February 2025 Volume 4 Issue 1

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

BOB Medicines Optimisation Bulletin

This monthly newsletter is written by the Medicines Optimisation Team of the BOB Integrated Care Board and is intended for healthcare professionals and practice staff. If you have any questions or feedback, please contact the team via the email address: bobicb.medicines@nhs.net

Past editions of the bulletin can be found on the SharePoint website.

National updates

Discontinuation of Seroxat®

Glaxo SmithKline UK Limited has notified the MHRA and DHSC of the discontinuation of Seroxat® (paroxetine hydrochloride) 10mg, 20mg and 30mg tablets in UK from the following dates:

Seroxat ® **20mg tablets** from **March 2025**

Seroxat® **30mg tablets** from **May 2025**

Seroxat® **10mg tablets** from **November 2025**

Generic versions of Paroxetine hydrochloride 10mg, 20mg and 30mg tablets are available.

For full details please see here.

So what?

- Please review and switch patients to generic version as appropriate.

Government restrictions on use of puberty suppressing hormones (puberty blockers): information for prescribers and pharmacists / dispensing doctors

The Government has announced that the existing emergency measures banning the sale and supply of puberty suppressing hormones for the treatment of gender dysphoria or incongruence in under-18s have been made **indefinite**. Information can be found below:

Ban on puberty blockers to be made indefinite on experts' advice

The Medicines (Gonadotrophin-Releasing Hormone Analogues) (Emergency Prohibition) (Extension) Order 2024 (legislation.gov.uk)

NHS patients who are already receiving these medicines for gender dysphoria or incongruence can continue to access them, as can patients receiving the medicines for other uses.

For children and young people whose access to puberty suppressing hormones have been discontinued (for example, prescriptions from non-UK prescribers) and are not on the waiting list of children's gender services, NHS England will offer a targeted support from local NHS mental health services in England. Children, young people and their families can access this service, which is being coordinated through NHS Arden and GEM Commissioning Support Unit, by contacting agem.cyp-gnrss@nhs.net or calling 03001316775 and selecting option 3.

So What?

- The ban the sale and supply of puberty suppressing hormones for the treatment of gender dysphoria or incongruence in under-18s have been made **permanent.**

Recall of Aactive D3® 2000iu/ml supplements because of excess levels of Vitamin D3 – Patients affected in BOB ICS

There have been several reports of children being admitted to different hospitals in the UK (some within the BOB ICS area) with significantly raised vitamin D and calcium levels due to potential overdosing of colecalciferol.

These products are classed as food supplements and are not licensed medicines. Therefore, the recall does not come under the standard MHRA product recall processes. The alert and recall are currently being managed by the Food Standards Agency (FSA).

The alert from the FSA includes posters to display in GP surgeries and community pharmacies to help raise awareness.

So what?

- Please ensure you are aware of the symptoms of excessive intake of Vitamin D (see alert) and, if confirmed vitamin D supplements are being taken, treat accordingly if this is suspected.

- **Dispensing practices,** ensure you do not have any of this stock available in your dispensaries.

MHRA Class 2 Medicines Recall – Dextromethorphan Cough Medicine

Bells Healthcare is recalling the listed batches of dextromethorphan hydrobromide BP containing products as a precautionary measure, due to foreign material detected in some bottles. Products affected include:

Tesco Health Dry Cough Relief 200ml, Asda Strong Dry Tickly Cough 200ml, Almus Dry Cough Relief & Bells Dual Action Dry Cough.

Full details of the recall and affected batches can be found here.

So what?

- Stop supplying listed batches immediately
- Be vigilant for patients who experience adverse reactions. Report via yellow card if appropriate.

BOB System updates

Updates from Area Prescribing Committee

Updated link for the Pancreatic Enzyme Replacement Therapy (PERT) shortage information and local actions

In response to the national shortage of PERT and the National Patient Safety Alerts (NPSA) issued 24 May and 18 December 2024, please see this updated BOB ICB document. It contains information for primary care clinicians, community pharmacists and patients to minimise the impact of the shortage, which is likely to continue into 2026.

It provides:

- links to resources to identify equivalent and alternative products for patients currently taking any UK licensed PERT.

- details of how to prescribe and access an imported product Pangrol®, an alternative brand to Creon®, for patients who are unable to access stock from their community pharmacy or dispensing GP.
- contact details for specialist teams within the ICB
- information for patients

Pangrol® is now on the drug list in EMIS practices so handwritten prescriptions are not required, the document has been updated to reflect this. Practices who do not use EMIS should check their clinical system to see if Pangrol® is available. If handwritten prescriptions are required practices should check that they have pads available and consider ordering a small supply, where necessary. Where can I as a prescriber order my prescription pads? · Customer Self-Service

Please contact the Medicines Optimisation Team with any questions bobicb.medicines@nhs.net

So what?

- Please familiarise yourself with the content of this document and share with colleagues who may be contacted by patients requesting PERT.
- Review stocks of handwritten prescription pads and consider ordering a small supply if needed.

BOB Shared Care Protocols

The Medicines Optimisation Team have been working closely with the local Trusts to review and adopt the national NHSE/RMOC Shared Care Protocols. So far, the following ones have been approved at our Area Prescribing Committee (APC) for use across BOB:

- bob-icb-adult-sulfasalazine-shared-care-protocol.pdf
- bob-icb-adult-leflunomide-shared-care-protocol.pdf
- bob-icb-amiodarone-shared-care-protocol.pdf
- bob-icb-sodiumvalproate-shared-care-protocol.pdf (updated)

There are more protocols on the January and March APC agendas. All BOB-wide shared care protocols can be found here: Shared Care Protocols | BOB ICB.

So What?

- Always use the most up to date versions of the shared care protocols. These will be linked on the formulary and found on the ICB website here: Shared Care Protocols | BOB ICB

BOB ICB Prescribing in Type 2 Diabetes Guideline

The BOB ICB Prescribing in Type 2 Diabetes Guideline has been approved by APC and all formulary entries for antidiabetic drugs have been aligned across BOB. This new guideline replaces previous place-based documents and aligns our advice and formulary positions across BOB.

The guidelines follow NICE Overview | Type 2 diabetes in adults: management | Guidance | NICE, promoting SGLT2 inhibitors earlier in the pathway. The only local variation to the NICE guidelines is that in patients with a QRISK2 > 10%, established cardiovascular disease, heart failure or diabetes kidney disease once metformin and an SGLT2i have been tried, the next step is to add a GLP-1 RA rather than adding another oral agent. This is to provide better cardiovascular outcomes in this cohort.

So What?

- Please review the new guidelines and promote their use within your practice.
- The last page includes other useful diabetes resources developed locally.

Liraglutide for Type 2 Diabetes – Available in new biosimilar versions

Victoza® (liraglutide) has been discontinued, after a prolonged shortage. A number of biosimilar versions of liraglutide are now available as different brands following Victoza® patent expiry.

Can I prescribe the new brands of liraglutide for type 2 diabetes?

- Prescribe the brand **Zegluxen®**, which is the most cost effective. See SPC here. Liraglutide **must** be prescribed by **brand name**, as there are other liraglutide products available that are not licensed for diabetes.
- Stock is now available in pharmacies and wholesalers. All EMIS systems should have Zegluxen® as an option by end of January 2025.
- The pen device is similar to the original Victoza® pen. Zegluxen® is a once daily injection.

Why would I start people naïve to GLP1RA or GLP1/GIPRA on Zegluxen® instead of Mounjaro® or Rybelsus®?

- Mounjaro® and Rybelsus® do not have cardiovascular (CV) endpoint data yet and there is concern that they may be associated with an early worsening of diabetic retinopathy.

- Liraglutide (Zegluxen®), Ozempic® and Trulicity® are first line GLP1RAs per BOB guidelines, as these all have evidence of CV benefit. However, there are not currently sufficient supplies of these three GLP1RAs to allow for patients to be initiated on them. See latest supply information on SharePoint here and the Specialist Pharmacy Services website.

The available GLP1RA (Rybelsus®) and GLP1/GIPRA (Mounjaro®) do NOT have evidence of CV benefit and so are classed as "second line".

- If you have a patient in whom CV benefit is paramount, consider starting Zegluxen®. There is better evidence of CV benefit for liraglutide, Ozempic® and Trulicity®. However, supplies of Ozempic® or Trulicity® are still not adequate to allow for new people to be started on them.

- If you have a patient for whom you want to start Mounjaro®/Rybelsus®, but eye disease is a concern, then consider Zegluxen®.

When would I use Mounjaro®?

- This is a second line GLP1RA/GIPRA after Zegluxen®. However, if a **once a week** injection is of significant benefit (as opposed to daily Zegluxen®), and eye disease/CV disease is not a concern, then Mounjaro® would be a reasonable choice.

When would I use Rybelsus®?

- This is a second line GLP1RA/GIPRA after Zegluxen®. However, if an **oral** medication is of significant benefit (as opposed to daily injected Zegluxen®), and eye disease/CV disease is not a concern, then Rybelsus® would be a reasonable choice.

So What?

- After prolonged shortages, liraglutide is now available again under new brand name. Liraglutide is a first choice GLP-1RA due to the cardiovascular outcome data.

- The most cost-effective brand is Zegluxen®. This should be available to prescribe on EMIS very soon. There is plenty of stock in wholesalers and pharmacies.

- Prescribing by brand name ensures the patient gets a licensed product and also that the most cost-effective product is given.

Sunscreens Policy

The formulary entries for sunscreens have been aligned across BOB to the current Drug Tariff products which can be prescribed in line with ACBS criteria:

Anthelios® sunscreen lotion SPF 50+	GREEN Restricted
Uvistat® Suncream SPF 30	GREEN Restricted
Uvistat® Suncream SPF 50	GREEN Restricted
Uvistat® Lipscreen SPF 50	GREEN Restricted

So what?

- Sunscreens should only be prescribed in line with Drug Tariff ACBS criteria (detailed in formulary entries)
- Maximum 200ml per month should be prescribed
- Advise patients to cover up to protect the body with clothing
- Patients not meeting ACBS criteria should be advised to purchase sunscreens over the counter
- Consider vitamin D for groups with low or no exposure

Migraine Prophylaxis Guidance

The BOB Migraine Prophylaxis Guidance has been updated to reflect the following:

Atogepant:

Now **Amber Recommendation** for use in migraine prophylaxis (both episodic or chronic migraines) in line with NICE TA973 and the BOB guidance. It can be prescribed in primary care following recommendation by headache specialists for use as an option for preventing migraine in adults who have at least 4 migraine days per month and only if at least 3 preventive medicines have failed. If migraines have reduced by 50% for episodic or 30% chronic migraines after 12 weeks, treatment may be continued.

Topiramate:

Incorporation of advice to reflect MHRA introduction of new safety measures. It is contraindicated in pregnancy. In women of childbearing potential it should not be used unless the conditions of the Pregnancy Prevention Programme are fulfilled. See also next article for all topiramate formulary status updates.

Sodium Valproate:

Updated details of formulary status of Shared Care Protocol for sodium valproate. For patients not covered by the Shared Care Protocol, see individual formularies for the agreed formulary status as this is not yet aligned across BOB.

So What?

- Familiarise yourself with the updated BOB Migraine Prophylaxis Guidance and formulary status of atogepant.

Update to Topiramate Formulary Status

The BOB formularies have been updated to reflect the drug safety update from the June 2024 MHRA Topiramate (Topamax): introduction of new safety measures, including a Pregnancy Prevention Programme:

For Migraine Prophylaxis:

Topiramate is contraindicated in pregnancy. It should not be used in women of childbearing potential unless the conditions of the Pregnancy Prevention Programme are fulfilled. Use also in line with BOB ICB Migraine: Adult Prophylactic Therapy Guidelines.

Use in men should be in line with the BOB ICB Migraine: Adult Prophylactic Therapy Guidelines.

For Epilepsy:

Topiramate should no longer be used in women of childbearing potential unless the conditions of the Pregnancy Prevention Programme are fulfilled. It should not be used in pregnancy for epilepsy unless there is no other suitable treatment.

For Neuropathic Pain:

The Oxfordshire Neuropathic Pain Guidelines have now been retired and we are developing BOB-wide guidance. In the meantime, the formulary entries for neuropathic pain link to the NICE Neuropathic Pain Clinical guideline (CG173) and NICE Clinical Knowledge Summaries Neuropathic Pain. The previous Oxfordshire guidelines included topiramate as an option, topiramate has now been removed from the formulary. There is only a small number of patients on topiramate for neuropathic pain across

BOB. If your patient needs to be switched to another medication and you require advice, please contact the specialist who initially recommended topiramate.

So What?

- Please familiarise yourself with these formulary amendments and MHRA guidance.

Updated Oral Valproate Medicines Shared Care Protocol

The oral valproate medicines Shared Care Protocol has been updated to reflect the MHRA safety regulations: Valproate use in men: as a precaution, men and their partners should use effective contraception.

Clinicians should:

- Inform male patients (of any age) who may father children of the possible risk at initiation of valproate or at their next regular treatment review – this counselling should be given irrespective of the indication for valproate.
- As a precaution, recommend that male patients use effective contraception (condoms, plus contraception used by the female sexual partner) throughout the valproate treatment period and for 3 months after stopping valproate, to allow for one completed sperm cycle not exposed to valproate
- at the next regular treatment review, discuss with men on oral valproate treatment whether they are planning a family in the next year and if they are, refer to a specialist to discuss alternative treatment options
- if a female patient reports they are pregnant or planning a pregnancy with a man on valproate (including those undergoing IVF), refer for prenatal counselling
- advise men not to donate sperm during valproate treatment and for 3 months after stopping valproate.

So What?

- Please familiarise yourself with the updated shared care protocol and MHRA guidance.

Updated BOB ICB position statement on choice of Direct Oral Anticoagulant for prevention of stroke and systemic embolism in non-valvular atrial fibrillation

In September 2024 NHS England updated 'Commissioning recommendations for national procurement for direct-acting oral anticoagulant(s) (DOACs)', replacing the January 2024 publication. These updated recommendations reflect the loss of exclusivity of apixaban and rivaroxaban, enabling sufficient stock of generic product to be available to the NHS. The recommendations restate the commitment to ensure undiagnosed and untreated atrial fibrillation (AF) are addressed, as a priority for the improvement of national cardiovascular disease (CVD) outcomes.

The BOB ICB Position Statement on choice of Direct Oral Anticoagulant (DOAC) for prevention of stroke and systemic embolism in non-valvular atrial fibrillation (NVAF) only has been updated accordingly.

For patients commencing treatment for AF, it is up to the prescribing clinician to determine which DOAC is clinically appropriate for the patient. If the highest ranked best value DOAC (**generic apixaban or generic rivaroxaban**) is contraindicated or not clinically appropriate for the specific patient then, subject to the criteria specified in the relevant NICE technology appraisal guidance, clinicians should then consider the next highest ranked DOAC and so on until an appropriate treatment is identified.

So what?

- NHSE has updated their advice on the best value DOAC, this is currently generic apixaban (best value twice a day treatment) or generic rivaroxaban (best value once a day treatment).
- When all considerations are equal, the most cost-effective DOAC should be prescribed. The best value DOACs are recommended as first line (preferred) DOAC in newly diagnosed patients with NVAF, unless contraindicated, not tolerated or clinically inappropriate.

Prescribing Quality Scheme

Prescribing Quality Scheme Target - SGLT2i initiation in Type 2 diabetic patients on the CHD register taking metformin as monotherapy

The PQS Evidence Review Panel has returned evidence to several practices requesting clarification because the evidence returns report '*that the patients most recent HbA1c does not warrant the initiation of a further antidiabetic medication*'.

The rational for Part A of this target was to identify patients with type 2 diabetes aged 18-75, who are on the Coronary Heart Disease (CHD) register and only prescribed metformin as monotherapy for the management of diabetes. SGLT2i initiation in these patients is for cardiovascular benefits since the patients identified in the search are diabetic patients who are also on the CHD register.

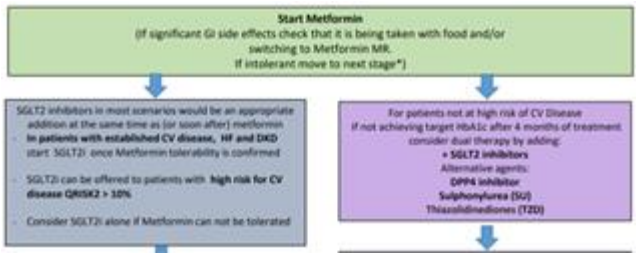
This is in line with NICE 'How to choose first line medicines'

NICE recommends that

Based on the cardiovascular risk assessment for the person with type 2 diabetes:

- *If they have chronic heart failure or established atherosclerotic cardiovascular disease, offer an SGLT2 inhibitor with proven cardiovascular benefit in addition to metformin.*

The BOB ICB Prescribing in Type 2 Diabetes Guideline **has a flowchart showing which patients should start and SGLT2i straight away/soon after metformin Glycaemic Control Stepped Care approach**



So what?

Please be aware of the guidelines and rationale for the use of SGLT2is in patients with Type 2 diabetes and CHD.

Prescribing Quality Scheme Target – Cardiovascular disease (CVD) primary prevention in Chronic Kidney Disease (CKD) stage 3 with lipid therapy

The PQS evidence panel have noted on evidence submissions that for some patients statin therapy is not indicated, as following review of their eGFR the CKD has "resolved".

Chronic kidney disease is not reversible but early treatment can help slow its progression. Consider if you have assessed and classified CKD as per NICE

guidance; according to estimated GFR (eGFR) and albumin:creatinine ratio (ACR). 'CKD resolved' would apply to incorrect diagnosis/coding.

Be mindful that all patients with CKD have a higher risk of cardiovascular disease, patient can still have CKD with a normal eGFR if they have persistent albuminuria. There are a number of resources which can support conversations raising awareness around CKD including UK Kidney Association, National Kidney Foundation and Kidney Care UK.

Health Innovation Oxford & Thames Valley, in collaboration with BOB ICB, have produced animated videos and leaflets to support patient conversations around cholesterol. These have been translated into other languages.

Medication Safety

Valproate Easy Read Leaflet – now available

The NHS England South East region Clinical Quality and Improvement Team have worked with clinicians and service users to produce an easy-ready leaflet for people taking valproate. The leaflet is aimed at women and people who could become pregnant who are taking valproate. It explains the benefits and risks and how to take valproate as safely as possible and focuses on the importance of informed discussions and person-centred. It aims to reduce the risk to both the person taking valproate and to a potential future baby and at all times respecting the wishes and choices of people and/or their carers.

The downloadable leaflet has also been translated into 30 languages. Hard copies of the leaflets can be printed on request, for further information on the price list or to request the leaflet in a printable format see the newsletter.

So what?

- An easy read valproate leaflet has been produced by the NHSE SE regional team. This can be accessed via the webpage and is available in 30 languages.
- The leaflet can be downloaded. Hard copies can be printed on requests or the printable format sent to you, see the newsletter for details.
- Please share widely with your networks – this has been funded and produced in the South East, but can be used by any region.

Miscellaneous

Provider for Enteral Feeding Contract is changing

Abbott® Nutrition currently holds the enteral feeding contract across BOB ICB, from January 2025 Nutricia® will take over this contract. The contract provides:

• Secondary care: enteral feeding equipment including tube feeds, feeding pumps and associated consumables to support a patient to be enterally fed. Plus oral nutrition supplements.

• Primary care: enteral feeding pumps and associated consumables plus a home delivery pharmacy service.

• Clinical nursing support service: to support patients to be discharged from hospital and to manage their feeding tube in the community .

The main things GP practices will notice:

• Nutricia® will start to contact GP practices to make them aware they have now taken over this service

• Dietitians in collaboration with Nutricia® will be requesting prescribers to change patients enteral feeding prescription in line with the new contract, where clinically acceptable. If a patient has opted for the Nutricia Home delivery pharmacy to deliver their enteral feeds the prescription will now need to be sent Nutricia® Homeward.

• BOB ICB tube feed formulary has been updated.

Adults on Paediatric Oral Nutritional Supplements

There is a soundalike error occurring in some practices where Aymes ActaJuni Shake is being prescribed to adults, instead of Aymes Shake. The Actajuni is only suitable up to 10 years, and has lower micronutrient, energy and protein content.

Survey for Oral Nutritional Supplements in Care Homes

GPs, prescribers and those working in connection with Care Homes are invited to complete the following survey on the use of oral nutritional supplements in Care Homes. Your input will support future strategies for managing malnutrition. The anonymous survey takes 5 minutes to complete, please share with wider colleagues.

Survey Link: Link for GPs and prescribers. (OR Link for Care Home teams) Deadline for completion: 31 March 2025

Dexcom One® to be replaced with Dexcom One +®

Dexcom One +® will replace Dexcom One® by summer 2025, please switch patients to Dexcom One +® at their next review

The key points are:

- Patients should be advised that the Dexcom ONE+® system has an integrated transmitter. **There is no need to prescribe separate transmitters with the Dexcom ONE+® system.**
- ScriptSwitch® messages will be added to remind prescribers of this impending change.
- If you would like to identify current patients prescribed Dexcom One® use the EMIS search – click here.
- If patient uses a mobile phone, they will also need to download the Dexcom ONE+® app, and use their current Dexcom® credentials to log in. Patients using a reader will need to order a new reader.

Dexcom has produced a range of aids for patients transitioning to Dexcom ONE+® which can be found using the links below:

- Online user guide for Dexcom ONE+®
- Downloadable and printable Dexcom ONE® to Dexcom ONE+® transition guide

So what?

• Please switch patients to Dexcom One+® at their next review.

ScriptSwitch® Prescribing

Optum and BOB ICB MOT would like to take the opportunity to highlight and thank you for playing your part, as together, we achieved some outstanding results for prescribing in BOB ICB, we could not have done it without you.

For the full details supplied from Optum, please click here.

Training, upcoming meeting and Resources

NEW Polypharmacy Case Studies Training

This training session has been developed by Health Innovation Oxford and Thames Valley in partnership with the BOB, Frimley and BLMK ICBs. It has been developed in response to feedback received from the Polypharmacy Training which was delivered in 2024 and attended by over 400 health and social care professionals.

This session is for **healthcare professionals involved in medication review**, and is intended to help improve confidence in conducting Structured Medication Reviews and learn more about safe deprescribing of inappropriate medicines.

The next available date to register is: Tuesday 25th March 2025, 12:00-13:00

If you have a question about this event, please contact: Marianna.Lepetyukh@healthinnovationoxford.org

Berkshire West Anticoagulation Webinar – recording available

An educational webinar was recently held by clinicians at RBH that focussed on taking primary care prescribers through the recently approved Berkshire West anticoagulation primary care guidelines: Berkshire West Primary Care Guideline for Prescribing Enoxaparin in Adults and Berkshire West Guideline for the Management of Superficial Vein Thrombosis in Adults (excluding pregnancy and puerperium). The recording of the webinar can be found here should you want to watch this back.

SPS Webinars – Polypharmacy in Primary Care

SPS is presenting two virtual webinars dedicated to upskilling primary care pharmacy professionals in personalising evidence-based medicine in patients with polypharmacy.

Webinar 1: Personalising evidence-based medicine to reduce polypharmacy

Date: 11 February 2025, 13:00-14:00, online via WebEx

Webinar 2: Personalised evidence-based medicine to minimise polypharmacy

Date: 4 March 2025, 13:00-14:00, online via WebEx

To find out more about these webinars, or to register, please click on the links above.

Polypharmacy ALS training in Primary Care

The Health Innovation Network have been running the Polypharmacy Action Learning Sets to help build GP and prescribing healthcare professionals' confidence in, and understanding of, the complex issues surrounding stopping inappropriate medicines safely.

The final course of 2024-25 will be run on the 12 February, 5 and 26 March 2025 from 9.30am-12 noon. Delegates must attend all three sessions.

Places are limited so please apply here if you would like to attend.

COPD Guideline Question and Answer session

Following the successful launch of the BOB COPD Guidelines, the BOB IRDN Prescribing Group are inviting all clinical staff to attend a Q&A session to answer any queries regarding the guidelines.

If you, or any of your staff members would like to attend, please forward and complete the registration form using the link below (please complete a form for each member of staff):

https://forms.office.com/e/TA21fV4zqa

Once you have registered, a TEAMS invite will be sent to you. The Q&A session will be recorded and made available to view if you are unable to attend.

Diabetes Information and Resources

The BOB Integrated Diabetes Delivery Network (IDDN) have created a webpage on SharePoint to host diabetes resources relating to pathways and guidance to support your management of people with diabetes. For the latest information from BOB IDDN, please see the newsletters on this link.

Other news and information

Medicines Supply Information

Some information on long-term supply issues can be found on Prescqipp or the Medicines Supply Tool on the SPS website. Please note this is not an exhaustive list.

Please note the Medicines Optimisation team will no longer be producing a summary the key stock issues that relate to primary care as this information can vary and fluctuate on a week-by-week basis, therefore the information can become outdated quickly. We advise that you register to be able to access the resources detailed above, to ensure you obtain the most relevant and up to date information on Medicine Supply Information.

Serious Shortage Protocols

Serious Shortage Protocols (SSPs), which enable community pharmacists to supply patients with specific alternative medicines, are available to view on the NHS Business Service Authority (BSA)'s dedicated SSP web page, along with supporting guidance. Questions regarding the SSPs should be directed to the NHS Prescription Service:

Email: nhsbsa.prescriptionservices@nhsbsa.nhs.uk

Telephone: 0300 330 1349. Textphone: 18001 0300 330 1349