

BNSSG

2024/2027 Enhanced Service for the Availability of Specialist Medicines

List of medication to be held in stock

CORE LIST OF SPECIALIST MEDICINES TO BE HELD BY ALL PHARMACIES

MEDICINE	QUANTITY
Alfentanil 1mg/2ml solution for injection ampoules	10 ampoules
Alfentanil 5mg/1ml solution for injection ampoules	10 ampoules
Ceftriaxone 1g powder for solution for injection vials	4 vials
Ceftriaxone 2g powder for solution for injection vials	4 vials
Cyclizine 50mg/1ml solution for injection ampoules	20 ampoules
Cyclizine 50mg tablets	1 box
Dexamethasone tablets 2mg	1 box
Dexamethasone 3.3mg/1ml solution for injection ampoules	10 ampoules
Diazepam 5mg/2.5ml rectal solution tube	5 rectal tubes
Fentanyl 100micrograms/2ml solution for injection ampoules	10 ampoules
Glycopyrronium bromide 200micrograms/1ml solution for injection ampoules	10 ampoules
Gentamicin 80mg/2ml solution for injection ampoules	5 ampoules
Haloperidol tablets 500 mcg	28 tablets
Haloperidol 5mg/1ml solution for injection ampoules	40 ampoules
Hyoscine butylbromide 20mg/1ml solution for injection ampoules	50 ampoules
Hyoscine hydrobromide 400micrograms/1ml solution for injection ampoules	20 ampoules
Inhixa 100mg/1ml solution for injection pre-filled syringes (Enoxaparin)	10 pre-filled syringes
Inhixa 120mg/0.8ml solution for injection pre-filled syringes (Enoxaparin)	10 pre-filled syringes
Inhixa 150mg/1ml solution for injection pre-filled syringes (Enoxaparin)	10 pre-filled syringes
Levomepromazine 25mg/1ml solution for injection ampoules	30 ampoules
Levomepromazine 25mg tablets	168 tablets
Lorazepam 1mg tablets (not sugar-coated) *	140 tablets
Metoclopramide 10mg/2ml solution for injection ampoules	30 ampoules
Midazolam 10mg/2ml solution for injection ampoules	50 ampoules
Morphine sulfate 10mg/1ml solution for injection ampoules	50 ampoules
Morphine sulfate 15mg/1ml solution for injection ampoules	10 ampoules
Morphine sulfate 30mg/1ml solution for injection ampoules	10 ampoules
Morphine sulfate 10mg/5ml oral solution	5 x 100ml bottle
Ondansetron 4mg/2ml solution for injection ampoules	10 ampoules
Ondansetron 4mg orodispersible tablets	10 tablets

Oxycodone 10mg/1ml solution for injection ampoules	20 ampoules
Oxycodone 20mg/2ml solution for injection ampoules	20 ampoules
Oxycodone 5mg/5ml oral solution sugar free	2 x 250ml bottle
Prochlorperazine 3mg buccal tablets	100 tablets
Phytomenadione 2mg/0.2ml solution for injection ampoules	10 ampoules
Sodium chloride 0.9% solution for injection 10ml ampoules	20 ampoules
Sodium chloride 0.9% infusion 1 litre bags	2 bags
Teicoplanin 400mg powder and solvent for solution for injection vials	2 vials
Vancomycin 125mg capsules	28 caps
Water for injections 10ml ampoules	20 ampoules

CORE LIST OF FLU ANTIVIRAL MEDICINES TO BE HELD BY ALL PHARMACIES

Drug	Form	Strength	Pack Size	Brand	Stock (Packs)
Oseltamivir	Capsules	30mg	10	Tamiflu	8
Oseltamivir	Capsules	45mg	10	Tamiflu	1
Oseltamivir	Capsules	75mg	10	Tamiflu	6
Oseltamivir	Oral Suspension	6mg/ml	65ml	Tamiflu	1
Zanamivir	Inhalation	5mg	20	Relenza	1

*e.g. Genus, PVL, or Teva brands

CORE LIST OF Covid Medicines Delivery Unit (CMDU) Medicines

Drug	Strength	Packs
Molnupiravir (Lagevrio)	200mg capsules	3
Nirmatrelvir 150mg/Ritonavir 100mg (Paxlovid)	150mg/100mg tablets	5



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Appendix 2 - Report on inability to fulfil a prescription

Pharmacy name and address (or pharmacy stamp – please ensure stamp is clear)
Date on which medicine(s) could not be supplied
Name and quantity of medicine(s) which could not be supplied
Reason why the medicines(s) could not be supplied
Date this/these medicine(s) was/were last issued to a patient
Date this/these medicine(s) was/were last ordered into stock
Name of Pharmacy which patient/carer/clinician was signposted to
What steps have been taken to minimise the risk of reoccurrence?

SignedDate.....

Printed name

Resident Pharmacist / Locum Pharmacist *(please delete as applicable)*



Please send this form to bnssg.medicines-optimisation@nhs.net within 7 days of
the inability to fulfil a prescription
NHS England South West

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Appendix 3 - Reimbursement for medicines that have become time expired

Pharmacy name and address (or stamp – please ensure stamp is clear)

Medicines Claimed for:

(a copy of the wholesaler invoice(s), clearly stating the date that the pharmacy ordered/obtained the time expired stock, must be attached)

**We will reimburse at the price quoted in the relevant month's edition of the *Drug Tariff*. Where the product is not listed in the *Drug Tariff*, we will reimburse at the price quoted in the relevant month's edition of the *Chemist and Druggist*.
VAT at the current rate will be added to the reimbursement.**

This invoice should be signed by a registered pharmacist or a registered pharmacy technician

Signed

Printed name

Date



**Bristol, North Somerset
and South Gloucestershire**
Integrated Care Board

Please send this form and wholesaler invoice(s) to bnssg.medicines-optimisation@nhs.net