# 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/- Chloë Dimock

By electronic transfer using GETS **(www.gets.govt.nz)**

Dear Sir/Madam

**Proposal for the supply of aripiprazole**

In response to your request for proposals (**RFP**) dated 3 April 2017, we put forward the following proposal in respect of aripiprazole.

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

1. Our contact details:

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

1. Details of pharmaceutical presentation:

|  |  |  |
| --- | --- | --- |
|  | **Current access** | **Widened access** |
| Chemical name |  |  |
| Strength (e.g. 10 mg) |  |  |
| Form (e.g. tablet) |  |  |
| Colour, Shape and Markings (e.g. white modified rectangular tablet embossed with APR 10 on one side and a bisect score line on the other) |  |  |
| Brand name |  |  |
| Pack size (e.g. 30’s) |  |  |
| Packaging type (e.g. blister) |  |  |
| Shelf life (e.g. 36 months from date of manufacture stored at or below 30°C) |  |  |

1. Details of pharmaceutical manufacture:

|  |  |  |
| --- | --- | --- |
|  | **Current access** | **Widened access** |
| Name and address of manufacturer/s of the pharmaceutical (including API manufacturer, manufacturer of final dose form, packaging etc) |  |  |
| Lead time (Time from notification of award to product being available to supply the New Zealand market) |  |  |
| Details on pharmaceutical manufacturing sites and their registration with Medsafe or other international regulatory body (e.g. TGA, FDA, MHRA) |  |  |
| Batch size/s |  |  |
| Approximate manufacture time |  |  |
| Approximate time for shipping |  |  |

1. Key features of our proposal:

|  |
| --- |
| **Current access** |
|  |
| **Widened access** |
|  |

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 sole supply, reference price protection, risk sharing mechanisms, etc.):

|  |
| --- |
| **Current access** |
|  |
| **Widened access** |
|  |

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. Confirmation that there are no intellectual property barriers (including patent barriers) to our supply of this product in New Zealand, with additional information if required:

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|  |

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

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|  |

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

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| --- |
|  |

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:

|  |
| --- |
| **Current access** |
|  |
| **Widened access** |
|  |

1. Reasons why PHARMAC should accept our proposal:

|  |
| --- |
| **Current access** |
|  |
| **Widened access** |
|  |

1. Additional information that PHARMAC should consider when evaluating our proposal [Please include information you consider relevant under PHARMAC’s [Factors for Consideration](https://www.pharmac.govt.nz/medicines/how-medicines-are-funded/factors-for-consideration/) decision making framework]:

|  |
| --- |
| **Current access** |
|  |
| **Widened access** |
|  |