

Prescribing of Branded Generic Medication Position Statement

Summary

NHS South West London Integrated Care Board (SWL ICB) does not support the routine prescribing of branded generic medication in primary care.

- Branded generics disrupt the funding mechanism that contributes to the financial viability of community pharmacies and can push up the overall cost of medicines to the NHS.
- Generic medicines are generally more readily available for dispensing, reducing delays to patients in accessing pharmaceutical care.
- There are certain clinical circumstances where a medicine should be prescribed by a particular brand or branded generic.
- The ICB may assess and recommend a small range of particularly cost-effective branded generic medicines (only where clinically appropriate) onto the <u>South West</u> <u>London Joint Formulary</u>.

Rationale

- For generically written prescriptions, community pharmacies seek to obtain the best available generic prices, thus driving down the costs being charged by wholesalers and manufacturers. This creates a competitive market. After a medicine is dispensed pharmacies claim reimbursement from the NHS with prices set in the NHS <u>Drug</u> Tariff.
- Based on the cost information submitted by the manufacturers the Department of Health & Social Care (DHSC) calculate the reimbursement price of <u>Category M</u> medicines of the NHS Drug Tariff¹. Category M medicines are important to managing prescribing budgets as there are over 500 readily available generic medicines prescribed in primary care.
- Some generic medicines have been given a brand name by the manufacturer: these
 products are referred to as branded generics. Branded generic manufacturers
 sometimes reduce the price of their products to one that is cheaper than the
 equivalent generic product listed in Category M² to capture market share however
 they may not keep the product at a lower price. To retain a cost-effective choice,
 another patient review might be required which is inconvenient and time-consuming.
- Prescribing branded generics (without clinical need) undermines the competitive market. It disrupts the funding mechanism as it removes the lower cost generic products from the Category M review and control of prices. This in turn affects the financial viability of community pharmacies and acts to drive up costs to the NHS.
- Changing a patient's prescription from generic to branded generic (or vice versa) can be confusing for patients, carers, clinicians and those in wider access services such as Out of Hours and Accident and Emergency. Therefore, where clinically appropriate, prescribe generically to improve patient's familiarity and confidence with their medicines³.
- Prescribing generically enables the patient quicker access to medicines, as generics are generally more readily available than branded generic medicines. There is also

- evidence that some branded generic products that have been subject to switching, have quickly become short in supply, leading to delayed access to the medicines for the patient³.
- Generic prescribing can reduce the risk of prescribing or dispensing errors as each medicine has only one approved International Non-Proprietary Name (INN) name, rather than a variety of brand names⁴.

Guidance for clinicians

- Where clinically appropriate prescribing generically is preferred in most cases, as using the generic drug name attracts a lower cost to the NHS than using a brand name.
- Where a legitimate clinical need requires a specific brand or branded generic then
 the brand/branded generic should be provided on the NHS. Clinicians should be
 familiar with <u>"Example medicines to prescribe by brand name in primary care"</u>
 published by the Specialist Pharmacy Service. This list is not exhaustive⁵.
- NHS SWL ICB may recommend prescribing of brand or branded generic medicines for certain clinical circumstances.
 - In this instance SWL ICB will make assessments on the appropriateness of including brand or branded generic medicines onto the <u>South West London</u> <u>Joint Formulary.</u>
 - This will be communicated through the South West London Joint Formulary and other communication channels, including through ScriptSwitch or OptimiseRx messages at the point of prescribing.
- Using practice level prescribing data (from NHS Business Services Authority Information Services Portal and the ICB), GP Practices should review their prescribing of brand or branded generic drugs.
 - Where clinically appropriate in patients consider implementing switches from generic to brand/branded generic.
 - Review those patients prescribed brand/branded generic for non-clinical reasons and consider prescribing generically.
 - To ensure a consistent supply of medication communicate to the local community pharmacy of the choice of brand/branded generic, allowing sufficient time for the community pharmacy to source these items from their suppliers.

Guidance for patients, carers, and guardians

- Generic medicines are generally more readily stocked at community pharmacies compared to branded generic medicines; this helps to reduce delays in obtaining medication.
- Prescriptions for generic medicines help to ensure the financial viability of local community pharmacies and reduce costs of medicines in the NHS.
- There are certain clinical circumstances where branded or branded generic medicines are prescribed, this will be assessed by your NHS prescriber.
- SWL ICB works in partnership with Hospitals, GP practices & Community
 Pharmacies to ensure the efficient use of NHS resources. When clinically appropriate
 it is recommended that patients are prescribed or switched to a particular brand or
 branded generic of the same medicine that is already being prescribed.

References

- 1) What are the drug categories of drugs in the Drug Tariff? NHSBSA
- 2) Bulletin 290: Branded generic medicines, PrescQIPP

- 3) Branded Generics. Pharmaceutical Negotiating Committee
- 4) Prescribing by generic or brand name in primary care. Specialist Pharmacy Service
- 5) Example medicines to prescribe by brand name in primary care. Specialist Pharmacy Service

Document History

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