**Document No. 06b**

**Title: NHS Framework Agreement for Aseptically Prepared Cytotoxic Medicines and Monoclonal Antibodies for the Treatment of Cancer**

**Tender Reference: CM/PHR/22/5686/01**

**Period of framework agreement: 1 April 2024 to 31 March 2028 (covering regions East of England, London, North of England and South East)**

**Call-Off Order Form**

**1.01 Call-Off Award Procedure**

In accordance with Document No. 06a, Participating Authorities will have the option to access the products and/or services via direct award.

**1.02 Call-Off Order Form**

Call-off contracts are formed between Participating Authorities and each Supplier under the Framework Agreement by the placing of a purchase order.

Annex A is the template mechanism for Participating Authorities to use when they are calling off from their preferred Supplier(s) in accordance with Document No. 03 – Appendix A (Call-off Terms and Conditions for the Supply of Goods).

Annex A shall always be used as the mechanism to notify the relevant Supplier(s) when Participating Authorities are sourcing product requirements in accordance with Document No. 03 – Appendix A (Call-off Terms and Conditions for the Supply of Goods).

Annex A – Call-Off Order Form

|  |
| --- |
| **Guidance:**  This Call-Off Order Form, when completed and executed by the Parties, forms a Call-Off Contract.  Subject to Document No. 03, Document No. 05, Document No. 06a and Document No. 09, Participating Authorities shall agree the product lot range and volume requirements in dialogue with their preferred Supplier(s).  Participating Authorities shall in all circumstances complete this Call-Off Order Form *in accordance with the text boxes as highlighted* and send to the relevant Supplier to enable their signatories.  In all circumstances without exception whatsoever, the Supplier must always return a signed copy of this Call-Off Order Form to the Participating Authority as named in this Call-Off Order Form.  It is agreed and accepted this Call-Off Order Form will only constitute a contract in circumstances when the Parties have provided their signatories as a duly executed agreement.  This Order Form is issued in accordance with the provisions of the Framework Agreement for Aseptically Prepared Cytotoxics and MABs for the Treatment of Cancer, framework reference CM/PHR/22/5686/01.  The Supplier agrees to supply the requirements as specified herein this Call-Off Order Form subject to Document No. 03 – Appendix A (Call-off Terms and Conditions for the Supply of Goods).  **Change Control - Important Note:**  Subject to a notice period of three (3) months, in the event a Participating Authority adds to and/or amends any aspect of this Call-Off Order Form in agreement with the relevant Supplier, an updated version of this Call-Off Order Form must subsequently be agreed and executed with the transacting parties providing their signatories. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Order** | *[dd/mm/yyyy]* | **Order no.** | *Order no. [     ]*  *[Guidance Note: To be quoted on all correspondence relating to this Order]* |

**From:**

|  |  |
| --- | --- |
| **Participating Authority name** | *[     ] "Participating Authority"* |
| **Participating Authority’s address** | *[     ]* |
| **Invoice Address** | *[     ]* |
| **Address for Notices to be given under the Contract** | *[     ]* |
| **Level 1 Participating Authority Representative**  **Contact Manager** | *Name: [     ]*  *Phone: [     ]*  *E-mail: [     ]* |

**To:**

|  |  |
| --- | --- |
| **Supplier** | *[     ] “Supplier"* |
| **Supplier’s Address** | *[     ]* |
| **Address for Notices to be given under the Contract** | *[     ]* |
| **Level 1 Supplier Representative**  **Contact Manager** | *Name: [     ]*  *Phone: [     ]*  *E-mail: [     ]* |

1. **Service Requirements**

|  |  |
| --- | --- |
| **Short Description of Services** | Supply of aseptically prepared cytotoxics and monoclonal antibodies for cancer. These products may be prepared via batch preparation or individual doses for dose banded\* or patient specific\* presentations.  Products and volumes to be included in this agreement are found in Appendix 1 of this document.  *\* delete if not applicable* |
| **Estimated call off contract value** | *[£]* |
| **Commencement date of services**  (if different from the Date of Order) | *[dd/mm/yyyy]* |
| **Duration or long-stop date** | *[x months] or [dd/mm/yyyy]* |
| **Service Levels required** | Service Levels are as required in the KPI template that is part of the framework agreement. |
| **KPIs required** | KPIs required are as the KPI template as part of the framework agreement. |
| **Implementation** | *[Guidance Note: detail implementation phase and associated implementation plan].* |
| **Management Information** | *Management information will be provided as required by the framework terms and standard template provided* |
| **Contract Review Meetings** | CMU with the framework stakeholder group will be holding regular meetings with all the suppliers on this framework*. [Guidance Note: Detail the required frequency and format of contract review meetings that you would like to be held at trust level]* |
| **Processing of Personal Data** | *🞏 Yes*  *If Yes confirm either;*  *🞏 Data Processor*  *🞏 Data Controller*  *🞏 No* |

1. **Charges and Payment**

|  |  |
| --- | --- |
| **Contract Charges payable by the Authority** | *In accordance with Document No. 05 – Offer Schedule of the Framework Agreement Number CM/PHR/22/5686/01*  *[Insert Commercial attachment]* |
| **Invoicing** | *🞏 Electronic*  *🞏  Electronic and Consolidated*  *🞏 Other, detail below* |

1. **Formation of Call-Off Contract**

* By signing and returning this Call-Off Order Form, the Supplier agrees to enter a Call-Off Contract under the Framework Agreement with the Participating Authority to provide the goods/services.
* The Parties hereby acknowledge and agree that they have read the information contained herein this Call-Off Order Form and by signing below agree to be bound by this Contract.
* The Parties hereby acknowledge and agree that this Contract shall be formed when the Participating Authority confirms the receipt of this duly signed and dated Call-Off Order Form returned by the Supplier, the Effective Date.

**For and on behalf of the Supplier:**

|  |  |
| --- | --- |
| Signature |  |
| Name and Title |  |
| Date | [dd/mm/yyyy] |

**For and on behalf of the Authority:**

|  |  |
| --- | --- |
| Signature |  |
| Name and Title |  |
| Date | [dd/mm/yyyy] |

**Appendix 1**

**Medicine and Volume Agreement**

Part A of the table below should be completed with the monthly number of doses that is required for either dose banded doses or patient specific doses where these are known and agreed with the supplier.

In order to give some flexibility for both parties, complete Part B with any additional items that may be required, but where the exact medicine cannot be identified. This should not be more than 15% of the total requirements.

**Part A**

|  |  |  |
| --- | --- | --- |
| Molecule | Dose Banded Dose/Presentation | Patient Specific Dose/Presentation |
| Arsenic Trioxide solution for infusion Bag |  |  |
| Atezolizumab (Tecentriq) solution for infusion Bag\* |  |  |
| Avelumab (Bavencio) solution for infusion Bag |  |  |
| Azacitidine solution for injection pre-filled syringes sub/cut |  |  |
| Bendamustine solution for solution for infusion Bag |  |  |
| Bevacizumab solution for infusion Bag (Alymsys®) |  |  |
| Bevacizumab solution for infusion Bag (Avastin®) |  |  |
| Bevacizumab solution for infusion Bag (Aybintio®) |  |  |
| Bevacizumab solution for infusion Bag (Oyavas®) |  |  |
| Bevacizumab solution for infusion Bag (Vegzelma®) |  |  |
| Bevacizumab solution for infusion Bag (Zirabev®) |  |  |
| Bleomycin solution for infusion Bag |  |  |
| Bleomycin solution for injection pre-filled syringes |  |  |
| Blinatumomab Blincyto® solution for infusion Bag |  |  |
| Bortezomib solution for injection pre-filled syringes sub/cut |  |  |
| Brentuximab Vedotin (Adcetris) solution for infusion Bag |  |  |
| Cabazitaxel solution for infusion Bag |  |  |
| Carboplatin solution for infusion Bag |  |  |
| Carfilzomib (Kyprolis) solution for infusion Bag |  |  |
| Cetuximab (Erbitux®) Bag solution for infusion Bag |  |  |
| Cisplatin solution for infusion Bag (1mg/ml) |  |  |
| Cladrabine solution for infusion Bag |  |  |
| Cladrabine pre-filled syringes |  |  |
| Clofarabine solution for infusion Bag |  |  |
| Cyclophosphamide 20mg/ml solution for injection pre-filled syringes |  |  |
| Cyclophosphamide solution for infusion Bag |  |  |
| Cytarabine for infusion Bag |  |  |
| Cytarabine for injection pre-filled syringes |  |  |
| Dacarbazine solution for infusion Bag |  |  |
| Daunorubicin solution for infusion Bag |  |  |
| Docetaxel solution for infusion Bag |  |  |
| Doxorubicin solution for injection pre-filled syringes |  |  |
| Epirubicin solution for injection pre-filled syringes |  |  |
| Eribulin Mesylate Infusion Bag |  |  |
| Etoposide solution for infusion Bag |  |  |
| Fludarabine solution for infusion Bag |  |  |
| Fludarabine solution for injection prefilled syinges |  |  |
| Fluorouracil 25mg/ml solution for injection pre-filled syringes |  |  |
| Fluorouracil solution for Elastomeric Device (Autofuser 2.5ml/hour) |  |  |
| Fluorouracil solution for Elastomeric Device (Autofuser 2ml/hour) |  |  |
| Fluorouracil solution for Elastomeric Device (Folfusor LV1.5) |  |  |
| Fluorouracil solution for Elastomeric Device (Folfusor LV10) |  |  |
| Fluorouracil solution for Elastomeric Device (Folfusor LV2) |  |  |
| Fluorouracil solution for Elastomeric Device (Folfusor SV 0.5) |  |  |
| Fluorouracil solution for Elastomeric Device (Folfusor SV1.5) |  |  |
| Fluorouracil solution for Elastomeric Device (Folfusor SV2.5) |  |  |
| Fluorouracil solution for Elastomeric Device (Surefuser Plus 1) |  |  |
| Fluorouracil solution for Elastomeric Device (Surefuser Plus 2) |  |  |
| Fluorouracil solution for Elastomeric Device (Surefuser Plus 3) |  |  |
| Fluorouracil solution for Elastomeric Device (Surefuser Plus 5) |  |  |
| Gemcitabine solution for infusion Bag (100mg/ml) |  |  |
| Idarubicin solution for infusion Bag |  |  |
| Ifosfamide solution for infusion Bag |  |  |
| Ipilimumab solution for infusion Bag |  |  |
| Irinotecan solution for infusion Bag |  |  |
| Methotrexate solution for infusion Bag |  |  |
| Methotrexate solution for injection pre-filled syringes |  |  |
| Nivolumab solution for infusion Bag |  |  |
| Obinutuzumab solution for infusion Bag |  |  |
| Oxaliplatin solution for infusion Bag |  |  |
| Paclitaxel Albumin solution for infusion Bag |  |  |
| Paclitaxel solution for infusion Bag |  |  |
| Panitumumab (Vectibix®) solution for infusion Bag |  |  |
| Pembrolizumab solution for infusion (Keytruda®) |  |  |
| Pemetrexed solution for infusion Bag |  |  |
| Pentostatin pre-filled syringes |  |  |
| Pertuzumab solution for infusion Bag |  |  |
| Rituximab (MabThera®) solution for infusion Bag |  |  |
| Rituximab (Rixathon®) solution for infusion Bag |  |  |
| Rituximab (Ruxience®) solution for infusion Bag |  |  |
| Rituximab (Truxima®) solution for infusion Bag |  |  |
| Streptozocin solution for infusion bag |  |  |
| Thiotepa solution for infusion Bag |  |  |
| Topetecan solution for infusion Bag |  |  |
| Trabectedin solution for infusion Bag |  |  |
| Trastuzumab (Herzuma®) solution for infusion Bag |  |  |
| Trastuzumab (Kanjinti®) solution for infusion Bag |  |  |
| Trastuzumab (Ontruzant®) solution for infusion Bag |  |  |
| Trastuzumab (Trazimera®) solution for infusion Bag |  |  |
| Trastuzumab (Zercepac®) solution for infusion Bag |  |  |
| Trastuzumab Emtansine (Kadcyla®) solution for infusion Bag |  |  |
| Vinblastine solution for infusion bag |  |  |
| Vinblastine solution for injection pre-filled syringes (1mg/ml) |  |  |
| Vincristine solution for infusion Bag |  |  |
| Vincristine solution for injection pre-filled syringes |  |  |
| Vinflunine solution for infusion Bag |  |  |
| Vinorelbine solution for infusion bag |  |  |

**Part B**

Cytotoxic Medicines

|  |  |  |
| --- | --- | --- |
| Device | Dose Banded Dose/Presentation | Patient Specific Dose/Presentation |
| Prefilled Syringe |  |  |
| Infusion Bag |  |  |
| Infusor |  |  |

Monoclonal Antibodies

|  |  |  |
| --- | --- | --- |
| Device | Dose Banded Dose/Presentation | Patient Specific Dose/Presentation |
| Prefilled Syringe |  |  |
| Infusion Bag |  |  |