

Ref.: BNS/Recall/19/06/01 Date: 27 Jun 2019 B&S Healthcare Unit 4, Bradfield Road Ruislip Middlesex HA4 0NU

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Dear Sir/Madam,

Subject: Class 2 Recall of Falsified Medicines -MDR123-05-19

We B&S Healthcare has received a Class 2 recall notification from MHRA regarding falsified medicines for those have been parallel imported by B&S Healthcare from Italy and have been re-labelled or re-cartoned in B & S Healthcare livery. The same batches of products may have been parallel imported legit mately into the UK by other importers. Only those packs in B & S Healthcare livery are within the scope of this Alert. The products are legitimate medicines but have been classed as falsified because part of their distribution has been outside of the approved supply chain and the correct transport and storage conditions cannot be guaranteed. However, there is no evidence that they have been tampered with and these medicines remain stable at room temperature.

Please see the Falsified Medicines Alert received from MHRA listing all the affected products and batches at https://www.gov.uk/drug-device-alerts/fmd-alert-class-2-mdr-123-05-19?utm_source=fe0c6205-4a39-49cf-8d54-1d3e0bb8b7d5&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

Following a risk assessment of all the affected products, three products have been judged to be a potential risk to patients due to the nature of the patient population. These are Clexane 8000iu Injection 0.8ml; Neupro 4mg/24 hr patches; and Vimpat 100mg tablets. You are also requested if possible, to contact the patient whom the affected batches were dispensed. The risk to patients is low and patients should be advised to continue taking their medication until they are able to obtain a prescription for replacement packs of the three medicines affected.

• The following products have been assessed as low risk to patients and will not, therefore, be recalled at patient level: Dovobet Gel, Incruse Inhaler, Provisacor (Crestor) 10mg Tablets, Seebri Breezhaler, Spiriva Inhalation Powder, Patients are being advised to keep taking their existing medicines as there are no potentially significant adverse consequences for these medicines. If they have any questions, they should contact their GP.

According to our records, you may have been supplied with stock listed within this document. You are requested to complete the attached form for any quantity in your stock to be returned to B&S Healthcare immediately. If you do not have any stock available please confirm this by writing that no stock available Please return completed signed form via a post to above mentioned address or electronically to the email: customerservice@bnshealthcare.com

Please contact us if more information required.

Thank you for your kind co-operation.

Girish Kandpal QA & RA Manager



Table of Products / Batches

Product and Park Size	Italian Batch	B & S Batch	Expiry Date	Date of First	Quantity
Clexane 8000iu 0.8ml 1 x 10	7CK98A	04N0078	30-OCT-20	18-APR-18	
Clexane 8000iu 0.8ml 1 x10	7CH63B	04N0016	30-JUN-20	11-APR-18	
Clexane 8000iu 0.8ml 1 x 10	7CL23B	03N1722	30-OCT-20	22-MAY-18	
Clexane 8000iu 0.8ml 1 x10	7CH36C	03N1721	30-JUN-20	11-APR-18	
Clexane 8000iu 0.8ml 1 x 10	7CH77B	03N1721	30-JUN-20	11-APR-18	
Clexane 8000iu 0.8ml 1 x 10	7CL82B	03N1720	30-NOV-20	11-MAY-18	
Clexane 8000iu 0.8ml 1 x 10	7CL37D	03N1722	30-OCT-20	22-MAY-18	
Clexane 8000iu 0.8ml 1 x 10	8CA66C	03N1716	30-DEC-20	10-MAY-18	
Dovobet Gel 1 x 30g	A80960	11N0735	30-JUL-20	06-DEC-18	
Dovobet Gel 1 x 30g	A79729	11N0734	30-JUN-20	05-DEC-18	
Dovobet Gel 1 x 30g	A85747	01P0222	30-OCT-20	09-JAN-19	
Dovobet Gel 1 x 30g	A78018	01P0850	30-MAY-20	16-JAN-19	
Dovobet Gel 1 x 30g	A80960	01P0221	30-JUL-20	09-JAN-19	
Dovobet Gel 1 x 30g	A87671	02P1199	30-OCT-20	02-APR-19	
Dovobet Gel 1 x 30g	A85936	02P1206	30-OCT-20	19-MAR-19	
Dovobet Gel 1 x 30g	A85747	02P1207	30-OCT-20	29-APR-19	
Dovobet Gel 1 x 30g	A88301	02P1205	30-NOV-21	15-MAY-19	
Dovobet Gel 1 x 30g	A80960	02P1204	30-JUL-20	30-APR-19	
Dovobet Gel 1 x 30g	A89721	04P0609	30-NOV-21	14-MAY-19	
Dovobet Gel 1 x 30g	A90279	03P1677	30-DEC-21	12-APR-19	
Dovobet Gel 1 x 30g	A85936	03P1679	30-OCT-20	14-MAY-19	
Incruse Inhaler 55Mcg 1 x 30 Doses	R829935	06N0036	30-JUN-19	07-JUN-18	
Incruse Inhaler 55Mcg 1 x 30 Doses	R834141	05N0506	30-SEP-19	21-MAY-18	
Incruse Inhaler 55Mcg 1 x 30 Doses	R839098	05N0750	30-OCT-19	23-MAY-18	

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Product and Pack Size	Italian Batch Number	B & S Batch	Expiry Date	Date of First Distribution	Quantity Available
Incruse Inhaler 55Mcg 1 x 30 Doses	R838744	05N0659	30-OCT-19	22-MAY-18	
Incruse Inhaler 55Mcg 1 x 30 Doses	R844186	05N0657	30-DEC-19	21-MAY-18	
Incruse Inhaler 55Mcg 1 x 30 Doses	R851918	11N0754	30-MAR-20	27-NOV-18	
Incruse Inhaler 55Mcg 1 x 30 Doses	R856773	11N0753	30-JUL-20	21-NOV-18	
Incruse Inhaler 55Mc 1 x 30 Doses	R853231	11N0755	30-MAR-20	21-NOV-18	
Incruse Inhaler 55Mc 1 x 30 Doses	R849465	11N0752	28-FEB-20	22-NOV-18	
Incruse Inhaler 55Mcg 1 x 30 Doses	R853231	01P0344	30-MAR-20	09-JAN-19	
Incruse Inhaler 55Mcg 1 x 30 Doses	R851918	01P0345	30-MAR-20	09-JAN-19	
Incruse Inhaler 55Mg 1 x 30 Doses	R856773	12N0071	30-JUL-20	07-DEC-18	
Incruse Inhaler 55Mg 1 x 30 Doses	R858970	01P0343	30-AUG-20	09-JAN-19	
Incruse Inhaler 55Mcg 1 x 30 Doses	R856773	12N0808	30-JUL-20	31-DEC-18	
Incruse Inhaler 55MCg 1 x 30 Doses	R852223	01P0344	30-MAR-20	09-JAN-19	
Incruse Inhaler 55Mg 1 x 30 Doses	R858970	02P1201	30-AUG-20	11-APR-19	
Incruse Inhaler 55Mcg 1 x 30 Doses	R856773	02P1200	30-JUL-20	18-APR-19	
Incruse Inhaler 55Mgg 1 x 30 Doses	R851918	02P1209	30-MAR-20	18-APR-19	
Incruse Inhaler 55Mcg 1 x 30 Doses	R861997	03P0530	30-SEP-20	28-MAR-19	
Incruse Inhaler 55Mg 1 x 30 Doses	R860226	03P0991	30-AUG-20	27-MAR-19	
Incruse Inhaler 55Mcg 1 x 30 Doses	R861997	03P0955	30-SEP-20	03-APR-19	
Incruse Inhaler 55Mcg 1 x 30 Doses	R860226	03P1676	30-AUG-20	05-APR-19	
Incruse Inhaler 55Mcg 1 x 30 Doses	R861997	03P1675	30-SEP-20	11-APR-19	
Incruse Inhaler 55Mcg 1 x 30 Doses	R861997	04P1150	30-SEP-20	29-APR-19	
Neupro 4mg/24hrs 1 x 28 Patches	56688403	05N0469	28-FEB-20	01-JUN-18	
Neupro 4mg/24hrs 1 x 28 Patches	56679402	06N0592	30-JAN-20	14-JUN-18	
Neupro 4mg 24hrs 1 x 28 Patches	56712404	10N1295	30-JUN-20	31-0CT-18	
Neupro 4mg/24hrs 1 x 28 Patches	56722401	10N1292	30-JUL-20	02-NOV-18	
Neupro 4mg/24hrs 1 x 28 Patches	56728403	10N1296	30-AUG-20	26-OCT-18	



Product and Pack Size	Italian Batch Number	B & S Batch Number	Expiry Date	Date of First Distribution	Quantity Available
Neupro 4mg/24hrs 1 x 28 Patches	56722401	11N0650	30-JUL-20	23-NOV-18	
Neupro 4mg 24hrs 1 x 28 Patches	56712403	11N0649	30-JUN-20	22-NOV-18	
Neupro 4mg 24hrs 1 x 28 Patches	56742401	11N0651	30-NOV-20	06-DEC-18	
Neupro 4mg 24hrs 1 x 28 Patches	56728403	11N0647	30-AUG-20	26-NOV-18	
Neupro 4mg/24hrs 1 x 28 Patches	56712404	11N0648	30-JUN-20	26-NOV-18	
Neupro 4mg/24hrs 1 x 28 Patches	56699404	04P1286	30-APR-20	14-MAY-19	
Neu-ro 4mg 24hrs 1 x 28 Patches	56737110	04P1288	30-SEP-20	09-MAY-19	
Neuro 4 24hrs 1 x 28 Patches	56728403	01P0366	30-AUG-20	14-JAN-19	
Neupro 4mg 24hrs 1 x 28 Patches	56742401	01P0314	30-NOV-20	09-JAN-19	
Neupro 4 24hrs 1 x 28 Patches	56757104	04P1278	30-JAN-21	03-MAY-19	
Neupro 4mg 24hrs 1 x 28 Patches	56763103	04P1279	30-JAN-21	03-MAY-19	
Provisacor (Sold as Crestor) 10Mg Tabs 1 x 28	U733A	04N1584	30-APR-20	08-MAY-18	
Provisacor [Sold as Crestor] 10Mg Tabs 1 x 28	U571A	05N0155	28-FEB-20	29-MAY-18	
Provisacor Sold as Crestor 10Mg Tabs 1 x 28	U690A	04N0650	30-APR-20	11-MAY-18	
SEEBRI BREEZHALER 44mg 1 x 30 Doses	BFD79	04PO113	30-JUL-20	18-APR-19	
Spiriva Inhalation Powder 18mcg Cap 1 x 30	802223	01P0226	28-FEB-20	09-JAN-19	
Spiriva Inhalation Powder 18mcg Cap 1 x 30	804102	01P0227	30-MAY-20	09-JAN-19	
VIMPAT 100MG TABS 1 X 56	254265	01P0324	30-APR-23	11-JAN-19	
VIMPAT 100MG TABS 1 X 56	255279	02P1067	30-APR-23	19-MAR-19	
VIMPAT 100MG TABS 1 X 56	258582	02P0892	30-JUN-23	25-MAR-19	
VIMPAT 100MG TABS 1 X 56	254265	02P0893	30-APR-23	25-MAR-19	

Note: Use additional pages if required.

You are hereby requested to communicate whatever stocks available with you from the list as per attached to Gowrie Laxmico Limited.

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Stock Available (Tick Appropriate)	YES	ON
Customer Account Number		
Pharmacy Name & GPHC Registration Number		
Pharmacist's Name and Registration Number		
Signature (Pharmacist Only)		Date

Completed and signed (by Pharmacist) copy to be sent to customerservices bushealthcare.com

For office use only:

RMA Reference number:	
RMA Raised By:	