# 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

By electronic transfer using GETS (<https://www.gets.govt.nz>)

Dear Sir/Madam

**Proposal for the supply of Apomorphine, Infusion Pumps and associated consumables – commercial in confidence**

In response to your request for proposals (**RFP**) dated 10 May 2019 we put forward the following proposal in respect of the supply of the Pharmaceutical (as defined in the RFP). 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 Apomorphine presentation(s):

|  |  |
| --- | --- |
| Chemical name |  |
| Strength e.g. 10mg per ml |  |
| Forms (e.g. ampoule/ vial) |  |
| Brand name |  |
| Pack size (e.g. 5 vials) |  |
| Packaging type (e.g. prefilled syringe) |  |
| Shelf life (e.g. 36 months from date of manufacture stored at or below 30°C) |  |

1. Details of Pharmaceutical manufacture (Apomorphine & Infusion Pumps):

|  |  |
| --- | --- |
| 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. Details of Infusion Pump(s) presentation:

|  |  |
| --- | --- |
| Product name |  |
| Brand name |  |
| Guarantee period |  |
| Maintenance requirements |  |
| Batteries number and type  |  |
| Dedicated pump syringe (where applicable) |  |
| Functions (e.g. flow rates, bolus size, battery life) |  |
| List standard equipment supplied with pump  |  |
| What International or New Zealand recognised Electrical Standard does the pump meet |  |

1. Evidence of market approval and any other required consents for the Infusion Pump:

|  |
| --- |
| Date of Notification to WAND database. CE, ARTG certificates |

1. Key features of our proposal:

|  |
| --- |
|  |

1. Information relating to pricing ($NZ, GST exclusive), including any related conditions or proposed terms affecting cost:

|  |  |
| --- | --- |
| Apomorphine and Infusion Pump (Mandatory) |  |
| Apomorphine and Infusion Pump and associated consumables\* used for administration of apomorphine via a pump. (Optional)\*see section (q) below. |  |

1. Below is evidence of market approval and any other required consents for the Pharmaceuticals:

|  |  |
| --- | --- |
| 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 (please provide details) |  |

1. Confirmation that there are no intellectual property barriers (including patent barriers) to our supply of the Pharmaceutical 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, including other countries where it is provided:

|  |
| --- |
|  |

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

|  |
| --- |
|  |

1. Proposals/suggestions regarding the Pharmaceutical not expressly identified in this RFP that we would like PHARMAC to consider as part of our proposal:

|  |
| --- |
|  |

1. Reasons why PHARMAC should accept our proposal:

|  |
| --- |
|  |

1. Below is an outline of how our company would manage a recall of the Infusion pump(s) and or deal with/replace a damaged Infusion Pump(s):

|  |
| --- |
|  |

(o) Below is an outline our company’s resourcing for patient support and clinical

 education and training:

|  |
| --- |
|  |

 (p) Below is a detailed transition plan of what we would do to support a brand change:

(q) Because we have submitted a proposal for the Pharmaceutical and associated consumables, below is a list of the individual associated consumables we would supply for the administration of Apomorphine via an Infusion Pump:

|  |
| --- |
|  |

(r) Below are details of our processes for distribution of the Infusion Pumps, and associated consumables (if submitting a proposal for the Pharmaceutical and associated consumables) to patients and/or healthcare professionals responsible for administration of Apomorphine:

1. Below is additional information that PHARMAC should consider when evaluating our proposal, including information we consider relevant under PHARMAC’s [Factors for Consideration](https://www.pharmac.govt.nz/medicines/how-medicines-are-funded/factors-for-consideration/) decision-making framework: