

Minutes of the CPE Funding and Contract Subcommittee meeting held at CPE office on Wednesday 30th April 2025 commencing at 2.15pm

Members: Peter Cattee (Chairman), Anil Sharma (Vice-chairman), Adrian Price, David Broome, Jas Heer, Prakash Patel, Jay Patel and Tricia Kennerley

In attendance: Mike Dent, Janet Morrison, Jack Cresswell, Rob Thomas, Suraj Shah, Michael Digby and Mitesh Bhudia.

Observers: Sue Killen, Ian Cubbin, Phil Day, Lindsey Fairbrother, Sami Hanna, Ifti Khan, Fin McCaul, Niamh McMillan, Has Modi, Beran Patel, Mayank Patel, Olivier Picard, Sian Retallick, Stephen Thomas, Faisal Tuddy, Gary Warner, Ian Strachan, Shiné Brownsell, Vicki Roberts and Melinda Mabbutt.

LPC members in attendance: Salim Jehta, Raj Matharu, CJ Patel, Amit Patel, and Amish Patel

1. **Welcome from Chair**
The Chair opened the meeting and welcomed the attendees.
2. **Apologies for absence**
Peter Cattee sent his apologies for absence.
3. **Declarations or conflicts of interest**
None.
4. **Minutes of last meeting (**Confidential Appendix FCS 01/04/25**) and matters arising**
The minutes of the meeting held on 5th February 2025 were approved.

Matters for discussion

5. **Category C reimbursement reforms (**Confidential Appendix FCS 02/04/25**)**

The information in the appendix was noted by the subcommittee.

An update was shared on DHSC's proposals to change Category C reimbursement arrangements for multi-source products which was part of the Government's reimbursement reforms consultation in 2019 and also included in the recent CPCF 2025/26 letter as a topic DHSC intend to explore further with CPE.

DHSC is yet to share its detailed proposals with CPE and this paper was presented to give the subcommittee an indication of what to expect and to provide an opportunity to highlight any initial concerns or questions about the proposals.

Broadly, DHSC's preference is to use sales and volume data gathered under their information gathering powers to determine reimbursement prices for Category C products with multiple suppliers. The subcommittee was broadly supportive of changing the reference product to a cheaper alternative rather than making wholesale changes to Category C price-setting arrangements which may have unintended consequences.

Members of the subcommittee supported the suggestion to review the issues with branded generics first before any changes to Category C are implemented. Concerns were also raised about large number of products being de-branded and risk of dispensing these at a loss after generic discount deduction rate is applied. It was noted that the Government needs to look into manufacturers that significantly hike the prices of generic products despite equivalent brands being available more cheaply (sometimes from the same manufacturer). The subcommittee also highlighted that due to the wide range of products in Category C, the distribution of margin in Category C is uneven and that it would be difficult to equalise margin on these products.

The risks of supply issues and shortages need to be considered as part of any changes. It was noted that some suppliers only release stock if the brand is ordered on prescription. This not only impacts patient access but will have an impact on fair margin distribution.

We should accept the introduction of any changes to Category C only when wider DHSC actions have stabilised the markets for medicines.

There was a question on understanding the financial impact of the proposed changes. This is difficult to know although there has been a reduction in reimbursement prices over time so the problem may be decreasing. It was agreed that it would be easier to resolve reimbursement pricing issues affecting specific products rather than making big system changes at this time.

6. Margin workplan (**Confidential Appendix FCS 03/04/25**)

The information in the appendix was noted by the subcommittee.

The workplan outlines the various different improvements and validations regarding margin measurement that were accepted as part of the 2024/25 and 2025/26 CCPF settlement, and CPE's broad position on each.

We envisage that over the next 3 to 6 months DHSC will seek to make progress on many of these elements – we will bring updates back to the committee in due course.

It was noted that where DHSC are seeking increased transparency on margins, we should in turn seek transparency on issues such as price concessions and availability.

A committee member noted that looking at appliances could provide a skewed picture – since these do not have to be dispensed, and mix varies significantly between regions.

CPE asked for expressions of interest from multiples who would want to be part of a multiples' margin working group. It was reiterated that it would only be appropriate to consider multiples' margin alongside costs.

A committee member noted that the largest driver of margin variation is mix – if DHSC wish to understand variation between contractors then they should look here first.

7. Business rates overview (**Confidential Appendix FCS 04/04/25**)

The information in the appendix was noted by the subcommittee.

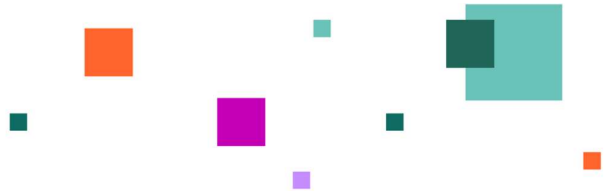
The business rates paper was introduced. Although discussions to have business rates covered in the last negotiations were unsuccessful, it is thought that this is still an area to push on given the funding gap set out by the Independent Economic Review.

The lack of transparency in understanding this issue was noted. For example, amounts are set at local level, the operation of reliefs creates disparities, and there are also instances where the cost to cover rates is bundled within charges to a landlord (rather than paid directly to local authorities). Preliminary analysis has been undertaken but more data is needed to understand this area more fully in preparation for future negotiations.

This was discussed by the sub-committee, and it was agreed that the funding team would undertake a black box analysis. Data would be sought from committee members to build a fuller picture that could be used in an anonymised way.

It was agreed that this would include rates and the operation of reliefs, as well as some other costs also reimbursed to GPs as part of their contract. Given the abatement approach seen with NHS dentists for rates, the proportion of NHS turnover would also be needed for each pharmacy.

A wider discussion on business rates also occurred. One sub-committee member suggested that it would be better for pharmacy premises to be exempted from rates in the first instance (rather than reimbursed by DHSC) as this would spread the cost more widely within government. The parity argument with GPs and other parts of primary care was also seen as important. It was seen as key to keep this on the agenda with DHSC, especially as many pharmacies were focusing more on NHS work given the increase in services.



Matters of report

8. Pharmacy First (**Confidential Appendix FCS 05/04/25**)

The information in the appendix was noted by the subcommittee.

9. Other primary care contracts (**Confidential Appendix FCS 06/04/25**)

The information in the appendix was noted by the subcommittee.

10. Remuneration and reimbursement updates

a. CPCF outturn (**Confidential Appendix FCS 07/04/25**)

The information in the appendix was noted by the subcommittee.

b. April 2025 Cat M (**Confidential Appendix FCS 08/04/25**)

The information in the appendix was noted by the subcommittee.

c. Cat A transition update (**Confidential Appendix FCS 09/04/25**)

The information in the appendix was noted by the subcommittee.

d. Cat A price concession update (**Confidential Appendix FCS 10/04/25**)

The information in the appendix was noted by the subcommittee.

e. Margin update (**Confidential Appendix FCS 11/04/25**)

The information in the appendix was noted by the subcommittee.

f. Price concessions update (**Appendix FCS 12/04/25**)

The information in the appendix was noted by the subcommittee.

11. General funding update (**Appendix FCS 13/04/25**)

The information in the appendix was noted by the subcommittee.

12. Statistics (**Appendix FCS 14/04/25**)

The information in the appendix was noted by the subcommittee.

13. Any other business

Antiviral reimbursement arrangements

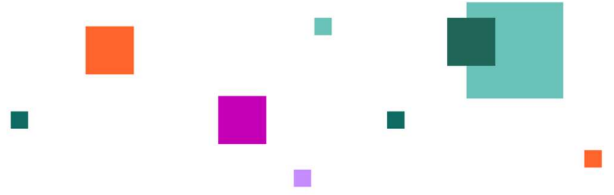
The subcommittee was asked to consider a late DHSC proposal on changing the reimbursement arrangements for Paxlovid in May 2025. DHSC proposes that pharmacies apply the 'NCSO' endorsement to prescriptions for Paxlovid if Government procured stock was supplied. Any commercial stock supplied would continue to be reimbursed at the NHS list price and no endorsement will be required for this. The subcommittee was content with DHSCs proposal with the knowledge that 'NCSO' functionality may not be supported by all systems and this is a risk DHSC will need to accept.

Pharmacy First caps

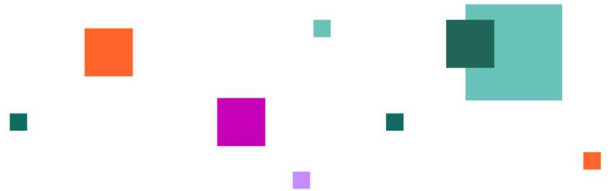
A short presentation was shared with the committee showing analysis of the impact of Pharmacy First capping in April and May 2025.

Broad conclusions from the analysis are:

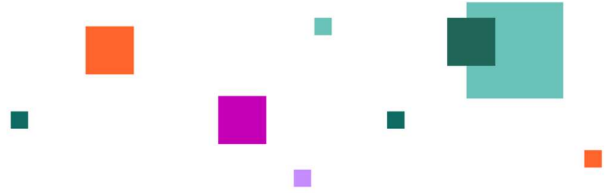
- We estimate the number of pharmacies impacted so far is relatively small, and reducing
- Most capped pharmacies being in band 6 shows the system working as intended – i.e. restricting the highest deliverers to control spend
- Certain LPC regions may benefit from targeted counselling in dealing with the issue but for most regions it is a minor problem



There was a discussion around whether the winter 2025 flu season could disrupt PF delivery, and subsequently impact the calculation of pharmacy caps at the start of 2026. It was noted that so far we have seen steady growth in Pharmacy First with 5% average month on month growth; we haven't seen any apparent growth declines due to capacity issues. But it's possible this could happen in future. We will monitor data and if necessary consider whether we think any changes to cap calculation methodology may be appropriate.



Subject	Price concessions update
Date of meeting	April 2025
Committee/Subcommittee	FunCon
Status	Not confidential
Overview	Overview of monthly price concessions granted
Proposed action(s)	No action required
Author(s) of the paper	CPE Dispensing & Supply Team



Price concessions update

April 2025

- DHSC has taken the decision to constrain concessionary prices when they are recouping excess margin. This will start from Q1 of 2025/26. This approach was confirmed in the CPCF 2025/26 letter to community pharmacy contractors.
- Pharmacy teams should continue to report any purchases above Drug Tariff prices to CPE. Our Dispensing and Supply Team will continue to gather these reports and submit price concession applications in the usual way. Any prices granted by DHSC will only be agreed by the team if they are supported by the reports submitted by pharmacies.
- As of 22 April 2025, CPE has applied for **99** price concessions. Further applications may be submitted throughout the month based on reports received by CPE.
 - As of 22 April 2025, **25** price concessions have been agreed between DHSC and CPE.
 - We are still in discussion with DHSC on prices for other products requested.
 - There were **3** price concessions from March that rolled over into April 2025.

March 2025

- DHSC wrote to CPE on **31 March** with their final prices for March 2025.
 - CPE applied for a total of **105** price concessions in March 2025.
 - **95** price concessions were granted by DHSC.
 - Of these, **61** prices were agreed between DHSC and CPE.
 - **34** products had prices imposed as CPE was unable to agree to the final prices proposed by DHSC.
 - **3** products were refused a price concession by DHSC i.e. no concessionary price imposed.
 - Agreement was reached that a price concession was not required for **7** products.
 - There were **4** price concessions from February that rolled over into March 2025.
 - Changes to reimbursement arrangements for medicines in Category A were introduced in April 2024. **13** products (out of **19** applied for) in Category A were granted a price concession in March. CPE will continue to monitor Category A lines affected by price reductions and apply for price concessions, where appropriate.

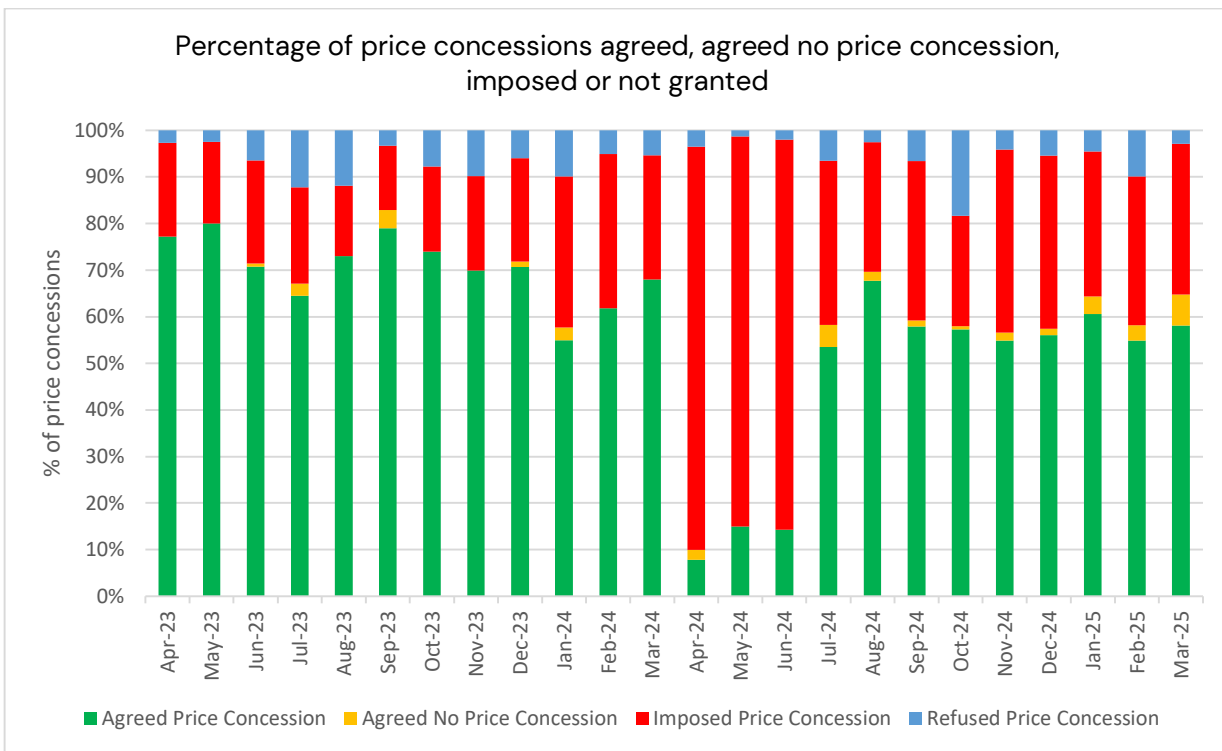
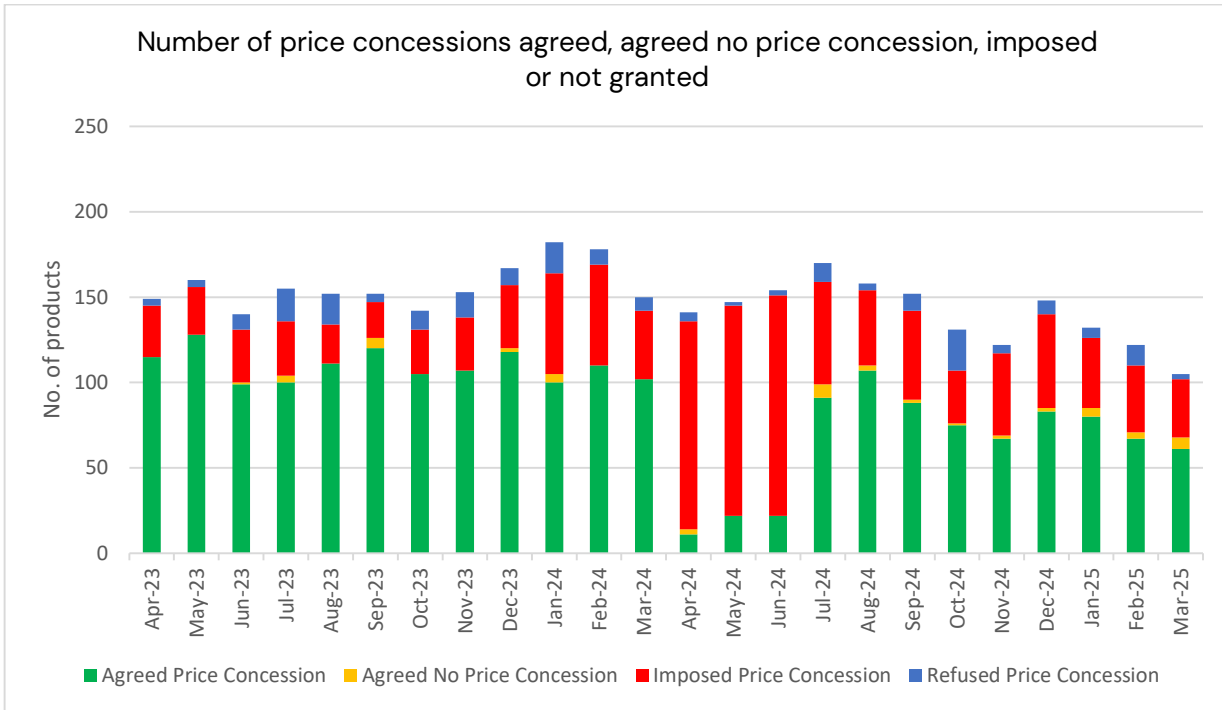
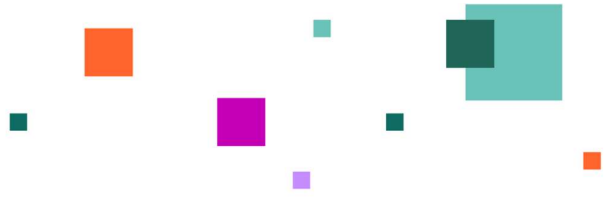
February 2025

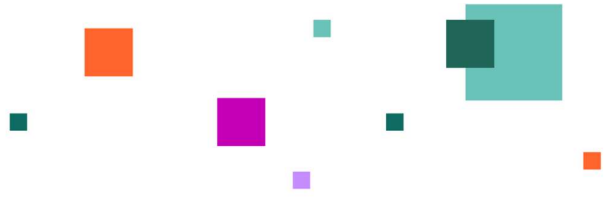
- DHSC wrote to CPE on **28 February and 5 March** with their final prices for February 2025.
 - CPE applied for a total of **122** price concessions in February 2025.
 - **106** price concessions were granted by DHSC.
 - Of these, **67** prices were agreed between DHSC and CPE.
 - **39** products had prices imposed as CPE was unable to agree to the final prices proposed by DHSC.
 - **12** products were refused a price concession by DHSC i.e. no concessionary price imposed.
 - Agreement was reached that a price concession was not required for **4** products.
 - There were **2** price concessions from January that rolled over into February 2025.
 - For **1** of the products that had a rolled over price, an upward adjustment was granted following price increases reported in February. This upward adjusted price for was **imposed** by DHSC. Prices for the other roll over product remained unchanged.
 - Changes to reimbursement arrangements for medicines in Category A were introduced in April 2024. **17** products (out of **26** applied for) in Category A were granted a price concession in February. CPE will continue to monitor Category A lines affected by price reductions and apply for price concessions, where appropriate.

January 2025

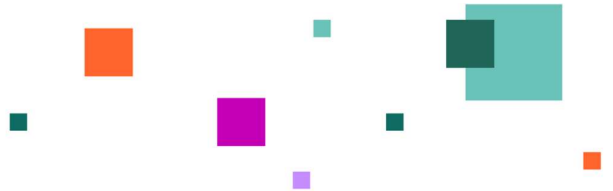
- DHSC wrote to CPE on **31 January** with their final prices for January 2025.
 - CPE applied for a total of **132** price concessions in January 2025.
 - **121** price concessions were granted by DHSC.
 - Of these, **80** prices were agreed between DHSC and CPE.
 - **41** products had prices imposed as CPE was unable to agree to the final prices proposed by DHSC.
 - **6** products were refused a price concession by DHSC i.e. no concessionary price imposed.
 - Agreement was reached that a price concession was not required for **5** products.
 - Changes to reimbursement arrangements for medicines in Category A were introduced in April 2024. **19** products (out of **24** applied for) in Category A were granted a price concession in January. CPE will continue to monitor Category A lines affected by price reductions and apply for price concessions, where appropriate.

Price concessions summary graphs





Subject	General funding update
Date of meeting	April 2025
Committee/Subcommittee	FunCon
Status	Not confidential
Overview	General update on various dispensing and supply topics
Proposed action(s)	No action required
Author(s) of the paper	CPE Dispensing & Supply Team



General funding update

The following items are included as matters of report:

1. Drug Tariff & Reimbursement updates

- Uplift to advanced payments for April and May 2025
- April 2025 Category M prices announced
- April 2025 Drug Tariff updates
- Retrospective reimbursement price adjustments
- 13 products added to the Discount Not Deducted (DND) list between February and May 2025
- 8 products re-classified as special containers between April - May 2025
- Dispensing disallowed items
- Hypromellose 0.3% eye drops – challenge incorrectly disallowed items
- Reminder: Appliances to be deleted from Part IX of the April Drug Tariff
- Two new blood glucose sensors added to the Drug Tariff

2. Regulatory updates

- £9.90 NHS prescription charge unchanged for April and May 2025
- Tax credit exemptions no longer valid from 6 April 2025
- Gepretix® 200mg capsules added to the HRT PPC medicines list from April 2025
- EPS rolls out for Detained Estate prescribers

3. Supply updates (including SSPs)

- Expiry of Government stockpile of Molnupiravir (Lagevrio®) 200mg capsules & Nirmatrelvir 150mg tablets / Ritonavir 100mg (Paxlovid®) tablets
- Change to Creon® distribution arrangements from 1 March 2025
- Supply of unlicensed PERT preparations
- Serious Shortage Protocols (SSPs)
- Market movements with implications for supply

4. Dispensing and Supply team communications

- Funding & Reimbursement Shorts: Original Pack Dispensing
- Funding & Reimbursement Shorts: 'FS' endorsed prescriptions for free supply of sexual health treatments
- Reminder: EPS token submission
- NHSBSA 'Hints & Tips' – Issue 58
- Dispensing and Supply webpage views

1. Drug Tariff & Reimbursement updates

Uplift to advanced payments for April and May 2025

In discussions with DHSC, Community Pharmacy England agreed a mechanism to allow pharmacy owners to receive the 19p Single Activity Fee (SAF) increase sooner for dispensing months of April 2025 and May 2025. The advanced payments for these dispensing months will be adjusted to incorporate the uplift to the SAF. No adjustment to advance payments will be required from June 2025 dispensing month onwards.

Under normal procedures, advance payments are calculated by the NHSBSA using the latest available Average Item Value (AIV) figure for each individual pharmacy, as well as declared items and value of prescription charges declared.

As the historic AIV figures would not have incorporated the 19p SAF increase, pharmacy owners would have received the benefit of the 19p SAF increase upon receipt of the balancing payments for dispensing months April 2025 and May 2025 (around 60 days from the conclusion of the month, under the current payment timetable).

Under the adjusted mechanism, pharmacy owners will receive the benefit of the 19p SAF uplift when they receive their advance payment for April and May 2025. Timing for this will differ depending on whether pharmacies receive their advance payments under the early advance timetable or normal advance timetable.

Early Advance (received for MYS FP34C submissions made by the 5th of the month)

Pharmacies that receive their Early Advance payment around 10–12 days after the conclusion of the month will have the 19p SAF uplift included in the advance payment (*'Payment on account for'* field, itemised on the Schedule of Payments for March and April 2025). This will not show as an additional payment.

Normal Advance (received for MYS FP34C submissions made after the 5th of the month)

Pharmacies that receive the Normal Advance payment around 30 days after the conclusion of the month will have the 19p SAF uplift included as an *'Additional advance payment'* itemised on their Schedule of Payments for March and April 2025.

Background information

An increase to the SAF of 19p per item from April 2025 was agreed as part of the [CPCF arrangements for 2024/25 and 2025/26 announced at the end of March](#).

April 2025 Category M prices announced

The Drug Tariff Category M pricelist for April 2025 was published on the [NHS Business Services Authority \(NHSBSA\) website](#). This price list included a margin increase of +£12.3m per quarter, as the result of the [CPCF settlement announced for 2024/25 and 2025/26](#). Without the agreed uplifts included in the settlement, the margin adjustment would have instead been £36m per quarter lower, i.e. a decrease of -£23.8m per quarter instead of an increase of +£12.3m.

Based on our analysis of the Category M price list for April 2025, Community Pharmacy England estimates there will be an overall reduction in reimbursement of approximately -£13.6m per quarter on like-for-like Category M lines, resulting from the combination of:

- A margin increase of +£12.3m
- Adjustments reflecting price movements in the underlying market (i.e. reductions in the buying prices of medicines)*

*In addition to margin adjustments, which are the subject of discussion between DHSC and Community Pharmacy England, the Category M Drug Tariff price list also reflects movements in the underlying market (i.e. movements in buying prices of medicines). These are systematic and not subject to negotiation.

The reference period used by DHSC for setting the April Drug Tariff is the Oct 2024 – Dec 2024 period. The level of movement in April reimbursement for like-for-like medicines indicates that according to market data gathered by DHSC, prices on these medicines reduced in the region of -£26m per quarter in the reference period. CPE's analysis of market data from the same period indicated that this is plausibly correct.

April 2025 Drug Tariff updates

The NHSBSA published updates to the April 2025 Drug Tariff to include details from the CPCF arrangements for 2025/26. These updates can be found on the NHSBSA's website [here](#) and include the following:

- **Part I** – Changes to the Payment Timetable to include earlier fee payments for the Hypertension Case Finding Service and Pharmacy Contraception Service. [Drug Tariff – Timetable for Payments for England \(PDF 128KB\)](#)
- **Part IIIA** – contractors should note the Single Activity Fee (SAF) will increase from £1.27 to **£1.46**. [Drug Tariff – Professional Fees \(PDF 114KB\)](#)
- **Part VIC** – changes to multiple advanced services including; the New Medicine Service, Pharmacy First, the Hypertension Case-Finding Service and the Pharmacy Contraception Service. [Drug Tariff – Advanced Services \(PDF 258KB\)](#) Contractors should also note, separate to

the deal, the increase to the fee for the Lateral Flow Device Test Service from £4.00 to **£4.10**.

- **Part VIIA** – the launch of the Pharmacy Quality Scheme (PQS) 2025/26. [Drug Tariff – Pharmacy Quality Scheme \(PDF 284KB\)](#)

Further details are outlined in the [joint letter to pharmacy owners](#).

Retrospective reimbursement price adjustments

Following representations made by Community Pharmacy England on behalf of community pharmacy owners, the DHSC [retrospectively adjusted the reimbursement prices](#) of certain products dispensed in October and November 2024.

Under the current [price change mechanism](#), pharmacy owners would have to wait one (or in some cases two months) before any NHS list prices changes are applied to reimbursement of branded products. The delays in reimbursement prices catching up with any NHS list price increases can lead to dispensing at a loss by pharmacies. The impact is more significant for products with large list price increases and for high volume lines.

To avoid pharmacy owners dispensing these products at a loss, DHSC agreed to grant retrospective price adjustments for the following products prescribed by brand or generically.

Generic name	Brand name	Pack size	Previous NHS list price	Retrospectively adjusted reimbursement price	Month for which price adjustment will apply
Generic Maxijul Super Soluble powder	Maxijul Super Soluble powder	25000g	£221.98	£234.85	October 2024
Generic Phlexy-Vits powder 7g sachets	Phlexy-Vits powder 7g sachets	30	£98.10	£103.50	October 2024
Lithium carbonate 200mg modified-release tablets	Priadel 200mg modified-release tablets	100	£12.46	£16.42	October 2024

Generic name	Brand name	Pack size	Previous NHS list price	Retrospectively adjusted reimbursement price	Month for which price adjustment will apply
Lithium carbonate 400mg modified-release tablets	Priadel 400mg modified-release tablets	100	£14.12	£18.60	October 2024
Alprostadil 10microgram powder and solvent for solution for injection cartridges with device	Viridal Duo Starter Pack 10microgram powder and solvent for solution for injection cartridges with device	2	£20.13	£35.55	November 2024
Alprostadil 20microgram powder and solvent for solution for injection cartridges with device	Viridal Duo Starter Pack 20microgram powder and solvent for solution for injection cartridges with device	2	£24.54	£35.55	November 2024
Alprostadil 40microgram powder and solvent for solution for injection cartridges with device	Viridal Duo Starter Pack 40microgram powder and solvent for solution for injection cartridges with device	2	£29.83	£35.55	November 2024

Pricing adjustments for the above products were included in the **January 2025 Schedule of Payments (with a payment date of 1st April 2025)**. The payments appeared as 'Adjustment

drugs and '**Adjustment fees**' (if applicable). The adjustments for products listed above were shown as a combined total.

Community Pharmacy England is awaiting responses from DHSC to other price adjustment requests submitted for several other products affected by NHS list price increases between October 2024 and April 2025. We will also be seeking a change to the current price change timetable for branded products so that there is no extra months' delay in applying any new list prices changes to reimbursement.

13 products added to the Discount Not Deducted (DND) list between February and May 2025

Following applications made by CPE to the DHSC and the NHSBSA, a further **13 products** were added to the 'Drugs for which Discount is Not Deducted' (DND) list between February – May 2025. In the past four years, over **670 products** have been granted DND status following checks made by CPE.

The following **2 products** were added to DND list in the May 2025 Drug Tariff:

- Ivermectin 3mg tablets
- Paxlovid 150mg/100mg tablets

The following **2 products** were added to DND list in the April 2025 Drug Tariff:

- Lagevrio 200mg capsules
- Sertraline 100mg/5ml concentrate for oral solution sugar free

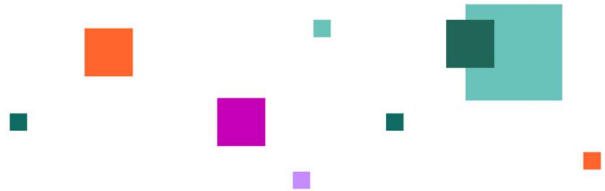
The following **2 products** were added to DND list in the March 2025 Drug Tariff:

- Urospir 50mg/5ml oral solution
- Leuprorelin 1.88mg powder and solvent for prolonged-release suspension for injection pre-filled syringes

The following **7 products** were added to DND list in the February 2025 Drug Tariff:

- CareSens Air Sensor
- Flecainide 25mg/5ml oral solution sugar free
- FreeStyle Libre 3 Plus Sensor
- Melatonin 2mg/ml oral solution sugar free
- Roxadustat 100mg tablets
- Roxadustat 50mg tablets
- Sertraline 50mg/5ml oral suspension sugar free

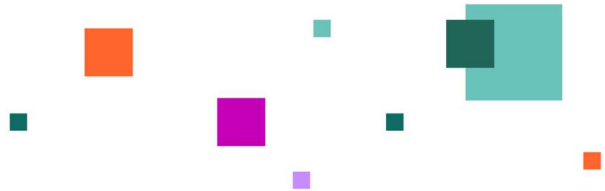
For a list of all the monthly changes to the DND status of products, please see the following page: [Notice of changes to discount not deducted \(DND\) status of products](#).



8 products re-classified as a special containers between April - May 2025

Following representations from Community Pharmacy England, the Department of Health and Social Care (DHSC) has re-determined that the following products will be granted special container status between April and May 2025:

Generic drug name (dm+d descriptor)	Brand and/or Manufacturer	Pack size	Special container
Special container status redetermined from May 2025			
Budesonide 1mg/2ml nebuliser suspension unit dose ampoules	Zentiva Pharma UK Ltd	20 unit dose (4 x 5)	Sub-pack of 5
Budesonide 500micrograms/2ml nebuliser suspension unit dose ampoules	Zentiva Pharma UK Ltd	20 unit dose (4 x 5)	Sub-pack of 5
Dexamethasone 0.1% eye drops 0.4ml unit dose preservative free	Dropodex (Rayner Pharmaceuticals Ltd)	20 unit dose	Sub-pack of 5
Dexamethasone 0.1% eye drops 0.4ml unit dose preservative free	Dexafree (Thea Pharmaceuticals Ltd)	3 x 10 unit doses	Sub-pack of 10
Hydrocortisone sodium phosphate 3.35mg/ml eye drops 0.4ml unit dose preservative free 30 unit dose	Softacort (Thea Pharmaceuticals Ltd)	3 x 10 unit doses	Sub-pack of 10
Naproxen 500mg / Esomeprazole 20mg modified-release tablets	Vimovo (Grunenthal Ltd)	60	Complete pack
Special container status redetermined from April 2025			
Cetraxal® 2mg/ml ear drops 0.25ml unit dose	Aspire Pharma Ltd	15 unit dose	Complete pack
Cetraxal® Plus 3mg/ml + 0.25mg/ml ear drops 0.25ml unit dose	Aspire Pharma Ltd	15 unit dose	Complete pack



This change to special container status is in accordance with the special container criteria outlined in Part II Clause 10B of the [Drug Tariff](#) and the Original Pack Dispensing (OPD) exceptions outlined in the Human Medicines Regulations (HMR). The three HMR exceptions include:

- medicines in a form that makes it not practicable to dispense in the exact quantity ordered;
- medicines in a container that has an integral means of application or from which it is not practicable to dispense an exact quantity;
- medicines that cannot be dispensed in the quantity ordered without adversely affecting the medicine

Specials container status is granted if a product meets at least one of the three HMR OPD exceptions listed above (i.e. the OPD +/-10% rules do not apply to special containers). For special containers, pharmacy owners can supply and will be reimbursed for the nearest pack size (complete pack or sub pack) or combination of containers nearest to the quantity ordered).

The table below provides latest information on the number of products that have been submitted to DHSC and NHSBSA for further investigation and the status of these applications.

Special container criteria	Number of products checked	Number of products applied for	Number of products currently in discussion with DHSC or under review with NHSBSA	Number of products agreed by DHSC as meeting criteria
Effervescent or hygroscopic*	269	230	183	47
Viscous external preparations*	895	160	144	16
Packaged in a container from which it is not practicable to dispense exact quantity*	3037	513	406	107
Total	4,201	903	733	170

*Please note some products may have been applied for under more than one criteria.

Since August 2019, CPE’s Dispensing & Supply team has reviewed over 4,000 products against Drug Tariff special container criteria. The three main criteria under which CPE has focused its attention are drugs that are considered hygroscopic, viscous external preparations and those packaged into containers from which it is not practical to dispense the exact quantity. Of those checked, CPE has identified and submitted applications for c.900 products that appear to meet

one or more of the special container criteria but are not annotated as such in the Drug Tariff and/or the dm+d. See our page on [Notice of changes to special container status of products](#).

CPE has submitted a paper to DHSC setting out its concerns relating to the current processes for determining the special container status of products and included proposals to facilitate more accurate assessment of products against the relevant Drug Tariff criteria.

Dispensing disallowed items

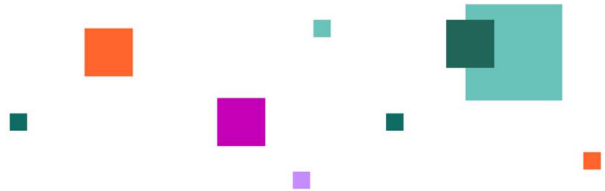
A high percentage of disallowed items are appliances or chemical reagents not listed in Part IX (the Appliances section) of the Drug Tariff or products ordered by dentists or community nurse prescribers which are not listed in their respective formularies. Recently, Community Pharmacy England has received queries from pharmacy owners concerned about the losses incurred after unintentionally dispensing disallowed items ordered on NHS prescriptions.

In one recent example, a pharmacy owner lost over **£700** dispensing a prescription for 'Zetuvit Plus Silicone Border dressing 20cm x 25cm rectangular' x 120 dressings. This item was deleted from the Appliances section in Part IXA of the Drug Tariff in July 2024 (following a three-month advance notice of deletion given in April 2024). However, the pharmacy team mistakenly ordered and dispensed this item in the dispensing month of July 2024 (when it was deleted from the Tariff) which resulted in the item being disallowed by the NHSBSA.

Appliances can only be prescribed on NHS prescription forms if the product is listed in Part IX of the Drug Tariff. The prescriber must prescribe the appliance as it appears in the Drug Tariff. For appliances that are prescribed generically, pharmacy teams should endorse the brand/supplier of the appliance listed in the Drug Tariff. Any prescriptions for appliances deleted from the Drug Tariff will not be passed for payment by the NHSBSA.

A three-month advance notice of deletion is given by the NHSBSA, before any appliances are deleted from the Drug Tariff. Appliances flagged with a notice of deletion are annotated with a symbol against the Part IX listing with a footnote and a date of deletion. Each month, Community Pharmacy England also publishes a list of all appliances flagged with a three-month notice of deletion in the [Drug Tariff Appliance Watch: Notice of Deletion](#) page. The latest month's Drug Tariff changes can be found in the [Drug Tariff Watch](#) page. Pharmacy teams are advised to keep track of appliances which are due to be deleted from the Drug Tariff to manage stock ordering and to run down any excess stock ahead of the planned month of deletion.

Pharmacy owners also experience losses when dispensing prescriptions issued by community nurse prescribers for items not listed in Drug Tariff Part XVIIIB(i) Nurse Prescribers' Formulary (NPF) for Community Practitioners. Where in doubt, pharmacy teams are advised to search the [NMC register](#) to confirm if a nurse holds the appropriate additional qualifications (supplementary/independent prescriber) to prescribe a product that is not listed in the NPF. Visit



our [Who can prescribe what?](#) page for information on items different types of prescribers are allowed to prescribe on NHS prescription forms.

The table below lists other recent examples of common disallowed items reported to Community Pharmacy England:

Item ordered	Ordered by	Reason for disallowed item
Dermol® 200 shower emollient Dermol® 500 lotion Dermol® 600 bath emollient Dermol® cream	Community Nurse prescriber	Not listed in the Nurse Prescribers' Formulary (NPF) for Community Practitioners
Octenisan® Wash	Community Nurse prescriber	Not listed in the Nurse Prescribers' Formulary (NPF) for Community Practitioners
Flucloxacillin 250mg capsules Flucloxacillin 500mg capsules	Dentist	Not listed in the Dental Prescribers' Formulary (DPF)
Oralieve® moisturising mouth spray	Dentist	Not listed in the Dental Prescribers' Formulary (DPF)
Glandasone® synthetic saliva spray (natural, lemon or peppermint)	GP	Appliance no longer listed in Part IX of the Drug Tariff
Mepilex® Border dressing	GP	Appliance no longer listed in Part IX of the Drug Tariff
Softclix® lancets 0.4mm/28gauge (Roche Diabetes Care Ltd)	GP	Appliance no longer listed in Part IX of the Drug Tariff
Neilmed® Sinus Rinse	Hospital prescriber	Appliance not listed in Part IX of the Drug Tariff
Hycosan® Eye Drops	GP	Appliance not listed in Part IX of the Drug Tariff

Community Pharmacy England is encouraging pharmacy owners to check their disallowed items history on the [Manage Your Service \(MYS\) portal](#) to identify any unpaid items and check the

reasons why these were disallowed by the NHSBSA. If an item is believed to have been incorrectly disallowed, pharmacy owners should **submit a challenge to the NHSBSA**, who will investigate the issue and rectify any missing payments if a pricing error is identified. Click here for more information on how to [check and challenge disallowed items](#) on MYS.

Hypromellose 0.3% eye drops – challenge incorrectly disallowed items

Previously, Community Pharmacy England [reported](#) that certain prescriptions for Hypromellose 0.3% eye drops (10ml) were incorrectly disallowed by the NHSBSA. This occurred because NHSBSA was only reimbursing generically written prescription for Hypromellose 0.3% eye drops (10ml) based on brands listed in the 'Eye Drops – Hypromellose' section in Part IXA of the Drug Tariff.

However, many pharmacies were supplying a licensed drug manufactured by Alissa Healthcare Research Ltd which NHSBSA was unaware of as the product was not listed in the [NHS dictionary of medicines and devices \(dm+d\)](#). Where the Alissa Healthcare product was supplied against a prescription for Hypromellose 0.3% eye drops (10ml), it should have been reimbursed as a non-Part VIII product by the NHSBSA based on the endorsed price (or referred back to the pharmacy in the absence of an endorsement).

Following representations made by Community Pharmacy England, NHSBSA added the Alissa Healthcare product to dm+d and undertook an investigation into all electronic prescriptions for Hypromellose 0.3% eye drops (10ml) dispensed between June 2022 – September 2023. This investigation is now complete and NHSBSA applied the correct reimbursement for prescriptions that were incorrectly disallowed. NHSBSA sent a letter alongside the Schedule of Payments, notifying affected pharmacy owners of any adjustments. The adjustments was included in the **December 2024 Schedule of Payments (with a payment date of 28th February 2025)**. The payments will appear as 'Adjustment drugs' and 'Adjustment fees' (if applicable), and will be shown as a combined total. Please note FP10 paper prescriptions for Hypromellose 0.3% eye drops (10ml) endorsed with the Alissa Healthcare brand submitted between June 2022 – September 2023 will not be automatically re-checked by the NHSBSA.

For information on Hypromellose 0.3% eye drops see link to NHSBSA article in the [Hints and Tips Issue 53](#).

Reminder: Appliances to be deleted from Part IX of the April Drug Tariff

Community Pharmacy England reminded pharmacy teams of the appliances deleted from Part IX of the April 2025 Drug Tariff. Any NHS prescriptions for the following appliances dispensed from April will be **disallowed** by the NHSBSA.

Product	Additional information (size, product code etc)
APPLIANCES – CATHETERS, URINARY, URETHRAL – Foley Catheter – 2 Way For Long Term Use – Adult – Flexicare Medical Ltd – FlexiCath All Silicone Catheter	All types and sizes
APPLIANCES – CATHETERS, URINARY, URETHRAL – Foley Catheter – 2 Way Long Term Use – Paediatric – Flexicare Medical Ltd – FlexiCath All Silicone Catheter (00-410603C – 00-411003C)	3-5(mL), 6-10(Ch)
APPLIANCES – EMOLLIENT AND BARRIER PREPARATIONS – E45 Eczema Repair	200ml
APPLIANCES – HERNIA SUPPORT GARMENTS – Orione Hernia Brief (Male)	All types and sizes
APPLIANCES – LUBRICANT GELS – Cathejell Mono	CJM 12501, 12.5g
STOMA APPLIANCES – ILEOSTOMY (DRAINABLE) BAGS – Dansac Ltd – Dansac Nova 1 Soft Convex EasiFold Drainable with 5mm integral convexity – Clear – pre-cut	35mm, 882-35, 10

A three-month advance notice of deletion is given by the NHSBSA, before any appliances are deleted from the Drug Tariff. Appliances flagged with a notice of deletion are annotated with a symbol against the Part IX listing with a footnote and a date of deletion. Each month, Community Pharmacy England also publishes a list of all appliances flagged with a three-month notice of deletion in the [Drug Tariff Appliance Watch: Notice of Deletion](#) page.

Pharmacy teams are advised to keep track of appliances which are due to be deleted from the Drug Tariff to manage stock ordering and to run down any excess stock ahead of the planned month of deletion.

Two new blood glucose sensors added to the Drug Tariff

Two blood glucose sensors, **FreeStyle Libre® 3 Plus sensors** and **CareSens Air® Sensor** were added to the Appliances section in Part IXA of the February 2025 [Drug Tariff](#). At the same time, both sensors were also included in the [Drugs for which Discount is Not Deducted \(DND\)](#) list (Part II of the Drug Tariff).

As both sensors can only be ordered by pharmacies directly from the manufacturers or wholesalers without any discount, Community Pharmacy England made representations to the DHSC for these sensors to be exempt from any discount deduction to ensure that pharmacies are not faced with dispensing these at a loss.

Discontinuation of FreeStyle Libre® 2 Sensors

Abbott Laboratories Ltd has taken the decision to phase out the FreeStyle Libre® 2 Sensors at the end of August 2025. This discontinuation does not impact FreeStyle Libre® 2 Plus, FreeStyle Libre® 3 and FreeStyle Libre® 3 Plus sensors. Abbott Laboratories has advised patients using the FreeStyle Libre® 2 Sensors to have their prescriptions amended to the FreeStyle Libre® 2 Plus Sensors as soon as possible.

FreeStyle Libre® 2 Plus sensors are not interchangeable with FreeStyle Libre 3 Sensors and require a different reader or the FreeStyle LibreLink® app to scan and receive the results. The arrangements for ordering the FreeStyle Libre 3 Sensors and FreeStyle Libre® 2 Plus sensors remain the same as for the Freestyle Libre 2 sensors – via the Abbott Diabetes Care [pharmacy ordering portal](#).

2. Regulatory updates

£9.90 NHS prescription charge unchanged for April and May 2025

The Government is yet to conclude consideration of any increases to prescription charges and prescription pre-payment certificates (PPCs) for 2025/26. **Therefore, the existing charges have rolled over into April and May 2025.**

Community Pharmacy England will update community pharmacy teams as soon as any changes are announced by Ministers, including details of when they will be implemented.

In summary:

- For prescriptions dispensed in April and May 2025, NHS prescription charges remains at **£9.90 per item**.
- The cost of PPCs (including HRT PPCs) also remains unchanged for April and May 2025.

Pharmacies should already have been displaying a notice showing the prescription charge and, as there was no change, they could continue to use that.

Tax credit exemptions no longer valid from 6 April 2025

Tax credit payments made by HM Revenue & Customs (HMRC) ended on Saturday 5 April 2025. After this date, people who hold a tax credit exemption certificate, no longer receive automatic

entitlement to free NHS prescriptions under the 'Tax Credit exemption certificate' category as it is no longer a valid prescription charge exemption reason.

People previously receiving tax credits are being moved to Universal Credit. It is important to note that Universal Credit does not automatically entitle patients to help with their health costs. **To continue being entitled to free NHS prescriptions, patients must meet the Universal Credit criteria for help with health costs or qualify under another valid exemption reasons.** More information can be found on the NHSBSA website [here](#).

Although the exemption category 'Tax Credit exemption certificate' (EPS code 0013 or labelled 'M' on paper forms) was invalidated from 6 April 2025, prescriptions dispensed on or before the 5 April 2025 using this exemption category may still be claimed after this date.

The reverse of FP10 prescription forms and EPS tokens will be updated in due course to remove the 'Tax Credit exemption certificate' category. We will update pharmacy teams as soon as we receive a timeline for this change.

If your pharmacy PMR system is enabled with [Real Time Exemption Checking \(RTEC\)](#), this can be used to find out if a patient has a valid exemption before dispensing their prescription. If an exemption is confirmed by RTEC, patients will not need to provide any proof of entitlement to free prescriptions and will not need to make a declaration on the reverse of the EPS token.

Patients can be directed to the [NHSBSA eligibility checker](#) to check if they are entitled to free NHS prescriptions. If a patient is unsure of their entitlement to free NHS prescriptions, pharmacy staff should advise the patient to pay for their prescription and provide them with an [FP57](#) receipt and refund form at the point of payment. To claim a refund, the patient can return to any community pharmacy with their FP57 form along with evidence of their entitlement to free NHS prescriptions.

To help communicate the changes to patients currently receiving tax credits, the NHS Business Services Authority produced a poster for community pharmacies to display. The poster can be downloaded [here](#) or from the following link: [NHS Help with Health Costs – Tax Credit ending](#).

Gepretix® 200mg capsules added to the HRT PPC medicines list from April 2025

From 1 April 2025, the list of medicines covered by the HRT prepayment certificate (HRT PPC) was updated to include a new brand of progesterone 200mg micronised capsules, **Gepretix®**. Part XVI of the April 2025 Drug Tariff was updated to include the following new HRT medicine for which patients are able to purchase an HRT PPC:

- **Gepretix® – Progesterone micronised 200mg capsules**

Pharmacy staff were advised to check the NHSBSA website for [an up-to-date list of HRT medicines covered by the HRT PPC](#). Community Pharmacy England updated its [HRT medicines](#)

[list](#) to reflect the changes taking effect from April 2025. Please note: you may need to hard refresh (press Ctrl+R) to refer to the most up-to-date version.

EPS rolls out for Detained Estate prescribers

NHS England announced that from late February and May 2025, the Electronic Prescription Service (EPS) will be **fully** extended to Detained Estate healthcare services in England.

The staggered rollout allows prescribers working in prisons to issue EPS 'To Take Out' (TTO) and urgent prescriptions electronically to community pharmacies, removing the need for the use of paper FP10 forms.

Most people will be released from prison with a supply of their current medications, so they may only need to collect their EPS prescription after release. They are also likely to collect their prescription from a pharmacy far from the prison, as many people are detained a long distance from their homes.

This development and the piloting was [previously announced](#).

Free-of-charge 0015 HMP code for these prescriptions

An HM prison-issued FP10 or FP10MDA prescription issued to a person released from prison is exempt from NHS prescription charges.

HMP prescriptions should have the exemption category 0015 HMP selected*.

*On some dispensing systems this category is worded in a misleading way, for example 'patient does not have to pay a prescription charge'.

The prescriber address section of the prescription must include the initials 'HMP'/YOI (Young Offenders Institution) to confirm that the prescription is exempt from charges.

If so, the patient does not need to complete a signed declaration on the back of the form or Token. Exemption category 0015 should only be used for processing HMP prescriptions for people released from prison.

Some pharmacy teams have asked their system supplier to identify HMP prescriptions and set these to the exemption category code '0015' by default and to flag for pharmacy teams that these are HMP free-of-charge electronic prescriptions.

Handling these prescriptions

These prescriptions are expected to be relatively rarely seen by community pharmacies; however, any pharmacy might receive one of these prescriptions.

According to the NHSBSA, there are currently around 6,000 of these types of FP10s issued annually by prisons, but the availability of EPS may influence future use of that route to supply



medicines to people being discharged from prison. [Health and justice statistics](#) indicate that tens of thousands of people are released from prison each year.

Here are the key points for pharmacy teams to consider when handling these prescriptions:
Patient communications

Prescribers have been asked to communicate to patients about their electronic prescriptions and to inform them they are entitled to free prescriptions.

Non-nominated prescriptions

These prescriptions might be [non-nominated EPS prescriptions](#) that need to be retrieved from the NHS Spine. Due to the uncertainty of where individuals will live after release, prescribers may choose to issue non-nominated prescriptions instead of using one-off or standard nominated prescriptions.

Tokens

Some individuals might have a token or prescription barcode/number for their prescription, either provided to them by the prescriber or accessible via the NHS App or their online NHS website account.

However, many patients may not have a token due to difficulties faced by prison prescribers in providing this and because patients may not have access to phones or computers to download their EPS token to present it to the pharmacy. In such cases, the prescription will need to be located by the pharmacy team using patient information, such as their name, date of birth and the address of the prison from which they were released.

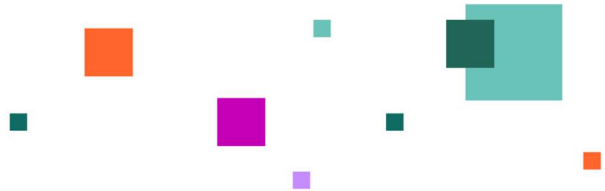
Pharmacy queries to the prescriber

If a pharmacy needs to contact the prison prescriber, they should [look up the prison contact details](#) and then phone the main prison switchboard and ask to be connected to the healthcare team. These teams generally operate during core hours from 08:00 to 17:00, Monday to Friday, with some availability outside these hours.

Rollout plans

The rollout of EPS in the detained estate has been phased, and the full rollout will also be phased. The initial rollout at HMPs Leeds and Foston Hall began in late January 2025 with full rollout taking place between February 2025 and April 2025 (see the table below and note that dates could be subject to change).

Rollout plans	Target dates
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Two pilot prescriber sites	December 2024 – January 2025
Five early implementer prescriber sites	From January 2025
Rollout will then be on a regional basis to further prescribers	From February to April 2025

The plans and dates may be subject to change. A more detailed table outlining the rollout by region in the weeks from now until May can be found [here](#).

Support and escalations

Queries about the rollout of EPS in the detained estate can be emailed to necsu.hjis@nhs.net.

If there is a technical issue or a concern with an EPS prescription, use the usual [EPS escalation route factsheet](#) to ensure a proper resolution.

3. Supply updates

Lagevrio® (Molnupiravir 200mg capsules) and Paxlovid® (Nirmatrelvir 150mg tablets / Ritonavir 100mg) deleted from Part VIII C

Paxlovid® (Nirmatrelvir 150mg tablets and Ritonavir 100mg tablets) was deleted from Part VIII C of the May 2025 Drug Tariff after confirmation from NHS England (NHSE) that all remaining supplies of this Government procured COVID-19 antiviral medicine will expire on **31 May 2025**. The last delivery of Government stock ordered by pharmacies is on **30 April 2025**. The last day pharmacies should dispense Government stock of Paxlovid® is 24 May 2025, to ensure that the patient completes the 5-day course before it expires. After this date, any expired stock must be disposed off in the usual manner.

This followed the recent [deletion of Lagevrio® \(Molnupiravir 200mg capsules\) from Part VIII C](#) of the April 2025 Drug Tariff after Government stock of Lagevrio® expired on 31 March 2025.

Commercial stock of Lagevrio® and Paxlovid® (from **1 May 2024**) is available for pharmacies to order from Pfizer via Alliance Healthcare, but these will be charged at the full NHS list price. Any pharmacy that dispenses NHS prescriptions for Paxlovid® from May (or Lagevrio® from April) will be reimbursed the NHS list price as published by the manufacturer on the [dictionary of medicines and devices \(dm+d\)](#).

For more information, Pfizer can be contacted directly via email:

- pfizerukaccess@pfizer.com – for product national reimbursement, access, or price related questions:
- customer.services@pfizer.com – for product supply related questions

Background

In response to the COVID-19 pandemic, the UK government procured and purchased COVID-19 antivirals to protect people who were at the highest risk of becoming seriously ill. Both Paxlovid® and Lagevrio® were available free of charge to community pharmacy teams from Alliance Healthcare with pharmacies receiving a nominal reimbursement amount of £2.50 per pack (as outlined in Part VIIC of the [Drug Tariff](#) – Arrangements for Payment of Products Supplied Free of Charge in England).

As pandemic arrangements have ended, the Government are no longer procuring further supplies. This means that once existing centrally procured pandemic stockpiles exhaust or expire, COVID-19 antivirals will need to be ordered by community pharmacy teams in the usual way, and they will no longer be available free of charge.

A pharmacy owner may request a review if they are unable to purchase Paxlovid® without incurring charges prior to May 2025 (or for Lagevrio® prior to April 2025). Following a successful review, where pricing issues are identified, any adjustments will be applied by the NHS Business Service Authority (NHSBSA) to the pharmacy contractor’s account at the earliest possible payment date.

[Click here](#) for more information on Part VIIC arrangements.

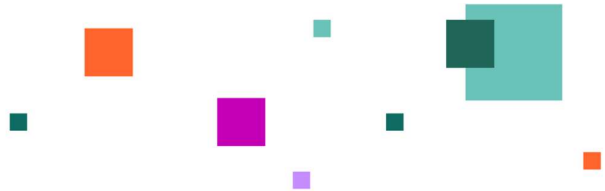
Change to Creon® distribution arrangements from 1 March 2025

Viatrix UK announced that, from 1 March 2025, all orders of licensed Creon® preparations should be placed directly with [Alliance Healthcare UK](#).

This is a shift away from the previous three-wholesaler (AAH, Alliance Healthcare UK and Phoenix) distribution model to using only Alliance Healthcare UK as the sole distributor of licensed Creon® preparations in the UK.

The details of the products covered by the new distribution arrangements are included in the table below.

Product	Price	Pip Code
Creon® 10000 gastro-resistant capsules (100)	£12.93	2291847
Creon® 25000 gastro-resistant capsules (100)	£28.25	2553436



Creon® Micro Pancreatin 60.12mg gastro-resistant granules (20g)	£31.50	3023231
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Viatrix UK believes this change will support the optimal distribution of licensed Creon® preparations to healthcare providers across the UK. Viatrix UK is in regular contact with the DHSC, patient association groups and healthcare professionals to provide frequent updates on the supply status.

For any questions or for further information about the new supply arrangements, pharmacy teams are advised to contact the dedicated Creon® customer support line on **0800 8086410** (open Monday to Friday between 9:00 to 17:00).

Supply of unlicensed PERT preparations

According to the [Shortage of Pancreatic enzyme replacement therapy \(PERT\)](#) National Patient Safety Alert (NPSA) published on 18 December 2024, Creon® will remain in limited supply until 2026 and alternatives such as Nutrizym® 22 capsules and Pancrex V® capsules and powder are intermittently available but are unable to fully cover the gap in supply.

One of the actions stated in the latest alert requires each Integrated Care Board (ICB) to have a local management plan in place to ensure patients are not left without PERT. This may include a centralised route to obtain unlicensed imports. Pharmacies are encouraged to check what local plans are in place for dealing with PERT shortages.

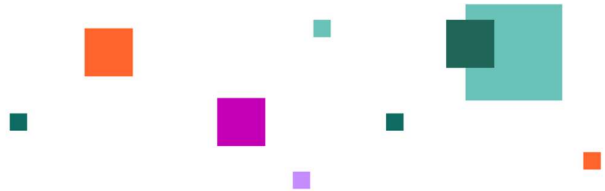
Due to these ongoing supply issues, community pharmacies may receive prescriptions ordering unlicensed imports of PERT. Examples of unlicensed imported PERT preparations listed in the [NHS dictionary of medicines and devices \(dm+d\)](#) include:

- Creon® 10000 gastro-resistant capsules (Imported)
- Creon® 25000 gastro-resistant capsules (Imported)
- Pancreaze® Delayed-Release capsules (Imported)
- Pangrol® 10,000 capsules (Imported)
- Pangrol® 25,000 capsules (Imported)

Please note: the enzyme composition of unlicensed imports may differ from UK licensed products

If an unlicensed PERT product is required, a prescription will need to be issued correctly as displayed above with **'(Imported)'** included as part of the drug name field. This will ensure pharmacies are reimbursed for supplying the unlicensed product (provided the prescription is endorsed accordingly).







If the unlicensed PERT products listed above are not visible on prescribing systems for GPs to select (for example, because prescribing system suppliers have not 'mapped' across the



appropriate products by using the latest dm+d extract), **an FP10 paper prescription should be issued as 'Specified PERT product (Special Order)' or 'Specified PERT product (Imported)'** and endorsed by the pharmacy as a non-Tariff special (see below for prescriptions endorsing requirements for non-Drug Tariff specials).



Community Pharmacy England is aware of examples where prescribers have applied different workarounds such as free-typing '(Special Order)', or similar, into the dosage or additional instructions field of electronic or paper prescriptions. Such prescriptions should be referred back to the prescriber so they can be written out correctly. This is because any **supplementary product information contained within the dosage area or additional instructions field is NOT read by the NHSBSA** during prescription pricing. For example, if a prescription is issued for 'Creon® 25000 gastro-resistant capsules' with instructions included in the dosage area to supply an unlicensed special or import, the pharmacy will only be reimbursed the NHS list price (£28.25 for a pack of 100) for the licensed Creon® preparation (and not as per the endorsed invoice price for the unlicensed product supplied). Further information on supplementary product information can be found here: cpe.org.uk/dosearea.

Example of EPS prescriptions issued for unlicensed Creon®

Incorrectly written EPS prescription for unlicensed Creon®	Correctly written prescription for unlicensed Creon®								
<table border="1"> <thead> <tr> <th data-bbox="178 1060 600 1092">Prescribed Medication</th> <th data-bbox="609 1060 763 1092">DISPENSING TOKEN</th> </tr> </thead> <tbody> <tr> <td data-bbox="178 1102 600 1249"> Creon 25000 gastro-resistant capsules Take 1-2 capsules with meals 200 capsules Please supply imported product </td> <td data-bbox="609 1102 763 1249">  </td> </tr> </tbody> </table>	Prescribed Medication	DISPENSING TOKEN	Creon 25000 gastro-resistant capsules Take 1-2 capsules with meals 200 capsules Please supply imported product		<table border="1"> <thead> <tr> <th data-bbox="812 1060 1234 1092">Prescribed Medication</th> <th data-bbox="1242 1060 1396 1092">DISPENSING TOKEN</th> </tr> </thead> <tbody> <tr> <td data-bbox="812 1102 1234 1249"> Creon 25000 gastro-resistant capsules (Imported) Take 1-2 capsules with meals 200 capsules </td> <td data-bbox="1242 1102 1396 1249">  </td> </tr> </tbody> </table>	Prescribed Medication	DISPENSING TOKEN	Creon 25000 gastro-resistant capsules (Imported) Take 1-2 capsules with meals 200 capsules	
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FP10 paper prescriptions should also include the words 'Imported' or 'Special Order' as part of the prescribed product name. All paper FP10 prescriptions for unlicensed specials must be endorsed correctly and placed in the **red separator** for end of month submission. All paper prescriptions included in red separators are checked by an operator at the NHSBSA.

Example of FP10 paper prescriptions issued for unlicensed Creon®

Incorrectly written FP10 prescription for unlicensed Creon®	Correctly written FP10 prescription for unlicensed Creon®
<p>Creon 25000 gastro-resistant capsules Take 1-2 capsules with meals 200 capsules Please supply imported product</p> 	<p>Creon 25000 gastro-resistant capsules (Imported) Take 1-2 capsules with meals 200 capsules</p> 

Please note there are currently two active SSPs for Creon® capsules: [SSP 060](#) and [SSP 061](#). If the prescription is for more than one month’s supply, these SSPs allow pharmacies to supply the equivalent of one month’s supply. Click here for more information on [Serious Shortage Protocols](#).

Serious Shortage Protocols (SSPs)

Active SSPs

SSP	Expiry date	Supporting Information
SSP082: Estradot® 25 microgram patches	02 May 2025	SSP082 guide
SSP081: Estradot® 100 microgram patches	02 May 2025	SSP081 guide
SSP080: Estradot® 75 microgram patches	02 May 2025	SSP080 guide
SSP079: Estradot® 50 microgram patches	02 May 2025	SSP079 guide
SSP077: Cefalexin 125mg/5ml oral suspension sugar free	02 May 2025	SSP077 guide
SSP061: Creon® 25000 gastro-resistant capsules	23 May 2025	SSP061 guide
SSP060: Creon® 10000 gastro-resistant capsules	23 May 2025	SSP060 guide

Expired SSPs

SSP	Date expired	Supporting Information
SSP078: Cefalexin 250mg/5ml oral suspension sugar free	31 January 2025	SSP078 guide

Further information on SSPs can be found on our [Live SSPs](#) webpage

Market movements with implications for supply

To assist pharmacy teams, the following **14** supply disruption alerts and medicine supply notifications issued by DHSC between 3 February 2025 and 22 April 2025 were published on the CPE’s website:

Date	Drug name
15 April 2025	Fentanyl (Durogesic® DTrans®) patches
11 April 2025	Galantamine 8mg, 16mg and 24mg modified-release capsules
7 April 2025	Triamcinolone acetonide 10mg/ml (Adcortyl® ampoules) and 40mg/ml (Kenalog® vials) suspension for injection
7 April 2025	Diltiazem (Angitol® SR) 90mg modified-release capsules
3 April 2025	Estradiol (Estradot®) 25micrograms/24 hours, 37.5micrograms/24 hours, 50micrograms/24 hours, 75micrograms/24 hours, and 100micrograms/24 hours transdermal patches – Updated
27 March 2025	Apraclonidine (Iopidine®) 5mg/ml (0.5%) eye drops
27 March 2025	Levofloxacin 250mg and 500mg tablets
25 March 2025	Megestrol (Megace®) 160mg tablets
17 March 2025	Promixin® (colistimethate) 1-million unit powder for nebuliser solution unit dose vials – discontinuation
6 March 2025	Salbutamol (Salamol Easi-Breathe®) 100micrograms/dose breath actuated inhaler CFC free
3 March 2025	Desmopressin 10microgram/dose nasal spray
20 February 2025	Triptorelin acetate (Gonapeptyl® Depot) 3.75mg powder and solvent for suspension for injection pre-filled syringes
10 February 2025	Quetiapine 50mg, 150mg, 200mg, 300mg and 400mg modified-release tablets
3 February 2025	Camellia sinensis extract (Catephen®) 10% ointment Fluorouracil (Efudix®) 5% cream Imiquimod (Aldara® 5% and Zyclara® 3.75%) cream 250mg sachets

4. Dispensing and Supply team communications

Funding & Reimbursement Shorts: Original Pack Dispensing

As part of our [Funding & Reimbursement Shorts](#) series, Community Pharmacy England's in-house Drug Tariff and funding experts have created a new video providing guidance on Original Pack Dispensing (OPD) including how and when to apply the new +/-10% rules.

In this video, Gemma Hackett and Alisha Khatri from the Dispensing and Supply Team, discuss the topic of OPD, covering:

- What OPD +/- 10% is and why it was introduced;
- When and how to use OPD +/- 10%, including which types of products it will relate to;
- How reimbursement rules will be applied including examples; and
- How IT/PMR functionality supports OPD

Watch the Original Pack Dispensing (OPD) video [here](#).

Funding & Reimbursement Shorts: 'FS' endorsed prescriptions for free supply of sexual health treatments

As part of our [Funding & Reimbursement Shorts](#) series Community Pharmacy England's in-house Drug Tariff and funding experts created a new video providing guidance on how handling 'FS' endorsed prescriptions for free supply of sexual health treatments.

In our latest video, Mitesh Bhudia and Gemma Hackett from the Dispensing and Supply Team, discussed the topic of 'FS' endorsed prescriptions, including:

- Which treatments are covered by the 'FS' endorsement;
- How prescribers should apply the 'FS' endorsement to prescriptions;
- Dispensing and claiming for prescriptions with 'FS' endorsed items; and
- Correct submission of prescriptions with 'FS' endorsed items.

Watch the 'FS' endorsed prescriptions for free supply of sexual health treatments video [here](#). Other reimbursement short videos can be found by visiting our [Funding & Reimbursement Shorts](#) hub page.

Reminder: EPS token submission

Community Pharmacy England reminded pharmacy teams about which EPS tokens needed to be submitted. The EPS tokens that are required to be sent to the NHSBSA for end-of-month submission are:

- EPS tokens used to capture the paid or exemption declaration.

- Pharmacy First related EPS tokens, where medicines or appliances were supplied as part of a consultation (these should be separated within the batch and marked 'PF CP').

Some EPS tokens are not required to be submitted:

- Tokens for age-exempt patients.
- Prescription tokens where only free-of-charge (FOC) items are prescribed.
- Prescriptions tokens where the Real Time Exemption Checking (RTEC) system confirms an exemption.

This information is also presented within our new factsheet: [Briefing factsheet: EPS token submission](#)

With the rollout of RTEC, there has been a decrease in the number of EPS tokens submitted to the NHSBSA. RTEC offers pharmacy teams an opportunity to adapt their dispensing standard operating procedures to reduce the printing of EPS tokens in the pharmacy. A previous [survey](#) found that 83% of pharmacy owners supported [paperless](#) processing.

NHSBSA 'Hints & Tips' – Issue 58

The NHSBSA produces a quarterly newsletter called "Hints & Tips for dispensing contractors". The latest edition (Issue 58) contained some useful information and advice on:

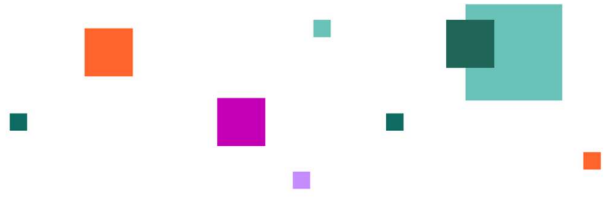
- [Tax credits to end on Saturday 5 April 2025](#)
- [Pharmacy First – completing a supply within the Patient Group Direction \(PGD\)](#)
- [Endorsing Not Dispensed items](#)
- [Real Time Exemption Checking \(RTEC\) benefits](#)
- [Hormone Replacement Therapy Prescription Prepayment Certificates \(HRT PPC\) can now be added to Apple Wallets](#)
- [Latest 2023/24 Pharmacy Quality Scheme \(PQS\) data published](#)
- [ePACT2 Antimicrobial Stewardship – Pharmacy First dashboard available now](#)

To view current and previous issues of Hints & Tips click [here](#).

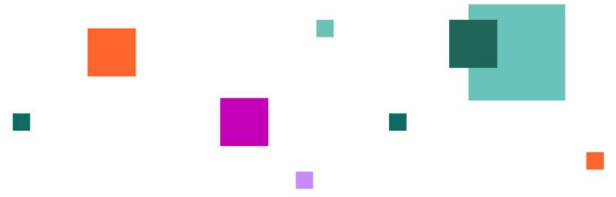
Dispensing and supply webpage views

For information on topics relating to dispensing and supply, below is a table of the top 10 webpage visits by users between 1 January 2025 – 31 March 2025, inclusive:

Page	Page views
Price Concessions	162,229
Serious Shortage Protocols (SSPs)	50,318



Page	Page views
Special Container Database	22,670
Dispensing Controlled Drugs	17,670
Prescription form validity	8,546
Who can prescribe what?	8,474
Original Pack Dispensing	8,430
Price concession archive	8,334
Two SSPs for Estradot® patches extended	7,548
Report product over Drug Tariff price	6,825

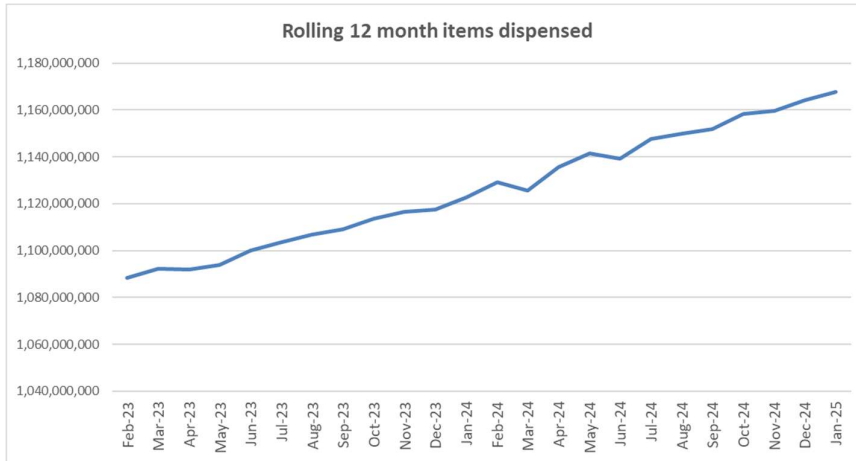
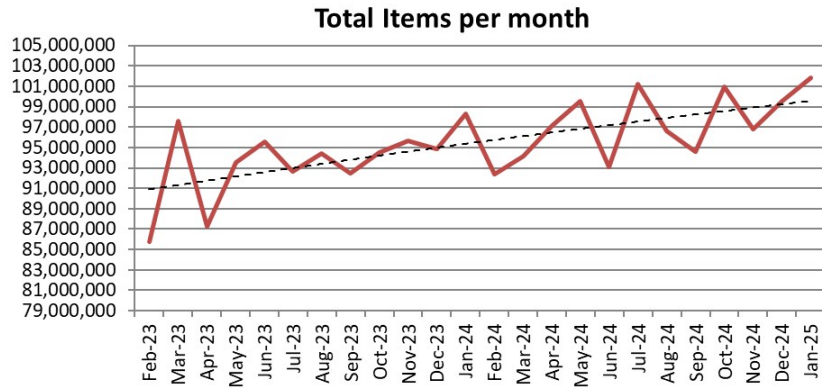


Subject	Statistics
Date of meeting	April 2025
Committee/Subcommittee	FunCon
Status	Not confidential
Overview	Latest statistics for information
Proposed action(s)	No action required
Author(s) of the paper	CPE Pharmacy Funding Team

Statistics

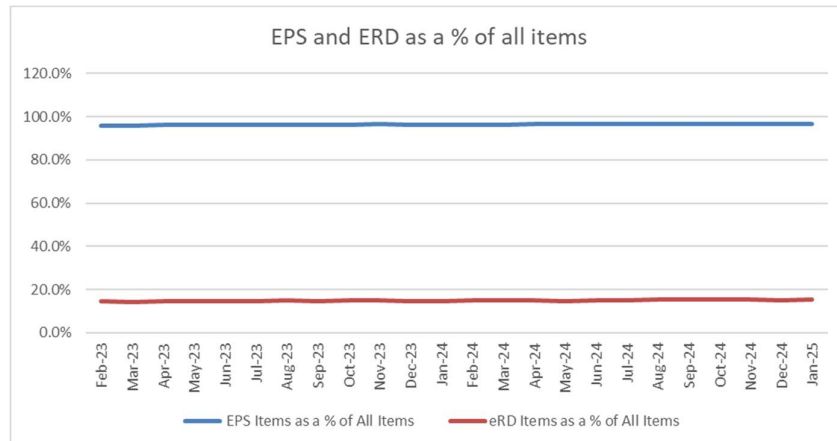
Dispensing items

Jan-25 total items was **101.8m** over 26 dispensing days (**3.9m** items per day). This is **3.6% more** items per day than the same month in the previous year.



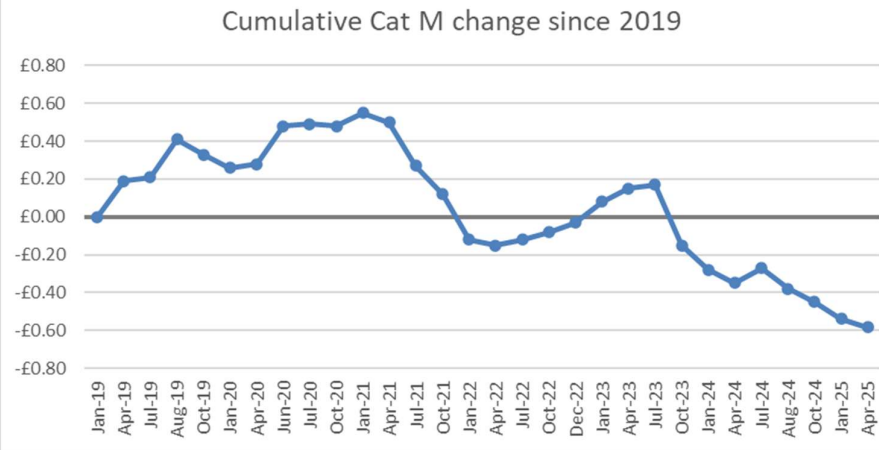
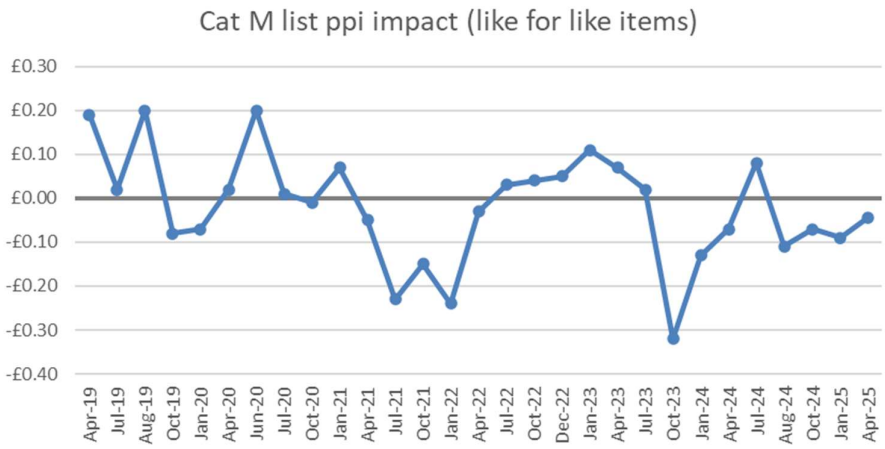
The latest rolling 12 month item volume as of **Jan-25** is **1,17m** items. This is **3.9% more** items than the rolling 12 month total in the same month the previous year.

As of **Jan-25**, the proportion of all items that are EPS is **96.8%**. The proportion of items that are ERD is **15.3%**.



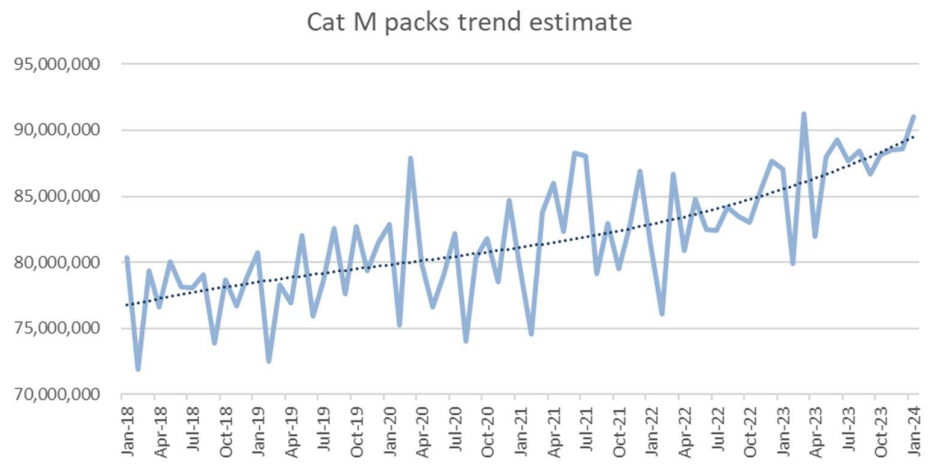
Category M

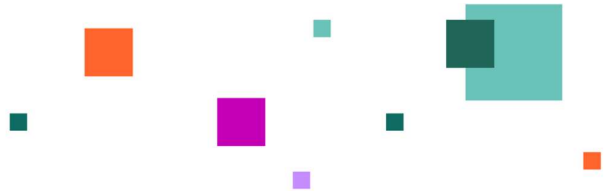
The **Apr-25** Cat-M list will have an estimated impact of **-4 pence per item** on like-for-like reimbursement



The cumulative total of like-for-like changes since 2019 is currently **-58 pence per item**

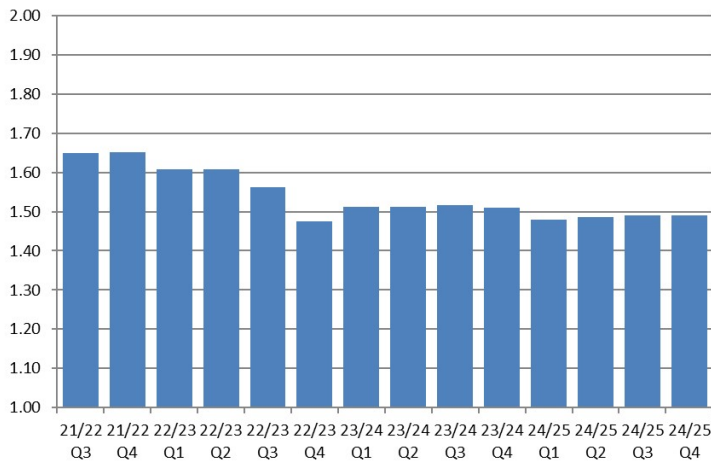
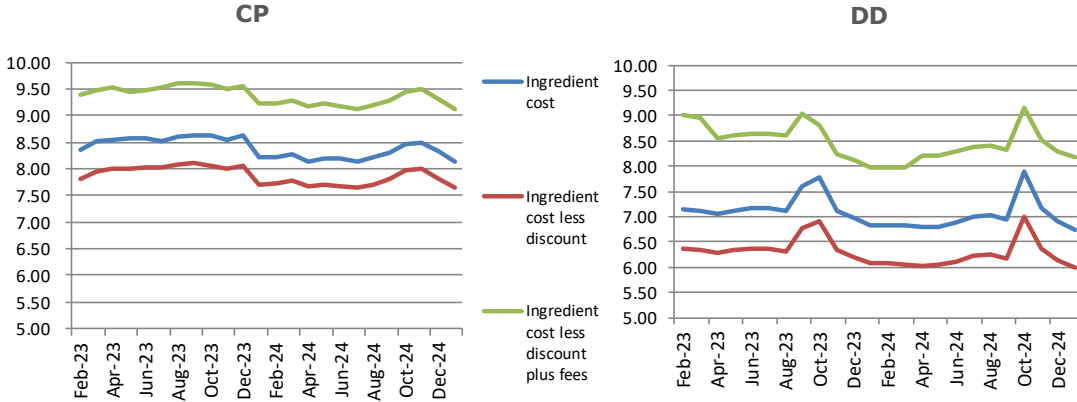
The estimated packs per month in **Jan-25** was **93.8m**





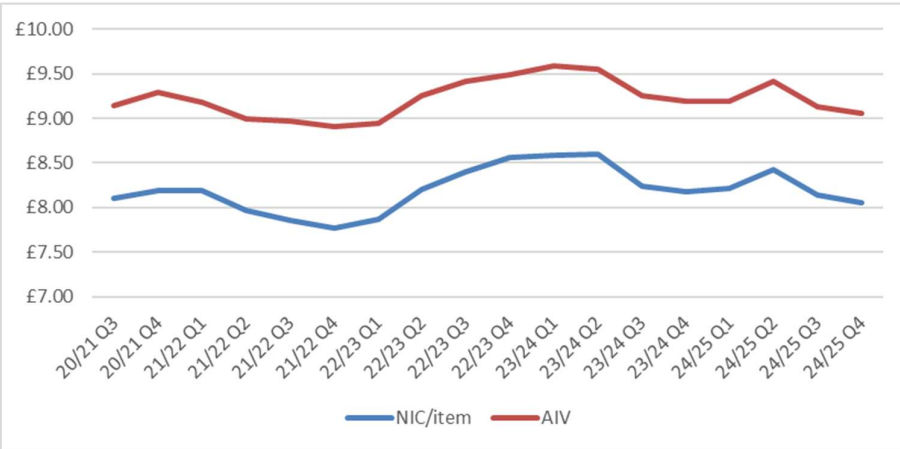
Reimbursement / remuneration

Community Pharmacy vs Dispensing Doctors reimbursement over 24 months

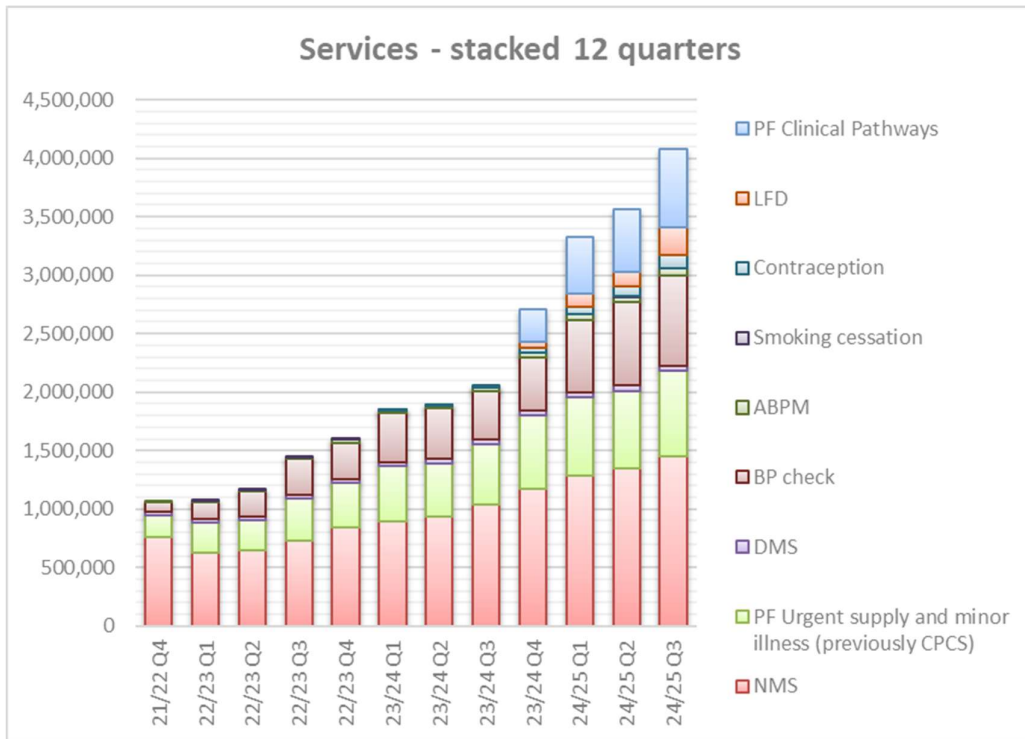
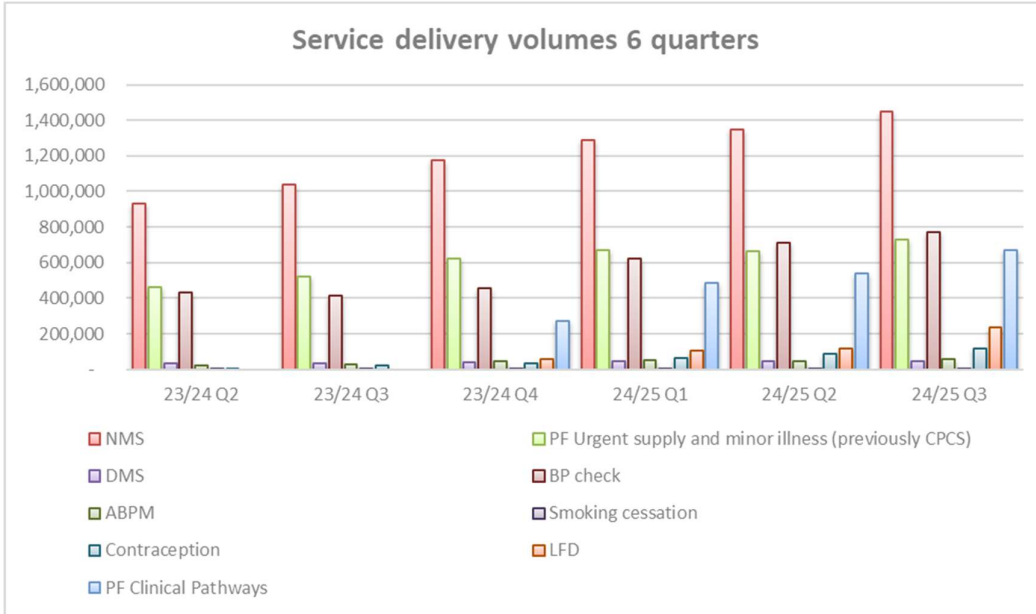


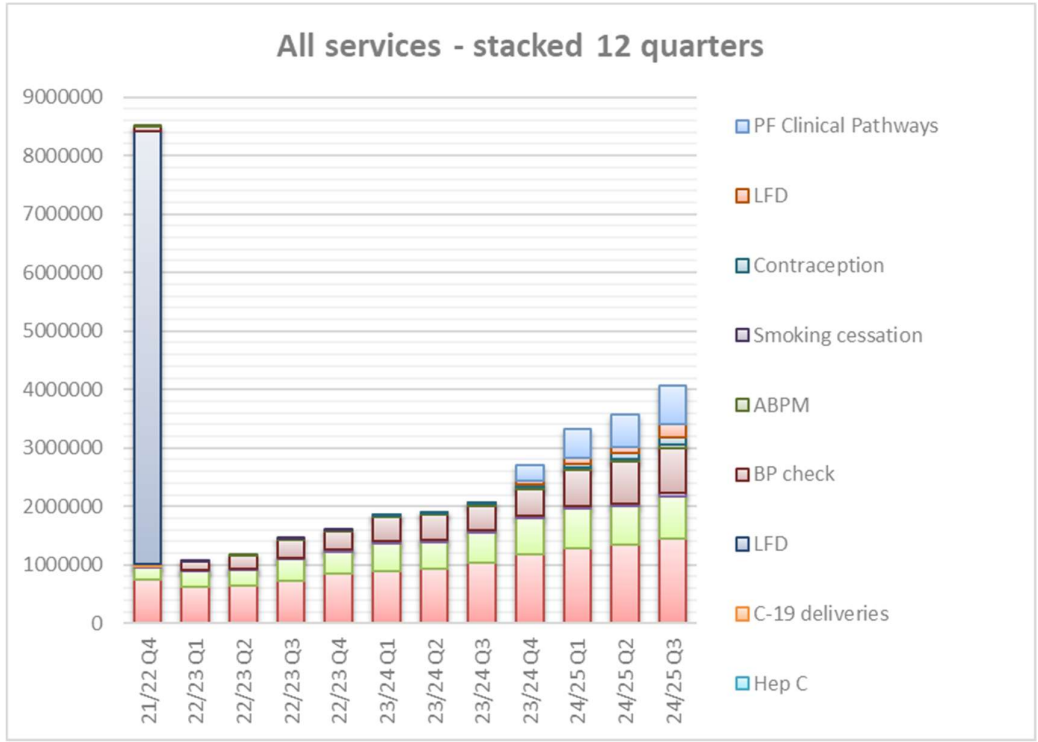
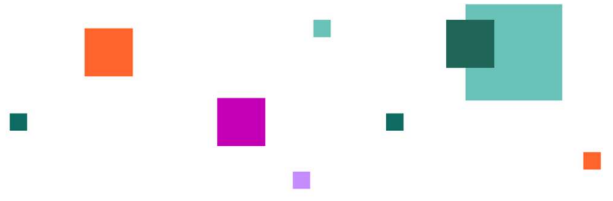
In **24/25 Q3** the average fees per item was **£1.49** (based on data to Jan-25).

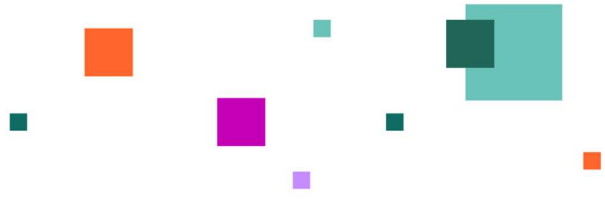
In **23/24 Q3** the average NIC/item (before clawback) was **£8.05**, and National AIV was **£9.05** (based on data to Jan-25)



Services

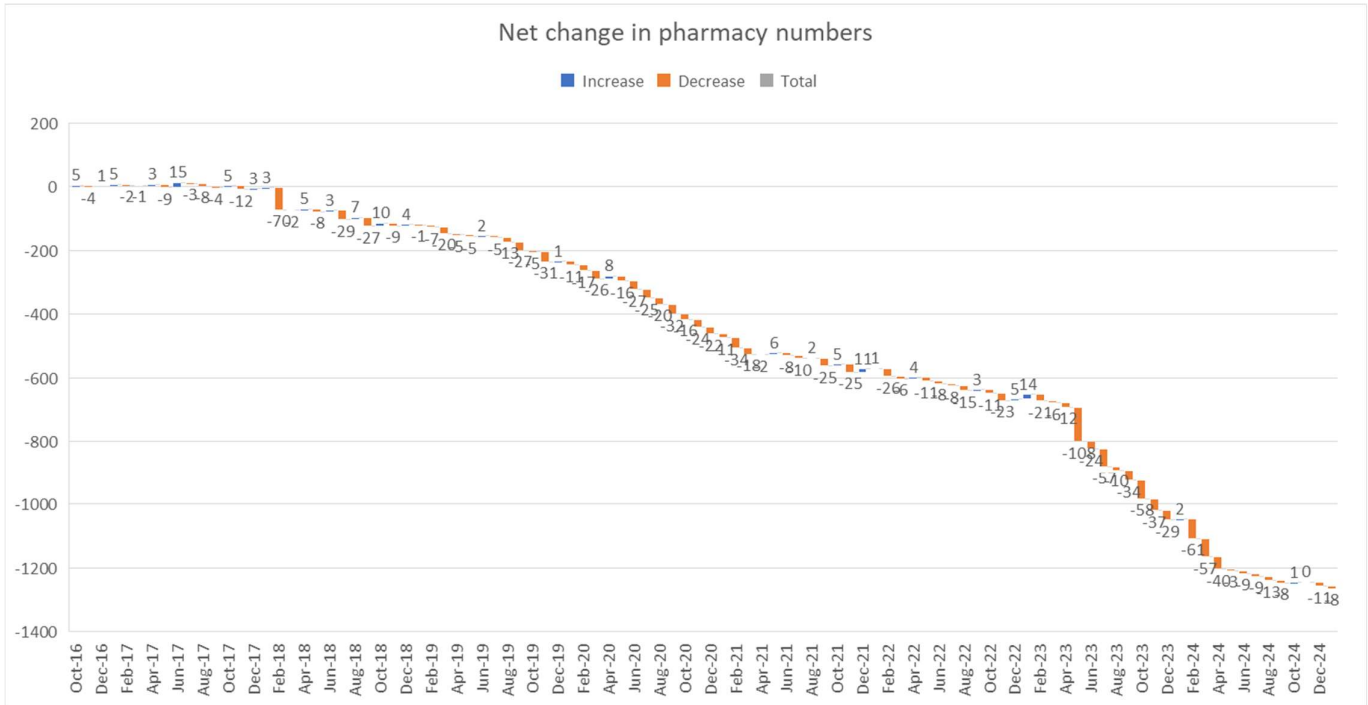






Pharmacy contract numbers

A waterfall chart of net change in pharmacy numbers per month indicates a cumulative drop of c-1,265 in the total number of pharmacy contracts since the announcement of the funding cuts.



A long view of pharmacy contract numbers demonstrates steady growth since the introduction of the new contract in 2005, followed by a reversal from early 2018 onwards.

