

**BEKEMV™▼ (eculizumab) Wholesale Order Form**

This order form should only be used for any newly diagnosed patients requiring urgent access to eculizumab. HealthNet Homecare, under our Wholesale Distribution Authorisation (WDA) can distribute stock to hospital pharmacies across the United Kingdom. On receipt of an order, the product will be delivered within 24 hours to the hospital pharmacy premises.

The Service is available: **24 Hours a day, 7 days a week, including all Bank Holidays**

**The service is funded by Amgen, and therefore free of charge to the NHS.**

**Step 1**

Please call **0113 340 1850** in the first instance to log your request and the on-call HealthNet employee will confirm what is required to receive and process your order. Please ensure before you call that you have all of the required information to complete Step 2b.

**Step 2**

a) Complete a certificate of vaccination form:

<https://www.medicines.org.uk/emc/rmm/2884/Document#gref>

Prior to shipment, Amgen requires written confirmation from the prescribing physician that the patient has been vaccinated against meningococcal infection and /or is receiving antibiotic prophylaxis. The confirmation is mandatory and must be sent to HealthNet who will forward to Amgen for each intended patient.

b) Complete the below Order Form

Hospital Details (for invoice)		Delivery Details (department must be open 24/7)	
Name of Hospital		Name of Hospital	
Address		Name of department	
Postcode		Address	
PO NUMBER:		Postcode	

**Driver instructions** – please complete as these will be shared with the Delivery Driver

Hospital contact name:	Telephone number:
Instructions:	

TO BE COMPLETED BY HEALTHNET

HEALTHNET DRIVER ETA:

HEALTHNET CONFIRMED DELIVERY DATE:

**Title:** BEKEMV Wholesale Order Form

*Amgen Job Bag Code: GB-959-0424-80001 Date of Preparation April 2024*

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**Version:** 1

**Page:** 1 of 2

**Prescriber details**

Name:	
Professional Registration number: <i>(if available)</i>	
Contact <i>(tel &amp;/or email.):</i>	

**Patient Details**

Patient Date of Birth:**	
Patient NHS/Hospital/Blueteq number:**	
Indication:**	

\*\* Mandatory

**Product Order Details**

Product	Quantity
BEKEMV Eculizumab 300mg concentrate for solution for infusion vials	

**Checklist to be completed in full**

PRESCRIBER / HCP	
Is the request a medical emergency?	* Yes or No
Is the Patient new to treatment?	* Yes or No
Completed <b>Certificate of Vaccination</b> is attached to this order	* Yes or No

*TO BE COMPLETED BY HEALTHNET*

*Confirm date Received:      Confirm date sent to Amgen:  
enter date.                      enter date.*

\*All responses must be marked **YES** for the product to be supplied.

Order placed by (Name) \_\_\_\_\_

Signature \_\_\_\_\_

Date enter a date.

Contact Number \_\_\_\_\_

**Step 3**

Email this form and the completed certificate of vaccination to [OOHwholesaleorders@healthnethomecare.co.uk](mailto:OOHwholesaleorders@healthnethomecare.co.uk) to place your order.

**Step 4**

HealthNet Homecare will confirm receipt of the order within 2 hours of receiving the email which includes this completed order form and Certificate of Vaccination. In this acknowledgement HealthNet Homecare will confirm the delivery address and estimated time of delivery.

**This product must be signed for on delivery**