

GENERIC MEDICINES (Non-Innovator Brand) PRESCRIBING POLICY

First issued by/date	Issue Version	Purpose of Issue/Description of Change	Planned Review Date
August 2018	1.0	Promoting generic prescribing whenever possible	August 2020
August 2020	2.0		August 2022
Named Responsible Officer		Approved by Committee	Date
Gerardine Draper, Senior Technician, MLCSU Abigail Cowan, Medicines Optimisation Pharmacist, MLCSU Sarah Boyd-Short, Senior Commissioning Lead, WHCC		Quality & Performance Committee	31 st July 2018
		Quality & Performance Committee	29 th September 2020
Policy file: General Policy		Impact Assessment Screening Complete - Full impact Assessment Required - No	Policy No. 042

GENERIC MEDICINES (Non-Innovator Brand) PRESCRIBING POLICY

Contents	Page
1. Introduction	3
2. Scope of this policy	3
3. Actions	4
4. Exceptions to Generic Prescribing	4

1. Introduction

Generic prescribing is the preferred option in the vast majority of cases, on the grounds of cost and ability to source drugs as generic prescribing allows pharmacists to choose from a range of procurement options.

The licensing process for medicines assures bioequivalence between brands and therefore on scientific grounds (with a few exceptions, see section 4), there is no reason why a patient should not be switched from a branded product to the generic equivalent. There is also little robust evidence that switching between different manufacturers of the generic product is clinically significant.

Initiating generic prescribing from the outset removes the need for future review of repeats when brand patents expire and enables cost benefits to be realised faster. As such, prescribers are encouraged to prescribe medicines by their generic name as they are generally considerably less expensive, thereby freeing up NHS resources to fund other treatments and front-line services.

The British National Formulary (BNF) recommends that where non-proprietary (generic) titles are listed, they should be used in prescribing. This enables any suitable product to be dispensed, thereby saving delay to the patient and sometimes expense to the health service. The only exception is where there is a demonstrable difference in clinical effect between each manufacturer's version of the formulation, making it important that the patient should always receive the same brand; in such cases, the brand name or the manufacturer should be stated¹.

A branded generic is the brand name given to a drug that is bioequivalent to the original (innovator) brand, but once the original brand name has come off patent it is marketed under another company's brand name, not the generic name. Within NHS Wirral Clinical Commissioning Group, where branded-generic prescribing is more cost effective than generic prescribing, branded-generic products are preferred.

2. SCOPE OF THIS POLICY

2.1 This policy sets out NHS Wirral Clinical Commissioning Group's approach to ensure that prescribing of medication is generic (with the exceptions listed in section 4). It also supports prescribers in implementing this decision. Please see appendix 1 for sample patient letter.

2.2 This policy will ensure equity of service for all residents of the Wirral and will support the management of patient expectations when prescribed generic medicines from a GP practice or other NHS services.

2.3 This policy applies to all services and all prescribers contracted by or delivered by the NHS across NHS Wirral CCG including:

- GP Practices
- Out of hours and extended hours providers
- Acute Hospitals
- Out-Patient Clinics

- NHS Community Providers
- Independent providers
- Community pharmacies

2.4 This policy applies to all patients (adults and children) who are registered with a Wirral GP practice (permanent or temporary resident) or who access an NHS service in the Wirral.

3. Actions

It is NHS Wirral Clinical Commissioning Group's policy that all prescriptions should be prescribed generically unless the exceptions described below apply. Should clinical needs require a brand then the brand should be provided on the NHS. Prescribers should be sure that the clinical needs are legitimate and where patients state a generic is not 'as good' or causes unexpected adverse effects should report this to the MHRA at <https://yellowcard.mhra.gov.uk>.

Consistency in prescribing behaviour is paramount to ensure that this policy is implemented fairly across NHS Wirral.

4. Exceptions to Generic Prescribing

4.1 Branded Prescribing is appropriate for:

- True clinical hypersensitivity to any of the excipients in particular product (which applies to branded products also). Such cases tend to be rare and should not have a significant impact on generic prescribing rates.
- Narrow therapeutic index drugs e.g. phenytoin, carbamazepine, ciclosporin and lithium.
- Certain modified or extended release products e.g. MR diltiazem, nifedipine, mesalazine.
- When there are formulation differences between medicines e.g. transdermal strong opioids are available as fentanyl matrix brand (suitable to be cut) and fentanyl reservoir brands (unsuitable for cutting).
- Certain administration devices e.g. salbutamol dry powder inhalers have rather different mechanisms of deployment.
- Products of the same drug but with different bioavailability Qvar[®] vs Clenil[®] beclometasone inhalers.
- Multiple ingredient products: oral contraceptives / hormone replacement therapy and emollients.
- Different licensed indications of the same product e.g. Cymbalta[®] / Yentreve[®] (duloxetine).
- Biological rather than chemical medicines e.g. erythropoietin.
- Biosimilar medicines. A **biosimilar medicine** is a biological medicine that is highly similar and clinically equivalent (in terms of quality, safety, and efficacy) to an existing biological medicine that has already been authorised in the European Union (known as the reference biological medicine or originator medicine). The active substance of a biosimilar medicine is similar, but not identical, to the

originator biological medicine. A biosimilar medicine is not the same as a generic medicine, which contains a simpler molecular structure that is identical to the originator medicine. E.g. Enoxaparin

- **The UK Medicines Information (UKMI) service have published a document entitled “*Which medicines should be considered for brand-name prescribing in primary care?*” This was updated in November 2018². <https://www.sps.nhs.uk/articles/which-medicines-should-be-considered-for-brand-name-prescribing-in-primary-care/>**

4.2 Branded Generics

A branded generic is the brand name given to a drug that is bioequivalent to the original (innovator) brand, but once the original brand name has come off patent it is marketed under another company’s brand name, not the generic name.

It is NHS Wirral Clinical Commission Group policy to use branded generics where appropriate, when the use of the branded generic is more cost-effective than the generic equivalent. ScriptSwitch guides prescribers where this is appropriate.

References

1. Guidance on prescribing (accessed on 18/08/2020)
<https://bnf.nice.org.uk/guidance/guidance-on-prescribing.html>
2. UK Medicines Information (UKMi). Which medicines should be considered for brand-name prescribing in primary care? (accessed on 18/08/2020)
<https://www.sps.nhs.uk/articles/which-medicines-should-be-considered-for-brand-name-prescribing-in-primary-care/>

Sample Patient Letter

Dear xxxxx

NHS Wirral CCG always tries to get the best value for Wirral patients. One of the ways that we can do this is to ensure that we don't pay too much for the drugs that are prescribed.

Drugs companies often charge a premium for drugs they sell under brand names, even though they are no more effective than, and contain the same active ingredients as, generic drugs.

NHS Wirral CCG has recently approved a policy that requires the practice to switch patients from branded medicines to the equivalent generic medicine in line with national guidelines.

You have previously been prescribed [insert brand drug name and strength]

You will now be prescribed [insert generic drug name and strength]

Although your new medication may appear different, it contains the same quantity of active ingredients as the branded medicine that you have previously received from the practice.

If you have any queries relating to the change in your prescription, please contact [insert practice contact].

If you remain unhappy with the NHS Wirral CCG generic medicines policy, you should contact NHS Wirral CCG directly on 0151 541 5380.