

# Prescribing of Brands and Branded Generics

## NHS Nottingham and Nottinghamshire ICB Position Statement

**NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) does not support the routine prescribing of brands and branded generic medication in primary care, unless there is a clinical reason to prescribe by brand, or if there is a significant sustainable saving for the NHS.**

### Rationale

- Prescribing medicines by their generic name results in less confusion for patients, carers, pharmacies and healthcare workers.
- Generic prescribing reduces the risk of prescribing and dispensing errors, especially during transfer of care from one organisation to another.
- When patents on medicines expire, generic equivalents become available resulting in lower prices for the NHS **only if prescribed generically**.
- Routine prescribing of branded generics interferes with mechanisms designed to apply downward pressure to the purchase price of generic medicines which ultimately saves money for the NHS and taxpayers.
- Routine prescribing of branded generics negatively impacts on financial viability for community pharmacy.
- Generic prescribing aids with the management of medicines shortages because generic medicines are generally more readily available for dispensing, reducing delays for patients and reducing workload for community pharmacies and GP practices.

### Current position:

- The ICB has historically recommended some branded-generics and is in the process of moving to generic prescribing for all medicines, unless there is a clinical reason to prescribe by brand, or if there is a significant sustainable saving for the NHS by prescribing by brand name. Appropriate reasons for brand prescribing are listed in the Specialist Pharmacy Service (SPS) [Prescribing by generic or brand name in primary care](#) guidance.
- The ICB are working towards only recommending a small range of branded-generic medicines that are sustainably cost effective for the NHS. These are listed in the ICB [Preferred Prescribing List](#) (PPL). The PPL is routinely reviewed every 6 months and brand recommendations will be removed if they no longer meet the considerations listed below.
- Capacity does not allow for a wholesale switch of existing branded prescribing to generic prescribing, but processes are in place to manage the change. These processes include changing local formularies, point-of-prescribing prompts and through the ICB funded Medicines Management Facilitator scheme.

## Considerations for making a brand or branded generic recommendation:

New brands or branded generic recommendations will only be added to the PPL in the following circumstances:

- The branded generic is equivalent in bioavailability, release profile and licensed indications as the generic equivalent. See Specialist Pharmacy Service (SPS) [Prescribing by generic or brand name in primary care](#) guidance for explanation.
- Not in category A or M (unless there is a clinical reason to prescribe by brand)
  - AND the cost of the brand or branded generic is at least 20% lower than the NHS Drug Tariff price.
  - AND there is no reason to believe that the price of the branded generic will increase over the next 2 years. Where possible a price guarantee should be sought from the manufacturer.
  - AND the manufacturer can guarantee that there are sufficient supplies to meet increased demand.
- The branded generic is available in at least two of the major wholesalers.
- The branded generic is listed on SystemOne and EMISWeb clinical systems.

## Glossary:

**Generic prescribing** uses the recommended International Non-proprietary Name (INN). Each medicine only has one generic name but may have many brand names. Community pharmacy may dispense any brand or branded generic against a generic prescription and the price paid by the NHS is listed in the Drug Tariff.

**Brand prescribing\*** uses the brand name of the original product that first had the patent for that medicine.

**Branded generic prescribing\*** uses a brand name of generic version of a medicine.

\*Community pharmacies can only dispense the brand stated on the prescription and cannot change to another brand or generic medicine. The price paid by the NHS is the manufacturer's list price.

## Drug Tariff categories:

- **Category A** includes products that are widely available. The price is based on average prices of available products.
- **Category M** includes products that are readily available. The reimbursement price is calculated by the Department of Health and Social Care based on information submitted by manufacturers and are adjusted to ensure that community pharmacy receive an agreed margin.
- **Category C** prices are based on just one brand or manufacturer. Once patents expire, products usually move from category C to category A or M which usually results in reduced costs for the NHS.

**Medicines Management Facilitator (MMF) Scheme:** The ICB funded MMF scheme provides support and training for a non-clinical member of the GP practice staff (or a suitable member of the PCN / ARRS team where an agreement for working with the practice is in place) to develop enhanced knowledge and skills to help the GP practice to optimally manage prescribing and medicines processes. For more information email [nnicb-nn.medsop-mmmailbox@nhs.net](mailto:nnicb-nn.medsop-mmmailbox@nhs.net).

## References / Further reading:

- [Drug Tariff | NHSBSA](#) (NHS Business Services Authority)
- [Prescribing by generic or brand name in primary care – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)
- [Notts Area Prescribing Committee, Principles for Specifying Brand Names on Formulary](#)