

## Minutes of the CPE Funding and Contract Subcommittee meeting held at CPE office on Wednesday 24th September 2025 commencing at 11:10am

**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, Dame Jenny Harries, Janet Morrison, Rob Thomas, Suraj Shah, Daniel Fladvad and Alisha Khatri

**Observers:** Has Modi, Gary Warner, Stephen Thomas, Faisal Tuddy, Jay Patel, Ian Strachan, Phil Day, Marc Donavan, Clare Kerr, Lindsey Fairbrother, Sami Hanna, Ifti Khan, Sukhi Basra, Niamh McMillan Sian Retallick, Mayank Patel, Fin McCaul, James Davies, Gary Warner, Beran Patel, Melinda Mabbutt, David Onuoha, Katrina Worthington, Rosie Taylor, Gordon Hockey, Alastair Buxton, James Wood, Vicky Roberts, Zoe Long, and Gabriele Vickers.

1. **Welcome from Chair**  
The Chair opened the meeting and welcomed the attendees.
2. **Apologies for absence**  
None
3. **Declarations or conflicts of interest**  
None
4. **Minutes of last meeting (**Confidential Appendix FCS 01/09/25**) and matters arising**  
The minutes of the meeting held on 25th June 2025 were approved.

### Matters for discussion

#### 2025/26 implementation topics

5. **Accelerated advance payment update (**Confidential Appendix FCS 02/09/25**)**

Rob introduced the paper, and gave a brief update on a meeting with DHSC that had occurred in the last couple of days.

It was highlighted that the FunCon discussion would be limited to higher level questions, with the detail scheduled to be worked through at a future Reimbursement Working Group. Committee members were invited to join that meeting, even if they were not part of that group.

DHSC are concerned about over-declarers in regard to EPS2 items, and how these can be dealt with on an objective basis (rather than requiring separate ad-hoc determination each month).

The detailed proposal addressing this provides useful context for the discussion on the future accelerated payments proposals.

The first is DHSC's strong desire (red-line) to move to an automated claim notification (CN) based 'scrape'. It also highlights that NHSBSA are already able to determine the number of claim notification messages rapidly after the current Day 5 claim deadline, under current processing rules.

DHSC had also communicated a second red line in regards to a future payment schedule for EPS2 items. This was that payments relating to a scrape could only be based on completed work up to that point (which was evidenced by a CN being received).

DHSC had also communicated a 'strong preference' for EPS2 items to be determined using a Day 1 scrape, allowing the advance to be moved forward to Day 5. The corresponding effect was also highlighted (namely the EPS2 leeway period being removed, as well as removal of financial control mechanism of declaration being compared to subsequent payment). No-one was in favour of accepting this proposal, with it being seen as worse than the current position.

Committee member feedback focused on:

- The financial loss from not having the existing EPS2 leeway period – both in cashflow terms (items pushed back into the subsequent month) and in terms of the concessionary pricing issue
- The five day gap that would still exist and need bridging
- The financial control loss given the current ability to compare the declaration versus subsequent payment
- Visibility of numbers taken as part of the 'scrape'
- Policy seemingly being driven by a very small cohort of contractors misusing the system

It was queried whether this was just for prescription items or services. It was clarified that this would just be for EPS2 items, with no firm plan communicated yet for paper items or services. It was also queried whether this would be an opt-in proposal, and it was clarified that a shift in the process for all contractors was being discussed.

Rob queried whether having two scrapes was a red-line for the committee, as this would be needed to facilitate a day 1 payment and then maintain the current day five processing period. Several members spoke in favour of this, with none suggesting it wasn't a red line.

It was also queried whether the current leeway period was still needed. The five day window was seen as sensible given the matching in pricing it allows with purchases towards the end of the month. Moving away from this would mean significant changes to EPS2 and PMRs.

It was also queried whether moving to an automated scrape would be an issue, if this was on day five under current processing rules (i.e. applying the leeway period) and sufficient alternate financial controls were put in place. Keeping the declaration for EPS2 items was not seen as a red line, but transparency would be needed to allow alternate financial controls to operate.

Due to the length of discussion, this was to be further considered at the Reimbursement Working Group meeting previously highlighted.

#### 6. DHSC capping update (**Confidential Appendix FCS 03/09/25**)

Mike drew attention to DHSC's source paper and the summary of it. An initial meeting had been held at which DHSC talked through their ideas and reiterated their willingness to discuss caps on HCFS and MI in particular.

The subcommittee were supportive of a high-level cap on HCFS provided innovation wasn't stifled. Over-provision has to be dealt with visibly and the drain on budgets avoided.

It was noted that any cap has to be related to something e.g. it could be absolute, related to items, related to ABPMs, local population need etc. Alastair noted that DHSC had suggested an outcomes approach, paying only for ABPMs. This was not well received even if the full cost of identifying an ABPM were to be reflected.

The subcommittee was content for discussions with DHSC to continue.

#### 7. Margin calibration (**Confidential Appendix FCS 04/09/25**)

DHSC is pursuing a number of lines of thought around retained margin.

Reducing the lag in setting Cat M prices was desirable but a bigger issue was felt to be the lack of transparency around price setting.

Introducing off patents into Cat M quickly was helpful and an improvement, but the lack of transparent clear process was noted.

There was no support for further restrictions on price concessions.

Margin recovery using discount deduction will be considered at a future virtual meeting.

There was no support for making margin run-rate adjustment more quickly. The spreading of the adjustment was a necessary safeguard when using margins survey results quarterly.

Concern was expressed about making adjustments to categories other than category M. This is likely to hinder supply. Some felt that the bigger issue was the margin allowance not keeping pace with pack volume growth of 35%.

The rationale for making adjustments to high margin products was explained but there was concern about 'tinkering' so this should only be considered if a suitably systematic approach can be developed.

DHSC's intentions around understanding of multiples' margin was discussed. DHSC are seeking a benchmark to validate the margins survey at this point. It was agreed that CPE will facilitate a group meeting for those multiples that wish to attend to allow DHSC to explain their intentions.

#### **2026/27 negotiation positioning – These items will be dealt with at a future virtual meeting**

8. **Cost reimbursement including business rates (Confidential Appendix FCS 05/09/25)**  
The subcommittee noted that the information in this appendix will be discussed at a later date.
9. **GP transformation funding overview (Confidential Appendix FCS 06/09/25)**  
The subcommittee noted that the information in this appendix will be discussed at a later date.

#### **Margin developments – These items will be dealt with at a future virtual meeting**

10. **Margin spread (Confidential Appendix FCS 07/09/25)**  
The subcommittee noted that the information in this appendix will be discussed at a later date.
11. **Discount deduction (Confidential Appendix FCS 08/09/25)**  
The subcommittee noted that the information in this appendix will be discussed at a later date.
12. **Branded generics (Confidential Appendix FCS 09/09/25)**  
The subcommittee noted that the information in this appendix will be discussed at a later date.
13. **Reimbursement reforms update (Confidential Appendix FCS 10/09/25)**

The subcommittee noted that the information in this appendix will be discussed at a later date.

## Matters of report

14. Pharmacy First (**Confidential Appendix FCS 11/09/25**)

The subcommittee noted that the information in this appendix will be discussed at a later date.

15. Remuneration and reimbursement updates

a. CPCF outturn (**Confidential Appendix FCS 12/09/25**)

The subcommittee noted that the information in this appendix will be discussed at a later date.

b. Margin update (**Confidential Appendix FCS 13/09/25**)

The subcommittee noted that the information in this appendix will be discussed at a later date.

c. Price concessions update (**Confidential Appendix FCS 14/09/25**)

The subcommittee noted that the information in this appendix will be discussed at a later date.

16. General funding update (**Appendix FCS 15/09/25**)

The subcommittee noted that the information in this appendix will be discussed at a later date.

17. Statistics

1. Main stats report (**Appendix FCS 16/09/25**)

The subcommittee noted that the information in this appendix will be discussed at a later date.

2. Cat M stats report (**Appendix FCS 17/09/25**)

The subcommittee noted that the information in this appendix will be discussed at a later date.

18. Any other business

## Minutes of the CPE Funding and Contract Subcommittee meeting held virtually on Wednesday 22nd October 2025 commencing at 9:30am

**Members:** Peter Cattee (Chair), Adrian Price, David Broome, Jas Heer, Tricia Kennerley and Mike Hewitson

**In attendance:** Mike Dent, Jack Cresswell, Dame Jenny Harries, Janet Morrison, Rob Thomas, Suraj Shah, Alisha Khatri, and Michael Digby

**Observers:** Has Modi, Stephen Thomas, Phil Day, Ifti Khan, Mayank Patel, Fin McCaul, James Davies, and David Onuoha

1. Welcome from Chair

The Chair opened the meeting and welcomed the attendees, noting this was a continuation of the topics not covered in the original meeting of 24<sup>th</sup> September 2025.

2. Apologies for absence

None were noted

3. Declarations or conflicts of interest

None were noted

4. Minutes of last meeting (**Confidential Appendix FCS 01/09/25**) and matters arising

The minutes of the meeting held on 25th June 2025 had been approved on the 24<sup>th</sup> September 2025. Approval for the minutes of the meeting on the 24<sup>th</sup> September 2025 will be requested at the next FunCon (scheduled for November 2025).

### Matters for discussion

#### 2026/27 negotiation positioning

5. Cost reimbursement including business rates (**Confidential Appendix FCS 05/09/25**)

Rob introduced the paper on the topic and set out the key questions that had been further looked at as a result of the June 2025 sub-committee discussion.

It was highlighted that we needed a steer about the committee's position regarding business rates and other operating costs, and a lengthy discussion took place.

## 6. GP transformation funding overview (**Confidential Appendix FCS 06/09/25**)

Rob introduced the paper on this topic, including highlighting the 3% approach in the 10 year plan (with risks and opportunities this will present), the position with GP funding, and the position in Wales where a limited amount of funding (£700k) had been made available to pharmacies for small capital projects during 2025/26.

A committee member noted the risk that 'transformation' and top-slicing could be a metaphor for efficiency, with pharmacies already having delivered large amount of efficiencies in recent years as a necessary response under-funding.

Another sub-committee member noted that any transformation funding was unlikely to be sufficient to make a big enough difference to the identified funding gap. This would particularly be the case if onerous requirements were put on receiving that funding.

Janet noted that the ten year plan has a strong interest in the modernisation of pharmacy and dispensing, and this is something we would want to support. As a general principle this is something we will want to do, but should also consider those that have already made transformational investment.

The sub-committee chair noted that those making capital investment in the last few years were in-line with government policy on this.

Two further sub-committee members reiterated there needed to be an equitable approach to those that had already invested and those that had not.

It was noted that the previous experience (2016 cuts) where existing funding for the Establishment Payment had been relabelled a 'transitional payment', and that we needed to be aware of this risk as any relabelling of funding (rather than new funding) would be problematic.

Mike summed up with the office to continue looking at this, mindful of the issues raised.

## Margin developments

### 7. Margin spread (**Confidential Appendix FCS 07/09/25**)

CPE's consultant statistician had been asked to analyse margin survey data to identify key drivers of variation in observed contractor margins in the independent margin survey.

The most significant drivers identified were to do with purchasing behaviour and 'mix' – it was noted that broadly some elements driving variation are within the control of pharmacy businesses (with noted exceptions), and others are almost entirely outside their control.

It was noted that the regression model developed by CPE's consultant considered pharmacy size as a potential driver of margin, but this was not flagged by the model as having a significant impact.

The subcommittee were asked to consider whether the inherent variation in margin was something we could accept. Members agreed we should try and explore what potential 'equalisation' of margin might mean and how effective it could be.

It was noted that if we try to achieve 'equalisation' through reimbursement reform, other players in the broader landscape would be likely to react with unforeseeable / unintended consequences. An example of this we have already seen was the resistance from industry against the Government's public consultation on Generic Substitution.

There was a discussion around what the 'correct' level of margin should be – CPE and other bodies have produced estimates that roughly align; CPE's latest figures suggest margin would have grown to circa £1.2b in 2025/26, if it followed item growth and inflationary pressures (instead of the current £900m).

There was a question about whether increasing the allowance would increase or decrease 'risk'. Analysis has previously shown that the variation between pharmacies still exists even when margins are generally higher, so in that sense 'risk' is not diminished, however a benefit of a higher margin allowance is that generally all contractors would be uplifted even if they are below average, so more contractors would be above the hypothetical line of 'sustainability'; The lower the margin allowance, the more contractors fall below the line.

It was noted that multiples could analyse branch level variation to see what the level of impact is driven by issues outside the control of the businesses, since buying behaviour and strategy would be the same for all branches.

It was noted that if 'equalisation' meant putting more pressure on Cat M or generics, for example to uplift brand margin to try and negate mix effects, then this would not be feasible in the current system where generic reimbursement is already under incredible strain.

## 8. Discount deduction (Confidential Appendix FCS 08/09/25)

A discussion was held on the two questions raised in the confidential appendix; A) could generic and brand deduction rates be adjusted with the aim of equalising margin distribution, and B) could variable deduction rates be used as a mechanism to adjust the run rate of margin delivery?

### **A) Equalising margin**

It was noted that deduction changes would not reduce the importance of procurement, or to provide a mechanism to give DHSC increased control over margin; we would simply be tweaking the current deduction rates (20% and 5% currently) to give a more balanced average margin distribution to contractors.

It was noted that the theoretical changes to equalise margin per item were quite low – e.g. changing the rates from the current 20% & 5% to a still similar 23.5% and 2.5% (estimated).

Members queried what the potential wider impacts of such a change could be beyond pharmacy reimbursement – e.g. could it lead to a change in market behaviour?

It was noted that when changes were previously made to the deduction rates, they appeared to translate directly into the observed results in measured margin – for example reducing the brand deduction rate by 5% led to a 5% increase in observed margins on brands. We have not seen evidence that any of the reduction was ‘absorbed’ by the supply chain, although we cannot say what changes may result from further changes to deduction rates, or if industry may have a delayed reaction to changes in the future.

It was noted that we originally pushed for the changes to deduction rates to help make dispensing mix less impactful on contractors (i.e. levelling up and down), and also to make ICBs more accountable for their own prescribing policies (rather than benefitting from ‘fair sharing’ of discount deduction across all ICBs). Adjusting the deduction rates further would be an extension of this policy.

It was noted that if the margin allowance were to increase again in future, it could be possible to use this to allow a reduction in the brand discount rate without needing to correspondingly increase the generic discount rate. The office will consider this option further.

There was a query about why discount deduction still exists as a concept when there is much more transparency now in supply and margin levels. It was noted that the system is somewhat vestigial given the changes in transparency, however it currently removes around £600m per year from contractor reimbursement, and margin is measured AFTER discount deduction. If we were to remove discount deduction now, then to compensate, reimbursement prices would have to reduce by a further £600m, which is not conceivable in the current landscape.

## B) Variable rates to calibrate margin delivery

There was a question about whether using a variable deduction rate to adjust margin delivery would lead to a smoothing effect, or would it lead to more volatility?

From our perspective the intention would be to change how adjustments are made, but not the overall level of adjustment that is made. For example, if a £10m adjustment needs to be made to margin delivery this can be done through price adjustments in the DT or through adjusting discount deduction, and the overall impact on contractors' reimbursement would be the same. However, it would lead to more stable printed prices in the Drug Tariff, which could reduce the amount of 'reaction' seen in the market when prices in the DT shift.

It was noted that a scheme like this has been historically used in Scotland, and in CPE's discussions with CPS counterparts, feedback on the system was positive.

One issue noted was the potential large size of the adjustments needed to achieve only moderate changes to reimbursement; for example to change reimbursement by £10m per quarter we estimate the generic deduction would have to change by 1.3%.

It was noted that even if the impact on reimbursement was minimal, having margin adjustments done through a separate mechanism (as opposed to through price adjustments) would make margin adjustments more transparent and easier to communicate. This was one reason why PA Consulting suggested the idea as a potential improvement to the margin system.

## 9. Branded generics (**Confidential Appendix FCS 09/09/25**)

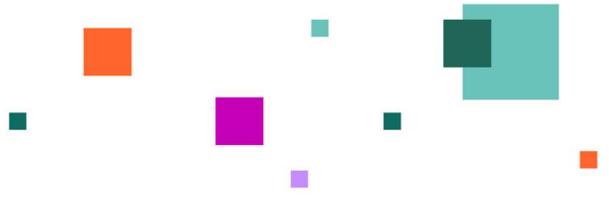
Time constraints meant that this paper was not discussed, with this to be rescheduled to a future FunCon meeting.

## 10. Reimbursement reforms update (**Confidential Appendix FCS 10/09/25**)

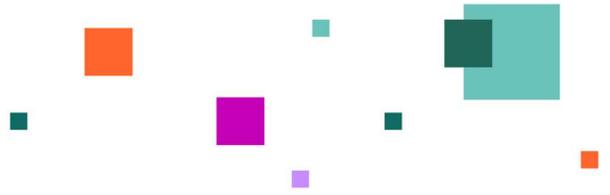
Time constraints meant that this paper was not discussed, with this to be rescheduled to a future FunCon meeting.

## 11. Any other business

None



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



## General funding update

The following items are included as matters of report:

### 1. Drug Tariff & Reimbursement updates

- Mounjaro® reimbursement prices redetermined for September 2025
- Dapagliflozin tablets – changes to reimbursement from September 2025
- Retrospective reimbursement prices for April, June and July 2025
- Service fee advances
- 16 products re-classified as special containers between August and September 2025
- 10 products added to the Discount Not Deducted (DND) list between August and September 2025
- July 2025 Category M prices announced
- Category A price-setting arrangements from July 2025

### 2. Regulatory updates

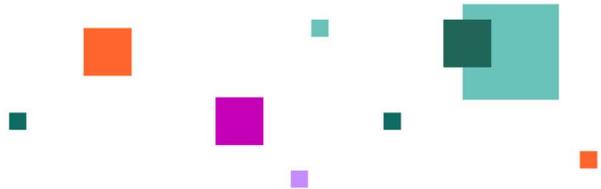
- Medicines not covered by the HRT PPC
- Dydrogesterone 10mg tablets (Nalvee®) added to the HRT PPC medicines list
- EPS rolls out across Wales

### 3. Supply updates (including SSPs)

- DHSC outlines work to improve medicines supply
- MPs find medicines shortages now a systemic threat to NHS patient care
- Otomize® ear spray now available as a generic
- Pack size changes – Xarelto® (Rivaroxaban) 1mg/ml granules for oral suspension
- Discontinuation of FreeStyle® Libre 2 Sensor
- Serious Shortage Protocols (SSPs)
- Market movements with implications for supply

### 4. Dispensing and Supply team communications

- Funding & Reimbursement Shorts: End of month submission process & Introduction to Pricing Audit Team
- Upcoming changes to the MYS Portal
- NHSBSA 'Hints & Tips' – Issue 60
- Dispensing and Supply webpage views



## 1. Drug Tariff & Reimbursement updates

### Mounjaro® reimbursement prices redetermined for September 2025

Following a decision taken by Eli Lilly to increase its UK list prices for Mounjaro® (Tirzepatide) KwikPen® from 1 September 2025, the DHSC has re-determined the NHS reimbursement prices for all strengths of Mounjaro® dispensed from September to reflect the new, higher list prices.

To avoid pharmacy owners dispensing Mounjaro® (Tirzepatide) at a loss, Community Pharmacy England reached an agreement with DHSC that reimbursement of NHS prescriptions (branded and generically written) for Mounjaro® dispensed from September would be reimbursed at the increased UK list prices.

Please see the link to the announcement published on [NHSBSA's website](#).

The re-determined Mounjaro® (Tirzepatide) reimbursement prices from September are outlined in the table below:

Generic name	Brand name	Pack size	Previous UK list price	Redetermined NHS reimbursement price from September 2025
Tirzepatide 2.5mg/0.6ml solution for injection 2.4ml pre-filled disposable devices	Mounjaro® KwikPen® 2.5mg /0.6ml solution for injection 2.4ml pre-filled pens	1 pre-filled disposable injection	£92.00	£133.00
Tirzepatide 5mg/0.6ml solution for injection 2.4ml pre-filled disposable devices	Mounjaro® KwikPen® 5mg/ 0.6ml solution for injection 2.4ml pre-filled pens	1 pre-filled disposable injection	£92.00	£180.00
Tirzepatide 7.5mg/0.6ml solution for injection 2.4ml pre-filled disposable devices	Mounjaro® KwikPen® 7.5mg /0.6ml solution for injection 2.4ml pre-filled pens	1 pre-filled disposable injection	£107.00	£255.00

Generic name	Brand name	Pack size	Previous UK list price	Redetermined NHS reimbursement price from September 2025
Tirzepatide 105mg/0.6ml solution for injection 2.4ml pre-filled disposable devices	Mounjaro® KwikPen® 10mg/0.6ml solution for injection 2.4ml pre-filled pens	1 pre-filled disposable injection	£107.00	£255.00
Tirzepatide 12.5mg/0.6ml solution for injection 2.4ml pre-filled disposable devices	Mounjaro® KwikPen® 12.5mg/0.6ml solution for injection 2.4ml pre-filled pens	1 pre-filled disposable injection	£122.00	£330.00
Tirzepatide 15mg/0.6ml solution for injection 2.4ml pre-filled disposable devices	Mounjaro® KwikPen® 15mg/0.6ml solution for injection 2.4ml pre-filled pens	1 pre-filled disposable injection	£122.00	£330.00

Please note: the redetermined reimbursement prices applied to September prescriptions even though the September 2025 Drug Tariff still showed the old list prices. The new list prices will be updated in the October 2025 Drug Tariff.

### Background to Mounjaro® list price increases

Following a review, Lilly will increase the UK list price for Mounjaro® (Tirzepatide) from 1st September to address pricing inconsistencies compared to other developed countries, including in Europe. In parallel, Lilly has reached an agreement with the NHS to ensure continued supply and patient access. While Lilly does not determine the prices that private healthcare providers set, Lilly is working with them to maintain patient access.

**Please note:** Community Pharmacy England understands there are growing concerns regarding Mounjaro® pricing and supply arrangements for private services offered by many pharmacies. However, Community Pharmacy England’s remit is restricted to NHS pharmacy services and we are therefore unable to address queries relating to the private supply of Mounjaro®.

To maintain patient access to Mounjaro®, Lilly has a commercial agreement available to all private providers to support the dispensing of private prescriptions. Pharmacies that do not dispense private prescriptions for Mounjaro® are advised not to accept the commercial agreement.

Pharmacies that choose not to sign up to the commercial agreement can continue to access stock of Mounjaro® for NHS dispensing in the usual way.

## Dapagliflozin tablets – changes to reimbursement from September 2025

### Dapagliflozin 5mg and 10mg tablets moved from Category C to Category M in the September 2025 Drug Tariff.

This came after several manufacturers launched generic versions of Dapagliflozin tablets following the recent ruling by the UK Court of Appeal to invalidate AstraZeneca’s patent for the brand Forxiga®.

Previously, all branded and generically written prescriptions for Dapagliflozin tablets were reimbursed in line with NHS list prices of the brand Forxiga®. However, from September 2025, reimbursement of generically written prescriptions for Dapagliflozin tablets will be based on the Category M prices published in the September 2025 Drug Tariff. The Category M prices are calculated using actual market data obtained from suppliers.

The Department of Health and Social Care (DHSC) made these changes outside the usual Category M quarterly cycle (Category M prices are normally updated every quarter in January, April, July, and October). Ahead of the Drug Tariff changes in September, pharmacy owners were advised to review and manage their brand and generic stockholding of Dapagliflozin tablets. DHSC was unable to give advance notice of these changes in the August Drug Tariff as the generics entered the market at the start of August.

All other July to September 2025 Category M prices remained unchanged.

Note: All generic Dapagliflozin prescriptions submitted in August was reimbursed in line with the August 2025 Drug Tariff. All branded prescriptions will continue to be reimbursed in line with the NHS list prices of Forxiga®.

## Retrospective reimbursement prices for April, June and July 2025

Following representations made by Community Pharmacy England on behalf of community pharmacy owners, the DHSC redetermined April, June and July 2025 reimbursement prices for the following products to reflect an increase in their NHS list prices. These interventions by our Dispensing and Supply Team **prevented community pharmacies from losing an estimated £472k due to medicine list price increases.**

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.

### April 2025 price adjustments

Generic name	Brand name	Pack size	Previous NHS list price	Redetermined reimbursement price for April 2025	Drug Tariff Category
Dimeticone 22% / Benzalkonium chloride 0.1% cream	Conotrane® cream (Evolan Pharma AB)	500 grams	£4.98	£9.19	Not in Drug Tariff
Dalteparin sodium 10,000units/ 0.4ml solution for injection pre-filled syringes	Fragmin® 10,000 units/ 0.4ml solution for injection pre-filled syringes (Pfizer Ltd)	5 pre-filled disposable injections	£28.23	£34.11	Category C – based on Fragmin®
Phentolamine 2mg/0.35ml / Aviptadil 25micrograms/0.35 ml solution for injection ampoules	Invicorp® 25micrograms/ 2mg/0.35ml solution for injection ampoules (Evolan Pharma AB)	5 ampoules	£47.50	£61.23	Category C – based on Invicorp®
Macrogol 3350 oral powder 8.5g sachets sugar free	TransiSoft® oral powder 8.5g sachets (Mayoly UK Ltd)	28 sachets	£188.84	£217.17	Category C – based on Transisoft®
Generic Thick & Easy powder	Thick & Easy® Original powder (Fresenius Kabi Ltd)	4540 grams	£128.02	£131.73	Not in Drug Tariff
Zinc oxide impregnated medicated stockings	Zipzoc® stockings (Evolan Pharma AB)	4 stockings	£15.90	£22.12	Category C – based on Zipzoc®

Generic name	Brand name	Pack size	Previous NHS list price	Redetermined reimbursement price for April 2025	Drug Tariff Category
Zinc oxide impregnated medicated stockings	Zipzoc® stockings (Evolan Pharma AB)	10 stockings	£39.75	£55.29	Category C – based on Zipzoc®

Pricing adjustments for the above products were included in the **May 2025 Schedule of Payments (with a payment date of 1st August 2025)**. The payments appear as ‘**Adjustment drugs**’ and ‘**Adjustment fees**’ (if applicable). The adjustments for products listed above will be shown as a combined total.

#### June 2025 price adjustments

Generic name	Brand name	Pack size	Previous NHS list price	Redetermined reimbursement price	Drug Tariff Category
Generic HyFiber liquid 30ml sachets gluten free	HyFiber® liquid 30ml sachets (Nutrinovo Ltd)	100 sachets	£112.94	£116.55	Non Drug Tariff
Generic PKU Easy microtabs	PKU Easy® microtabs (Galen Ltd)	440 grams	£227.83	£235.12	Non Drug Tariff
Generic ProSource liquid 30ml sachets gluten free	ProSource® liquid 30ml sachets citrus berry (Nutrinovo Ltd)	100 sachets	£148.10	£152.84	Non Drug Tariff
Generic ProSource liquid 30ml sachets gluten free	ProSource® liquid 30ml sachets neutral (Nutrinovo Ltd)	100 sachets	£148.10	£152.84	Non Drug Tariff

Generic name	Brand name	Pack size	Previous NHS list price	Redetermined reimbursement price	Drug Tariff Category
Generic ProSource liquid 30ml sachets gluten free	ProSource® liquid 30ml sachets orange creme (Nutrinovo Ltd)	100 sachets	£148.10	£152.84	Non Drug Tariff
Generic ProSource Plus liquid 30ml sachets gluten free	ProSource Plus® liquid 30ml sachets citrus berry (Nutrinovo Ltd)	100 sachets	£198.54	£204.89	Non Drug Tariff
Generic ProSource Plus liquid 30ml sachets gluten free	ProSource Plus® liquid 30ml sachets citrus berry (Nutrinovo Ltd)	50 sachets	£99.27	£102.45	Non Drug Tariff
Generic ProSource Plus liquid 30ml sachets gluten free	ProSource Plus® liquid 30ml sachets neutral (Nutrinovo Ltd)	100 sachets	£198.54	£204.89	Non Drug Tariff
Generic ProSource Plus liquid 30ml sachets gluten free	ProSource Plus® liquid 30ml sachets neutral (Nutrinovo Ltd)	50 sachets	£99.27	£102.45	Non Drug Tariff
Generic ProSource Plus liquid 30ml sachets gluten free	ProSource Plus® liquid 30ml sachets orange creme (Nutrinovo Ltd)	100 sachets	£198.54	£204.89	Non Drug Tariff
Generic ProSource Plus liquid 30ml	ProSource Plus® liquid 30ml sachets orange	50 sachets	£99.27	£102.45	Non Drug Tariff

Generic name	Brand name	Pack size	Previous NHS list price	Redetermined reimbursement price	Drug Tariff Category
sachets gluten free	creme (Nutrinovo Ltd)				
Generic ProSource TF liquid 45ml sachets gluten free	ProSource TF® liquid 45ml sachets (Nutrinovo Ltd)	100 sachets	£159.12	£164.21	Non Drug Tariff
Generic TYR Easy tablets	TYR Easy® tablets (Galen Ltd)	462 tablets	£372.65	£384.57	Non Drug Tariff

### July 2025 price adjustments

Generic name	Brand name	Pack size	Previous NHS list price	Redetermined reimbursement price	Drug Tariff Category
Dalteparin sodium 10,000units/ 1ml solution for injection pre-filled syringes	Fragmin® Graduated Syringe 10,000units/ 1ml solution for injection pre-filled syringes (Pfizer Ltd)	5 pre-filled disposable injection	£29.06	£33.49	Part VIII A Category C
Dalteparin sodium 12,500units/ 0.5ml solution for injection pre-filled syringes	Fragmin® 12,500units/ 0.5ml solution for injection pre-filled syringes (Pfizer Ltd)	5 pre-filled disposable injection	£35.44	£36.70	Part VIII A Category C
Dalteparin sodium 15,000units/	Fragmin® 15,000units /0.6ml solution for	5 pre-filled	£42.42	£43.31	Part VIII A Category C

Generic name	Brand name	Pack size	Previous NHS list price	Redetermined reimbursement price	Drug Tariff Category
0.6ml solution for injection pre-filled syringes	injection pre-filled syringes (Pfizer Ltd)	disposable injection			
Dalteparin sodium 2,500units/ 0.2ml solution for injection pre-filled syringes	Fragmin® 2,500units/ 0.2ml solution for injection pre-filled syringes (Pfizer Ltd) 10 pre-filled disposable injection	10 pre-filled disposable injection	£19.59	£23.67	Part VIII A Category C
Dalteparin sodium 5,000units/ 0.2ml solution for injection pre-filled syringes	Fragmin® 5,000units/ 0.2ml solution for injection pre-filled syringes (Pfizer Ltd)	10 pre-filled disposable injection	£29.82	£36.03	Part VIII A Category C
Dalteparin sodium 7,500units/ 0.3ml solution for injection pre-filled syringes	Fragmin® 7,500units/ 0.3ml solution for injection pre-filled syringes (Pfizer Ltd)	10 pre-filled disposable injection	£42.77	£45.00	Part VIII A Category C
Estradiol 1mg transdermal gel sachets	Sandrena® 1mg gel sachets (Orion Pharma (UK) Ltd)	28 sachets	£5.85	£8.50	Part VIII A Category C
Estradiol 1mg transdermal gel sachets	Sandrena® 1mg gel sachets (Orion Pharma (UK) Ltd)	91 sachets	£17.57	£27.62	Part VIII A Category C

Generic name	Brand name	Pack size	Previous NHS list price	Redetermined reimbursement price	Drug Tariff Category
Estradiol 500microgram transdermal gel sachets	Sandrena® 500microgram gel sachets (Orion Pharma (UK) Ltd)	28 sachets	£5.08	£8.50	Part VIII A Category C
Minoxidil 5% foam	Regaine® for Men Extra Strength 5% scalp foam (McNeil Products Ltd)	180 grams	£45.62	£56.36	Part VIII A Category C
Minoxidil 5% foam	Regaine® for Men Extra Strength 5% scalp foam (McNeil Products Ltd)	60 grams	£21.87	£24.50	Part VIII A Category C
Minoxidil 5% foam	Regaine® for Women Once a Day 5% scalp foam (McNeil Products Ltd)	60 grams	£21.87	£24.50	Part VIII A Category C
Minoxidil 5% foam	Regaine® for Women Once a Day 5% scalp foam (McNeil Products Ltd)	120 grams	£31.24	£33.34	Part VIII A Category C
Nicotine 25mg/ 16hours transdermal patches	Nicorette® invis 25mg/ 16hours patches (McNeil Products Ltd)	14 patches	£18.72	£22.07	Part VIII A Category C

Pricing adjustments for the above products are planned to be included in the **July 2025 Schedule of Payments (with a payment date of 1st October 2025)**. The payments will appear as 'Adjustment drugs' and 'Adjustment fees' (if applicable). The adjustments for products listed above will be shown as a combined total.

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 were 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.

Community Pharmacy England sought price adjustments to several other products affected by NHS list price increases between April and July 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 prices changes to reimbursement.

### Service fee advances

Community Pharmacy England [recently announced](#) that consultation fees for the Hypertension Case-Finding Service (HCFS) and the Pharmacy Contraception Service (PCS) were to be included in the advance payments issued to pharmacy owners by the NHS Business Services Authority. The first service fee advance was received on 12 May (for activity completed in April 2025) and this was recovered on 1 July when the reconciliation payment is received for April.

The value of the 'Service fee advance' displayed on the payment schedule is calculated based on the activity declared via the Manage Your Service (MYS) portal. Pharmacy owners receive service fee advances on the same day as the advance payment for dispensed prescriptions, provided the declaration is submitted within the usual claiming deadlines. Please note: Advance payments for further services will be included in this 'Service fee advance' as NHSBSA's pricing systems continue to be developed.

The service fee advance payment is then recovered the following month – similar to the recovery of advances paid for prescriptions. This value will appear in the Schedule of Payments as 'Recovery of service fee advance'. For example, for consultations provided in July 2025, the service fee advance will be paid on 11 August 2025 and recovered when the reconciliation payment is received on 1 October 2025 as per the [payment timetable](#) for 2025. Pharmacy owners will have noticed a 'Recovery of service fee advance' under the 'Summary of Payment Amounts' section of their latest schedule.

The image below shows how these values are reflected in the Schedule of Payments:

<b>Total of account</b>		<b>14,928.29</b>
Recovery of advance payment		0.00
Recovery of advance payment in respect of a late registered batch		0.00
Recovery of service fee advance		-170.00
<b>Balance due in respect of</b>	<b>Apr 2025</b>	<b>14,843.29</b>
Payment on account for	May ( 7359 items less 379 charges)	65.00
Advance payment in respect of a late registered batch		0.00
Service fee advance		195.00

The itemisation of the amounts being paid for these two services within the dispensing month was moved from the 'Details of Other Amounts Authorised' section into the main 'Prescription Fees' section of the Schedule of Payments. The reimbursement for any items supplied under the PCS is factored into the calculation for the main advance payment itself. Details of the drug costs, discount applied, and VAT elements for the PCS are set out in the detailed tables on page four of the Schedule of Payments (there being no drug reimbursement as part of the HCFS).

For more information, please see our [Monthly payments](#) page and our [Understanding your FP34 Schedule of Payments](#) page.

For more information on monthly payments, please visit NHSBSA's [Payment Information](#) page.

### 16 products re-classified as special containers between August and September 2025

Following representations from Community Pharmacy England, the DHSC re-determined that the following products will be granted special container status between August and September 2025:

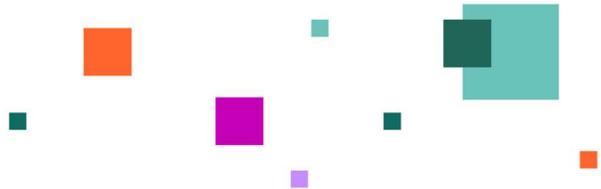
Generic drug name (dm+d descriptor)	Brand and/or Manufacturer	Pack size	Special container
<b>Special container status granted from September 2025</b>			
Simeticone 42mg/5ml oral drops	Dentinox® Infant colic drops (Dendron Brands Ltd)	100 ml	Complete pack
Tranlycypromine 10mg tablets	Glenmark Pharmaceuticals Europe Ltd	28 tablets	Complete pack
Dexamethasone 0.1% eye drops 0.3ml unit dose preservative free	Kent Pharma (UK) Ltd	20 unit dose (4 x 5)	Sub-pack of 5
Dexamethasone 0.1% eye drops 0.3ml unit dose preservative free	Kent Pharma (UK) Ltd	30 unit dose (4 x 5)	Sub-pack of 5
Ethinylestradiol 30microgram / Desogestrel 150microgram tablets	Cimizt® 30microgram/150microgram tablets (Morningside Healthcare Ltd)	63 tablets	Sub-pack of 21
Sucroferric oxyhydroxide (iron 500mg) chewable tablets	Velphoro® 500mg chewable tablets (Vifor Fresenius Medical Care Renal Pharma UK Ltd)	90 tablets	Complete pack
Magnesium sulfate powder	Care Epsom Salts (Thornton & Ross Ltd)	300 grams	Complete pack

Generic drug name (dm+d descriptor)	Brand and/or Manufacturer	Pack size	Special container
Desogestrel 75microgram tablets	Cerelle® 75microgram tablets (Gedeon Richter (UK) Ltd)	84 tablets	Sub-pack of 28
Ethinylestradiol 20microgram / Drospirenone 3mg tablets	Eloine® 0.02mg/3mg tablets (Bayer Plc)	84 tablets	Sub-pack of 28
<b>Special container status granted from August 2025</b>			
Hydrocortisone 500microgram granules in capsules for opening	Alkindi® 0.5 mg granules in capsules for opening (Neurocrine UK Ltd)	50 capsules	Complete pack
Hydrocortisone 1mg granules in capsules for opening	Alkindi® 1mg granules in capsules for opening (Neurocrine UK Ltd)	50 capsules	Complete pack
Hydrocortisone 2mg granules in capsules for opening	Alkindi® 2mg granules in capsules for opening (Neurocrine UK Ltd)	50 capsules	Complete pack
Hydrocortisone 5mg granules in capsules for opening	Alkindi® 5mg granules in capsules for opening (Neurocrine UK Ltd)	50 capsules	Complete pack
Ipratropium bromide 250micrograms/1ml nebuliser liquid unit dose vials	Ipratropium 250micrograms/1ml nebuliser liquid Steri-Neb® unit dose vials (Teva UK Ltd)	20 unit dose (4 x 5)	Sub-pack of 5
Ipratropium bromide 500micrograms/2ml nebuliser liquid unit dose vials	Ipratropium 500micrograms/2ml nebuliser liquid Steri-Neb unit dose vials (Teva UK Ltd)	20 unit dose (4 x 5)	Sub-pack of 5
Ipratropium bromide 250micrograms/1ml nebuliser liquid unit dose vials	Ipratropium bromide 250micrograms/1ml nebuliser liquid unit dose vials (Accord-UK Ltd)	20 unit dose (2 x 10)	Sub-pack of 10

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*	3085	607	431	176
<b>Total</b>	<b>4249</b>	<b>997</b>	<b>758</b>	<b>239</b>

\*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.

### 10 products added to the Discount Not Deducted (DND) list between August and September 2025

Following applications made by CPE to the DHSC and the NHSBSA, a further **10 products** were added to the ‘Drugs for which Discount is Not Deducted’ (DND) list between August – September 2025. In the past four years, over **680 products** have been granted DND status following checks made by CPE.

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

- Ciclosporin 900micrograms/ml eye drops 0.25ml unit dose preservative free
- Clascoterone 10mg/g cream (Winlevi®) (Group Item)

The following **8 products** were added to DND list in the August 2025 Drug Tariff:

- Cequa 0.9mg/ml eye drops 0.25ml unit dose
- Qaialdo 10mg/ml oral suspension
- Spironolactone 25mg/5ml oral solution sugar free
- Velariq 10mg/10ml intravesical solution pre-filled syringes
- Xofluza 40mg tablets
- Xofluza 80mg tablets
- Urospir 25mg/5ml oral solution
- Yselty 100mg tablets

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](#).

### July 2025 Category M prices announced

Based on our analysis of the Category M price list for July 2025, Community Pharmacy England estimates there was an overall reduction in reimbursement on like-for-like Category M medicines of approximately -£35m per quarter, resulting from the combination of:

- A margin adjustment of -£13m informed by the latest results from the margin survey of independent pharmacies
- An adjustment to reflect movements in the underlying market (i.e. movements in buying prices of medicines). These are systematic and not subject to negotiation.

Results from the Margin Survey of Independent Community Pharmacies up to Q3 2024/25 indicated that there remained an over delivery of margin, and therefore in the normal course of business a reduction in the Drug Tariff would be expected. However, in discussions with the DHSC, Community Pharmacy England had argued for no reduction in the July Drug Tariff. The matter was ultimately referred to Ministers, who determined that a margin adjustment would be applied to the July Drug Tariff.

### Category A price-setting arrangements from July 2025

From July 2025, Category A reimbursement prices are based on data from suppliers obtained under the [Health Service Products \(Provision and Disclosure of Information\) Regulations 2018](#).

This followed a transition period which took place over six financial quarters from April 2024 to the end of June 2025, with reimbursement prices determined using a variable weighting of the old and new methods each quarter. During the transition period, the reimbursement price-setting

approach moved further away from the use of supplier list prices towards the use of actual sales and volume information submitted by suppliers as set out in the table below:

Quarterly cycle	Transition to new arrangements
April – June 24	15% new / 85% old methodology
July – September 24	30% new / 70% old methodology
October – December 24	50% new / 50% old methodology
January – March 25	70% new / 30% old methodology
April – June 25	85% new / 15% old methodology
July 25	100% new

If a pharmacy owner is unable to purchase a particular Category A medicine at or below the Drug Tariff listed price, a price concession application can be requested in the usual way. We encourage pharmacies to report any problems obtaining a Part VIII product at or below the stated Drug Tariff price, using the [online feedback form](#) on Community Pharmacy England’s website.

### Background

Products in Category A include drugs which are readily available as licensed generic medicines. In April 2024, changes to Category A reimbursement arrangements were introduced as part of a series of drug reimbursement reforms proposed by the DHSC following a [public consultation](#).

Previously, Category A reimbursement prices were set monthly using a weighted average of list prices from two wholesalers (AAH and Alliance Healthcare) and two generic manufacturers (Teva and Accord-UK).

However, DHSC wanted to move away from this price-setting approach as they believed that supplier list prices did not reflect actual selling prices by the manufacturers and wholesalers. Ministers opted to proceed with making the changes to Category A price-setting arrangements by using actual sales and volume data obtained by DHSC under the [Health Service Products \(Provision and Disclosure of Information\) Regulations 2018](#). DHSC’s decision was primarily focused on an ambition to equalise access to margin on Category A medicines.

For more information on Category A, please visit our [Category A](#) webpage.

## 2. Regulatory updates

### Medicines not covered by the HRT PPC

The NHS Business Services Authority (NHSBSA) saw an increase in the number of prescriptions from patients using the “*HRT only prescription prepayment certificate*” prescription charge exemption category for products that are not covered by the HRT Prescription Prepayment Certificate (HRT PPC).

In the 12 months between June 2024 and May 2025, the NHSBSA received over **200k** prescriptions that were claimed using the HRT PPC exemption category, even though the prescriptions did not include any approved HRT PPC medicines. **Sertraline** was the most common medicine for which patients are incorrectly claiming a prescription charge exemption using the HRT PPC category. Other examples (in alphabetical order) where patients have used the HRT PPC exemption reason for products that are NOT on the approved list of medicines covered by the HRT PPC included:

- Amitriptyline 10mg tablets
- Amlodipine 5mg tablets
- Amoxicillin 500mg capsules
- Atorvastatin 20mg tablets
- Citalopram 10mg tablets
- Citalopram 20mg tablets
- Fluoxetine 20mg capsules
- Lansoprazole 30mg gastro-resistant capsules
- Medroxyprogesterone 10mg tablets (Provera®)
- Methadone 1mg/ml oral solution sugar free (Physeptone®)
- Naproxen 500mg tablets
- Nitrofurantoin 100mg modified-release capsules
- Omeprazole 20mg gastro-resistant capsules
- Ramipril 2.5mg capsules
- Sertraline 100mg tablets
- Sertraline 50mg tablets
- Sumatriptan 50mg tablets
- Testosterone 40.5mg/2.5g transdermal gel unit dose sachets (Testogel®)

The list of HRT medicines covered by the HRT PPC is published in Part XVI of the [Drug Tariff](#). Community Pharmacy England has also re-produced the list of [medicines covered by the HRT PPC](#). *Please note: you may need to hard refresh (press Ctrl+R) to refer to the most up-to-date version.*

Patients can check the NHSBSA website for [an up-to-date list of HRT medicines covered by the HRT PPC](#). If a patient is unsure whether they are entitled to free prescriptions, pharmacy teams should advise the patient to pay for their prescription and provide them with an FP57 Refund form

with information on [how to claim a refund](#) at a later date. Further information for patients can be found at [www.nhs.uk/healthcosts](http://www.nhs.uk/healthcosts).

The NHSBSA will continue to process the prescription in accordance with the exemption or charge status declared by the patient. However, NHSBSA's Exemption Checking Services (ECS) carry out checks on patient claims and if they cannot confirm that a patient was entitled to claim free NHS prescriptions, the patient will be sent an enquiry letter asking them to confirm their entitlement. DHSC advise that patients found to have wrongly claimed help from the NHS with the cost of their NHS prescriptions will face a penalty charge and, in some cases, prosecution.

### **Dydrogesterone 10mg tablets (Nalvee®) added to the HRT PPC medicines list**

From 1 September 2025, **Dydrogesterone 10mg tablets (Nalvee®)** was added to the list of medicines covered by the HRT prepayment certificate (HRT PPC).

This change was reflected in Part XVI of the September 2025 [Drug Tariff](#) and on the [NHSBSA's website](#). Community Pharmacy England also updated its [HRT medicines list](#) to reflect the changes taking effect from September 2025. Please note: you may need to hard refresh (press Ctrl+R) to refer to the most up-to-date version.

Other changes to Part XVI of the September 2025 Drug Tariff: Pfizer Limited recently ceased supplying Premarin® and Premique® Low Dose and has released generic equivalent versions instead. These generic versions are covered by the HRT PPC. For more information, see [Drug Tariff Watch – September 2025](#).

The HRT medicines list has been compiled following consultation with the Medicines and Healthcare products Regulatory Agency (MHRA), NHSBSA and the NHS England Menopause Clinical Reference Group. The list will be updated as new HRT medicines licensed for the treatment of menopause become available in the UK or as existing HRT medicines are discontinued from the UK market. If a product that meets the criteria is missing from the HRT medicines list, please contact [dhsc.publicenquiries@dhsc.gov.uk](mailto:dhsc.publicenquiries@dhsc.gov.uk).

### **EPS rolls out across Wales**

NHS England announced that the rollout of the Electronic Prescription Service (EPS) is underway across primary care in Wales.

As of June 2025:

- **All seven pharmacy system suppliers** operating in Wales now support EPS.
- **The majority of pharmacies in Wales** are now able to receive electronic prescriptions.
- **EPS utilisation** is estimated to be at 10% and rising, with a **fifth of GP practices in Wales** able to use EPS.

## What this means for community pharmacy teams in England

If you receive a Welsh EPS prescription note that:

- **Cross-border EPS nominations require care:** Pharmacy teams should take extra care when managing EPS nominations that involve patients moving between England and Wales, to ensure prescriptions are processed correctly.
- **Prescription charges differ by country:** If a Welsh electronic prescription is dispensed in England, the English prescription charge rules will apply.

## Handling EPS nominations

- Patients registered at an EPS-enabled GP practice in Wales may choose to nominate your pharmacy. Similarly, those registered at an English GP practice can update their nomination to an EPS-enabled pharmacy in Wales for prescription dispensing.
- If you receive a Welsh prescription, check that the patient's nomination is up to date. In some cases – such as when a patient moves house – an out-of-date nomination may result in a prescription being sent to the patient's previously used and nominated pharmacy, even though they have moved away from that area.
- To resolve this, ensure the patient's nomination reflects their preferred pharmacy, allowing future prescriptions to be directed correctly. Any misdirected prescriptions should be returned to the NHS Spine to prevent further errors.
- All EPS users (including pharmacy team members) making changes to nomination settings must ensure their actions are in line with the [EPS nomination principles](#).

## When does the patient charge apply?

- [English prescription charge rules apply to Welsh prescriptions dispensed in England.](#) So, Welsh patients who choose to have their prescriptions dispensed at an English pharmacy will be required to pay the NHS prescription charge, unless they qualify for an exemption from the charge.  
In contrast, prescription charges do not apply to Welsh prescriptions dispensed at a pharmacy in Wales.

## Further information

Further future related updates may be applied to [our EPS across care setting webpage](#)

### 3. Supply updates

#### DHSC outlines work to improve medicines supply

DHSC published details of its ongoing work and plans to improve the management of medicines supply issues. This included a commitment to consulting on the introduction of pharmacist flexibilities to supply alternatives when a medicine is in short supply.

The new policy paper, [Managing a robust and resilient supply of medicine](#), outlined:

- How the medicine supply chain operates
- How DHSC manage medicine supply issues
- Annual trends and patterns of medicine shortage issues
- Plans to strengthen the approach to resilience of medicines supply chains

DHSC's paper highlights several actions the Government will take to tackle medicine shortages, including earlier identification of potential disruptions and producing information guides. These steps aim to protect patients and support a more resilient and sustainable medicine supply chain. To improve patient access to medicines, DHSC proposed to consult on new measures to enable community pharmacists to supply an alternative strength, quantity or formulation of a prescribed medicine without requiring a new prescription. Community Pharmacy England welcomed DHSC's proposals to introduce these pharmacist flexibilities, as a positive step forward to recognise the clinical expertise of pharmacists and their vital role in maintaining continuity of care during disruptions to medicine supplies.

Community Pharmacy England has long advocated for improvements in the medicines supply chain, and our recent [Medicine Supply Report](#) highlighted increasing frustration among pharmacy teams over the significant time spent managing medicine shortages. It also raised patient safety concerns, particularly when patients with complex conditions are unable to access their prescribed treatments. Community Pharmacy England called for the following actions:

- Continued progress to investigate and improve medicine supply chain resilience, from manufacturing through to community pharmacy supply to patients.
- Implementation of measures to give pharmacists more flexibility in making strength, quantity and formulation changes where there are supply issues, for the benefit of patients.
- Progress on work to look at ensuring fair access to margin, for instance, looking at branded generics.

Whilst, DHSC's policy paper seeks to address some of the pharmacy sector's concerns, it does not deal with the gaps in funding to improve supply chain resilience. The supply chain is struggling to operate effectively given the UK's low-price environment, and with margin spread more thinly as dispensing volumes and pricing issues increase, this is further intensifying the intolerable financial pressures on community pharmacies. We are seeking further discussions with DHSC on pharmacy-related medicines supply concerns and will continue to work with its Medicines Supply Team to monitor and address ongoing supply disruptions.

#### MPs find medicines shortages now a systemic threat to NHS patient care

A new report from the All-Party Parliamentary Group (APPG) on Pharmacy called for urgent reforms to medicines supply, after describing shortages as a “permanent and escalating feature” of the healthcare system.

Published on 8 July 2025, the report on an APPG inquiry into the issue concluded that shortages have become a constant and growing threat to NHS care and patient safety. It painted a stark picture, outlining how medicines shortages were disrupting treatment for patients, increasing pressure on overstretched pharmacy teams, and adding hundreds of millions in costs to the NHS.

Community Pharmacy England submitted evidence to the inquiry and its findings closely align with our [Pharmacy Pressures Survey 2025: Medicines Supply Report](#), which indicated medicines shortages and supply disruptions remain widespread, with no improvement since the pandemic.

The APPG is now calling for urgent action to safeguard patient care and provide pharmacy teams with the support they need to manage these pressures safely and sustainably. Its report recommends:

- Reform of the Community Pharmacy Contractual Framework;
- A national, real-time system to communicate shortages to healthcare professionals;
- Greater flexibility for pharmacists to substitute medicines;
- Investment in UK-based manufacturing of medicines and ingredients; and
- An independent review of the UK medicines supply chain.

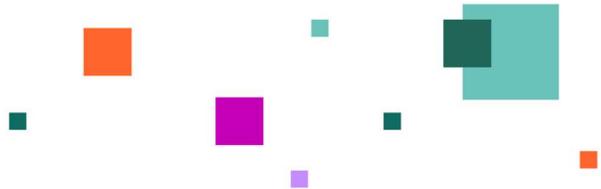
### [Read the Inquiry into Medicines Shortages in England report](#)

Community Pharmacy England will continue to highlight medicines supply issues, pushing for the reforms needed to stabilise supply and support the frontline pharmacy teams who are doing everything they can to protect patient care.

### **Otomize® ear spray now available as a generic**

Pharmacy teams should be aware that the brand Otomize® ear spray has been discontinued and is no longer available for community pharmacies to order..

The manufacturer Ennogen Healthcare International Limited instead launched a generic equivalent version as Dexamethasone/ Neomycin sulfate/ Acetic acid 0.1%w/w / 0.5%w/w / 2%w/w Ear Spray. The generic is now readily available to order from wholesalers.



Discontinued brand	Generic product	Generic PIP code	NHS List price
Otomize® ear spray (5ml)	Dexamethasone 0.1% / Neomycin 0.5% / Acetic acid (glacial) 2% ear spray (5ml)	128 4512	£3.27

Please note, where a prescriber has issued a prescription for Otomize® ear spray and the brand is unavailable to order, pharmacy teams are advised to contact the prescriber and request a replacement prescription for the generic Dexamethasone/ Neomycin sulfate/ Acetic acid 0.1%w/w / 0.5%w/w / 2%w/w Ear Spray.

Furthermore, pharmacy teams are advised to check, when ordering, that the correct product is selected on systems i.e. Dexamethasone/ Neomycin sulfate/ Acetic acid 0.1%w/w / 0.5%w/w / 2%w/w Ear Spray instead of Otomize® ear spray.

Should you require any further information please contact Ennogen on 01322 629220 or email [info@ennogen.com](mailto:info@ennogen.com) if you have any questions relating to the generic medicine listed above.

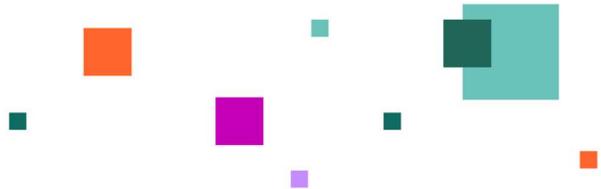
### Pack size changes – Xarelto® (Rivaroxaban) 1mg/ml granules for oral suspension

From 1 July 2025, the pack sizes of Xarelto® (Rivaroxaban) 1mg/ml granules for oral suspension were changed to reflect the final volumes of the suspension after reconstitution.

The pack size licensed for children weighing 4 kg and more is now expressed as a quantity of **103.4ml** (previously 100ml bottle size).

The pack size licensed for children weighing less than 4 kg is now expressed as a quantity of **51.7ml** (previously 50ml bottle size).

Previously, the pack sizes listed in the Drug Tariff and the NHS dictionary of medicines and devices (dm+d) represented the volumes of water added for reconstitution and not the final reconstituted volumes of the suspension after reconstitution – see table below.



### Xarelto® (Rivaroxaban) 1mg/ml granules for oral suspension

Previous listing (based on volumes of water added for reconstitution)	New pack size listing effective 1 July 2025	Listed in Part VIII of the Drug Tariff
50ml  Licensed for children weighing less than 4kg	51.7ml	No
100ml  Licensed for children weighing 4kg or more	103.4ml	Yes

These pack size changes follow identification by Community Pharmacy England of [previous discrepancies between the described and actual reconstituted volumes for Xarelto® \(Rivaroxaban\) 1mg/ml granules for oral suspension](#).

Please note pharmacies may continue to receive prescriptions for the older pack sizes until all prescribing systems have been updated to reflect these changes. As both pack sizes are special containers, the nearest complete pack size to the quantity ordered should continue to be supplied.

### Discontinuation of FreeStyle® Libre 2 Sensor

Pharmacy teams should be aware that [FreeStyle® Libre 2 Sensor \(Abbott Laboratories Ltd\) was discontinued](#) in August 2025 and will be deleted from Part IX of the October 2025 [Drug Tariff](#).

Any NHS prescriptions for the FreeStyle® Libre 2 Sensor dispensed from 1 October 2025 will be **disallowed** by the NHS Business Services Authority (NHSBSA).

Patients currently using the FreeStyle® Libre 2 Sensor should be advised to contact their prescriber to request a new prescription for the alternative blood glucose monitor **FreeStyle® Libre 2 Plus Sensor**. The FreeStyle® Libre 2 Plus Sensor works with the current Libre 2 reader and LibreLink app.

Each month, Community Pharmacy England 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.

## Serious Shortage Protocols (SSPs)

### Active SSPs

SSP	Expiry date	Supporting Information
<a href="#">SSPO82: Estradot® 25 microgram patches</a>	10 October 2025	<a href="#">SSPO82 guide</a>
<a href="#">SSPO81: Estradot® 100 microgram patches</a>	10 October 2025	<a href="#">SSPO81 guide</a>
<a href="#">SSPO80: Estradot® 75 microgram patches</a>	10 October 2025	<a href="#">SSPO80 guide</a>
<a href="#">SSPO79: Estradot® 50 microgram patches</a>	10 October 2025	<a href="#">SSPO79 guide</a>
<a href="#">SSPO78: Cefalexin 250mg/5ml oral suspension sugar free</a>	26 September 2025	<a href="#">SSPO78 guide</a>
<a href="#">SSPO77: Cefalexin 125mg/5ml oral suspension sugar free</a>	26 September 2025	<a href="#">SSPO77 guide</a>
<a href="#">SSPO61: Creon® 25000 gastro-resistant capsules</a>	21 November 2025	<a href="#">SSPO61 guide</a>
<a href="#">SSPO60: Creon® 10000 gastro-resistant capsules</a>	21 November 2025	<a href="#">SSPO60 guide</a>

### Recently expired SSPs

SSP	Expiry date	Supporting Information
<a href="#">SSPO83: Venlafaxine 37.5mg modified-release tablets</a>	01 August 2025	<a href="#">SSPO83 guide</a>

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

### Market movements with implications for supply

To assist pharmacy teams, the following **15** supply disruption alerts and medicine supply notifications issued by DHSC between 19 June and 10 September 2025 were published on the CPE's website:

Date	Drug name
26 August 2025	<a href="#"><u>Repaglinide 500microgram,1mg and 2mg tablets</u></a>
14 August 2025	<a href="#"><u>Levemir® (insulin detemir) FlexPen® 100units/ml solution for injection 3ml pre-filled pens and Levemir® Penfill 100units/ml solution for injection 3ml cartridges</u></a>
6 August 2025	<a href="#"><u>Estradiol (Progynova® TS) 50micrograms/24hours and 100micrograms/24hours transdermal patches</u></a>
29 July 2025	<a href="#"><u>Shortage of Antimicrobial Agents Used in Tuberculosis (TB) Treatment</u></a>
24 July 2025	<a href="#"><u>Isosorbide mononitrate 10mg tablets (immediate-release)</u></a>
24 July 2025	<a href="#"><u>Vial presentations of Hypurin® Porcine Isophane, Hypurin® Porcine Neutral and Hypurin® Porcine 30/70 Mix are being discontinued</u></a>
24 July 2025	<a href="#"><u>Vials of Humulin® I, Humulin® S, Humulin® M3, and Humalog® Mix25 are being discontinued</u></a>
16 July 2025	<a href="#"><u>Abidec® Multivitamin drops</u></a>
11 July 2025	<a href="#"><u>Shortage Of Bumetanide 1mg Tablets – Updated</u></a>
11 July 2025	<a href="#"><u>Amiodarone 200mg tablets</u></a>
10 July 2025	<a href="#"><u>Diclofenac (Voltarol® Ophtha) 0.1% eye drops 0.3ml unit dose preservative free</u></a>
4 July 2025	<a href="#"><u>Salbutamol 100micrograms/dose breath actuated inhalers CFC free</u></a>
3 July 2025	<a href="#"><u>National Patient Safety Alert: Shortage Of Bumetanide 1mg Tablets</u></a>
30 June 2025	<a href="#"><u>Betamethasone 500microgram soluble tablets sugar free</u></a>
19 June 2025	<a href="#"><u>Buprenorphine (Relevtec®) 35micrograms/hour, 52.5micrograms/hour, 70micrograms/hour transdermal patches Buprenorphine (Bupeaze®) 52.5micrograms/hour transdermal patches</u></a>

## 4. Dispensing and Supply team communications

### Funding & Reimbursement Shorts: End of month submission process & Introduction to Pricing Audit Team

As part of our [Funding & Reimbursement Shorts](#) series, Community Pharmacy England's in-house Drug Tariff and funding experts created two new videos on the **end of month submission process** and **Introduction to Pricing Audit Team**.

#### End of month submission process

For the end-of-month submission, pharmacy teams are required to declare the month's dispensing activity by completing the FP34C form on the Manage Your Service (MYS) portal. It is important that the information entered in the form is accurate and is submitted on time to secure the early advance payment. If the FP34C form is submitted late, it can result in payment delays and negatively impact the pharmacy's cash flow.

In this video, Gemma Hackett and Alisha Khatri from our Dispensing and Supply Team discuss the end of month submission process to explain:

- What checks need to be carried out for the submission of EPS and paper prescriptions, including the submission of EPS claim notifications
- What pharmacy activity needs to be declared in the FP34C form
- When the FP34C should be completed and submitted via the MYS portal
- The financial impact of submitting the FP34C and end of month prescription bundle late
- Watch the end of month submission video [here](#).

#### Introduction to Pricing Audit Team

The Pricing Audit Team undertake monthly audit checks to verify the accuracy of NHS pricing across prescriptions and the Margin Survey. For prescription pricing, pharmacy accounts are audited each month, covering paper prescriptions, electronic prescriptions, and the Pharmacy First Clinical Pathways Service. In the Margin Survey, accounts are reviewed monthly using a selected drug list of 450–500 products, which includes a mix of branded items, generics, and specials. Additional data is also gathered on all concessionary prices to ensure comprehensive oversight of pricing accuracy. These audits give confidence and reaffirmation to both pharmacy owners and the NHS Business Services Authority (NHSBSA) that pricing rules and regulations are being followed.

In this video, Mitesh Bhudia from our Dispensing and Supply Team and Janine Rowe from our PAT team introduce the PAT team and explain:

- Why the auditing process is important for both NHSBSA and pharmacy owners
- Discuss errors where there is incorrect claiming by pharmacy teams
- How to avoid making errors when dispensing prescriptions
- Examples of errors our auditors encounter

Watch the Introduction to Pricing Audit Team video [here](#).

#### Funding & Reimbursement Shorts

Community Pharmacy England's series of short videos aim to provide pharmacy owners and their teams with more information on common funding and reimbursement topics, enhancing understanding of specific topics and addressing common queries. In the videos, our in-house Drug Tariff and funding experts will offer practical advice on topics such as:

- Handling prescriptions with supplementary product information
- Price concessions;
- Dispensing claiming SSPs; and
- 'FS' endorsed prescriptions
- Original pack dispensing

For previous short videos, visit our [Funding & Reimbursement Shorts](#) hub-page.

## Upcoming changes to the MYS Portal

Changes were made to the Manage Your Service (MYS) pharmacy portal, aimed at improving user experience. The new-look portal launched on **Thursday 21 August 2025**.

### What changed

The update introduced the following enhancements designed to streamline navigation and improve usability:

- **A refreshed side panel:** A redesigned layout featuring clearer navigation links to.
  - The "Services" section – the new layout displays each service as a separate tile, making it easier to locate.
  - The "Prescription Submissions" section for the monthly FP34C declaration.
- **Status messages:** A new yellow banner displays status messages at the top of the portal. This banner provides users with information on any changes and to support pharmacy teams with submission of claims.
- **Archiving feature:** Users are able to archive disallowed prescription items they do not wish to challenge to help keep claims organised.

### What's staying the same

No changes were made to:

- the URL for accessing the MYS portal
- the claim submission window
- the pharmacy or staff MYS login credentials

The NHSBSA sent out an email to all pharmacies showing images of the new-look portal to help pharmacy teams see some of the MYS changes coming in from 21 August.

For any queries relating to the portal, please contact the MYS team at [mys@nhsbsa.nhs.uk](mailto:mys@nhsbsa.nhs.uk). Support is available Monday to Friday, 8:30am to 4:30pm.

## NHSBSA 'Hints & Tips' – Issue 60

The NHS Business Services Authority (NHSBSA) produces a quarterly newsletter called “Hints & Tips for dispensing contractors”. The latest edition (Issue 60) contained some useful information and advice on:

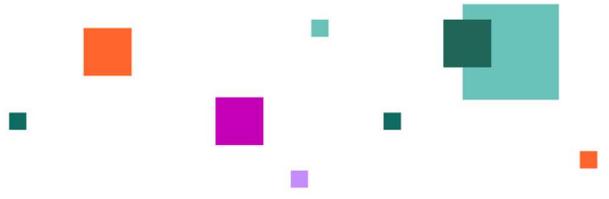
- [CPAF screening questionnaire closes Thursday 31 July 2025](#)
- [NHS Pharmacy First Service: fixed payment arrangement and capping changes](#)
- [NHS Pharmacy First Service: claim window changes](#)
- [Help people access help with their health costs](#)
- [NHS Pharmacy First Service: clinical protocols and PGD updates](#)
- [NHS Pharmacy Contraception Service: service specification and PGD updates](#)
- [Disallowed items](#)
- [NHS Discharge Medicines Service: the new MYS journey](#)
- [Active Serious Shortage Protocols](#)

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 June 2025 – 31 August 2025, inclusive:

Page	Page views
<a href="#">Price Concessions</a>	171,052
<a href="#">Serious Shortage Protocols (SSPs)</a>	35,215
<a href="#">Mounjaro® reimbursement prices redetermined for September 2025</a>	12,945
<a href="#">SSPs for Estradot® patches (SSP0790 and SSP082) extended</a>	9,061
<a href="#">Dispensing Controlled Drugs</a>	8,343
<a href="#">Price concession archive</a>	7,936
<a href="#">Report product over Drug Tariff price</a>	7,665
<a href="#">June 2025 Price Concessions Final Update</a>	5,257
<a href="#">Improved price concessions for July 2025</a>	5,164
<a href="#">July 2025 Price Concessions Final Update</a>	4,117



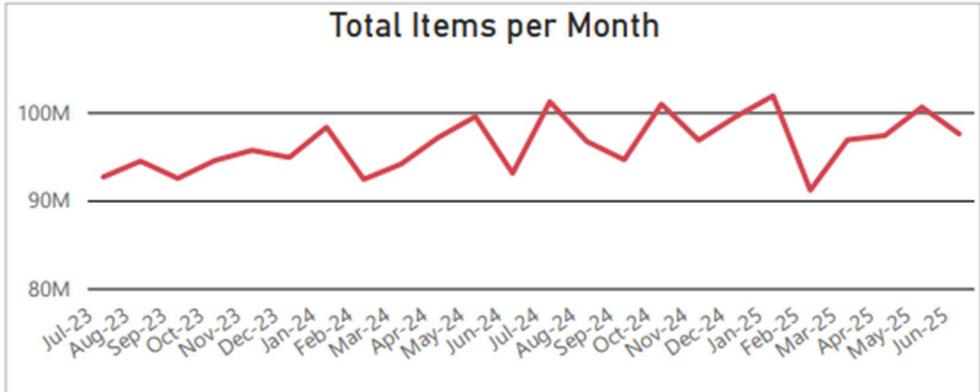
<b>Subject</b>	Statistics
<b>Date of meeting</b>	September 2025
<b>Committee/Subcommittee</b>	FunCon
<b>Status</b>	Not confidential
<b>Overview</b>	Latest statistics for information
<b>Proposed action(s)</b>	No action required
<b>Author(s) of the paper</b>	CPE Pharmacy Funding Team

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Statistics

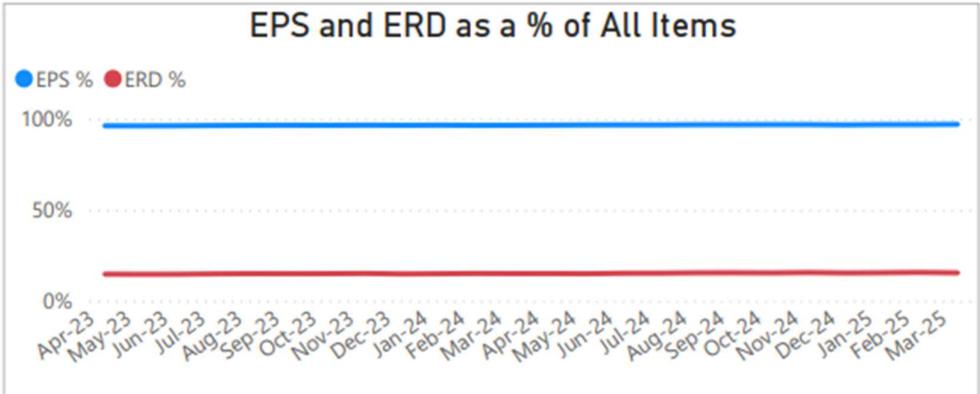
Dispensing Items

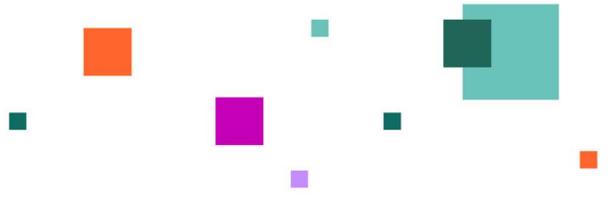
**Jun-25** total items was **97.53m** over **25** dispensing days (**3.9m** items per day). This is **4.80 % more** items per day than the same month in the previous year



The latest rolling 12 month item volume as of **Jun-25** is **1,175m** items. This is **3.2% more** than the rolling 12 month total in the same month the previous year.

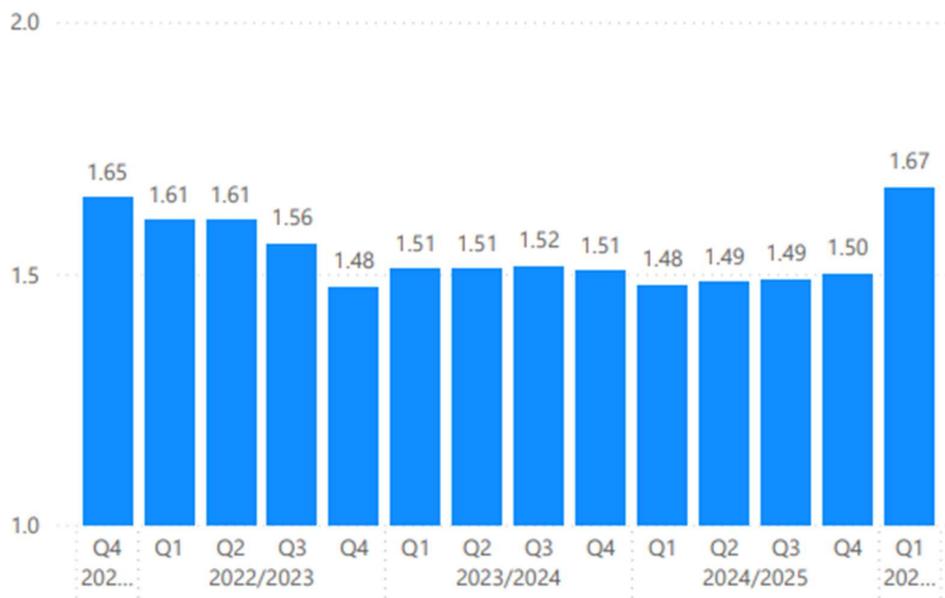
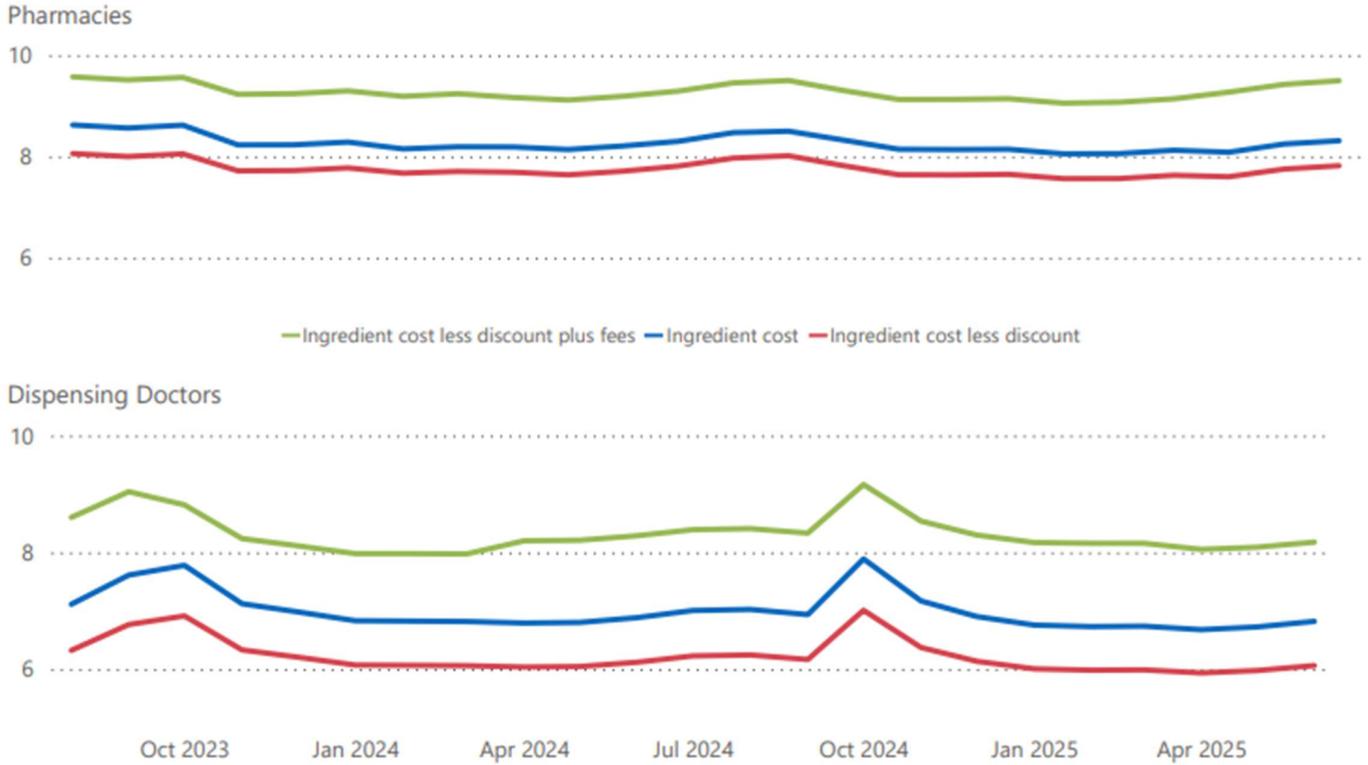
As of **Mar-25**, the proportion of all items that are EPS is **96.9%**. The proportion of items that are ERD is **15.2%**.



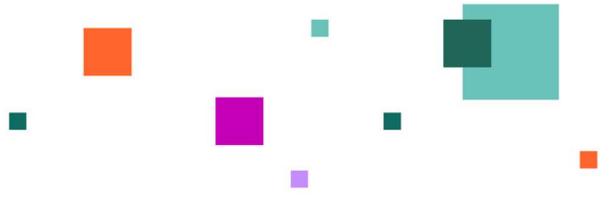


## Reimbursement

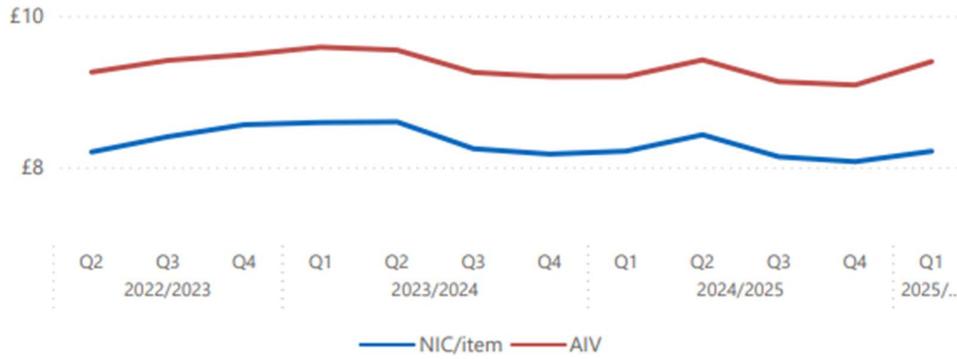
Community Pharmacy v Dispensing Doctors Reimbursement Over 24 Months



In **2025/2026 Q1** the average fees per item was **£1.67** (based on data to Jun-25)



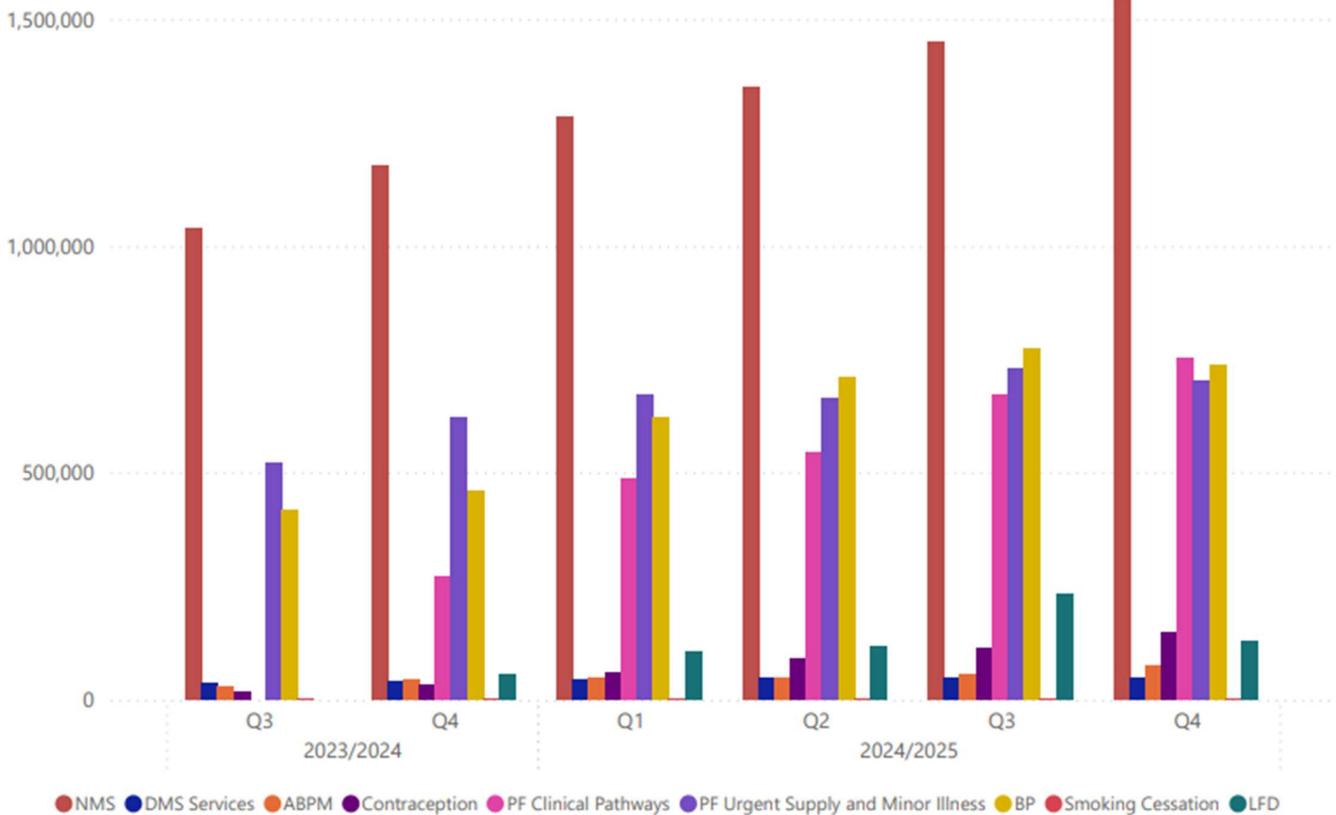
### Reimbursement

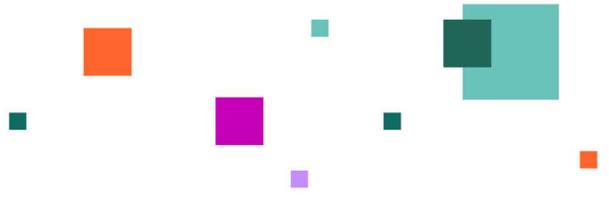


In **2025/2026 Q1** the average NIC/item (before clawback) was **£8.21**, and National AIV was **£9.39** (based on data to Jun-25).

### Services

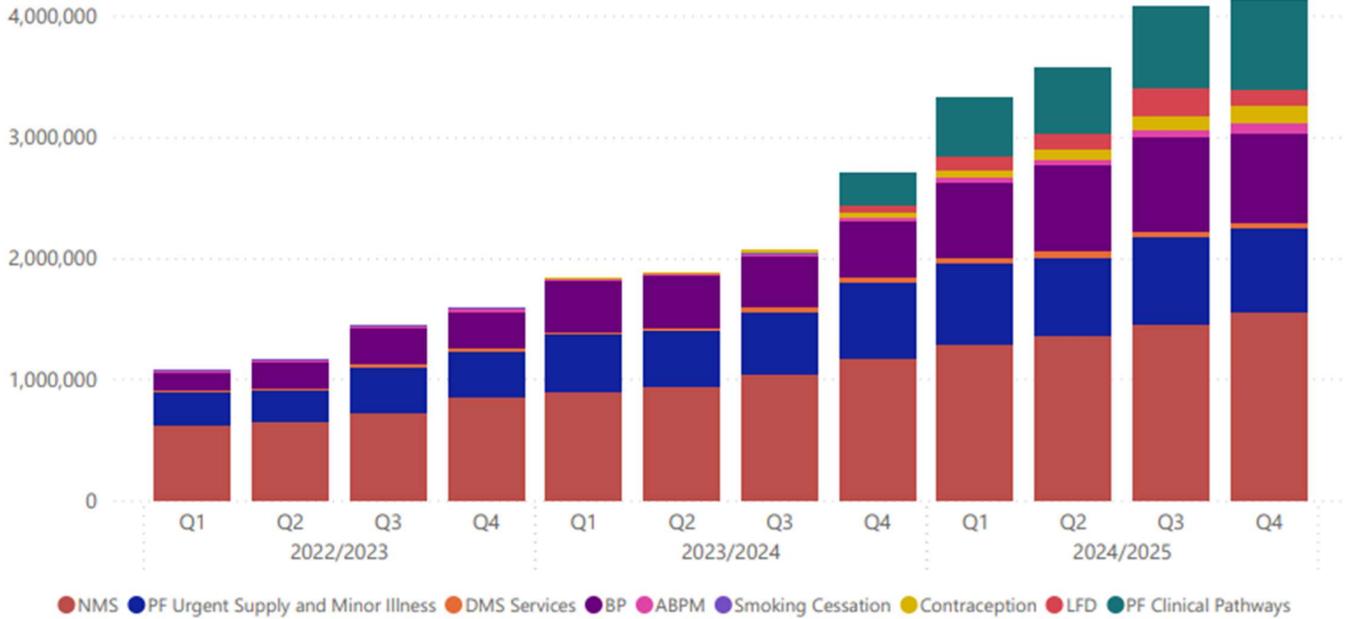
Service Delivery Volumes 6 Quarters





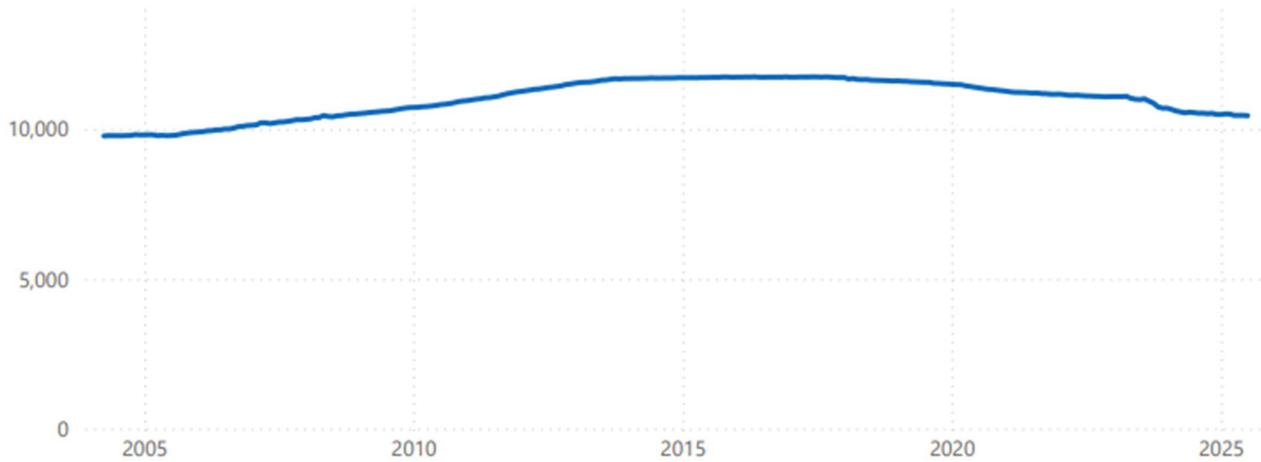
## Services

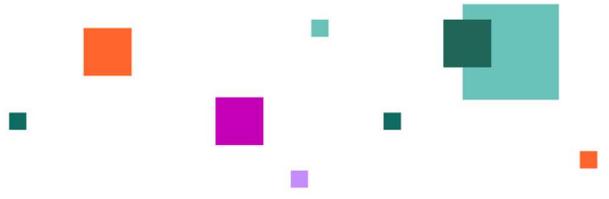
Services - Stacked 12 Quarters



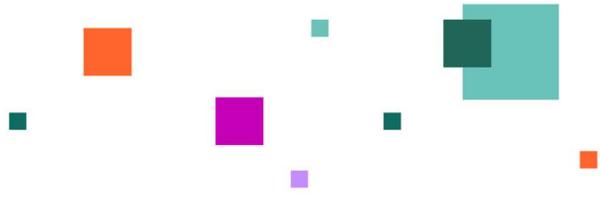
## Pharmacy Contract Numbers

Active Pharmacy Contractors - Long View





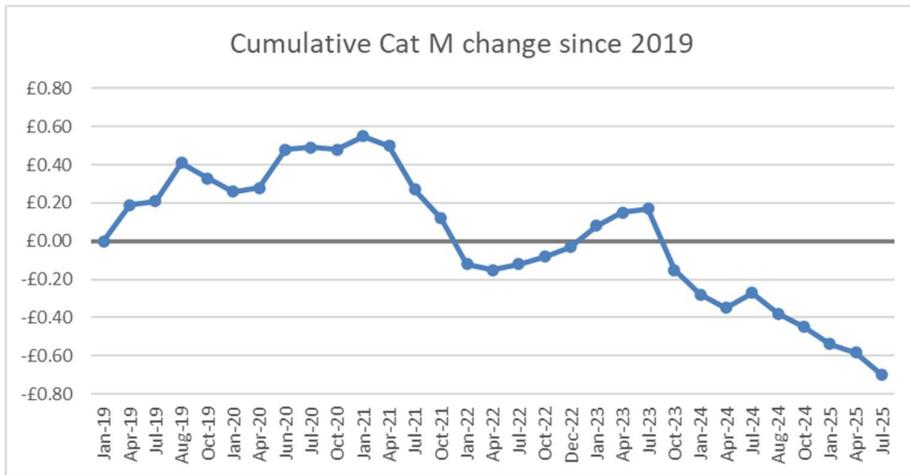
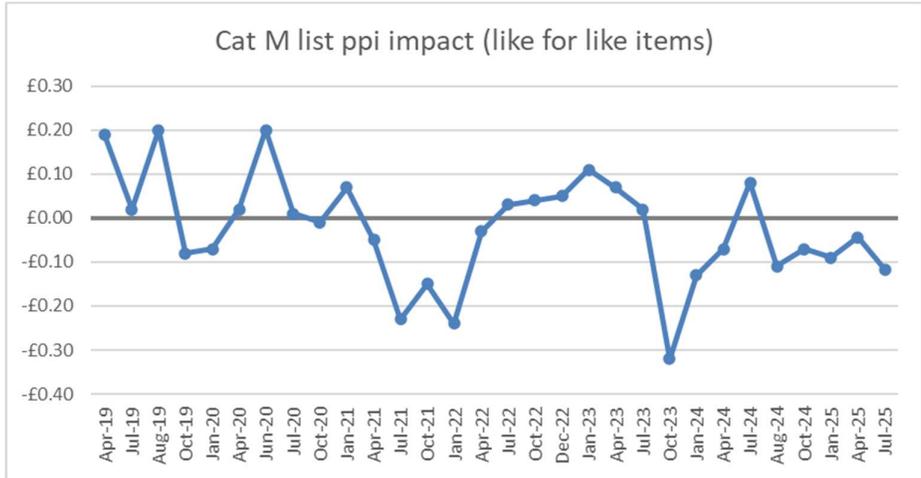
<b>Subject</b>	Cat M Statistics
<b>Date of meeting</b>	September 2025
<b>Committee/Subcommittee</b>	FunCon
<b>Status</b>	Not confidential
<b>Overview</b>	Latest statistics for information
<b>Proposed action(s)</b>	No action required
<b>Author(s) of the paper</b>	CPE Pharmacy Funding Team



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Not Confidential

The **Jul-25** Cat-M list will have an estimated impact of **-12 pence per item** on like-for-like reimbursement.



The cumulative total of like-for-like changes since 2019 is currently **-70 pence per item**

The estimated packs per month in **Apr-25** was **89.1m**

