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## Guidance Note for the Prescribing Intervals of Repeat Prescriptions

This guidance is intended to support safe, effective and proportionate prescribing. It recognises that decisions on prescribing intervals will be informed by professional clinical judgement, taking into account individual patient need, treatment stability, monitoring requirements, local service pressures, and the wider medicines supply context.

This guidance note applies principally to healthcare professionals involved with the repeat prescription process. This includes medical and non-medical prescribers, who are responsible for setting appropriate intervals between repeat prescription renewals and community pharmacy teams who dispense repeat medications and support patient safety.

The benefits of 28-day prescribing include:

- Reducing the amount of medicine that is wasted when medicines are stopped or changed.
- Less duplication of medicines packs, which reduces the chance of confusion.
- Minimising the impact on patients and prescribers when certain medicines are in short supply while retaining flexibility to adjust prescribing intervals in response to local or national supply constraints

### Recommendations:

- I. NHS North East London (NEL) ICB recommends that prescribers prescribe a usual prescribing interval of 28 days where clinically appropriate for repeat prescriptions  
  
Prescribers should provide prescriptions for intervals that they feel are safe and clinically appropriate, balancing patient safety, treatment stability, monitoring requirements, workload implications for general practice and community pharmacy, and efficient use of NHS resources.
- II. NEL ICB supports 56 day prescribing intervals in the following situations:
  - For patients whose conditions are stable on the medicines being prescribed and are on non-complex regimens
  - Where cost to the patient from prescription charges is a concern and the patient is stable on their prescribed treatment
  - To support compliance, and necessary monitoring and reduce burden.
- III. Longer prescribing intervals are acceptable if:
  - Treatment packs specifically covering different durations, e.g., Hormone Replacement Therapy (HRT).
  - Special packs which cannot be split
  - Where 28 days is not equivalent to the number of doses in a special pack e.g., a 200 doses inhaler as "1 OP" (original pack).
- IV. 'When required' or 'PRN' medications – quantities should be estimated (and clear directions given) to provide a supply that is sufficient for 28 days or other appropriate duration.
- V. A one-off synchronisation prescription is recommended where regular, stable items run out at varying times during the month. The time invested to synchronise medication will reduce wasted medication and staff time in dealing with medicines requests for the same patient several times a month.
- VI. Prescriptions for controlled drugs (CDs) schedules 2, 3 and 4 should never exceed 1 (one) month's supply (max 30 days).

## Actions for healthcare professionals

### 1. NEL ICB recommended repeat prescribing intervals

- Whilst NEL ICB recommends 28-day prescribing intervals for repeat medication, the ICB does not specifically mandate a primary care 28 day prescribing interval. Prescribers should provide prescriptions for intervals that they feel are safe and clinically appropriate.
- Up to a maximum of 56-day intervals in patients who are stable and on non-complex regimens, considering factors such as: the stability of the treatment, patient compliance, and any necessary monitoring.

NB: The Department of Health and Social Care advise that controlled drugs (CDs, schedule 2, 3 and 4) should be prescribed at intervals of no longer than 30 days.

- Extending supplies (this does not apply to CDs) to longer intervals should be individualised and only agreed when the risks of extending medication intervals are low.
- General Practices are encouraged to utilise electronic repeat dispensing (e-RD) for suitable patients. This system allows patients who are on stable regimens to receive their medication at their nominated pharmacy for up to 12 months using the electronic prescription service.

### 2. Situations where longer intervals are appropriate

- Treatment packs specifically covering different durations, e.g. Hormone Replacement Therapy (HRT)
- Special packs e.g. eye drop bottles
- Where 28/56 days is not equivalent to the number of doses in a special pack e.g. a 200-dose inhaler as one (1) original pack
- Oral contraception where supply should be aligned to monitoring appointments (e.g. 3 or 6 months if stable)

### 3. Patients who pay for their prescriptions

- Prescribers should consider a prescription duration of 56-day intervals for those patients who are stable and on non-complex regimens.
- Patients with financial concerns relating to prescription charges should be advised of the NHS prescription pre-payment certificate (PCC) as this may allow them to pay a lower quarterly or annual cost for their medicines. They should be directed to the information available on the NHSBSA website [NHS Prescription Prepayment Certificate \(PPC\) | NHSBSA](#) or telephone 0300 330 1341. PPCs are cost effective for those who pay a prescription fee and need more than 3 items in 3 months, or more than 11 items in 12 months. PPCs can be purchased online or in person in some pharmacies. The certificate covers all NHS prescriptions for the set price for the duration it's purchased for.
- An NHS Hormone Replacement Therapy Prescription Prepayment Certificate (HRT PPC) is a one-off payment that which represents the cost of two single NHS items and covers an unlimited number of HRT medicines\* for 12 months. \*NB: This applies only to HRT listed in the Drug Tariff licensed for treatment of menopause. A separate prescription is required for patients who have a pre-payment certificate for HRT products.

#### 4. Acute prescriptions

- Newly prescribed medication (until reviewed and confirmed as continuing) and medication with frequent dose changes would be better set up as acute prescriptions. The length of acute prescriptions should be determined by the condition being treated for that individual and not exceed a 28-day supply. The decision to convert a medicine from an acute prescription to a repeat prescription should always be made by the prescriber after careful consideration of whether the medicine has been safe, effective, well tolerated and whether it is required long term.

Adapted with permission by Rozalia Enti, Deputy Director, Medicines Optimisation (Primary Care and Places), NEL ICB  
 Adapted from Hertfordshire and West Essex Integrated Care Board, Guidance on Prescription Duration 2021

## Patient Information

[How to order a repeat prescription - NHS](#)

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