



## **Generic and Branded Prescribing - Position Statement**

- 1. Generic prescribing is encouraged in most situations
- 2. Branded prescribing is appropriate in specific situations such as differences in bioavailability, where training differs between products and for biological medicines.
- 3. Branded generic prescribing is not usually recommended by the East Region Formulary.

<u>Generic prescribing</u> - A generic is a pharmaceutical product that is produced when the patent on the original medicinal product has expired. It is bioequivalent to the original patented reference product and is labelled with an approved name. Generic prescribing is usually more cost-effective and is encouraged in most situations.<sup>1</sup>

## **Branded prescribing**

There are some situations where it is desirable to prescribe by brand name e.g. where there are differences in bioavailability (e.g. lithium), where patient training may differ between products (e.g. adrenaline auto-injectors) and for biological medicines (e.g. somatropin). The UKMI Q&A document<sup>1</sup> includes a full list of medicines which should be prescribed by brand name, and the NHS dictionary of medicines and devices (dm+d) which the East Region Formulary platform uses, also annotates some medicines not recommended for generic prescribing.

**Branded generic prescribing** - some generic medicines are given a brand name by the manufacturer for marketing reasons; these products are referred to as 'branded generics'. List prices may be lower than the list price for equivalent generics, however, these savings may be unsustainable by the manufacturer. In the long term they may not necessarily be cheaper, or in the best interests of the NHS overall, than prescribing a generic product with a more expensive reimbursement price. This is due, among other things, to the larger discount generally offered to dispensers on the average generic medicine.<sup>2</sup> Branded prescribing of off-patent medicines where it is not clinically required, may provide a short term saving where the list price is lower than the reimbursement price however there is a risk that this approach will increase costs over the long term.

Some products could be considered as an exception:

- Multi ingredient products for example combined oral contraceptives or emollient creams. As these products contain multiple ingredients, there isn't an established way of describing them generically, and there can be variation in description of content on packaging or within prescribing literature of these preparations. There is a risk in prescribing them generically and it is advised that these are prescribed by brand name.<sup>2</sup>
- Some drug administration devices e.g. metered dose inhalers. Technique is an important component of drug delivery, and brand name prescribing is appropriate where administration devices have different instructions for use and patient familiarity with the same product is important.<sup>2</sup>

## References

- Which medicines should be considered for brand-name prescribing in primary care? UKMI Medicines Q&A, Accessed 11.06.21 https://www.sps.nhs.uk/wp-content/uploads/2017/12/UKMi QA Brand-name prescribing Update Nov2017.pdf
- Generic Prescribing in Primary Care. MeRec Bulletin. February 2011. National Prescribing Centre. <a href="https://www.prescriber.org.uk/2011/02/merec-bulletin-generic-prescribing-in-primary-care/">https://www.prescriber.org.uk/2011/02/merec-bulletin-generic-prescribing-in-primary-care/</a> [accessed 11.06.21]