

## **Standstill Recommendation**

***NP38625 Compounded Aseptic Medicines***



**November 2025**

# Contract Standstill and Award Recommendation

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## Contract Standstill and Award Recommendation

### 1. Executive Summary

Spend Type	Annual Value (£)	Start Date	Duration (Months)	Extension (Occurrence/Months)	Cost Impact (£)	Cost Avoidance (£)	Savings Type
Opex		11/12/2025	36	12			

Contract Type
Lot 1 – Single Supplier Lot 2 – Single Supplier Lot 3 – Single Supplier Lot 4 – Unranked Multi Supplier

#### Value for Money Statement (Commercial Detail)

A total of 226 product lines were tendered across 4 Lots, of which 226 have been awarded, [REDACTED]

#### Contract Scope

This framework agreement is for a range of compounded, ready-to-use cytotoxic and non-cytotoxic medicines that are batch manufactured and purchased by health boards to reduce workload in local aseptic units. Aseptic dispensing is the preparation and supply of sterile medical products, which require some dilution or other manipulation before administration. The preparation is carried out by trained technicians, assistants and pharmacists under environmentally controlled conditions before being dispensed in a form ready for immediate use without further manipulation.

Some of the medicines are dose banded to aid standardisation. The final products are unlicensed, but all medicines used as starting materials are licensed pharmaceuticals and are a combination of generic, biosimilar and branded medicines. The agreement covers 26 molecules in various presentations covered across 4 lot(s).

#### Activity During Standstill (For contract award stage)

N/A

#### Sustainable Procurement

Potential Framework Participants were asked to provide a Carbon Reduction Plan (CRP) and were provided with the "National Bidder 'Relevant Contract' Climate Change Template" as guidance for the response. A response was received from all Potential Framework Participants, which entailed either a completed version of the template document supplied, an alternative template document with equivalent information, or a selection of alternative corporate sustainability documents.

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### Social Value / Community Benefits


Potential Framework Participants were asked to provide a summary of the community benefits they already deliver in their business, where these are delivered, and what they have achieved.

### Scottish Supply Chain

One of the Framework Participants is located in Scotland (East Kilbride). For the Potential Framework Participants are not based in Scotland, some distribution channels involved in this Framework operate within Scotland and contribute tangibly through logistical support.

## 2. Risk Analysis

Risk Analysis redacted





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## 4. Appendix A – Background Information

### Current contractual Arrangements

#### 4.1. Commodity Description

##### 4.1.1. Commodity Profile

This framework agreement is for a range of compounded, ready-to-use cytotoxic and non-cytotoxic medicines that are batch manufactured and purchased by health boards to reduce workload in local aseptic units. Some of the medicines are dose banded to aid standardisation. The final products are unlicensed, but all medicines used as starting materials are licensed pharmaceuticals and are a combination of generic, biosimilar and branded medicines.

Dose banding is defined as a system whereby doses of intravenous drugs are calculated on an individual basis but within defined ranges or bands and are rounded up or down to predetermined standard doses. This allows for the potential of pre-prepared doses, either prepared in house or bought in from an external provider, to be used rather than a bespoke product being prepared every time for every patient.

##### 1.1.1. Status

The previous Framework Agreement NP38619 which was due to expire 28<sup>th</sup> February 2026 was terminated on the 14<sup>th</sup> July 2025 due to an ongoing legal challenge, therefore all financial calculations have been based on the pricing within this agreement.

The agreement was awarded March 2020 and contracted for thirty-six (36) months with the option to extend for up to a total period of twelve (12) months, however the agreement was then extended twice under Regulation 72 and it was under the second out of term extension that NSS received a legal challenge from a supplier not appointed to the agreement, this then led to the termination of the current agreement.

##### 1.1.2. Current Suppliers

As stated above the previous Framework Agreement was terminated due to an ongoing legal challenge however there were 3 awarded suppliers on that agreement, these were:

- Baxter Healthcare
- ITH Pharma
- Bath ASU

##### 1.1.3. Current Spend



#### 1.2. Proposed Shape of Contract

##### 1.2.1. Scope

The framework agreement covers 26 molecules which have been split across 4 lot(s).

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Molecule				
Bevacizumab	Cytarabine	Infliximab	Oxaliplatin	Vedolizumab
Bortezomib	Docetaxel	Insulin	Paclitaxel	Vincristine
Carboplatin	Doxorubicin	Irinotecan	Panitumumab	
Cetuximab	Epirubicin	Methotrexate	Pembrolizumab	
Cisplatin	Fluorouracil	Natalizumab	Rituximab	
Cyclophosphamide	Gemcitabine	Nivolumab	Trastuzumab	

### 1.2.2. Strategic recommendations and reasoning

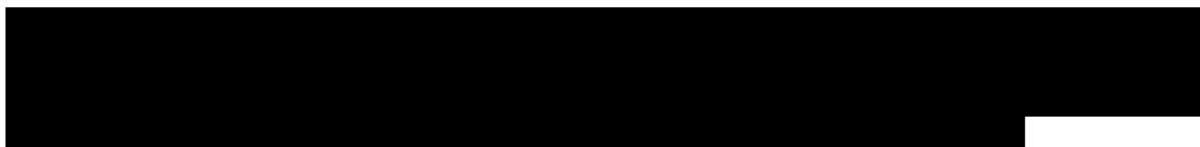
- Work with Clinical Advisory Panel to create the lot structure and an agreed, robust specification. Ensures contract will meet needs of Health Boards.
- Worked with CAP to review dose bands and align with NHS England where possible.
- Worked with CAP to capture all possible new molecules for inclusion in the framework and standardise dosing for inclusion in the framework.
- Worked with CAP to refresh tender specification, aligning with NHS England where possible, and utilise NHSE product specifications to update current/create new product specifications.
- Restrict the award of Lots 1-3 to one per supplier.
- Tender process under open procedure as previous contract terminated.
- NHSS tender and contract for thirty-six (36) months with the option to extend by a further period of up to twelve (12) months.
- Create tender with 4 lot(s).
- Include the ability to add additional products/presentations to Lot 4 in order to capture market developments e.g. new Board requirements for additional molecules or new biosimilar launches.
- Fix pricing for thirty-six (36) months, gives stability to Health Boards and Suppliers, while monitoring the marketplace for the launch of new competition including biosimilars before deciding to retender or extend. The extension option allows flexibility to evaluate the market and extend contract pricing if beneficial to NHSS.
- Set the evaluation criteria as price 60% and technical 40% broken down as follows:

Evaluation Criteria	Weighting	Technical
Lot(s) 1 - 4	40%	Product Stability 10%
		Capacity 10%
		Contingency 10%
		Communication 10%
Evaluation Criteria	Weighting	Commercial
Lot(s) 1 - 4	60%	Price 60%

- Product Stability - Framework Participants must provide stability documentation which demonstrate that they have minimum stability requirement for all lines bid.
- Capacity - Framework Participants are required to have and demonstrate that they have business continuity plans in place that allow the continued delivery of the Service to Participating Authorities.
- Contingency - Framework Participants are required to have and demonstrate that they have business continuity plans in place that allow the continued delivery of the Service to Participating Authorities.

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- Communication - Framework Participants are required to have and demonstrate an efficient communication strategy with the relevant Participating Authorities in order to maintain patient care standards.



### 1.2.3. CLO Engagement Strategy

Due to the termination of the previous agreement CLO were fully engaged in the tender process, guidance was given on the content of the ITT documentation and FTS content. CLO also provided guidance on clarifications received during the tender process.

### 1.2.4. Stakeholder Engagement

The CAP contains clinical and technical pharmacy representation. Health Boards represented are Tayside, Lothian, GG&C, Grampian, Lanarkshire, D&G, Highland, A&A and Fife. A pre-tender CAP meeting was held in June to capture the future requirements of Health Boards, seek feedback on proposed weightings, establish how the evaluation would be carried out and finalise the product list. Following the PT CAP meeting any proposed changes or tender queries were addressed via email/team's channel.

Due to internal resource issues not all CAP members were asked to participate in scoring the evaluation, however all CAP members who did participate in the scoring had extensive knowledge of aseptic services in Scotland.

**CAP member details redacted**

## 1.3. **New Contract Process and Award**

### 1.3.1. Route to Market

A complete strategic sourcing process has been followed to identify the opportunities, to decide the evaluation criteria and to score tender responses.

Due to the limited number of potential suppliers in the market, the decision was made to advertise via the Open Tender process and award as four (4) lots. The CAP agreed that volume/spend should be split across four (4) lots to ensure that all Potential Suppliers could effectively manage the requirement while taking capacity into consideration.

Lot	Description	Molecules	Award Criteria
1	Compounded Aseptic Medicines	Carboplatin	Single Supplier Framework for the Lot
		Cetuximab	
		Cyclophosphamide	
		Pembrolizumab	
2	Compounded Aseptic Medicines	Epirubicin	Single Supplier Framework for the Lot
		Fluorouracil	
		Irinotecan	
		Methotrexate	
		Nivolumab	

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		Rituximab	
3	Compounded Aseptic Medicines	Bortezomib	Single Supplier Framework for the Lot
		Cisplatin	
		Docetaxel	
		Doxorubicin	
		Gemcitabine	
		Infliximab	
		Oxaliplatin	
		Trastuzumab	
		Vincristine	
4	Compounded Aseptic Medicines	Bevacizumab	Unranked multi-supplier on a line-by-line basis  (With a maximum of three (3) appointed Suppliers per line)
		Cytarabine	
		Fluorouracil	
		Insulin	
		Methotrexate	
		Natalizumab	
		Paclitaxel	
		Panitumumab	
		Trastuzumab	
		Vedolizumab	

Potential Framework Participants could submit bids for all lot(s) but were only eligible to be awarded to one (1) of these lots (applicable for lots 1, 2 and 3), this approach was taken to ensure that volume was split adequately to minimise risk.

The (SOPPG) Scottish Oncology Pharmacy Practice Group are in the process of carrying out a review of Aseptic Services in Scotland which may result in Participating Authorities transitioning to NHS England dose banding during this Framework Agreement, therefore we have ensured that if a requirement is identified for any additional molecules or doses that these may be added to lot 4.

### 1.3.2. Selection / ITT Process

- Potential Framework Participants must be able to demonstrate the existence of a valid MHRA (Medicines and Healthcare products Regulatory Agency) Marketing Authorisation with a PL, PLGB, PLPI number.
- Potential Framework Participants must also be able to demonstrate the existence of a valid and current MHRA Manufacturing Specials License.
- For the framework participant and any sub-contractor(s), confirmation of efficient and robust Quality Management Systems in place that allow the management of all systems under the Framework Agreement and ensures that procedures from manufacturing of Goods through the delivery and payment are carried out in an efficient and responsible manner, by providing a valid certification of BS EN ISO 9001 or equivalent.
- Products which are classed as medical devices will carry the appropriate declaration of conformity for the UK market and display a valid CE, CE UKNI or UKCA.
- Provision of details relating to the company's environmental management measures.
- Product details – labelling evaluation (PASS/FAIL).

In addition to satisfactory completion of the SPD, conditions of the ITT were as follows:

- The participant must confirm its ability to meet the Framework Specification.

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- Pricing is to be fixed for the initial duration period of the Framework Agreement, although price reductions in line with market developments will be allowed

It was not deemed necessary to evaluate samples, Summary of Product Characteristics (SmPC) will be requested post award. The stability evaluation of all molecules required the completed proforma documents to be assessed in line with the specification issued with the ITT in order to validate the stability stated by each Potential Framework Participant.

### 1.3.3. Tenders Issued

A total number of tenders issued were twenty-one (21) of which five (5) tenders were returned. The five (5) tenders returned capture a good share of the UK market. Most of the suppliers who did not respond to the ITT did so because the compounded products covered by this agreement were not part of their portfolio.

### 1.3.4. Tender Evaluation

The Qualification Envelope was reviewed by the Commodity Manager. Having assessed each tender against the mandatory selection criteria, all were approved.

Stability information and raw materials summary for all tendered goods were reviewed against the technical specification by [REDACTED], clarifications were then issued following [REDACTED] review. Clarifications were issued to address any outstanding queries with subsequent responses then reviewed by [REDACTED] to ensure all bids met NHSS requirements before being appropriately scored. The stability weighting (10%) attributed to the overall 40% of the technical evaluation criteria.

The remaining 30% of the technical evaluation criteria (capacity, contingency and communication) was scored independently by CAP members using the scoring guidance provided, At the first award of business CAP on 6th October 2025, all questions were reviewed, and CAP agreed a consensus score for each question, against each supplier. These scores were then entered into the analysis spreadsheet along with stability scoring to complete the technical evaluation.

The Commercial Envelope was reviewed by the Commodity Manager and formed the remainder of the evaluation criteria (60% Price). Pricing for each ITT product line was requested from Potential Framework Participants across all Lots.

The completed analysis sheet was reviewed by Kris Lindsay (Head of Strategic Sourcing & Commercial), once approved the outcome was shared with the CAP via email, where they were advised of the following points:

[REDACTED]

The proposed award was sent to the CAP for review 30<sup>th</sup> October with approval received 6<sup>th</sup> November.

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The outcome of the evaluation of the scored element of the ITT can be viewed in detail in the embedded analysis sheet below:

### Embedded Analysis sheet redacted

It is recommended that the below suppliers are awarded to the Framework Agreement, for the respective lines detailed in the above analysis sheet:

**Lot 1 – Baxter Healthcare**

**Lot 2 – Bath ASU**

**Lot 3 – ITH Pharma**

**Lot 4 – Baxter Healthcare, ITH Pharma, Bath ASU, Quantum Pharmaceuticals, Target Healthcare**

## 1.4. Return on Investment

### 1.4.1. Cost Impact

\*\*The previous value column above does not reflect the molecules/presentations added to the new agreement that were not covered as part of the previous agreement and their projected volumes, these were as follows:

Lot	Drug Name	Dosages
2	Nivolumab (OPDIVO®)	360mg, 600mg
3	Trastuzumab	488mg, 504mg
3	Trastuzumab (Herceptin®)	600mg
4	Bevacizumab	200mg to 2000mg in 100mg increments
4	Fluorouracil (pre-filled pump)	2250mg, 2500mg, 2800mg, 3150mg, 3500mg, 3850mg, 3950mg, 4200mg, 4450mg, 4550mg, 4800mg, 5000mg, 5650mg
4	Natalizumab (Tyruko®)	300mg
4	Paclitaxel	90mg, 96mg, 108mg, 132mg, 144mg, 162mg, 180mg, 198mg, 270mg, 300mg, 336mg
4	Panitumumab (Vectibix®)	200mg, 400mg, 600mg, 700mg

### 1.4.2. Sustainable Procurement

Potential Framework Participants were asked to provide a Carbon Reduction Plan (CRP) and were provided with the “National Bidder 'Relevant Contract' Climate Change Template” as

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guidance for the response. A response was received from all Potential Framework Participants, which entailed either a completed version of the template document supplied, an alternative template document with equivalent information, or a selection of alternative corporate sustainability documents.

### 1.4.3. Social Value / Community Benefits

Potential Framework Participants were asked to provide a summary of the community benefits they already deliver in their business, where these are delivered, and what they have achieved in outcomes. All Potential Framework Participants responded however, these were not Scotland specific.

### 1.4.4. Ease of Implementation

As the previous Framework Agreement was terminated resulting in no live contract in place there will be a short notice period between award date and contract start date therefore implementation will have to be managed where suppliers have been awarded to a lot they have not covered previously.

Due to the contract containing additional medicines and changes to current contracted doses NP will need to engage with clinical and procurement contacts to ensure full awareness of the contract content and smooth implementation. NP will liaise with the national Oncology Dose Banding group where implementation will be discussed and planned.

ECM will be updated with the new contract details, Buyers Guide will be issued to Pharmacy procurement leads 10<sup>th</sup> December. All details will be in place for contract start 11<sup>th</sup> December 2025.

## 1.5. Use of the Contract

Direct Call Off's by Health Boards from the Framework Agreement to the Framework Participants

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