

Wezenla® (Ustekinumab)

Service Level Agreement

Service Level Agreement for Home Delivery for Wezenla® (Ustekinumab)

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Service Schedule

NOTE: The pharma manufacturer funds the service elements (excluding drug) for this homecare service.

This service level agreement (SLA) details the service to be provided to patients who require home delivery of:

Trade Name	Company	Route	Drug	Regime
Wezenla®	Amgen	Subcutaneous injection	Ustekinumab 45mg/0.5mL pre-filled syringe 90mg/1mL pre-filled syringe Vial - 45mg/0.5mL solution for injection	As per the SmPC

This Service Level Agreement (“SLA”) is governed by the NHS Terms and Conditions for the Supply of Goods and the Provision of Services (Homecare Medicines) dated October 2019 (**“NHS Terms and Conditions”**).

In the event of a conflict between any provision of this SLA and a provision of the NHS Terms and Conditions, the provision set out in the NHS Terms and Conditions shall take precedence.

This SLA shall form the entire agreement between the parties and shall supersede all previous agreements, representations and understandings (whether written or oral) relating to its subject matter. The Parties acknowledge that the NHS is in the process of developing a new national template SLA for homecare services. Once the national template has been finalised, the Parties may discuss whether to agree a new SLA based on the national template to replace this SLA or whether this SLA shall continue in force.

This SLA is made and entered into on the date of signature (**02/12/2024**) contained in Appendix V by the parties named below.

All information supplied in connection with this Agreement shall be regarded as confidential to the Parties and the Parties agree to be bound by the obligation to preserve the confidentiality of all such information.

Parties:

This agreement is between the **“Provider”**:

Lloyds Pharmacy Clinical Homecare Limited
Scimitar Park
Roydon Road
Harlow
Essex
CM19 5GU

(whose registered office is: Scimitar Park, Roydon Road, Harlow, Essex, CM19 5GU)

And the **“Referrer”**:

Walsall Healthcare NHS Trust
Pharmacy Homecare Team
Moat Road,
Number 1 store,
Pharmacy department,
WS2 9PS

And the **“Payor”** (where this is not the **Referrer**) – for invoicing purposes:

Service Specification

1. Patient consent / registration

The Provider acknowledges its duties under the Data Protection Laws and hereby confirms it will comply with its obligations and duties under the said Laws and shall give all reasonable assistance to the Referrer and/or Payor, where appropriate or necessary, to comply with any obligations arising under the said Laws.

"Data Protection Laws" means applicable data protection laws and regulations protecting the personal data of natural persons, including but not limited to the Data Protection Act 2018 and the GDPR, and any national legislation which implements, amends and/or supplements the GDPR, together with any binding guidance, codes of conduct, codes of practice, or certifications issued from time to time by the relevant Supervisory Authorities (as defined below); in each case, as amended, supplemented or replaced from time to time

"GDPR" means Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data including where applicable any local implementing laws as updated from time to time.

Patients will be registered on the Provider's system upon receipt of a completed patient registration form. It is the responsibility of the Referrer to complete the form. The registration form is available in electronic format - see Appendix I.

The form should be Posted to the Patient Services team – see Appendix III.

APPENDIX I: PATIENT REGISTRATION FORM

The Provider shall (at the Referrer and/or Payor's request) provide the Referrer and/or Payor with copies of its policies and procedures relating to the protection of personal data.

2. Prescription

Only prescriptions for the treatments listed in the Service Schedule on Page 2 will be dispensed under this agreement. No other medicinal products will be dispensed without the prior approval of the Referrer.

Prescriptions must be written using the Provider's template as detailed in Appendix II (or the Referrer's own Template or FP10) and posted to the Provider in order to initiate the first delivery. These are available in electronic format.

Deliveries will be made 8, 12 or 16-weekly.

The original prescription must be sent to the Provider within 72 hours by post.

Products will be dispensed against a prescription, written for a maximum of 12 months' duration. Prescriptions must conform to legal requirements and in the case of a repeatable prescription state the amount to be dispensed and how many repeats are required.

Each prescription will need to be completed to ensure legal validity with the following information included:

- Full name of patient
- Full address of patient including postcode
- Date of birth of patient
- Name and address of prescribing hospital
- Details of product (drug name, dosage instructions & quantity to be supplied)
- Signature (in ink) of the practitioner which must include their qualifications, i.e. doctor, nurse independent prescriber (NIP) or pharmacist independent prescriber (PIP) and registration number
- Date of prescription and/or appropriate start date

Any incomplete prescriptions will be queried with the Referrer's prescriber.

The Referrer will attach or write a purchase order number on all prescriptions, and this will be shown on the Provider's invoices. Prescriptions without a purchase order number will not be actioned by the Provider.

2.1 Prescription management

The Provider operates a proactive prescription management service. New prescriptions will be requested from the Referrer by telephone, fax or e-mail, a minimum of 6 weeks prior to the next scheduled delivery. These prescriptions are required at least 14 days before the scheduled delivery date. If due to unforeseen circumstances an 'emergency' prescription is required, the Provider's Prescription Management team will contact the Referrer's nurse specialist to discuss.

2.2 Stock check

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An ongoing tailored process of communication will be established with each individual patient to ensure that a sufficient stock level is always maintained. All patients will be regularly contacted to ensure there is sufficient time to provide the patient their medication and/or ancillaries before they are due.

3. Patient Service Co-ordination

The Referrer and patient will be provided with contact details for the Patient Services team for this service. Details are included in the contact list – see Appendix III.

This will ensure clear communication and assurance that the Referrer's team and patient/carer at home have a known point of contact at all times.

4. Communication

The Patient Services team will contact the patient prior to their first delivery to explain the service and to ensure that all the information/requirements are correct.

A maximum of two attempts will be made to contact new patients. If no contact has been made after this time, a letter will be sent to the patient asking them to contact the Provider. If there is no response within 5 working days a final attempt will be made to call the patient. If there is no response the Referrer will be notified by email. The Provider's Patient Services team will then await further instructions from the Referrer.

All new patients will receive a letter of introduction and a patient information pack with their first delivery. This will provide an outline of the Provider's service.

As stated in s2.2 above, an ongoing tailored process of communication will be established with each individual patient to ensure that a sufficient stock level is always maintained. All patients will be regularly contacted to ensure there is sufficient time to provide the patient their medication and/or ancillaries before they are due.

Product usage discrepancies will be discussed with the patient and reported back to the Referrer as appropriate. If any potential compliance issues are identified, these will be investigated and reported.

An emergency out of hour's helpline is available to provide additional support to the patient - see 24 Hours Provider Helpline.

If the Referrer is made aware that the patient has changed their residence, the Provider's Patient Services team should be notified immediately to ensure continued communication with the patient.

5. Ancillary requirements

The service includes the delivery of a standard list of ancillaries required by the patient for each injection.

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Pre-filled syringe ancillary items to be included:

- Patient information guide
- Wezenla Ease of Adoption A5
- Wezenla Rheum Derm PT Booklet
- Wezenla Gastro Patient Booklet
- sharps bin (1L – 5L)
- Alkotip Alcohol Swab [250] (1)
- cotton wool balls sterile (1)
- plaster – spot 2.2 diam [100] (x1)

45mg vial ancillary items to be included:

- Patient information guide
- Wezenla Ease of Adoption A5
- Wezenla Rheum Derm PT Booklet
- Wezenla Gastro Patient Booklet
- BD Eclipse needle 27G (x1)
- Syringe 1ML L/Lok [100] (x1)
- sharps bin (1L – 5L)
- Alkotip Alcohol Swab [250] – x1
- cotton wool balls sterile (x1)
- plaster – spot 2.2 diam [100] (x1)

Any other ancillary items will be charged to the trust at list price.

5.1 Sharps Bin

Suitable sharps bins (1L - 5L) will be supplied to all patients at the commencement of treatment as per the agreed ancillary list and will be collected by the Provider's driver (all are licensed to remove clinical waste) on the patient's scheduled delivery dates.

6. Delivery

Deliveries will be made 8, 12 or 16-weekly.

Ancillary items sufficient for the agreed period of treatment will also be supplied (if required).

- Delivery will be made by the Provider driver in an unmarked van.
- Drivers adhere to the Provider's delivery protocols at all times and will adhere to the conditions of entry into the patient's home or other agreed place of delivery, which may be stipulated by an individual patient or be laid down from time to time by the Referrer. At no time will the Provider's driver enter into the patient's home unless requested by the patient, nor for any reason other than a scheduled delivery. The Provider will issue specific instructions and take all necessary steps to ensure compliance with this.
- Drivers will be subject to an enhanced Disclosure Barring Service (DBS) check.
- The Provider's drivers are uniformed and carry photographic identification.
- The driver will ensure that deliveries are signed for by the patient/carer to confirm receipt of goods. The signed proof of delivery will then be submitted with the relevant

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invoice to the Payor.

- Drivers will notify the Patient Services team should they notice any discrepancies with a delivery. Action will be taken to rectify this within 24 hours.
- Drivers will not offer advice outside of their area of responsibility.
- Cold chain deliveries are made using validated packaging and all cold chain packaging will be removed on the day of delivery or at the time of the next scheduled delivery if required.

6.1 Delivery times

Deliveries for Wezenla can be made Mon to Fri, 08.00 - 18.00 (except Xmas Day, Boxing Day and New Years Day).

If for any reason, there is an anticipated delay in delivery due to traffic/weather conditions the driver will advise the Provider's transport team who will in turn contact the patient.

Patients will receive a text message from the Provider the evening prior to delivery to confirm the 2-hour delivery time window. Patients will be asked for their prior consent to receive a text communication service from the Provider.

Patients not wishing to receive a text message can contact the Patient Services team on the day of their scheduled delivery, to request an approximate time of arrival.

6.2 Delivery location

The Patient Services team will liaise with the patient to agree a main delivery address. An alternative address other than the patient's home can be agreed by prior arrangement. This could be a neighbour's home, place of work or designated Lloyds Pharmacy.

The Provider's driver will make all reasonable efforts to ensure that a delivery is made. If there is no-one at home, the driver will speak to the Provider's Patient Services team, who will in turn try to make contact with the patient / carer. If they are not able to do so, they will liaise with the patient's nominated person(s) and an alternative delivery address can be accepted (the driver will make reasonable efforts to deliver to a secondary address, subject to logistical constraints). If the Provider's Patient Services team is not able to arrange an alternative delivery, the driver will leave a card at the patient's home advising the patient to contact the Provider's Patient Services team to re-arrange delivery.

The Provider is able to deliver to an address other than the patient's home – see section 9.

7. Nursing services

The Provider has established robust protocols and procedures in place for the recruitment, selection, induction, professional appraisal and development of the nursing team including a comprehensive Clinical Governance strategy. Company Work Instructions (WIs) and Standard Operating Policies (SOPs) ensure that all aspects of clinical care are reviewed and updated on a cyclical basis ensuring they comply with national guidelines and current research. These are available for inspection on request.

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The Provider shall work collaboratively with the Referrer. *The Provider's nurses are employed by the Provider and may work in a full or part-time capacity.*

If the Provider's nursing services are required for ongoing administration of the medication by the Provider this will need to be clearly indicated and identifiable on the registration form. This medication is not suitable for patient self-administration.

The Provider's nurse will visit the patient at an agreed, convenient time to administer the drug.

The Provider's Nursing team will complete progress notes for each patient following every visit. A member of the Referrer's Team is welcome to attend home visits with the Provider's nurse if requested. Documented feedback will be provided to the referral centre following each nurse visit.

The Provider's nurse scheduling team will agree with the patient a convenient date and time for their nurse visit. The Provider's nurse will also contact the patient prior to the visit, to confirm that the patient has received their installation delivery.

Any difficulties experienced during nursing visits will be reported to the Provider's Senior Nurse who will then report the incident to the Referrer's Nurse Specialist(s).

The reimbursement agreement set up by the Provider with the pharma manufacturer specifies the following:

Nurse training option

A maximum of two nursing support interventions will be funded by the pharma manufacturer (which can be face-to-face visit or remote [RNT]).

New/Bio-naïve patients

New/bio-naïve patients will receive their first nursing intervention as a visit only. The second intervention can be face-to-face or RNT.

Note: a follow up telephone call is available for patients (after the 2 nurse training interventions) that require support on injection technique.

Ongoing nursing support

As an alternative to the nurse training option, the pharma manufacturer will fund ongoing nursing support to an approved proportion of patients on Wezenla. The Provider (LPCH) will complete an initial assessment of each patient referred for ongoing nursing to check if the patient is confident to self-administer. Should a patient be able to self-administer they will follow the **new/naïve patient** nursing pathway.

If a patient is deemed as not suitable for self-administration, they will be supported through ongoing nursing for the period ending 31st August 2025.

Ongoing nursing patients will have an annual check to assess if the patient is competent to self-administer.

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Trusts are asked to notify LPCH whether they wish to use nurse training or ongoing nursing (or both) at the time they sign up to use the homecare service.

Both required

Optional remote nurse training [RNT]

The Provider (LPCH) offers an optional remote nurse training service, comprising of telephone calls or videoconferencing, as an alternative to face-to-face nurse visits. If the trust requires this optional service for their patients, this must be explicitly requested (please select below). (If no option below is selected, the face-to-face option will be provided).

Remote nursing required: Yes

8. Drug dispensing

All dispensing is carried out under the supervision of the Provider's Dispensing Unit Manager/Registered Pharmacist.

When deliveries of medication are received by the Provider, they are checked in accordance with procedure and batch numbers and expiry dates annotated on the computer system. Products are stored in accordance with manufacturers' instructions.

All medication is dispensed under the supervision of a pharmacist. After assembly and prior to dispatch, all dispensed medication is checked against a prescription. Only when this check is complete can the delivery documentation be printed. All dispensed medicines are accuracy checked by a pharmacist or Accuracy Checking Pharmacy Technician. All labelling of medicinal products complies with the Medicines (Labelling) Regulations 1976 SI 1976/1726 as amended SI 1977/2168 and SI 1978/41 and SI 1997/996.

9. Delivery to an address other than the patient's home

The Provider is able to deliver to an address other than the patient's home and which may include any address with a UK mainland post code. The patient will be able to change specified address in accordance with the storage guidelines with the product SPC.

This service may include:

- Short-term variations in delivery quantities, for example to cover holidays.
- Delivery to different UK addresses in term time compared to holiday time. e.g.: students with home and term time addresses.
- Delivery to work or alternative nominated people by the patient.

10. Cancellation of treatment or change of product or dosage

The Provider's Patient Services team will require notification at the earliest opportunity with regard to patients who are on hold or coming off treatment to avoid further deliveries being made. If the Patient Services team is advised by the patient that they have ceased treatment, the Referrer's clinical lead will be contacted to confirm that the service should be discontinued.

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Where a prescription change is required, no change will be made to the product supplied without receipt of a new prescription confirming the change.

The Provider's Patient Services team should be notified in writing of all dose changes, so that an appropriate prescription can be requested.

Late cancellation of nursing

The Provider requests a minimum of 48 hours advance notice from the patient or Trust if a nurse intervention (face-to-face visit or RNT) needs to be cancelled.

11. Product recalls

The Provider maintains a detailed record, by batch number, of products supplied to individual patients.

This enables the Provider, on notification of a batch recall, to identify all patients who have received products subject to recall. After agreement with the Referrer, the Provider's drivers will collect the recalled products. The collected products are stored appropriately in the Provider's warehouse in a quarantined area prior to receipt of instructions from the manufacturer to either destroy or return product to the manufacturer.

In the event of a problem with a batch, the Provider will contact the Referrer and the patient to notify them of the problem and will immediately organise for the collection of the affected product from the patient. At the same time, a replacement of stock will be made.

For the purposes of the above paragraph "products" are assumed to include the drugs and ancillary supplies. If products are recalled it will be the responsibility of the Provider to replenish stock at the patient's address as appropriate and at no additional cost to the Payor.

12. Clinical waste

The Provider, as a company, is licensed to carry waste materials by the Environment Agency and possesses a "Waste Transfer Licence". We are classified by the Environment Agency as operating within a non-contaminant threshold. Our waste licence permits any Provider employee to collect waste. However, for health and safety reasons, our policy is that we will only train our drivers to carry out this function.

The Provider's drivers are only authorised to collect properly sealed sharps bins. Patients are advised that it is their responsibility to seal the sharps bin prior to collection – the Provider's drivers are not permitted to do so. Collection of sharps bins will normally be made at the time of the next scheduled delivery and is included in the overall service fee.

13. Unavailability of treatment/ancillary items

In the event that the Provider cannot supply in full or in part the patient's requirements, e.g. the Provider's supplier is out of stock of treatment or an agreed ancillary item, the Referrer's clinical lead will be informed immediately to agree alternative arrangements.

14. 24-hour provider helpline

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For non-medical urgent enquiries outside of office hours, patients can contact the Provider's Out of Hours' Advice Line. *Please note that the Out of Hours' Advice Line is for urgent enquiries specifically relating to the Provider's service that cannot wait until the office re-opens on the next business day.*

The helpline is staffed by a multidisciplinary team comprising nurses, pharmacists, patient co-ordinators, logistics and management to ensure that any eventuality can be dealt with promptly.

Any clinical advice sought by the patient/carer will be referred immediately to the Referrer's clinical team.

Any interventions by a Provider pharmacist with regard to product use will be recorded and communicated back to the Referrer's clinical team.

15. Funding

The pharma manufacturer funds the service elements (excluding drug) for this homecare service.

The Payor agrees to pay the drug price which has been agreed between the NHS and pharma. The Payor agrees to fund the drug for all patients referred to the Provider by the Referrer. Once the service has commenced, the Provider will re-apply for funding under the following circumstances:

- Change of Payor
- Change of Service

Emergency and out-of-hours deliveries – These are not pharma funded. For these deliveries (where the fault is NOT LPCH), a £250.00 fee will be charged to the trust.

Unlicensed use

Pharma will fund nursing and delivery for unlicensed use.

Private patients

Amgen will fund homecare (delivery and nursing) for private patients with a valid legal prescription. Private patients will pay list price for the drug.

16. Invoicing

Invoices will be based on single itemised billing (SIB) basis. Invoices will be sent daily (via electronic portal, email, pdf or post) to the agreed Payer together with a list of shipments and signed proof of deliveries (electronic ePODs or paper PODs).

In exceptional cases where the original proof of delivery is lost, damaged or unavailable for some substantive reason, the Provider may provide a declaration of delivery providing the following information:

- Dispensing and despatch date
- Delivery date and route or carrier information and evidence
- How the delivery was confirmed, by who and when

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The Provider's declaration must be made by an authorised person and such declarations found to be false will be considered a breach of this agreement.

Any invoice queries should be submitted to the Provider via the electronic portal or emailed to creditcontrolqueries@LPclinicalhomecare.co.uk. The Provider will endeavour to respond within 21 days or sooner from receipt of query.

A copy of the per-patient invoice template is included (see Appendix V) and will include the following detail:

- Patient NHS number (where provided by the Referrer)
- Patient name
- Patient address
- Patient date of birth
- Order number

Payment terms are 30 days from date of the invoice or pro-forma.

17. VAT

HM Revenue and Customs have confirmed that medicines dispensed through the Provider's Pharmacy Service are zero-rated for VAT, when delivered for use in the community.

18. NHS prescription charge

If the Provider is asked to dispense from a FP10 prescription the patient will not be required to pay the NHS prescription charge.

19. Standard management reports

By agreement, the Provider will produce a monthly Management report which can be sent to the Referrer and/or Payor.

20. Clinical governance

As an independent healthcare provider, the Provider has an effective and robust structure for managing clinical governance. As part of this:

- All complaints are recorded using a standardised format.
- The Provider will keep a log of all complaints. All formal complaints will be available for inspection at any time and submitted to the Referrer on a quarterly basis to show:
 - Initial complaint and date
 - Action taken
 - Action taken to prevent recurrence
- The Provider has in place criteria for grading the seriousness of an incident and will ensure that the seniority level of those involved in the investigations increases with the severity of the incident. Information regarding how formal complaints are dealt

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with will be submitted to the Referrer on a quarterly basis and available to the Referrer at any time by request.

- Any formal complaints will be reviewed at the regular service reviews.

21. Performance monitoring and service reviews

The Provider's performance will be monitored and measured for all elements detailed in this SLA. Failure to perform and provide the service level specified will be discussed when required and at regular performance review meetings by both parties.

Service reviews shall be held at a frequency agreed between the Referrer and the Provider. The Provider recommends that these are held at least 3 monthly.

22. Appendices

- I. Patient Registration Form
- II. Patient Prescription
- III. Contact Sheet
- IV. Invoice Template
- V. Signatures

APPENDIX I: PATIENT REGISTRATION FORM

LPH312 V1

Private and confidential once complete

(Hospital Name, Street, Town, City, Postcode)

WEZENLA® (ustekinumab) Homecare Service - Patient Registration Form

Homecare Provider:		Therapy Area / Service: Wezenla®	
PATIENT, CARER and GP DETAILS			
Hospital number:		MHS Number:	
Title:	Forename:	Clinical lead name:	
	Surname:	Clinical lead phone:	
Date of birth:		Clinical specialist name:	
Address: (Address label can be affixed here)		Clinical specialist phone:	
		Clinical pharmacist name:	
		Clinical pharmacist phone:	
Postcode:		GP name:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	GP surgery:	
Preferred phone:		Parent/Carer name:	
Alternative phone:		Relationship to patient:	
Permission to leave voicemail?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Parent/Carer phone:	
Permission to contact via Text?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Permission to contact via Email?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Email address:		Referring Department	
Diagnosis:	<input type="checkbox"/> Psoriasis <input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Psoriatic Arthritis	Dermatology <input type="checkbox"/> Rheumatology <input type="checkbox"/> Gastroenterology <input type="checkbox"/>	
WEZENLA® SERVICE REQUIREMENTS – Delivery Service Module			
Registration status:	New patient (Biologic Naïve) <input type="checkbox"/>	Switch therapy <input type="checkbox"/>	Switch provider/supply <input type="checkbox"/>
Initial delivery / treatment details		Delivery may be received by:	
Delivery Address: (if different from home address):		Anyone at delivery address <input type="checkbox"/>	
1 st delivery required by (if required):		Specified Person(s) <input type="checkbox"/>	
Date to start treatment:		Specified person(s) Name, phone, relationship to patient:	
1 st dose required by (if required):			
Initial delivery frequency:	8 Weekly <input type="checkbox"/> 12 Weekly <input type="checkbox"/> Other <input type="checkbox"/> Please specify:		
Initial dose given in hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Date Given:	
Patient Individual Care Plan (PICP) attached (if yes give reference and/or date):	Yes <input type="checkbox"/> No <input type="checkbox"/>	PICP Ref:	
ADDITIONAL CLINICAL SERVICE REQUIREMENTS – To be determined based on clinical requirements. Please select only one of the below options:			
a) Patient administration training required:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, required by date:	
b) Ongoing nurse administration required, where clinically appropriate for the patient:	A minority of patients may have a clinical requirement to receive ongoing nurse administration of their device, if the above patient requires this service from Homecare Provider, please tick here. <input type="checkbox"/>		
Please declare the clinical justification for ongoing nurse administration:	Please specify: *LPCN to gain Amgen approval for the on-going approval*		
REFERRING PHYSICIAN/HEALTHCARE PROFESSIONAL			
<p>➤ I have discussed and provided sufficient information about the Homecare service to the above named patient and the patient has agreed to the referral into the homecare service</p> <p>➤ I confirm that an appropriate home suitability assessment has been completed and that the patient is suitable for the homecare service</p> <p>➤ I confirm I have informed the patient that this homecare service may be funded by a pharmaceutical company</p>			
Signature:		Name: (please print)	Date:
INVOICING DETAILS & ADMINISTRATIVE CONTACTS			
Invoice address: (if different from hospital address):		Invoice contact name:	
Postcode:		Contact phone number:	
Homecare lead name:		Contact email address:	
Email address: (for repeat prescriptions requests):		Invoice account name:	
		Homecare lead phone:	

This Patient Registration must be forwarded with a valid prescription to the Hospital's Pharmacy Department (Homecare Team) prior to transmission to the selected Homecare Provider.

08-654-0824-80014 September 2024

Homecare provider:

Date sent to Homecare provider:

APPENDIX II: PATIENT PRESCRIPTION

Rheum and derm

Private and confidential once complete

WEZENLA[®] (Ustekinumab) PRESCRIPTION

LloydsPharmacy Clinical Homecare Harlow - Science Park, Ryeodon Road, Harlow, Essex CM19 5GU Tel: 0345 263 6119

LloydsPharmacy

**Clinical
Homecare**

Clinical Referring Centre Name and Prescriber Address			
Clinical Area			
Patient Details (please affix label if preferred)			
Patient Name (including title)			Primary Diagnosis: <input type="checkbox"/> Paediatric Plaque Psoriasis (5 years and older) <input type="checkbox"/> Psoriatic Arthritis <input type="checkbox"/> Plaque Psoriasis <input type="checkbox"/> Other (please specify)
Patient Address & Post Code			Additional comments
Date of Birth:		Weight:	kg
Hospital Number:	NHS / CHI Number:	Allergies:	
Please deliver every weeks for a total duration of weeks			Status New <input type="checkbox"/> Continuing <input type="checkbox"/> Dose change <input type="checkbox"/> Drug/Device change <input type="checkbox"/>
Drug	Formulation & Strength	Route	Directions Dose Frequency
Paediatric Use (Paediatric Psoriasis (5 years and older))			
Patients weighing <80kg Patients weighing 80-100kg Patient weighing >100kg	WEZENLA	SC	<input type="checkbox"/> Initiation mg week 0 <input type="checkbox"/> <input type="checkbox"/> Maintenance mg Every 12 weeks <input type="checkbox"/>
			<input type="checkbox"/> Initiation 45mg week 0 <input type="checkbox"/> <input type="checkbox"/> Maintenance 45mg Every 12 weeks <input type="checkbox"/>
			<input type="checkbox"/> Initiation 90 mg week 0 <input type="checkbox"/> <input type="checkbox"/> Maintenance 90 mg Every 12 weeks <input type="checkbox"/>
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			<input type="checkbox"/> Initiation 90mg week 0 <input type="checkbox"/> <input type="checkbox"/> Maintenance 90mg Every 12 weeks <input type="checkbox"/>
			<input type="checkbox"/> Initiation 45mg week 0 <input type="checkbox"/> <input type="checkbox"/> Maintenance 45mg Every 12 weeks <input type="checkbox"/>
Adult Use (Paediatric Psoriasis, Psoriatic Arthritis, etc.)			
Patients weighing ≤ 100kg Patients weighing > 100kg	WEZENLA	SC	<input type="checkbox"/> Initiation 45mg week 0 <input type="checkbox"/> <input type="checkbox"/> Maintenance 45mg Every 12 weeks <input type="checkbox"/>
			<input type="checkbox"/> Initiation 90mg week 0 <input type="checkbox"/> <input type="checkbox"/> Maintenance 90mg Every 12 weeks <input type="checkbox"/>
			<input type="checkbox"/> Initiation 45mg week 0 <input type="checkbox"/> <input type="checkbox"/> Maintenance 45mg Every 12 weeks <input type="checkbox"/>
			<input type="checkbox"/> Initiation 90mg week 0 <input type="checkbox"/> <input type="checkbox"/> Maintenance 90mg Every 12 weeks <input type="checkbox"/>
			<input type="checkbox"/> Initiation 45mg week 0 <input type="checkbox"/> <input type="checkbox"/> Maintenance 45mg Every 12 weeks <input type="checkbox"/>
			<input type="checkbox"/> Initiation 90mg week 0 <input type="checkbox"/> <input type="checkbox"/> Maintenance 90mg Every 12 weeks <input type="checkbox"/>
Prescriber Sign Here		Name (print)	Date Signed
Professional Reg No		Professional Body	
Telephone		E-mail	
Clinical Validation Sign Here		Name (print)	Date Signed
Professional Reg No		Professional Body	
Telephone		E-mail	
Admin telephone		Admin e-mail:	
Purchase Order No		Homecare Provider	
Clinical Validation & Admin Notes			

*Specify brand - only if clinically important or contractual requirement

NHMC Controlled Document Ref: Homecare prescription form standard template. Version number: 1. 28 June 2022

APPENDIX II: PATIENT PRESCRIPTION

Gastro

Private and confidential once complete

WEZENLA® (Ustekinumab) PRESCRIPTION

LloydsPharmacy Clinical Homecare Harlow - Scintar Park, Roydon Road, Harlow, Essex CM19 5GU Tel: 0345 263 6119

LloydsPharmacy

Clinical Homecare

Clinical Referring Centre Name and Prescriber Address	
Clinical Area	

Patient Details (please affix label if preferred)	
Patient Name (including title)	
Patient Address & Post Code	
Date of Birth:	
Hospital Number:	NHS / CHI Number:

PRIMARY DIAGNOSIS	
<input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Other (please specify)	
Additional comments	
Weight: kg	
Allergies:	

Please deliver every weeks for a total duration of weeks	Status Continuing <input type="checkbox"/> New <input type="checkbox"/> Dose change <input type="checkbox"/> Drug/Device change <input type="checkbox"/>
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	Drug*	Formulation & strength	Route	Directions		Supply Quantity per delivery* (Units/Brand)
				Dose	Frequency	
FIRST SUBCUTANEOUS ADMINISTRATION Date (induction infusion was given in hospital (Please complete only after the infusion has been successfully administered, not the planned date of infusion):	WEZENLA	90mg PF <input type="checkbox"/> 45mg Vial <input type="checkbox"/> (x2)	SC	90mg	<input type="checkbox"/> 8 Weeks after induction	
MAINTENANCE	WEZENLA	90mg PF <input type="checkbox"/> 45mg Vial <input type="checkbox"/> (x2)	SC	90mg	<input type="checkbox"/> every 8 weeks <input type="checkbox"/> every 12 weeks	
Prescriber Sign Here		Name (print)		Date Signed		Purchase Order No
Professional Reg No		Professional Body				Homecare Provider
Telephone		E-mail				Clinical Validation & Admin Notes
Clinical Validation Sign Here		Name (print)		Date Signed		
Professional Reg No		Professional Body				
Telephone		E-mail				
Admin e-mail:						Admin telephone

LPC1310
Job tag number CB-654-6824-69002
Date of prep: September 2024
Version 3.0

*Specify brand - only if clinically important or contractual requirement

NHMC Controlled Document Ref: Homecare prescription form standard template. Version number: 1. 28 June 2022

APPENDIX III: CONTACT SHEET

Lloyds Pharmacy Clinical Homecare Limited key contact details:

Name	Title	Responsibility	Contact Details
	New Business Team	Patient installation/onboarding	E: lpch.newbusiness@nhs.net
Scott Mitchell	Head of Patient Services	Escalation of patient services issues	M: 07745 117750 E: smitchell@lpclinicalhomecare.co.uk
	Clinical Operations Manager	Escalation of nursing issues	M: E:
Lauren Lucas	Head of National (Nursing) Operations	Escalation of nursing issues	M: 07740 433304 E: llucas@lpclinicalhomecare.co.uk
Mohammed Umar	Superintendent Pharmacist	Escalation of prescribing issues	E: lpch.prescriptionsmgmt@nhs.net
	Credit Control	All credit control queries	T: 02476 709 090 creditcontrolqueries@lpclinicalhomecare.co.uk
Richard Cadogan	Reporting Analyst	Provision of KPI reports	T: 01279 456 916 E: informationservices@lpclinicalhomecare.co.uk
Account Query Team (AQT)	Account Query Team (AQT)	Account queries previously escalated to the Business Development Manager (BDM) can now escalate to the AQT.	lpch.customerqueries@nhs.net
Haku Bhatt	Business Development Manager	Customer relationship management	M: 07526 568266 E: hbhatt@lpclinicalhomecare.co.uk

Trust key contact details:

Invoice name and address (Payor) - this must be completed in <u>full</u> before the service can commence
Payor name: Pharmacy Invoicing
Payor address: Moat Road, Number 1 store, Pharmacy department, WS2 9PS
01922656424

Referring hospitals that will be using the service - this must be completed in <u>full</u> before the service can commence
Hospital name: Walsall Healthcare NHS Trust
Hospital name:
Hospital name:

Contact details within each of the referring hospitals – PLEASE ENTER AN EMAIL ADDRESS FOR PRESCRIPTIONS/REPEAT PRESCRIPTIONS and NURSING				
Hospital Name	Contact Name	Title	Responsibility	Contact Details
Walsall Healthcare NHS Trust	Jasbir Nahal Ewelina Rocznik Gregory Djaiz	CNS - Gastro	Repeat prescriptions Clinical queries	wht.ibdnhsnurses@nhs.net T: 01922721172 ext 7527
Walsall Healthcare NHS Trust	Joy Hamilton Ben Sarapuddin Maricar Custodio	CNS – Dermatology	Repeat prescriptions Clinical queries	joy.hamilton@nhs.net b.sarapuddin@nhs.net maricar.custodio@nhs.net T: 01922656771

APPENDIX III: CONTACT SHEET

Walsall Healthcare NHS Trust	Susan Ward Rose Muisyo Sunitha George Barbara Douglas	CNS - Rheumatology	Repeat prescriptions Clinical queries	susan.ward31@nhs.net r.muisyo@nhs.net sunitha.george2@nhs.net barbara.douglas8@nhs.net T: 01922 721172 ext 7265
Walsall Healthcare NHS Trust	Walsall Homecare Team		All repeat prescriptions and queries	walsallpharmacy.homecare@nhs.net T: 01922656424

APPENDIX IV: INVOICE TEMPLATE



Invoice

Invoice No.: SIN208951
 Invoice Date: 29/09/16
 Customer A/C No.: 90205
 Our Patient No.: PT-xxxxx1
 Patient Name: xxxxxxxxxxx1

 NHS Ref.: xxxxxxxxxxx1
 Hospital Order: xxxxxxxxxxx1
 Hospital ID: xxxxxxxxxxx1
 Therapy: xxxxxxxxxxx1

Month Ending	Key	Description	Qty	Unit Price	VAT Code	Total Value
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VAT Analysis			
Code	Description	Net Value	Vat Amount
E	Exempt	0.00	0.00
Z	Zero	0.00	0.00
S	Standard	0.00	0.00

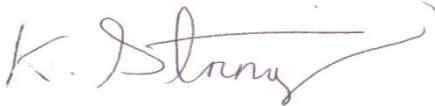

Total Excl. VAT (£) 0.00
 Total VAT (£) 0.00
 Total Due (£) 0.00



Phone No.: 0845 023 0089
 Fax No.: 01279 456718
 VAT Reg No.: GB 573 3197 27
 Company No.: 276 4914
 Remittance A/c No.: 10453196
 Sort code: 20-36-98

Payment Terms: 30 Days from date of Invoice
 Please send remittance to: remittance@LPclinicalhomecare.co.uk
 Lloyds Pharmacy Clinical Homecare Limited
 Unit 4, Scimitar Park
 Roydon Road
 Harlow
 Essex, CM19 5GU



APPENDIX V: SIGNATURES

Signed for and on behalf of (Referrer)	
Signature	
Name	Kevin Stringer
Title	Group Chief Financial Officer and Group Deputy Chief Executive
Date	3 February 2025
Witness	
Signature	
Name	Anne-Louise Stirling
Title	Senior Executive Assistant to Kevin Stringer, Group Chief Financial Officer and Group Deputy Chief Executive
Date	3 February 2025

Signed for and on behalf of (Payor)	
Signature	
Name	Kevin Stringer
Title	Group Chief Financial Officer and Group Deputy Chief Executive
Date	3 February 2025
Witness	
Signature	
Name	Anne-Louise Stirling
Title	Senior Executive Assistant to Kevin Stringer, Group Chief Financial Officer and Group Deputy Chief Executive
Date	3 February 2025

APPENDIX V: SIGNATURES

APPENDIX V: SIGNATURES

Signed for and on behalf of Lloyds Pharmacy Clinical Homecare Limited	
Signature	
Name	Alton Austin
Title	NHS Contracts Manager
Date	23.12.24
Witness	
Signature	
Name	Gary Dean
Title	Contracts Administrator
Date	23.12.24

Signed for and on behalf of Lloyds Pharmacy Clinical Homecare Limited	
Signature	
Name	
Title	
Date	
Witness	
Signature	
Name	
Title	
Date	