RFP process.
- 5.5 You must pay your own costs for preparing and submitting your proposal.
- 5.6 Proposals are submitted in reliance on your own knowledge, skill, and independent advice, and not in reliance on any representations made by PHARMAC.
- 5.7 Your submission of a proposal will be taken as acceptance of the terms contained in this RFP letter. PHARMAC may exclude your proposal if you do not comply with any of the terms contained in this RFP letter.
- 5.8 This is an RFP and not a tender. Your proposal is not an offer capable of being converted into a contract for the supply of a Vaccine by PHARMAC's apparent acceptance and instead a separate agreement needs to be negotiated.
- 5.9 PHARMAC is not liable in any way whatsoever for any direct or indirect loss (including loss of profit), damage or cost of any kind incurred by you or any other person in relation to this RFP.
- 5.10 PHARMAC will consider your proposal and information exchanged between us in any negotiations relating to your proposal, excluding information already in the public domain, to be confidential to us and our employees, legal advisors and other consultants, the Ministry of Health and DHBs (Confidential Information). However, you acknowledge that it may be necessary or appropriate for PHARMAC to release Confidential Information:

- (a) pursuant to the Official Information Act 1982; or
- (b) in the course of consultation on a provisional agreement entered into with a supplier; or
- (c) in publicly notifying any approval by the PHARMAC Board of that agreement; or
- (d) otherwise pursuant to PHARMAC's public law or any other legal obligations.

PHARMAC may consult with you before deciding whether to disclose Confidential Information for the purposes described in sub-clauses (i) to (iv) above. You acknowledge, however, that it is for PHARMAC to decide, in its absolute discretion, whether it is necessary or appropriate to disclose information for any of the above purposes, provided that PHARMAC shall act in good faith in disclosing any Confidential Information.

6. **Anticipated timetable**

6.1 Following receipt of proposals, PHARMAC anticipates:

- (a) the Evaluation Committee evaluating proposals in **August 2013**;
- (b) PTAC meeting in August to evaluate Rotavirus vaccine;
- (c) negotiating with submitter(s) of one or more preferred proposals in **August/September 2013**;
- (d) consulting on a provisional agreement in **September 2013**;
- (e) PHARMAC's Board (or its delegate) considering this provisional agreement in or after **September/October 2013**,

provided that the above time frames are only approximate and may be extended, without notice being required from PHARMAC, if any stages of the RFP process take longer than anticipated.

Under this indicative timetable, PHARMAC expects to have changes made to the Pharmaceutical Schedule by **1 July 2014**.

Schedule 3: Current listing and market information

Key	Vaccine description	Currently listed brand (Supplier)	Number of centrally purchased doses distributed in 2012*
BCG	Bacillus Calmette-Guerin vaccine	BCG Vaccine	44,500
DTaP-IPV	Diphtheria, tetanus, pertussis and polio vaccine	Infanrix-IPV	71,900
dTaP	Adult/adolescent diphtheria, tetanus, pertussis vaccine	Boostrix	85,200
DTaP-IPV-HepB/HiB	Diphtheria, tetanus, pertussis, polio, hepatitis B and <i>haemophilus influenzae</i> type B vaccine	Infanrix-hexa	199,000
HepB	Paediatric Hepatitis B vaccine	HBvaxPro	11,000
HPV	Human papillomavirus vaccine	Gardasil	85,100
IPV	Poliomyelitis vaccine	IPOL	5,070
MenPV4	Meningococcal (A,C,Y,W-135) polysaccharide vaccine	Menomune	750
MMR	Measles, mumps and rubella vaccine	MMR II	123,000
PCV10	Pneumococcal conjugate (PCV10) vaccine	Synflorix	220,000
PCV13	Pneumococcal conjugate (PCV13) vaccine	Prevenar 13	1,700
PPV23	Pneumococcal (PPV23) polysaccharide vaccine	Pneumovax 23	4,300
Hib	Haemophilus influenzae type b conjugate vaccine	Act-HIB	60,700
Td	Adult diphtheria and tetanus vaccine	ADT Booster	160,000

Schedule 4: Proposal form

An electronic version of this form is available on request from greg.williams@pharmac.govt.nz. You should expand the boxes as necessary.

[Supplier to insert date]

Director of Operations
PHARMAC
C/- Greg Williams
Senior Therapeutic Group Manager

By email: greg.williams@pharmac.govt.nz

Dear Sir/Madam

Proposal for the supply of Vaccine(s)

In response to your request for proposals (RFP) dated [*insert date*], we put forward the following proposal in respect of Vaccine.

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

(a) Our contact details:

Name of supplier	
Contact person	
Address	
Phone	
Facsimile	
Email address	

(b) Details of pharmaceutical presentation:

Brand name	
Full description of the vaccine including formulation and potency (label claim)	
Presentation (e.g pre-filled syringe, individual vial, multi-dose vial)	
Needle specification, including if attached or available separately	
Route of administration (e.g. subcutaneous, intramuscular)	
Pack size (e.g. 1's, 10's)	

Packaging type (e.g. individual box)	
Name and address of manufacturer of the vaccine	
Shelf life of the vaccine	

- (c) Key features of our proposal:

- (d) Information relating to pricing (\$NZ, GST exclusive), including any related conditions or proposed terms affecting cost for PHARMAC (e.g. price in return for sole supply, reference price protection, risk sharing mechanisms, etc.). Note this price is to include distribution to vaccinators.

Proposals must be clear about what the price relates to, for example preferred subsidised supply, or fixed volume, or general listing. Suppliers are welcome to submit more than one proposal, each will be considered separately.

- (e) Information about the proposed distribution arrangements (including a returns policy for unused vaccines and any minimum order requirements) and ability to monitor cold chain requirements.

- (f) Information supporting the stability of offered vaccines when exposed to temperatures outside of the cold chain (2-8C).

- (g) 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	
Insert any other consents required for pharmaceutical	

- (h) Information about our ability to ensure the continuity of supply of the pharmaceutical:

- (i) Information about our previous supply performance and relevant expertise:

- (j) 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:

- (k) Reasons why PHARMAC should accept our proposal:

- (l) Additional information that PHARMAC should consider when evaluating our proposal: