Principles for specifying brand names

On the Nottinghamshire Joint Formulary

Scope

This policy outlines the principals for the Nottinghamshire Joint Formulary specifying brand names and how a request to add a brand name will be considered.

Background

Generic medicines are, overall, less expensive to the NHS. Their appropriate use instead of branded medicines can deliver considerable cost savings.

It is good practice to prescribe drugs generically using their approved, International Non-proprietary Name (INN) (i.e. as described in the BNF) and not specify the manufacturer or supplier, except where a change to a different manufacturer's product may compromise efficacy or safety.

There are a few circumstances when it is appropriate to prescribe a specific manufacturer's product (branded or generic). These include:

- drugs with a narrow therapeutic index
- certain antiepileptic medication
- certain modified- or controlled-release drugs
- certain administration devices – multiple ingredient products
- 'biosimilar' medicines
- Where differences in appearance between manufacturer's products might cause confusion and anxiety

For further information, see the Pharmaceutical Services Negotiating Committee document - Drugs to consider prescribing by brand name or where brands should not be switched

Currently if a specific brand-named drug is prescribed in primary care a pharmacist is obliged to supply this even if an equivalent generic version is available. Reimbursement is made using the manufacturer's list price for the branded product.

Branded generics

Although the vast majority of generic medicines are the most cost effective way of prescribing that medicine, at times manufacturers reduce the price of their branded product to one that is cheaper than the equivalent generic product listed in the Drug Tariff. This is done to promote market share of the branded product.

Some CCGs may encourage the prescribing of, and switching patients to, specific branded medicines or ‘branded’ generics. Such a policy may deliver some cost savings to the primary care drugs bill, however the savings are often unsustainable by the manufacturer.

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When products are prescribed generically, pharmacies seek to obtain the best available generics prices, driving down the prices being charged by wholesalers and manufacturers and in turn the Drug Tariff reimbursement prices and costs for the NHS. Prescribing branded generics profoundly affects the competition that drives down prices in the generics market and acts to drive up costs to the NHS.

Frequent changes to prescribing could also be detrimental to patient care. Continually changing brands can create confusion for and can undermine patients' confidence in their medicines. There is also evidence that some branded generic products which have been subject to switching have quickly become short in supply, leading to delayed access to the medicines for the patient.

Brand names on the Nottinghamshire Joint Formulary

The vast majority of items listed on the Joint Formulary are in generic form only unless in the circumstances described above where consistency of product is necessary.

Where a request is made for the Joint Formulary to specify a particular brand name, the following principles must be considered:

- Does the request meet the circumstances outlined in the Drugs to consider prescribing by brand name or where brands should not be switched?
- Is the request for a branded generic which is included in Category M of the Drug tariff?
    - Category M branded generics will not be specified on the formulary
- Are there any licensing differences between specific brands which should be highlighted?
    - Patent expiries and license changes should be monitored
- Is the particular brand more cost effective to BOTH primary and secondary care?
    - Brands which do not satisfy this principal will not be added unless the savings to one sector significantly outweigh the cost increase to the other.
- If a product is unlicensed, is there a cost effective brand which could be highlighted to contain spend?
- Do the clinical patient record systems distinguish between products when added generically?
    - If generic prescribing could lead to interchangeable product dispensing AND the products are significantly different (such as different inhaler devices), brand names will be specified.

Requests to specify brand names will be considered by the Joint Formulary Group. Where a request to add a specific brand is not accepted, individual CCGs may complete a risk assessment and the choice should be approved through their own medicines management groups for local implementation.

Reference

http://psnc.org.uk/funding-and-statistics/funding-distribution/retained-margin-category-m/