

Position statement on generic and brand prescribing

It is NEL ICB policy that all NHS prescriptions should be prescribed generically unless the factors outlined below are applicable to the drug or the individual concerned.

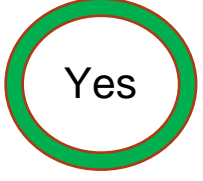

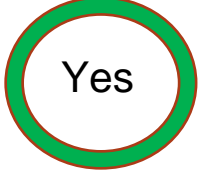

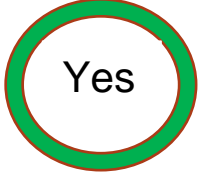
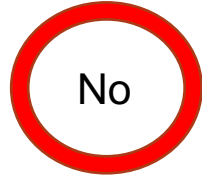
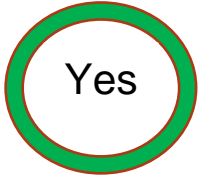
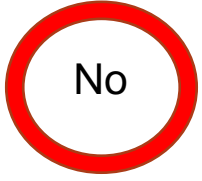
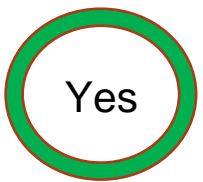

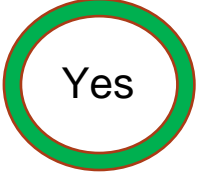
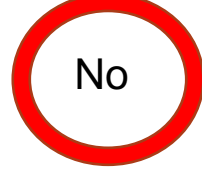
Benefits to prescribing generically:

1. **Reduces risk** – each drug has only one generic name, but may have many brand names, generic prescribing can reduce prescribing and dispensing errors.
2. **Enables quicker medicine supply** – when medicines are prescribed generically, the pharmacist may dispense any suitable generic or branded product, which can reduce delays in supplying medicines to the patients. If a medicine is prescribed by brand name, the pharmacist may dispense only the specified brand, unless a Serious Shortage Protocol (SSP) is in place. This supports supply issues at times when there are medicine shortages.
3. **Offers value for money** – it is usually more cost-effective to prescribe generically as the pharmacy is reimbursed at a set price, listed in the Drug Tariff.

Document control	
Version	1
Produced by	Julia Taylor, NEL Pharmacy and Medicines Optimisation Team
Approved by	North East London Formulary & Pathways Group (FPG)
Date approved	06/06/2023
Ratified by	North East London Integrated Medicines Optimisation & Prescribing Group (IMOC)
Date ratified	27/06/2023
Review date	27/06/2025

When to prescribe by brand name (Examples given below are not an exhaustive list, please refer to the [BNF](#) or [SPS](#)):

Questions	Answers	
<p>Does the patient have a clinically significant hypersensitivity to any of the excipients in other generic or branded versions of that same drug (same strength, release rate and dosage form).*</p>	<div style="text-align: center;">  <p>Yes</p> </div> <p>Prescribe the specific product the patient can tolerate</p>	<div style="text-align: center;">  <p>No</p> </div> <p>Prescribe by generic</p>
<p>Is this a medicine with a narrow therapeutic index?</p> <p>e.g. lithium, phenytoin, tacrolimus</p>	<div style="text-align: center;">  <p>Yes</p> </div> <p>Prescribe by brand</p>	<div style="text-align: center;">  <p>No</p> </div> <p>Prescribe by generic</p>
<p>Is there a difference in bioavailability between different brands of the same medicine?</p> <p>e.g. beclomethasone inhalers Qvar, Clenil</p>	<div style="text-align: center;">  <p>Yes</p> </div> <p>Prescribe by brand</p>	<div style="text-align: center;">  <p>No</p> </div> <p>Prescribe by generic</p>
<p>For modified release preparations are the products non-interchangeable?</p> <p>e.g. mesalazine MR, diltiazem MR, nifedipine MR</p>	<div style="text-align: center;">  <p>Yes</p> </div> <p>Prescribe by brand</p>	<div style="text-align: center;">  <p>No</p> </div> <p>Prescribe by generic</p>
<p>Are there important differences in the formulations between brands of the same medicine?</p> <p>e.g. buprenorphine and fentanyl patches</p>	<div style="text-align: center;">  <p>Yes</p> </div> <p>Prescribe by brand</p>	<div style="text-align: center;">  <p>No</p> </div> <p>Prescribe by generic</p>

<p>Do the administration devices have different instructions for use AND patient familiarity with one product is important?</p> <p>e.g adrenaline autoinjectors, inhalers</p>	<p style="text-align: center;"> Yes</p> <p>Prescribe by brand</p>	<p style="text-align: center;"> No</p> <p>Prescribe by generic</p>
<p>Does the product have more than one ingredient and the brand name helps identification?</p> <p>e.g. combined oral contraceptives, hormone replacement therapy, emollients</p>	<p style="text-align: center;"> Yes</p> <p>Prescribe by brand</p>	<p style="text-align: center;"> No</p> <p>Prescribe by generic</p>
<p>Are there different licensed indications for the same drug?</p> <p>e.g. liraglutide as Victoza® or Saxenda®.</p>	<p style="text-align: center;"> Yes</p> <p>Prescribe by brand</p>	<p style="text-align: center;"> No</p> <p>Prescribe by generic</p>
<p>Is the product a biological rather than chemical entity?</p> <p>e.g. erythropoietin, insulin glargine</p>	<p style="text-align: center;"> Yes</p> <p>Prescribe by brand</p>	<p style="text-align: center;"> No</p> <p>Prescribe by generic</p>
<p>Does the ICB recommend prescribing a particular brand/branded generic? ** e.g. vitamin D (Hux D3®), quetiapine XL (Sondate XL®) oxycodone MR Oxypro MR®, melatonin products</p> <p>** Only as agreed with the NEL Formulary and Pathways group and Integrated Medicines Optimisation and Prescribing Committee.</p>	<p style="text-align: center;"> Yes</p> <p>Prescribe by brand/branded generic</p>	<p style="text-align: center;"> No</p> <p>Prescribe by generic</p>
<p>Are there specific shortages of medicines which require a particular product to be prescribed temporarily to prevent disruption to the patient's treatment?</p>	<p style="text-align: center;"> Yes</p> <p>Prescribe the specific product available. Remember to revert to original product once back in stock.</p>	<p style="text-align: center;"> No</p> <p>Prescribe by generic</p>

*Should legitimate clinical needs require a specific brand then the brand should be provided on the NHS. Prescribers should be sure that the clinical needs are legitimate. Where there are affirmed reports of a specific preparation unexpectedly being ineffective or causing unexpected adverse effects, these should be reported to the [MHRA](#) (via the yellow card reporting site).

Examples of medicines which should be prescribed by brand (this list is not exhaustive, please refer to the [BNF](#) or [SPS](#)):

Allergy and immunology	Anaesthesia and pain	Cardiovascular	Endocrinology	Gastrointestinal
Adrenaline	Opioid patches: buprenorphine and fentanyl	Metolazone Diltiazem MR Nifedipine MR Enoxaparin	Insulins	Mesalazine
	Opioids MR: morphine, oxycodone, tramadol			
Mental health	Neurology	Organ transplantation	Respiratory	
Lithium Methylphenidate MR Antipsychotic depot injections, namely Zuclopenthixol decanoate, Paliperidone, Risperidone	Antiepileptics for epilepsy: Phenytoin, carbamazepine, phenobarbital Primidone For detailed list and categories see MHRA	Ciclosporin Tacrolimus	Inhalers: Beclometasone Budesonide Fluticasone	

References:

Specialist Pharmacy Service, Prescribing by generic or brand name in primary care published 27.3.22, last updated 13.9.22 <https://www.sps.nhs.uk/articles/prescribing-by-generic-or-brand-name-in-primary-care/> accessed 16.3.23

NELFT Pharmacy Department, June 2023.

With special thanks and acknowledgement to Hambleton, Richmondshire and Whitby CCG, Harrogate and Rural District CCG and Scarborough and Ryedale CCG, original document adapted and can be found here: <https://northyorkshireccg.nhs.uk/wp-content/uploads/2021/03/ny-brand-and-generic-prescribing-policy-2019-v1.000.pdf>

Also, special thanks and acknowledgement to Herts Valleys CCG, Guidance for appropriate prescribing of generic and branded medicines, April 2017, https://hertsvalleysccg.nhs.uk/application/files/6015/3633/1968/FINAL_Guidance_for_Appropriate_prescribing_of_generic_and_branded_medicines_May_17.pdf