

Minutes of the CPE Funding and Contract Subcommittee meeting held at Hard Days Night Hotel, Liverpool, L2 6RR on Wednesday 25th June 2025 commencing at 12.30pm

Members: Peter Cattee (Chair), Anil Sharma (Vice chair), Adrian Price, David Broome, Jas Heer, Jay Patel, Tricia Kennerley and Mike Hewitson

In attendance: Mike Dent, Janet Morrison, Jack Cresswell, Rob Thomas, Suraj Shah, Michael Digby, Daneil Fladvad and Sarah Welbourne.

Observers: Phil Day, Marc Donavan, Clare Kerr, Lindsey Fairbrother, Sami Hanna, Ifti Khan, Fin McCaul, Has Modi, Stephen Thomas, Faisal Tuddy, Ian Strachan, Prakash Patel, Sue Killen, Melinda Mabbutt, David Onuoha, Katrina Worthington, Rosie Taylor, Shine Brownsell and Gabriele Vickers,

LPC members in attendance: Mubasher Ali, Adam Irvine, Louise Gatley, Helen Murphy, Dane Stratton Powell, James Glover and Anna Mir.

- 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 01/06/25**) and matters arising**
The minutes of the meeting held on 30th April 2025 were approved.

Matters for discussion

- 5. Category C reimbursement reforms (**Confidential Appendix FCS 02/06/25**)**
The subcommittee approved CPE's draft position statements on the proposed Category C reimbursement reforms and emphasised the importance of reducing any risks to patient safety. It was suggested that the current list of position statements can be narrowed down further to focus on the issues we are most concerned about.

The subcommittee recognised that the reforms would help to deal with some of the issues around branded generics and better even out margin distribution on multi-source Category C products. In total c.100 products would be affected by the proposals which represent £280m of total Category C NIC.

However, the subcommittee expressed strong views that prices should not be blended for products with different licensing indications and those required / recommended to be prescribed by brand name. It was noted that DHSC should have clear objectives in place and set out how they intend to measure the impact of the changes. We should also insist on having a transition period with review points to assess if DHSC reforms have worked. Any pricing issues can be addressed through the price concession process (similar to what we've seen when the new Category A arrangements were introduced).

A member of the subcommittee highlighted that contractors will be unaware that this reform is being discussed by CPE. DHSC's proposals were based on a consultation from 2019 and the supply market is in a very different place now to what it was pre-2019. It was noted that DHSC is unlikely to consult the wider sector again and that the Department remains keen to progress the changes.

It was suggested that many of the issues with branded generics may be resolved if generic substitution powers were enabled. DHSC previously consulted on introducing generic substitution in primary care but did not progress the proposals following concerns highlighted about these potential impacts on patient safety.

Although separate to the Category C reform discussion, there was a concern raised about the current brand discount deduction rate as many brands were being dispensed at a loss with discounts below 5%. There was also a point raised about quota restrictions in place for high volume lines such as Wegovy and Mounjaro and that this was impacting the ability to dispense with reasonable promptness.

6. Special container proposals (Confidential Appendix FCS 03/06/25)

It was noted that majority of the existing special container products will remain as special containers and special container status will be extended to several new product categories and container types that do not qualify under the existing criteria (e.g. several products packaged with desiccants will be classed as special containers and other product/container types not listed) can still be assessed on a case-by-case basis.

The subcommittee accepted DHSC's final special container proposals are as good as we are going to get and the office was thanked for its persistence and hard work in getting to this stage.

DHSC did not accept CPE's requests to recognise product with limited expiry and those requiring reconstitution as special containers. It was highlighted that short-dated products are financially crippling pharmacies and that CPE should insist on having a clear timeline in place for addressing the reimbursement risks associated with these products.

7. Cost reimbursement including business rates (Confidential Appendix FCS 04/06/25)

An overview of the paper was given, before the sub-committee were asked to consider a its preferred approach.

It was noted by the LT that the rates discussion had led us to being signposted towards the department responsible for business rates in the last round.

One committee member noted these points and highlighted the complexity for some contractors of making reimbursement claims.

Another committee member highlighted the current inequity with how rates were currently arrived at, and that this should be addressed at source.

Another committee member highlighted that optometry was treated in the same way as ourselves (i.e. no separate reimbursement). It was queried how GPs/dentists had reimbursement as part of their contract when we were directed to another Department when raising this. It was clarified reimbursement would not need a change in legislation or policy from the Department responsible for business rates.

A committee member from a large retail company highlighted the likely time / cost that would be expended in trying to change business rates policy at source, given their organisation's experience.

Differences in preferred approach within the committee were noted. The Funding Team will do further work setting out the positions.

Matters of report

8. Pharmacy First (Confidential Appendix FCS 05/06/25)

The information in the appendix was noted by the subcommittee.

9. Overview of UK pharmacy contract progression in devolved countries (Confidential Appendix FCS 06/06/25)

The information in the appendix was noted by the subcommittee.

10. Remuneration and reimbursement updates

a. CPCF outturn (Confidential Appendix FCS 07/06/25)

The information in the appendix was noted by the subcommittee.

b. Cat A price concession update (**Confidential Appendix FCS 08/06/25**)

The information in the appendix was noted by the subcommittee.

c. Margin update (**Confidential Appendix FCS 09/06/25**)

An update on the latest margin developments was shared with the subcommittee.

The data shows that there was a further over-delivery in Q3 24/25 – this brings the total over-delivery to circa £86m.

This will lead to a margin reduction in the July DT of –£13m per quarter. CPE lobbied for no adjustment, but Ministers have decided to apply the BAU process.

Market data has shown that medicine purchase prices have fallen significantly over the last 2 years, and this has continued through H1 2025. Therefore, it would be prudent to expect that we will continue to see strong margins being achieved in the margin survey results, and likely further reductions in the Drug Tariff over the remainder of 2025.

We have had a discussion with DHSC regarding comms on margin, following significant demand for transparency from pharmacy contractors. DHSC have said that in addition to their usual comms stating the quantum of reduction, they will also publish the net margin over delivery position, as well as some wording to explain the complexity of the adjustment process.

d. Price concessions update (**Confidential Appendix FCS 10/06/25**)

The information in the appendix was noted by the subcommittee.

11. CPE data infrastructure update (**Confidential Appendix FCS 11/06/25**)

The information in the appendix was noted by the subcommittee.

12. CPE Forecasting updates

a. Items forecasting (**Confidential Appendix FCS 12/06/25**)

The information in the appendix was noted by the subcommittee.

b. Service forecasting (**Confidential Appendix FCS 13/06/25**)

The information in the appendix was noted by the subcommittee.

13. General funding update (**Appendix FCS 14/06/25**)

The information in the appendix was noted by the subcommittee.

14. Statistics (**Appendix FCS 15/06/25**)

The information in the appendix was noted by the subcommittee.

13. Any other business

CPCF Implementation

Pharmacy contract / operating model

We anticipate discussions around the operating model of the sector to be part of the next phase of negotiations which will start in September.

Supply chain review

DHSC are undertaking a programme of work investigating the causes of supply chain disruption and making recommendations to improve things.

DHSC will share the status of their work shortly in a publication and will give CPE the chance to comment on this. However, we anticipate that they are unlikely to identify funding as an issue; they are more likely to focus on issues such as transparency, stockpiling etc.

Margin

There are 3 key pieces of work being undertaken in conjunction with external consultants, to help support our investigations into margin distribution

- PA Consulting are doing a high-level economic analysis of Margin as a system.
- CPE's stats advisor is doing a complex statistical analysis of margin survey data in order to determine sources of variation observed between pharmacies.
- Dr James Davies has been working on several projects for CPE, and this includes a detailed analysis of the impact of branded generics.

Once these 3 elements have been sufficiently progressed we will aim to pull the work together into a summary paper to discuss at committee and then share with DHSC.

Service capping

Pharmacy First

DHSC are publishing the monthly caps for Pharmacy First on the NHSBSA website. We are continuing to monitor the situation regarding the number of pharmacies impacted by capping – the latest data suggests this is a very small number of pharmacies.

Other Advanced services

DHSC have been doing impact assessments on other services to assess the feasibility of capping these. We expect to have a meeting with DHSC and NHS on this within the next couple of weeks, and will feedback to the committee in due course.

Hub and Spoke margins

It was noted the DHSC have been contacting companies with hub facilities to seek information about margins.

CPE's position, which has been stated to DHSC, is that hub margins are not in scope for margin assessment as part of the CPCF. Hubs are essentially operating like wholesalers and the business models for inter-company hub services are not yet understood.

Advance Payments – potential for earlier payment

Preliminary discussions on enabling an earlier advance payment were highlighted. DHSC were keen not to introduce a fourth payment point. One option could be to replace an existing payment date with an earlier date.

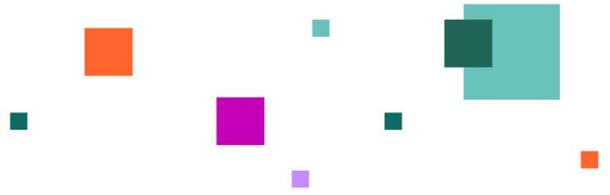
Committee feedback was mixed, ranging from strong support, concern as it could mean people would be encouraged to over-leverage themselves, to concern of the cashflow issues if contractors missed the normal '5th of the month' claim point.

It was highlighted by a committee member that contractors shouldn't need to manually claim, as most items were EPS2 and NHSBSA would have these. It was flagged that an automated reading was our potential preference for any early advance mechanism, with the provision of a single item number (per pharmacy) via MYS being a fallback if NHSBSA were unable to technically do this.

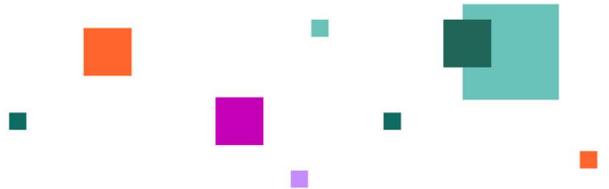
Committee members wanted to understand the number of contractors currently receiving late payments (as these could be negatively affected by a change). It was queried if there would be an extenuating circumstance exemption.

The committee were happy for discussions to continue with DHSC and NHSBSA.

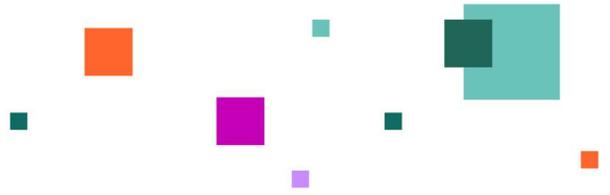
Alignment of reimbursement for supplies made under advanced and essential services



It was noted that DHSC is seeking parity on reimbursement for products supplied under advanced services compared to those supplied under essential services i.e. to align reimbursement for advanced services with prescriptions. All the Drug Tariff provisions that apply to reimbursement for prescriptions do not extend to reimbursement for services (for example broken bulk, out of pocket expense claims etc). CPE has highlighted to DHSC that the necessary IT changes must be in place before the Drug Tariff wording is updated.



Subject	General funding update
Date of meeting	June 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

- Redetermined reimbursement prices for March and April 2025
- 7 products re-classified as special containers between June and July 2025
- Detained Estate prescribing systems impacting prescription stamp area

2. Regulatory updates

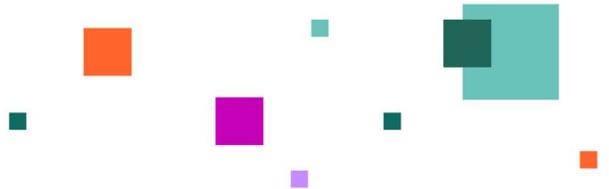
- NHS prescription charges frozen for 2025/26
- Guidance on the correct use of the 'FS' (0017) exemption category
- End of antiviral medicine prescribing for 2024/25 influenza season

3. Supply updates (including SSPs)

- Pfizer brands now available as generics
- Discontinuation of Nystan® 100,000units/ml oral suspension (ready mixed) (Vygoris Ltd)
- Expiry of Government stockpile of Paxlovid® (Nirmatrelvir 150mg tablets and Ritonavir 100mg tablets)
- Serious Shortage Protocols (SSPs)
- Market movements with implications for supply

4. Dispensing and Supply team communications

- Funding & Reimbursement Shorts: Prescription switching
- Reminder: Submit your FP34C declaration and prescription bundles on time
- Promoting NHS prescription prepayment certificates
- NHSBSA 'Hints & Tips' – Issue 59
- Dispensing and Supply webpage views



1. Drug Tariff & Reimbursement updates

Redetermined reimbursement prices for March and April 2025

Following representations made by Community Pharmacy England on behalf of community pharmacy owners, the Department of Health and Social Care (DHSC) has redetermined March and April 2025 reimbursement prices for the following products, to reflect an increase in their NHS list prices, as set out in the table below.

Generic name	Brand name	Pack size	Previous NHS list price	Redetermined reimbursement price for April 2025
Price redeterminations granted for March 2025				
Betamethasone 0.1% ear/eye/nose drops	Vistamethasone 0.1% ear/eye/nose drops	5ml	£7.00	£11.20
Macrogol 3350 oral powder 8.5g sachets sugar free	TransiSoft oral powder 8.5g sachets	28	£164.21	£188.84 (to apply to both branded and generically written prescriptions)
Methylphenidate 18mg modified-release tablets	Affenid XL 18mg tablets	30	£10.90	£13.08
Methylphenidate 27mg modified-release tablets	Affenid XL 27mg tablets	30	£12.87	£15.44

Generic name	Brand name	Pack size	Previous NHS list price	Redetermined reimbursement price for April 2025
Methylphenidate 36mg modified-release tablets	Affened XL 36mg tablets	30	£14.85	£17.82
Methylphenidate 54mg modified-release tablets	Affened XL 54mg tablets	30	£25.75	£30.90
Price redeterminations granted for April 2025				
Dimeticone 22% / Benzalkonium chloride 0.1% cream	Conotrane [®] cream (Evolan Pharma AB) 500 gram	500 grams	£4.98	£9.19
Dalteparin sodium 10,000units/0.4ml solution for injection pre-filled syringes	Fragmin [®] 10,000units/0.4ml solution for injection pre-filled syringes (Pfizer Ltd)	5 pre-filled disposable injections	£28.23	£34.11
Phentolamine 2mg/0.35ml / Aviptadil 25micrograms/0.35ml solution for injection ampoules	Invicorp [®] 25micrograms/2mg/0.35ml solution for injection ampoules (Evolan Pharma AB)	5 ampoules	£47.50	£61.23
Macrogol 3350 oral powder 8.5g sachets sugar free	TransiSoft [®] oral powder 8.5g sachets (Mayoly UK Ltd)	28 sachets	£188.84	£217.17
Generic Thick & Easy powder	Thick & Easy [®] Original powder (Fresenius Kabi Ltd)	4540 grams	£128.02	£131.73

Generic name	Brand name	Pack size	Previous NHS list price	Redetermined reimbursement price for April 2025
Zinc oxide impregnated medicated stockings	Zipzoc® stockings (Evolan Pharma AB)	4 stockings	£15.90	£22.12
Zinc oxide impregnated medicated stockings	Zipzoc® stockings (Evolan Pharma AB)	10 stockings	£39.75	£55.29

Under the current [price change mechanism](#), pharmacy owners would have to wait one (or in some cases two months) before any NHS list price 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, as pharmacies will be reimbursed based on the previous NHS list price until the price change is adjusted in line with the price change timetable. The impact is more significant for products with large list price increases or for high volume lines.

To avoid pharmacy owners dispensing these products at a loss, Community Pharmacy England requested DHSC to redetermine the March and April 2025 reimbursement prices for the products listed above. Community Pharmacy England is awaiting details of the month in which these adjustments will appear on the Schedule of Payments. We will update this article as soon as we receive confirmation from DHSC.

Community Pharmacy England sought price adjustments to several other products affected by NHS list price increases in March and April 2025. However, DHSC took the decision not to grant price redeterminations for all the products requested. Community Pharmacy England continues to seek a review of the current price change timetable for branded products so that there is no extra months' delay in applying any new list price changes to reimbursement.

7 products re-classified as special containers between June and July 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 June and July 2025:

Generic drug name (dm+d descriptor)	Brand and/or Manufacturer	Pack size	Special container
Special container status granted from June 2025			
Carmellose 1% eye drops 0.4ml unit dose preservative free	Celluvisc® 1% eye drops 0.4ml unit dose (AbbVie Ltd)	30 unit dose (3 x 10)	Sub-pack of 10
Diclofenac 0.1% eye drops 0.3ml unit dose preservative free	Voltarol® Ophtha (Thea Pharmaceuticals)	40 unit dose (8 x 5)	Sub-pack of 5
Netilmicin 3mg/ml / Dexamethasone 1mg/ml eye drops 0.3ml unit dose preservative free	Netildex® (Nordic Pharma Ltd)	20 unit dose (4 x 5)	Sub-pack of 5
Terbutaline 5mg/2ml nebuliser liquid unit dose vials	Bricanyl® Respules® (AstraZeneca UK Ltd)	30 unit dose (4 x 5)	Sub-pack of 5
Special container status granted from July 2025			
Betaxolol 0.25% eye drops 0.25ml unit dose preservative free	Betoptic® 0.25% eye drops suspension 0.25ml unit dose (Immedica Pharma AB)	50 unit dose (10 x 5)	Sub-pack of 5
Salbutamol 2.5mg/2.5ml nebuliser liquid unit dose vials	Cipla EU Ltd	20 unit dose (4 x 5)	Sub-pack of 5
Salbutamol 5mg/2.5ml nebuliser liquid unit dose vials	Cipla EU Ltd	20 unit dose (4 x 5)	Sub-pack of 5

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*	3062	584	424	160
Total	4226	974	751	223

*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.1000 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.

Detained Estate prescribing systems impacting prescription stamp area

Following the recent [rollout](#) of Electronic Prescription Service (EPS) in detained estates (HM Prisons), NHS England identified an issue where the patient's nominated pharmacy details are being populated in the 'Pharmacy Stamp Area' of paper FP10 prescriptions and EPS tokens generated by prescribers (including tokens for non-nominated EPS prescriptions). This section would usually be kept blank when the paper prescription or non-nominated EPS token is printed and given to the patient who can visit any pharmacy to fulfil those types of prescription.

Handling FP10 paper prescriptions with pre-printed details in the pharmacy stamp area

Paper prescriptions with pre-printed details included in the "Pharmacy Stamp Area" of the form should continue to be dispensed (even if the pharmacy pre-printed address on the form does not match with the address of the pharmacy the form is presented to). In this situation, the pharmacy dispensing such prescriptions should:

- simply cross out pre-printed details; or
- over-stamp the "Pharmacy Stamp Area" with their own pharmacy details.

Pharmacy teams should note that this does not impact on prescription processing and that such prescriptions will still be reimbursed in line with usual arrangements.

Handling EPS tokens with pre-printed details in the pharmacy stamp area

This issue meant that EPS prescription tokens printed by the prescriber could still have the nominated pharmacy address printed in the "Pharmacy Stamp Area" of the token. If the patient presented a non-nominated prescription to you, or as a one-off nomination for your pharmacy, you could still dispense the EPS prescription, i.e. even if your pharmacy details do not appear in the pharmacy stamp area of the token. You may cross through the nominated pharmacy address information. However, the pricing of EPS prescriptions is determined by the Electronic Reimbursement Endorsement Message (EREM) or electronic claim message submitted to the NHSBSA.

If you are the nominated pharmacy and your address appears in the pharmacy stamp area on one of these tokens, you may either cross it out or leave the address information as it is and dispense the electronic prescription.

The pharmacy team does not need to contact the prescriber to request a change to the prescription, in relation to address information being included within the stamp area.

If a pharmacy team member needs to contact the prison prescriber, they should [look-up the prison](#), contact the main switchboard, and request 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.

Steps taken by NHS England

NHS England is aware of the issue and has logged it with the prison IT system provider. Efforts are underway to urgently resolve the problem to ensure future prescriptions/tokens comply with established standards and processes.

2. Regulatory updates

NHS prescription charges frozen for 2025/26

DHSC announced that the NHS prescription charge will be kept at £9.90 per prescription item for 2025/26. A [Government press release](#) confirmed that the NHS prescription charge is frozen, as well as the costs for prescription prepayment certificates (PPCs). The list of prescription related charges are outlined below.

NHS charges for	2025/26
Single prescription charge	£9.90
PPC 3 month	£32.05
PPC 12 month	£114.50
HRT PPC	£19.80

Community Pharmacy England produced the following posters to support community pharmacies in displaying the prescription charge.

- [Prescription Charge Card 2025/26 \(colour\)](#)
- [Prescription Charge Card 2025/26 \(black and white\)](#)
- [PPC Poster 2025/26 \(colour\)](#)
- [PPC Poster 2025/26 \(black and white\)](#)

PPCs offer savings for those needing multiple prescription items or when a patient is prescribed a listed HRT medicine. Further information about the NHS prescription charge, PPCs and other resources can be found [here](#).

Guidance on the correct use of the 'FS' (0017) exemption category

Community Pharmacy England reminded pharmacy owners of the correct use of the exemption reason '*Was prescribed free-of-charge STI sexual health medication*' coded '0017'.

This followed information provided by the NHSBSA indicating that in February 2025, **575 EPS prescription items** were submitted with the EPS exemption code '0017' without any 'FS' prescriber endorsement present against the items. **As a result, the NHSBSA deducted prescription charges for 289 of these items that were submitted as free-of-charge.** For the remaining 286 items, no charges were deducted for these because the items ordered were mainly contraceptives which are treated as free-of-charge items by the NHSBSA. Please note where only contraceptives are prescribed, pharmacy teams should select the '*was prescribed free-of-charge contraceptives*' which uses exemption code '0010' in EPS. The 'FS' exemption code '0017' should NOT be applied to prescriptions for contraceptives only.

Community Pharmacy England has produced a number of resources including a Funding & Reimbursement Shorts video ['FS' endorsed prescriptions for free supply of sexual health treatments](#) that explains:

- 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.

Correct handling of 'FS' endorsed prescriptions

[Guidance from the DHSC](#) states that prescribers should not include items classed as free-of-charge (for e.g. STI treatments endorsed 'FS' and/or contraceptives) on the same prescription form as other chargeable items. This is because there may be a risk of incorrect number of prescription charge deductions being made against such prescriptions if the wrong EPS exemption category is selected. For example, if an EPS prescription includes a free-of-charge 'FS' endorsed item and a chargeable item, and the prescription is submitted with the EPS exemption reason '0017' code selected for '*Was prescribed free-of-charge STI sexual health medication*', a charge deduction will apply to the chargeable item(s) even if the patient was exempt from prescription charges for other reasons, for example, if the patient also had a valid medical exemption certificate. If the patient does not hold a valid exemption reason, only the free-of-charge items should be supplied for free, and charges should be collected for any chargeable items with the reverse of the prescription form/EPS token completed to confirm that a charge was levied for these. See cpe.org.uk/exemptions/.

The table below provides information on handing prescriptions with only 'FS' endorsed items and those that have both 'FS' endorsed items and other chargeable items on the same form.

Patient status	Items on prescription	Patient declaration and prescription submission guidance
<p>Not exempt from prescription charges</p>	<p>‘FS’ item(s) only</p>	<p>EPS: No patient tick box on the reverse of EPS Token.</p> <p>Use message code (0017) for ‘was prescribed free-of-charge sexual health medication</p> <p>Note: some pharmacy systems may automatically apply this code if only ‘FS’ endorsed items are prescribed.</p>
		<p>Paper: No patient tick box on the reverse of paper FP10 form. Prescription must be placed in a red separator with the exempt section in the end of month prescription bundle.</p>
	<p>‘FS’ item and other free-of-charge item e.g. contraceptives</p>	<p>EPS: Use code (0010) for ‘was prescribed free-of-charge contraceptives’ or message code (0017) for ‘was prescribed free-of-charge sexual health medication’.</p>
		<p>Paper: No patient tick box on the reverse of paper FP10 form. Prescription must be placed in a red separator with the exempt section in the end of month prescription bundle.</p>
	<p>‘FS’ item and other chargeable items</p> <p>Note: Prescribers should AVOID MIXING free-of-charge items with chargeable items on the same form.</p>	<p>EPS: Select the appropriate prescription message code (0001) to indicate that the patient has paid the appropriate charges.</p> <p>Paper: The reverse of paper FP10 form must be signed with a declaration applied to clearly indicate the total amount of prescription charges collected for chargeable items Prescription must be placed in a red separator with the chargeable section in the end of month prescription bundle.</p>
	<p>‘FS’ item and other chargeable</p>	<p>EPS: Select the appropriate message code relating to the patient’s actual reason for exemption from prescription charges for e.g. if the</p>

Patient status	Items on prescription	Patient declaration and prescription submission guidance
Exempt from prescription charges	items Note: Prescribers should AVOID MIXING free-of-charge items with chargeable items on the same form.	patient holds a valid medical exemption certificate use message code 'E' (0006).
		Paper: The reverse of paper FP10 form must be signed with a declaration applied based on the patient's actual reason for exemption from prescription charges for e.g. medical exemption certificate. Prescription must be placed in a red separator with the exempt section in the end of month prescription bundle.

End of antiviral medicine prescribing for 2024/25 influenza season

In light of surveillance data indicating that circulation of influenza in the community has returned to baseline levels, DHSC published an alert to inform prescribers working in primary care and pharmacy teams that antiviral medicines should no longer be prescribed.

Community pharmacists should no longer supply antiviral medicines for the prophylaxis and treatment of influenza on a FP10 prescription form.

[Click here to read the prescribing and supply of antivirals alert in full.](#)

3. Supply updates

Pfizer brands now available as generics

Pharmacy teams should be aware that Pfizer Limited has recently ceased supplying a number of its well-established brands and released generic equivalent versions instead. The table below includes the Pfizer products that have recently transitioned from brand to generic along with information on ordering codes and list prices.

Branded Product Name	Generic Product Name	Generic PIP Code	NHS List Price
Caverject 10microgram powder and solvent for solution for injection vials (1 vial)	Alprostadil 10microgram powder and solvent for solution for injection vials (1 vial)	127-8696	£9.24
Caverject 20microgram powder and solvent for solution for injection vials (1 vial)	Alprostadil 20microgram powder and solvent for solution for injection vials (1 vial)	127-8688	£11.94
Dalacin® 2% cream	Clindamycin 2% vaginal cream	128-3688	£10.86
Dalacin® T 1% topical lotion (30ml)*	Clindamycin 1% aqueous lotion (30 ml)	128-3696	£5.08
Dalacin C 75mg capsules (24 capsules)	Clindamycin 75mg capsules (24 capsules)	128-0908	£7.45
Premarin® 0.3mg tablets	Conjugated oestrogens 300microgram tablets	127-9587	£24.02

Branded Product Name	Generic Product Name	Generic PIP Code	NHS List Price
Premarin® 0.625mg tablets	Conjugated oestrogens 625microgram tablets	127-9579	£26.87
Premarin® 1.25mg tablets	Conjugated oestrogens 1.25mg tablets	127-9595	£52.56
Provera® 2.5mg tablets (30 tablets)	Medroxyprogesterone 2.5mg tablets (30 tablets)	128-2565	£1.84
Provera® 5mg tablets (10 tablets)*	Medroxyprogesterone 5mg tablets (10 tablets)	128-2573	£1.23
Provera® 10mg tablets (10 tablets)	Medroxyprogesterone 10mg tablets (10 tablets)	128-2599	£2.47
Provera® 10mg tablets (90 tablets)	Medroxyprogesterone 10mg tablets (90 tablets)	128-2680	£22.15
Provera® 10mg tablets (100 tablets)	Medroxyprogesterone 10mg tablets (100 tablets)	128-2664	£24.73
Provera® 100mg tablets (100 tablets)*	Medroxyprogesterone 100mg tablets (100 tablets)	128-2672	£49.94
Provera® 200mg tablets (30 tablets)	Medroxyprogesterone 200mg tablets (30 tablets)	128-2631	£29.65
Provera® 400mg tablets (30 tablets)	Medroxyprogesterone 400mg tablets (30 tablets)	128-2649	£58.67

**Table shows Drug Tariff listed pack sizes only – other pack sizes are available*

Please note: in most cases, the brand is no longer available to order. Where a prescriber has issued a prescription for an unavailable brand, pharmacy teams are advised to contact the prescriber and request a replacement prescription for the generic equivalent.

For further information please see links below to the commercial information (trade mails) for the Pfizer brands that have transitioned to generics since November 2024.

- [UK CP Alprostadil launch trade letter Nov 24](#)
- [UK CP Conjugated oestrogen launch trade letter Nov 24](#)
- [UK CP Clindamycin caps debranding launch trade letter Jan 2025](#)
- [UK CP Medroxyprogesterone launch trade letter Feb 25](#)
- [UK CP Clindamycin topical lotion debranding launch trade letter Mar 2025](#)
- [UK CP Clindamycin vaginal cream generic launch trade letter May 2025](#)
- [UK CP Cong oest and mpx launch trade letter May 2025](#)

Premique® Low Dose 0.3mg/1.5mg modified-release tablets is being discontinued in July 2025 with Pfizer launching a generic equivalent. Once stock of the brand is exhausted, branded prescriptions will need to be amended to the generic name 'Conjugated oestrogens 300microgram / Medroxyprogesterone 1.5mg modified-release tablets'.

Should you require any further information please contact Pfizer Customer Service on 0345 608 8866 or Freephone 0800 032 7907 or if you have any questions relating to the generic medicines listed above.

Discontinuation of Nystan® 100,000units/ml oral suspension (ready mixed) (Vygoris Ltd)

Pharmacy teams should be aware that the brand **Nystan® 100,000units/ml oral suspension** (ready mixed) (Vygoris Ltd) 30 ml has been **discontinued** and is no longer available for community pharmacies to order.

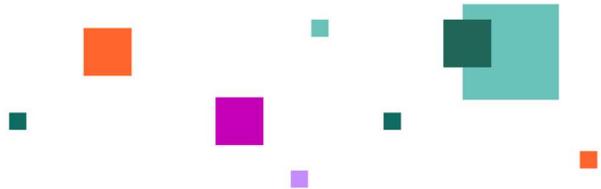
Zydus Pharmaceuticals UK Ltd introduced a generic version of Nystatin 100,000units/ml oral suspension, which is available to order from wholesalers.

Please note, where a prescriber has issued a prescription for the brand Nystan® 100,000units/ml oral suspension, pharmacy teams are advised to contact the prescriber and request a replacement prescription for the generic Nystatin 100,000units/ml oral suspension.

Furthermore, [Specialist Pharmacy Service](#) has advised pharmacy teams to check, when ordering, that the correct product is selected on systems i.e. generic Nystatin 100,000units/ml oral suspension instead of the brand Nystan®.

Expiry of Government stockpile of Paxlovid® (Nirmatrelvir 150mg tablets and Ritonavir 100mg tablets)

NHS England (NHSE) has confirmed that all remaining supplies of Government procured COVID-19 antiviral medicine Paxlovid® (Nirmatrelvir 150mg tablets and Ritonavir 100mg tablets) expired on **31 May 2025**. 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.



Paxlovid® (commercial stock) reimbursement arrangements from May 2025:

Commercial stock of Paxlovid® is now available for pharmacies to order from Pfizer via Alliance Healthcare, but these are charged at the full NHS list price. Any pharmacy that supplies **commercial stock of Paxlovid®** will be reimbursed **the NHS list price** as published by the manufacturer on the [dictionary of medicines and devices \(dm+d\)](#). **No endorsement is needed on prescriptions where commercially purchased Paxlovid® is supplied.**

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

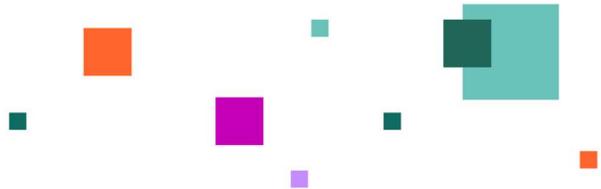
- pfizerukaccess@pfizer.com – for product national reimbursement, access, or price related questions:
- customer.services@pfizer.com – for product supply related questions

Serious Shortage Protocols (SSPs)

Active SSPs

SSP	Expiry date	Supporting Information
SSP082: Estradot® 25 microgram patches	04 July 2025	SSP082 guide
SSP079: Estradot® 50 microgram patches	04 July 2025	SSP079 guide
SSP078: Cefalexin 250mg/5ml oral suspension sugar free	08 August 2025	SSP 078 guide
SSP077: Cefalexin 125mg/5ml oral suspension sugar free	01 August 2025	SSP077 guide
SSP081: Estradot® 100 microgram patches	10 October 2025	SSP081 guide
SSP080: Estradot® 75 microgram patches	10 October 2025	SSP080 guide
SSP061: Creon® 25000 gastro-resistant capsules	21 November 2025	SSP061 guide
SSP060: Creon® 10000 gastro-resistant capsules	21 November 2025	SSP060 guide

Recently expired SSPs



SSP	Expiry date	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 8 supply disruption alerts and medicine supply notifications issued by DHSC between 30 April and 18 June 2025 were published on the CPE’s website:

Date	Drug name
16 June 2025	Levemir® (insulin detemir) FlexPen® 100units/ml solution for injection 3ml pre-filled pens and Levemir® Penfill 100units/ml solution for injection 3ml cartridges
13 June 2025	Venlafaxine 37.5mg modified-release tablets
4 June 2025	NovoRapid® PumpCart® (insulin aspart) 100units/ml solution for injection 1.6ml cartridges
21 May 2025	Phenobarbital 15mg/5ml elixir
20 May 2025	Tolterodine 2mg and 4mg modified-release capsules
7 May 2025	Lidocaine (Xylocaine®) 10mg/dose spray sugar free
7 May 2025	Buprenorphine (Reletrans®) 5micrograms/hour and 15micrograms/hour transdermal patches
30 April 2025	Fentanyl (Effentora®) 200microgram, 400microgram, 600microgram, 800microgram buccal tablets Fentanyl (Actiq®) 800microgram lozenges

4. Dispensing and Supply team communications

Funding & Reimbursement Shorts: Prescription switching

As part of our [Funding & Reimbursement Shorts](#) series, Community Pharmacy England’s in-house Drug Tariff and funding experts created a new video on **prescription switching**.

For the end-of-month submission, pharmacy teams are required to sort paper prescriptions into paid and exempt groups. Prescription switching occurs when an FP10 paper prescription is submitted in the **wrong charge group** and the NHSBSA switches the prescription **from the exempt to paid group or vice versa**. In 2024, **£2.3m** were deducted from pharmacies because **230k** prescription items on FP10 paper prescriptions were submitted in the exempt group **without a patient signature** on the reverse of the prescription form.

In this video, Alisha Khatri and Sarah Welbourne from our Dispensing and Supply Team discussed the topic of prescription switching to explain:

- What prescription switching is and why FP10 paper prescriptions are switched by the NHSBSA
- Where to find information about your switched prescriptions
- The financial impact of switching due to unsigned prescriptions
- How to complete, sort and submit your prescriptions correctly to avoid prescription switching

Watch the prescription switching video [here](#).

Reminder: Submit your FP34C declaration and prescription bundles on time

Community Pharmacy England reminded pharmacy owners of the requirement to submit their FP34C declaration using the [Manage Your Service \(MYS\) portal](#) and to dispatch any prescription bundles to the relevant pricing division at the NHSBSA no later than the 5th day of the month following that in which supply was made (or by the 6th if a bank holiday occurs during the first five days of the month).

Those who submit their FP34C declaration late will NOT receive their advance payments early but will instead receive their payments in accordance with the normal advance payment timetable i.e. on or around the 1st of the month following submission. The NHSBSA may also apply an administrative charge deduction of £25 to pharmacies that submit their prescription bundles late. Data shared by the NHSBSA with Community Pharmacy England shows that in the last six months (November 2024 to April 2025), **an average of 50 pharmacies submitted their end-of-month bundles late each month**.

Before any late bundle charges are applied, the NHSBSA will contact the pharmacy owner requesting evidence that both the FP34C claim form submitted and the prescription bundle were dispatched by the 5th of the month. Proof of postage by the 5th (or 6th for bank holidays) of the following month using a secure track and trace method and/or delivery confirmation can be used as evidence alongside proof of any FP34C submissions made through MYS, which is usually sent by email. Where evidence is submitted and approved, **no administrative deduction will be made**. If no evidence is provided within the required time, then NHSBSA will deduct the £25 administrative fee from the next Schedule of Payments.

Pharmacy owners who receive the administrative deduction are able to appeal NHSBSA's decision to deduct the administrative charge by submitting evidence alongside an appropriate claim form available on [NHSBSA's website](#). The pharmacy owner will need to submit the evidence and the form **no later than one month** after the month in which the administrative deduction was made. The claim form, along with required evidence, must be submitted via email to prescriptionappeal@nhsbsa.nhs.uk or alternatively the form can be posted to the NHS

Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne, NE1 6SN. If the challenge is successful, the NHSBSA will apply a full refund to the next payment.

Community Pharmacy England's briefing titled '[Administrative charges for late submission of prescription forms](#)' provides guidance for pharmacy teams on correct end of month submission processes and information regarding how this £25 deduction for late submissions is administered by the NHSBSA. We recently updated our webpages on [Sorting prescriptions](#) and [FP34C submission process](#) if you require further information on these topics.

Promoting NHS prescription prepayment certificates

Pharmacy teams can help to raise awareness by displaying posters in their pharmacy to remind patients about the savings they can make with prepayment certificates (PPCs). PPCs offer savings for those needing multiple prescription items or when a patient is prescribed a listed HRT medicine. The cost of each type of PPC has been frozen for 2025/26. More information about PPCs can be found [here](#).

A **HC20 poster** for **standard PPCs** can be ordered from the [Primary Care Support England \(PCSE\) online portal](#). Pharmacies will need to login to their PCSE Online accounts and place the order for the posters. For any enquiries, the PCSE Customer Support Centre can be contacted via telephone on 0333 014 2884. **HRT PPC posters** can be downloaded from the [NHSBSA resource library](#). Community Pharmacy England also designed downloadable and print ready prepayment certificate posters for display in community pharmacies.

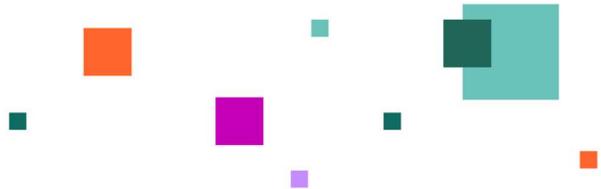
- [PPC Poster 2025/26 \(colour\)](#)
- [PPC Poster 2025/26 \(black and white\)](#)

Pharmacy teams should note that selling of any PPCs is unfunded activity and it is optional for pharmacies to sell any PPCs in the pharmacy. To ensure patients select the PPC that is right for them, we recommend directing patients to the NHS Business Services Authority (NHSBSA) website to complete their PPC purchase.

- A standard (3 or 12-month) PPC can be purchased from www.nhsbsa.nhs.uk/help-nhs-prescriptioncosts/nhs-prescription-prepayment-certificate-ppc or telephone 0300 330 1341.
- Patients can purchase a HRT PPC online at www.nhsbsa.nhs.uk/hrt-ppc or telephone 0300 330 2089.

Selling of PPCs in pharmacy may be beneficial for patients who require assistance, for example, due to difficulties using and/or accessing the internet. Please note, pharmacies currently registered to sell standard PPCs no longer need to log into a separate online system to process the PPCs sold through the pharmacy, these can now be recorded on MYS using the tab '*Sell a Prescription Payment Certificate (PPC)*'.

It is important to note, if a patient pays a prescription charge but later purchases and backdates a PPC, the pharmacy team are only able to issue a refund if the patient was provided with an FP57 receipt **at the point of payment**. FP57 receipts cannot be issued at a later date. To claim a refund, the patient can return to any community pharmacy with their FP57 form along with evidence of their PPC. For more information on FP57 receipts, please visit our page [Prescription charge refund procedure](#).



If a patient is unsure or needs more guidance, they can use the [NHSBSA’s online eligibility checker](#). Further information for patients can be found [here](#).

NHSBSA ‘Hints & Tips’ – Issue 59 (April 2025)

The NHS Business Services Authority (NHSBSA) produces a quarterly newsletter called “Hints & Tips for dispensing contractors”. The latest edition (Issue 59) contained some useful information and advice on:

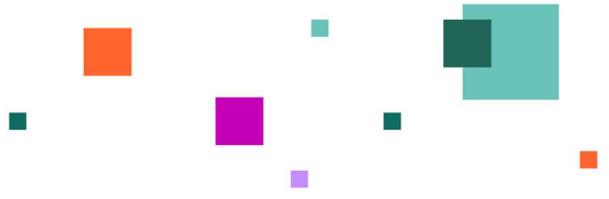
- [Tax credits ended on Saturday 5 April 2025](#)
- [NHS Pharmacy First Service – PPV activity](#)
- [MYS January activity – Monday 5 May 2025 deadline](#)
- [Correctly using EPS exemption code 0015](#)
- [Prescription items – avoiding refer backs](#)
- [Endorsing not dispensed items](#)
- [Contractors reminded to use correct prescribing codes](#)
- [Understanding your Schedule of Payments](#)

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 April 2025 – 31 May 2025, inclusive:

Page	Page views
Price Concessions	108,109
Serious Shortage Protocols (SSPs)	25,466
SSPs for Estradot® patches (SSP080 and SSP081) extended	15,678
Original Pack Dispensing	14,378
Special Container Database	12,412
Dispensing Controlled Drugs	10,151
Report product over Drug Tariff price	5,860
Price concession archive	5,346
Prescription form validity	4,613
Who can prescribe what?	3,710

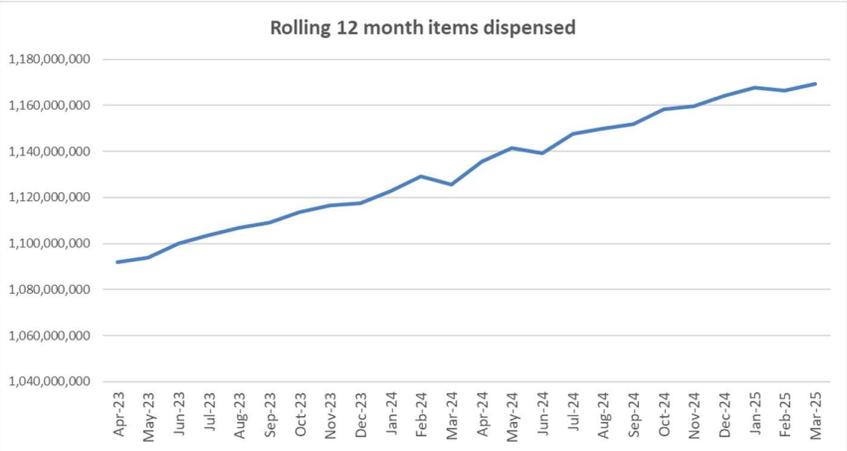
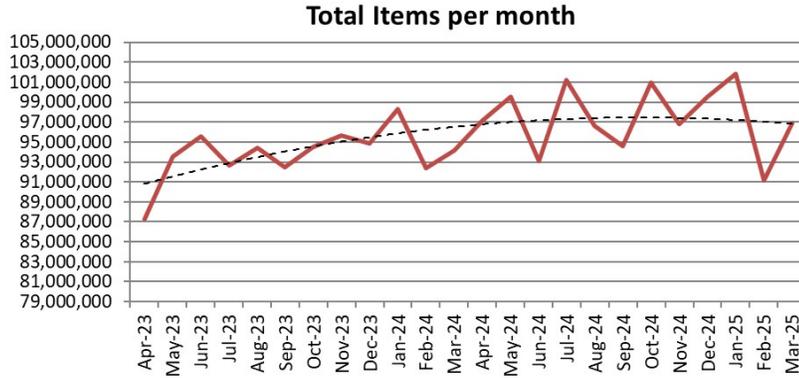


Subject	Statistics
Date of meeting	June 2025
Committee/Subcommittee	FunCon
Status	Not confidential
Overview	Latest statistics for information
Proposed action(s)	No action required
Author(s) of the paper	CPE Pharmacy Funding Team

Statistics

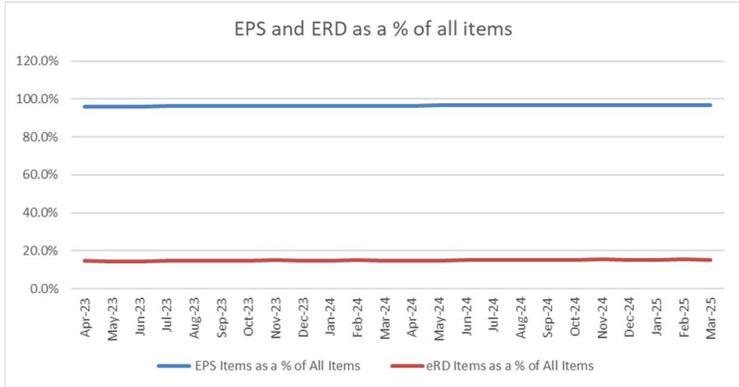
Dispensing items

Mar-25 total items was **96.9m** over 26 dispensing days (**3.7m** items per day). This is **1.0% less** items per day than the same month in the previous year.



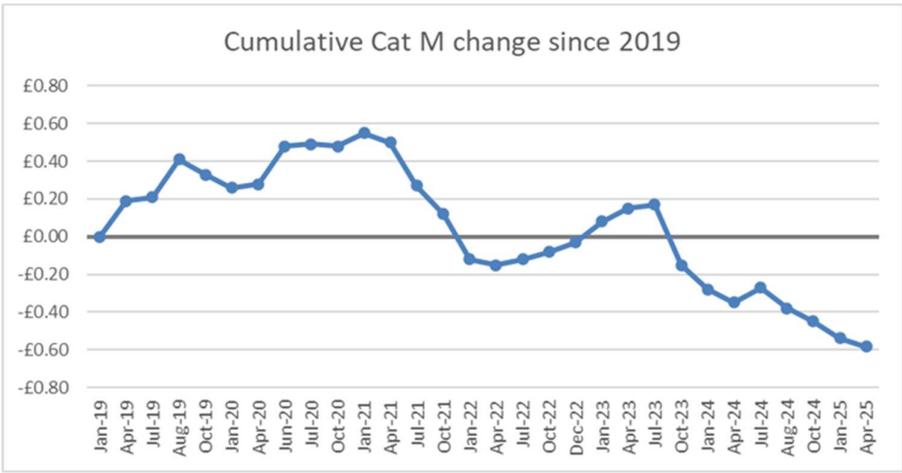
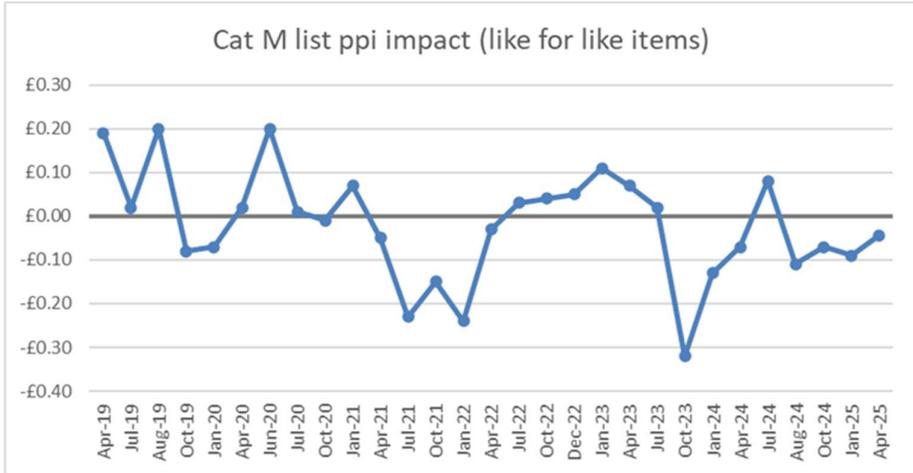
The latest rolling 12 month item volume as of **Mar-25** is **1,169m** items. This is **3.9% more** items than the rolling 12 month total in the same month the previous year.

As of **Mar-25**, the proportion of all items that are EPS is **96.9%**. The proportion of items that are ERD is **15.2%**.



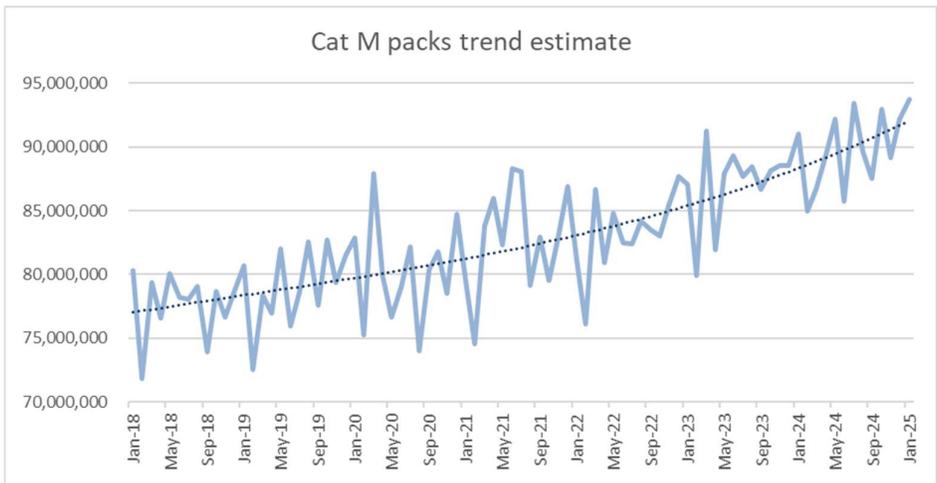
Category M

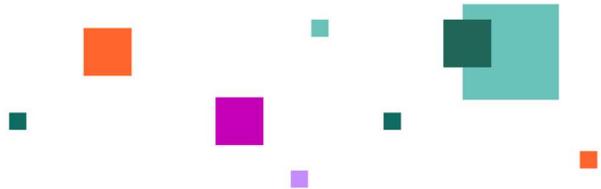
The **Apr-25** Cat-M list will have an estimated impact of **-4 pence per item** on like-for-like reimbursement.



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

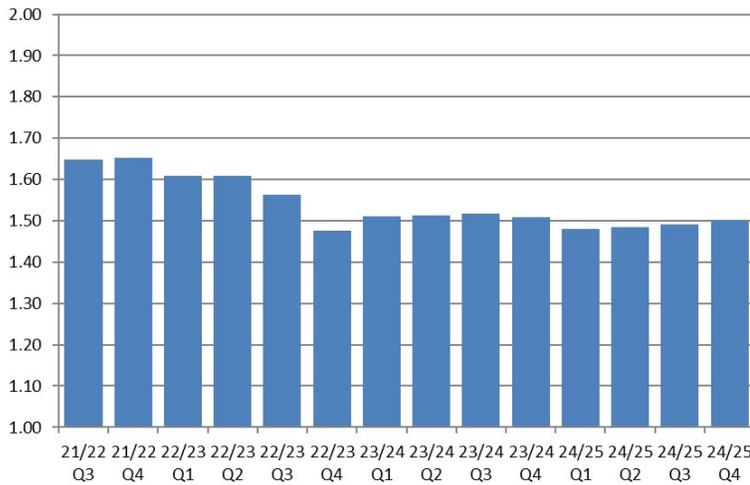
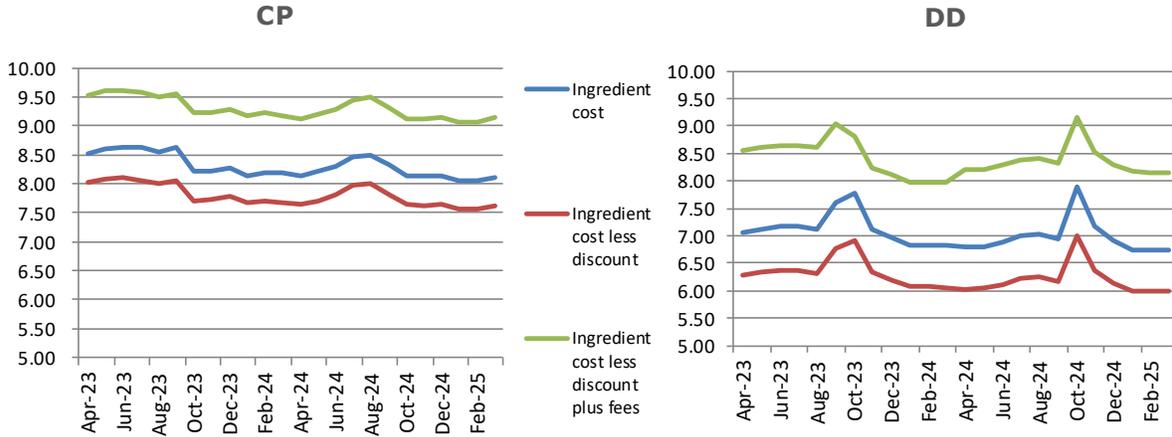
The estimated packs per month in **Jan-25** was **93.8m**





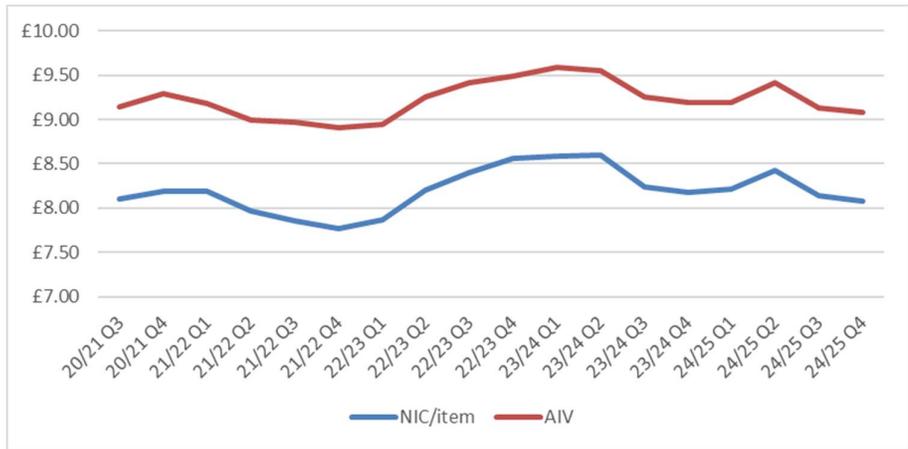
Reimbursement

Community Pharmacy vs Dispensing Doctors reimbursement over 24 months

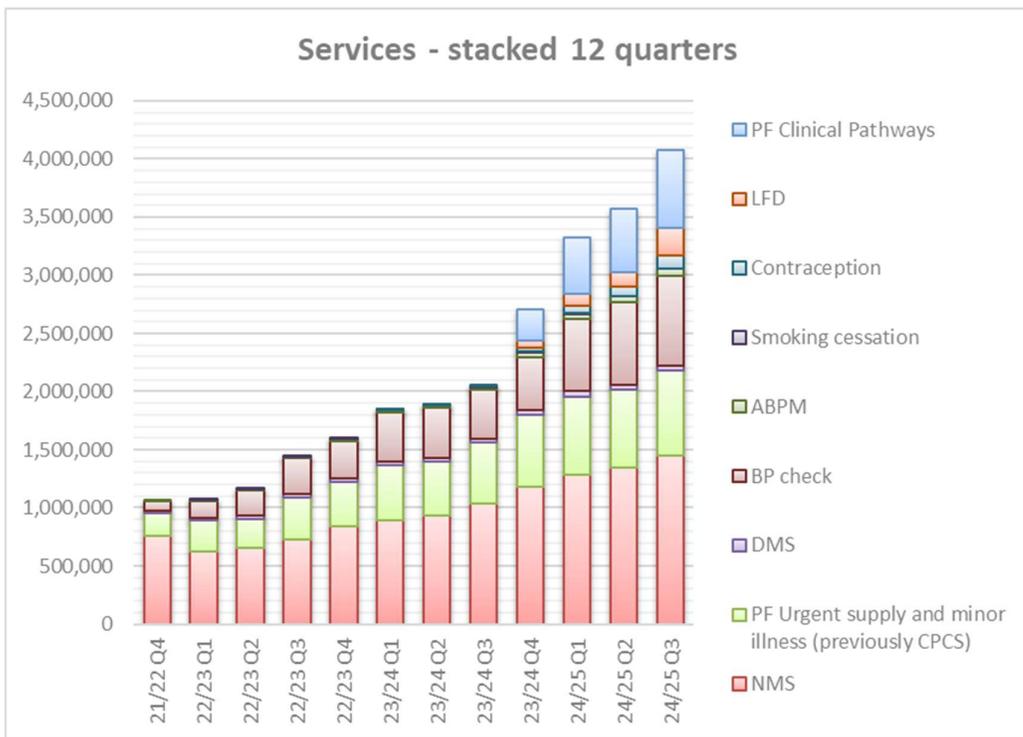
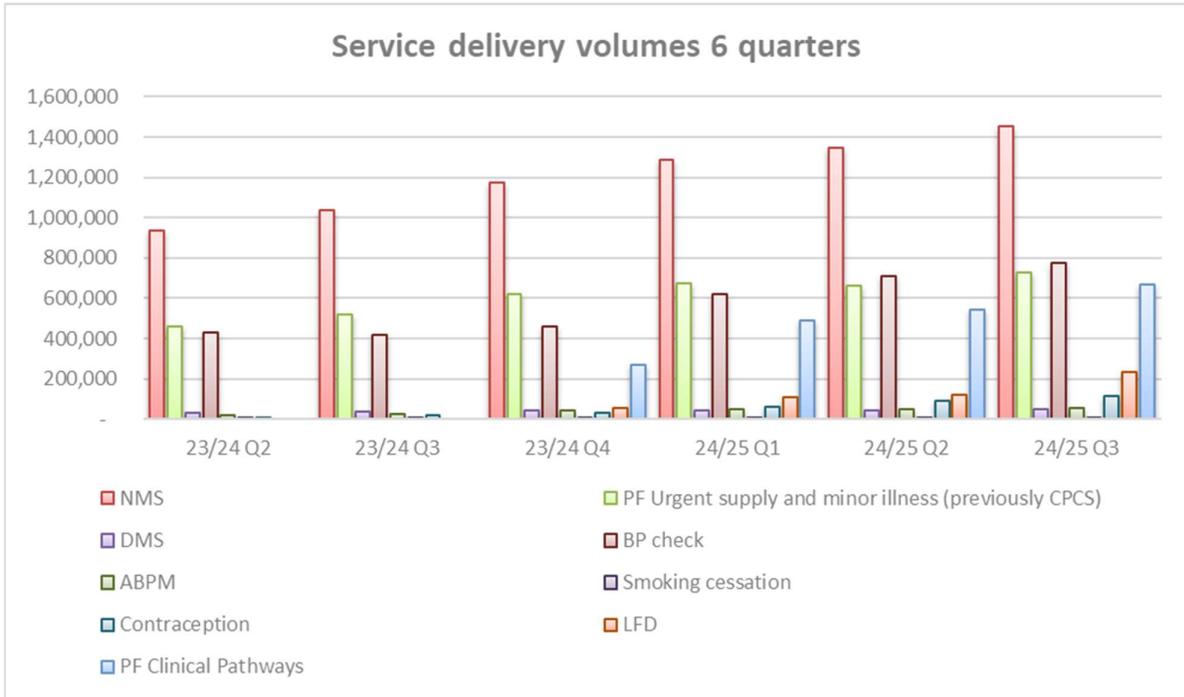


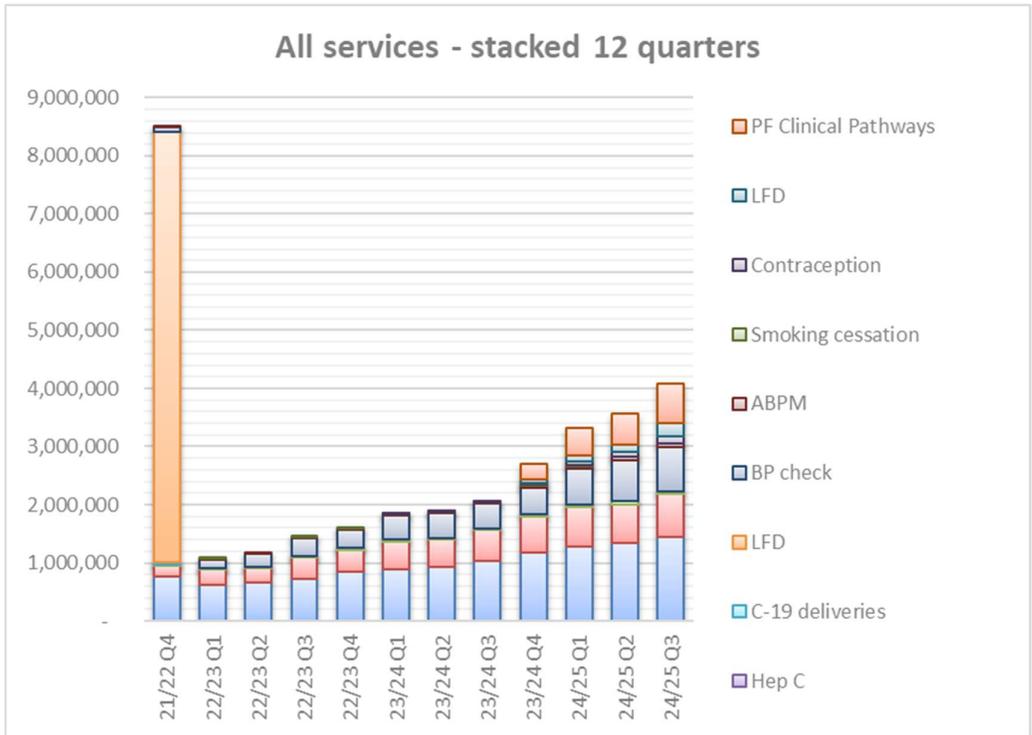
In **24/25 Q4** the average fees per item was **£1.50** (based on data to Mar-25).

In **24/25 Q4** the average NIC/item (before clawback) was **£8.07**, and National AIV was **£9.08** (based on data to Mar-25).



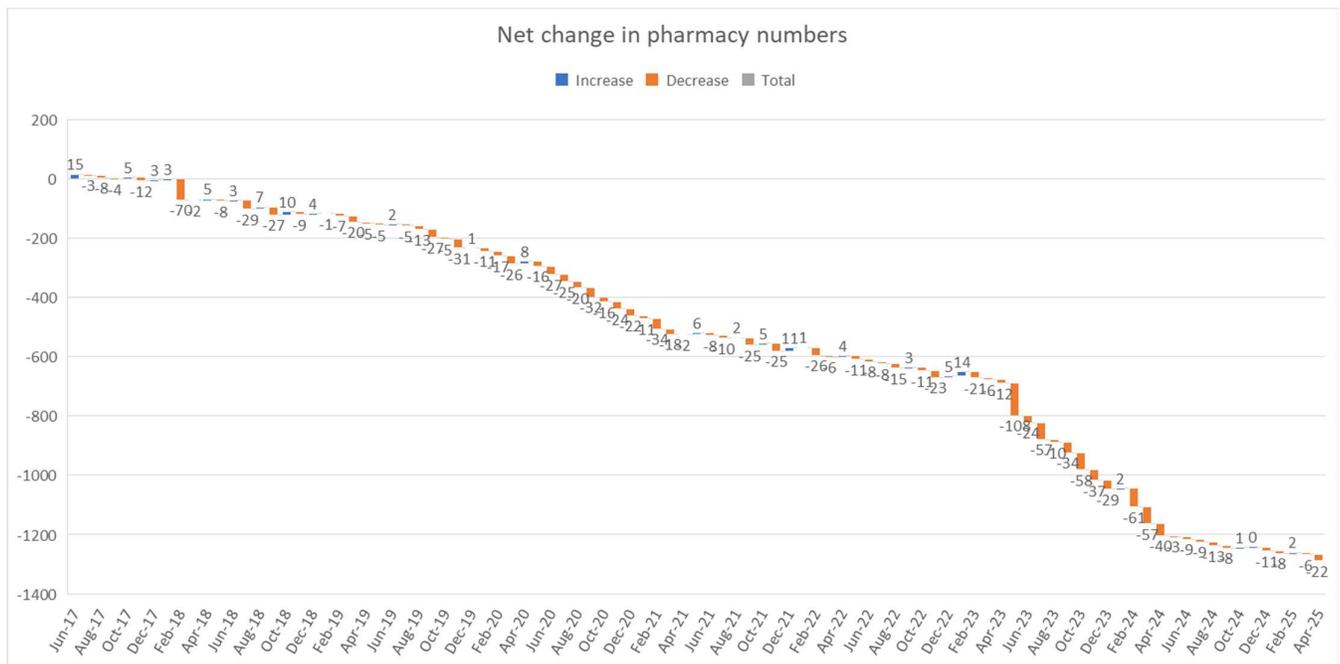
Services

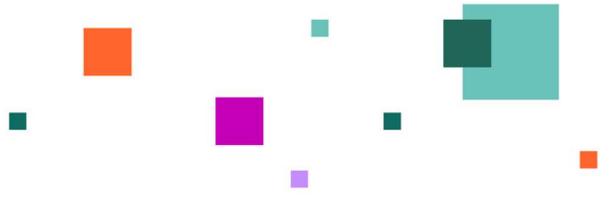




Pharmacy contract numbers

A waterfall chart of net change in pharmacy numbers per month indicates a cumulative drop of c-1,291 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.

