

Award schedule

NHS National Pharmaceuticals - Lenalidomide

Offer reference number: CM/PHG/21/5638

Period of framework agreement: 01/09/2022 to 31/08/2023 (12 months) with an option or options to extend (at the Authority’s discretion) for a period or periods up to a total of 48 months.

Potential periods of call-offs under the framework agreement: Lenalidomide - 01/09/2022 to 31/08/2023 (12 months)

ALL REGIONS: Shared Award

SUPPLIER NAME:	Thornton and Ross
----------------	-------------------

All the products listed below are Subject to QC

NPC	Description	Pack	QA Risk Category E - Elevated N - Normal	Offer Pack	Brand	EAN Code	Product Licence no. or date expected	List Price	Minimum order quantity	Price (to include patient enrolment via a digital** PPP)	Price (to include patient enrolment via a paper-based PPP)	NHS Stores discount (%)	Product(s) registered on PharmaQC?* (Yes/No)	Digital image of product loaded to Pharmaqc?* (Yes/No)	Is PPP approved by MHRA? (Yes/No)	If PPP not yet approved by MHRA state expected date	PPP format - Select Digital** /Paper/Both	Will your PPP be provided via the BGMA portal when available?
DHA385	Lenalidomide 10mg capsules	21	E	21	Generic	5011309042511	PL 00240/0516	Redacted - Section 43										
DHA386	Lenalidomide 15mg capsules	21	E	21	Generic	5011309042610	PL 00240/0517											
DHK054	Lenalidomide 2.5mg capsules	21	E	21	Generic	5011309042818	PL 00240/0513											
DHK053	Lenalidomide 20mg capsules	21	E	21	Generic	5011309042917	PL 00240/0518											
DHB148	Lenalidomide 25mg capsules	21	E	21	Generic	5011309042115	PL 00240/0519											
DHA384	Lenalidomide 5mg capsules	21	E	21	Generic	5011309043013	PL 00240/0514											
DND054	Lenalidomide 7.5mg capsules	21	E	21	Generic	5011309042313	PL 00240/0515											

*Products must be registered and artwork/ documents uploaded onto PharmaQC for an award to be made

** A digital portal is a secure cloud based portal that allows electronic capture and approval of patient authorisation forms.

Additional information

Delivery	Redacted - Section 43
Direct - please state contact details	
Direct/and or Distributor	
Distributor - Please list	
Delivery charges	
Minimum order value	
Delivery charges	
E-ordering (Yes/No)	
E-invoicing (Yes/No)	
Tender contact details	Redacted - Section 43
First name	
Surname	
Email	
Telephone	
Fax	