



South Yorkshire and Bassetlaw Integrated Care System

Generic Brand Guidance for SYB

The purpose of this document is to present a unified branded medicine guidance/position statement for South Yorkshire and Bassetlaw.

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Document Approval

This document requires the approval by the following:

Role	Name	Date
JCCCG Exec Sub Group		
JCCCG		



Generic/ Branded Prescribing Position Statement

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Summary

- Prescribers should prescribe products by their generic name using the approved WHO International Non-proprietary Name (INN)¹ that is as described in the latest British National Formulary (BNF)² except in circumstances described below.
- Generic products are as effective as the branded versions, but can cost the NHS up to 80% less³
- The Department of Health continues to support the increased use of generic products, recognising that there are still some more cost savings to be made in this area

Definitions

Brand: Originator products which have a name given to them by a company for the purpose of advertising. For medicines, they also possess the name of the active ingredient(s).

Generic: Generic products are copies of brand-name products that have exactly the same dosage, intended use, effects, side-effects, route of administration, risks, safety, and strength as the original product. Their pharmacological effects are exactly the same as those of their brand-name counterparts that originally received marketing authorisation (i.e. the reference or innovator medicine). If a generic medicine is granted a licence, the regulatory authority has considered it equally safe and clinically equivalent to the reference branded medicine when used at the same



dose to treat the same condition. They are prescribed by the name of the active ingredient(s).

Branded generic: A generic product that has been given a proprietary market name. They may be marketed similarly to how branded drugs are. Branded generic drugs attach proprietary names to generic drug molecules

Ghost generic: Created when prescribers specify a manufacturer for a generic product on prescription which is regarded when processing as a branded prescription, often resulting in a higher reimbursement price compared to the true generic.

Background

The INN (International Non-proprietary Name) is a product's real name. Created by the World Health Organization (WHO), the standardised INN system is used throughout the world.¹ It allows healthcare professionals and patients to identify a product precisely and with confidence, and to avoid potentially serious adverse effects due to confusion between products. Every product has its own INN, but not all products have generics.

Many medicines are available in both generic and branded forms, with the former generally, but not exclusively so, being overall less expensive to the NHS.³

Benefits

Generic prescribing can reduce the risk of prescribing or dispensing error as each product has only one approved name, rather than many brand names.³ It allows patients to recognise the INN of their medications on their prescription, thereby reducing the expectation that a particular brand will be used should a different product need to be supplied, for example when there is a patent expiry, brand unavailability or the need to obtain an alternative supply from abroad, a hospital or a different pharmacy to the patient's usual one. As generic prescribing allows any suitable generic (or equivalent branded product) to be dispensed it reduces the number of items to be stocked by a pharmacy and thus can potentially reduce delays in supplying medicines to the patient (e.g. when a particular brand is not stocked). Care should be taken not to pick a particular manufacturer, which risks creating a ghost generic (see Definition notes above). The exceptions to this advice are discussed below³.

Cost Savings

The Department of Health supports the use of generic medicines and recognises that there are still some more cost savings to be made in this area but mindful that it should be achieved in a way that is acceptable to patients.¹ Nonetheless, the appropriate use of generic prescribing instead of branded medicines can deliver considerable cost savings.

A proportion of medicines, although prescribed generically, are still dispensed as proprietary; on average these medicines cost nearly seven times more than those prescribed and dispensed generically.



Significantly, despite high average rates of generic prescribing, there remains variation between general practices, suggesting some scope for increasing generic prescribing rates for some practices.

The CCG commissioning policy may designate a particular brand to assist with controlling the local medicines budget and this choice will be reviewed periodically.

When should a branded product be Prescribed? ^{3,5}

There are some circumstances in which a brand is important for patient safety and brand-name prescribing is preferred.

These include:

- Where there is a difference in bioavailability between brands of the same medicine, particularly if the medicine has a narrow therapeutic index.
- Where modified-release preparations are not interchangeable.
- Where there are important differences in formulation between brands of the same medicine.
- Where administration devices (e.g. inhaler or self-injection) have different instructions for use and patient familiarity with one product is important.
- Where the product is a biological rather than chemical entity.
- Where products contain multiple ingredients and brand-name prescribing aids identification.
- Where there are differences in licensed indications
- Where the CCG commissioning policy specifies a particular brand/branded generic

Prescribers should refer to the SPS criteria [found here](#)⁴ for further details.

Patient Requests for Specific Brands

Some patients wish to be or continue to be prescribed a branded medication even though there is not a clinical requirement to do so. The GP NHS terms of service require that a patient receives an NHS prescription where a treatment is deemed clinically necessary. Accordingly, unless there is a clear clinical justification for prescribing a particular brand as above, then a generic prescription must be issued. If a patient requests a particular branded product, despite local NHS policy to prescribe generically, a prescriber is under no obligation to provide the branded prescription and should consider the ethical implications of doing so on the NHS budget:

- Prescribers have a professional duty to make good use of NHS resources
- NICE guidance is that treatments must be cost effective.



- The NHS constitution principle is that the NHS is committed to providing the best value for tax payers.
- A patient has no automatic right to a branded prescription.

Any final decision regarding the prescribing of generic as opposed to branded products rests with the prescriber, following consideration of this statement. A note should be made in the patient records that the drug should be prescribed by brand (Snomed code 4075501000001100).

If a patient is unhappy about the switch to generic prescribing, this should be discussed between the patient and the prescriber who can refer the patient to this statement. The patient can also be referred to the complaints team at the CCG for further discussion.

Phone: 0114 305 1555

Email: SHECCG.complaints@nhs.net

Post: Complaints Team, NHS Sheffield CCG, 722 Prince of Wales Road, Sheffield S9 4EU

Private prescriptions

The GPC has issued advice regarding the issuing of private prescription forms alongside or as an alternative to a FP10, for example in circumstances where this is a cheaper option for the patient than paying the NHS prescription charge or patient preference for as a particular brand. Thus, in any case where a prescriber is obliged to issue an FP10, the concurrent issue of a private prescription will be a breach of obligation. Additionally, in any case where a prescriber is obliged or entitled to issue an FP10 the concurrent issue of a private prescription will be conduct calculated to deprive the NHS of a small amount of money and will on that account also be wrongful.

The advice is therefore that prescribers do not issue private prescriptions under these circumstances.⁵ Indeed prescribers should not issue private prescriptions to patients during NHS consultations unless for specific prescribed circumstances where products are not available on the NHS such as antimalarial and travel vaccines

Patients can opt to see a prescriber from a different practice on a private basis.

References

1. <http://www.who.int/medicines/services/inn/en/>



2. BNF Latest edition www.bnf.org.uk
3. <http://www.nhs.uk/Conditions/Medicinesinfo/Pages/Brandnamesandgenerics.aspx>
4. Specialist Pharmacy Service. Prescribing by generic or brand name in primary care, 27 March 2022 <https://www.sps.nhs.uk/articles/prescribing-by-generic-or-brand-name-in-primary-care/>
5. British Medical Association (BMA) Prescribing in General Practice, June 2015 [file:///C:/Users/armitageh3/Downloads/Prescribing-in-General-Practice%20\(1\).pdf](file:///C:/Users/armitageh3/Downloads/Prescribing-in-General-Practice%20(1).pdf)

Adapted from NHS Blackpool CCG



Sample switch letter for patients

Dear

Your NHS needs to ensure that all patients receive the same level of service from their GP practice and also other NHS providers and that NHS funding is spent in the most efficient way.

Clinical Commissioning Groups (CCGs) are responsible for making decisions about which treatments are available locally through the NHS.

Your local CCG has guidance that relates to the prescribing of particular versions of products for patients. The guidance requires the practice to switch patients from a particular brand of products to the equivalent generic product in line with national guidelines to ensure cost effective, evidence based healthcare is consistently implemented across the area. It will release significant savings that will be used locally for other NHS services.

The CCG generic/branded statement incorporates the brands of products that the practice should continue to prescribe due to a clinical need. The brand you are currently being prescribed is not one of these and is therefore outside of national guidance and also local CCG guidance.

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

You will now be prescribed [insert generic drug name and strength] at the next issue

Although it may appear different, your new generic product contains the same quantity and quality of active ingredients as the branded product that you have been receiving.

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

If you remain unhappy with the changes made to your medicines and/or this CCG generic/branded statement you should contact your CCG complaints team directly:

Phone: 0114 305 1555

Email: SHECCG.complaints@nhs.net

Post: Complaints Team, NHS Sheffield CCG, 722 Prince of Wales Road, Sheffield S9 4EU

Yours sincerely,

**SOUTH YORKSHIRE AND BASSETLAW ICS
INTEGRATED CARE SYSTEM
JCCCG EXECUTIVE SUB GROUP**

6th July 2020

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Sponsor (s)	Idris Griffiths, Accountable Officer, Bassetlaw CCG
Is your report for Approval / Consideration / Noting	
Approval	
Links to the STP (please tick)	
<input checked="" type="checkbox"/> Reduce inequalities <input type="checkbox"/> Join up health and care <input type="checkbox"/> Invest and grow primary and community care <input type="checkbox"/> Treat the whole person, mental and physical <input type="checkbox"/> Standardise acute hospital care <input type="checkbox"/> Simplify urgent and emergency care <input type="checkbox"/> Develop our workforce <input type="checkbox"/> Use the best technology <input checked="" type="checkbox"/> Create financial sustainability <input checked="" type="checkbox"/> Work with patients and the public to do	
Are there any resource implications (including Financial, Staffing etc)?	
No, there are no financial implications. This guidance seeks to reduce prescribing costs.	
Summary of key issues	
<p>Generic medicines are as effective as branded medicines that received marketing authorisation, and can be considerably less expensive. Differing only in their name, appearance and packaging, use of generic medicines can deliver substantial savings for the NHS.</p> <p>In England, 81% of all drugs in primary care are already prescribed generically, generating significant savings for the NHS (NHSBSA). This guidance sets out a unified position for South Yorkshire and Bassetlaw to reduce variation in prescribing practice across SYB and help ensure appropriate prescribing decisions are made in line with the Prescribing Position Statement.</p>	



This guidance has been developed in consultation with all CCG representatives on the SYB Medicines optimisation programme board. Legal advice was taken from Beachcroft who have checked and confirmed the legality of what is set out in the document and advised that it is called guidance rather than policy.

Recommendations

It is recommended that the guidance is approved for adoption across SYB.