

# Lancashire North CCG

## Policies for the Commissioning of Health and Healthcare

### Policy for Prescribing Branded Medicines

#### 1 Introduction

1.1 This document is part of a suite of policies adopted by Lancashire North CCG to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right, but will be applied with reference to other policies in that suite.

1.2 This policy relates to the prescribing of branded medicines.

#### 2. Definition

2.1 Prescriptions for medicines to treat any condition where a branded medicine may be prescribed by a consultant, general practitioner or any other prescriber.

2.3 Lancashire North CCG recognises that a patient may:

- a) have previously been prescribed a branded medicine.
- b) wish to have a branded medicine rather than a generic medicine.
- c) be distressed by their prescription being changed from a branded to a generic medicine.

Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

#### 3 Appropriate Healthcare

3.1 Lancashire North CCG considers that the prescribing of branded medicines places the intervention within the category of interventions that are appropriate for commissioning under Category 2. This is because their intended outcome (i.e. providing a branded medicine where an equivalent generic medicine is available) is other than those listed under category 1 (i.e. to preserve life, prevent or relieve pain, disability or physical discomfort, directly address the distress or disability associated with a diagnosed mental health condition or maintain dignity at the time of death.)

3.2 While Lancashire North CCG has previously prescribed branded medicines, it is unable to do so on the basis of competing priorities.

#### 4. Effective Healthcare

4.1 As Lancashire North CCG does not consider the prescribing of branded medicines to be appropriate for prescribing under category 1, it is unnecessary to consider effectiveness.

#### 5 Cost Effective Healthcare

5.1 Lancashire North CCG considers the prescribing of branded medicines not to be cost effective, with the exception of the circumstances listed in schedule 1 of this policy.

#### 6. Ethical Healthcare

6.1 As Lancashire North CCG does not consider the prescribing of branded medicines to be appropriate for prescribing under category 1, it is not necessary to consider the criterion of ethical delivery.

## **7. Policy**

- 7.1 Lancashire North CCG will not provide NHS prescriptions for branded medicines, with the exceptions of the circumstances listed in schedule 1.
- 7.2 However, Lancashire North Clinical Commissioning Group will provide NHS prescriptions for branded medicines in circumstances listed in schedule 1.

## **8. Exceptions**

- 8.1 Lancashire North CCG will consider exceptions to this policy. This policy is based on criteria of appropriateness, effectiveness, cost effectiveness and ethical issues.
- 8.2 A successful request to be regarded as an exception is likely to be based on evidence that the patient differs clinically from the usual group of patients to which the policy applies, and this difference substantially changes the application of those criteria for this patient.
- 8.3 Requests from patients for prescribing a branded medicine as an exception to this policy should be managed by the prescriber.

## **9. Force**

- 9.1 This policy remains in force for a period of four years from the date of its adoption, or until it is superseded by a revised policy, whichever is sooner.

Date of adoption: July 2016

Date of review: July 2020

Schedule 1. Circumstances in which the provision of prescriptions by brand is appropriate.

<b>BNF</b>	<b>Drug or drug class</b>	<b>Reason for considering brand-name prescribing</b>
<b>Chapter 1</b>		
1.1.1	Antacids preparations containing simeticone	To aid identification. Products contain multiple ingredients.
1.1.2	Compound alginates and proprietary indigestion preparations	To aid identification. Products contain multiple ingredients.
1.5.1	Mesalazine oral preparations	The delivery characteristics of oral mesalazine preparations may vary and should not be considered interchangeable.
1.6.1	Bulk forming laxatives	To aid identification. Products contain multiple ingredients.
1.6.4	Macrogols (polyethylene glycols)	To aid identification. Products contain multiple ingredients. First line brand for primary care – Laxido.
1.7.2	Compound haemorrhoid preparations	To aid identification. Products contain multiple ingredients.
1.9.4	Pancreatin supplements	To aid identification. Products contain multiple ingredients.
<b>Chapter 2</b>		
2.6.2	Diltiazem modified release (MR) preparations	MR preparations have different release characteristics and are not interchangeable.
2.6.2	Nifedipine modified release preparations	MR preparations have different release characteristics and are not interchangeable.
<b>Chapter 3</b>		
3.1.1	Formoterol dry powder inhalers	Patient familiarity with one brand is important; instructions for use vary between preparations.
3.1.1	Salbutamol dry powder inhalers	Patient familiarity with one brand is important; instructions for use vary between preparations.
3.1.2	Antimuscarinic bronchodilators	To prevent confusion, prescribe inhaler devices by brand name
3.1.3	Theophylline modified release preparations	MR preparations have different release characteristics and are not interchangeable. Theophylline has a narrow therapeutic index.
3.1.3	Aminophylline modified release preparations	MR preparations have different release characteristics and are not interchangeable. Aminophylline has a narrow therapeutic index.
3.1.4	Compound bronchodilator preparations	To prevent confusion, prescribe inhaler devices by brand name
3.2	Beclometasone dipropionate CFC-free pressurised metered dose inhalers	<i>Qvar</i> and <i>Clenil Modulite</i> are not interchangeable. <i>Qvar</i> has extra-fine particles and is approximately twice as potent as <i>Clenil Modulite</i> and CFC-containing beclometasone inhalers. The MHRA has advised that CFC-free beclometasone inhalers should be prescribed by brand name. This applies also to combination products.
3.2	Beclometasone dry powder inhalers	Patient familiarity with one brand is important; instructions for use vary between preparations.
3.2	Beclometasone and formoterol CFC-free metered dose inhalers	See beclometasone CFC-free metered dose inhalers, above.
3.2	Budesonide dry powder inhalers	Patient familiarity with one brand is important; instructions for use vary between preparations.
3.4.3	Adrenaline (epinephrine) pre-filled syringes	Patient familiarity with one brand is important; instructions for use vary between preparations.

<b>Chapter 4</b>		
4.2.1	Antipsychotic drugs	
4.2.3	Lithium preparations	Preparations vary widely in bioavailability. Changing the preparation requires the same precautions as initiation of treatment. Lithium has a narrow therapeutic index.
4.4	Methylphenidate modified release preparations	MR preparations contain different proportions of immediate-release and modified-release methylphenidate.
4.7.2	Morphine oral modified release preparations	MR preparations have different release characteristics; Patient familiarity with one brand is important. First line brand in primary care is Zomorph MR Capsules.
4.7.2	Fentanyl patches	Patches are available as matrix and reservoir formulations; Patient familiarity with one brand is important. Reservoir patches must not be cut because damage to the rate-limiting membrane can lead to a rapid release of fentanyl resulting in overdose. If the prescriber intends the patch to be cut (NB: unlicensed and not recommended by the MHRA) then the prescription must specify a brand of matrix formulation patch. First line brand in primary care is Matrifen patches.
4.7.2	Oxycontin/oxycodone	A number of errors have been reported where the wrong preparation has been dispensed or administered when this drug was prescribed generically. First line brand in primary care is Longtec and Shortec
4.7.4	Botulinum toxin type A	Preparations are not interchangeable due to differences in potency.
4.8.1	Antiepileptic drugs	The MHRA has classified antiepileptic drugs (AEDs) into three categories of risk, based primarily on their therapeutic index and physiochemical characteristics (in particular solubility and permeability across membranes) indicative of potential differences between formulations. Category 1: Specific measures are necessary to ensure consistent supply of a particular product (which could be either a branded product or a specified manufacturer's generic product). Category 2: NB: By default, this category includes all AEDs not listed in categories 1 or 3. The need for continued supply of a particular manufacturer's product should be based on clinical judgement and consultation with patient and/or carer. Category 3: No specific measures are normally required and these AEDs can be prescribed generically and without specifying a specific manufacturer's product: NICE recommends continuity of the same brand, or the same generic preparation, for patients with seizure disorders, unless the prescriber (in consultation with the patient and their family or carers) considers this not to be a concern. (For individual antiepileptic agents, see below.)
4.8.1	Carbamazepine	MHRA Category 1 (see 'Antiepileptic drugs' above).

4.8.1	Ethosuxamide	MHRA Category 3 (see 'Antiepileptic drugs' above).
4.8.1	Gabapentin	MHRA Category 3 (see 'Antiepileptic drugs' above).
4.8.1	Lacosamide	MHRA Category 3 (see 'Antiepileptic drugs' above).
4.8.1	Levetiracetam	MHRA Category 3 (see 'Antiepileptic drugs' above).
4.8.1	Phenobarbital	MHRA Category 1 (see 'Antiepileptic drugs' above).
4.8.1	Phenytoin	MHRA Category 1 (see 'Antiepileptic drugs' above).
4.8.1	Pregabalin	MHRA Category 3 (see 'Antiepileptic drugs' above).
4.8.1	Primidone	MHRA Category 1 (see 'Antiepileptic drugs' above).
4.8.1	Tiagabine	MHRA Category 3 (see 'Antiepileptic drugs' above).
4.8.1	Vigabatrin	MHRA Category 3 (see 'Antiepileptic drugs' above).
4.9.1	Apomorphine pre-filled syringe	Patient familiarity with one brand is important; instructions for use vary between preparations.
4.9.3	Botulinum toxin type A	Preparations are not interchangeable due to differences in potency.
<b>Chapter 6</b>		
6.1.1	Insulins	Patient familiarity with the same brand is important; training is required in the use of specific devices for self-injection.
6.4.1	Hormone replacement therapy oral preparations	Different brands of the same formulation are available. Patient familiarity with one brand is important.
6.4.1	Estradiol transdermal patches	Different brands of the same formulation are available. Patient familiarity with one brand is important.
6.5.1	Somatropin injection cartridges	Patient familiarity with the same brand is important and training is required in the use of specific devices for self-injection. Some somatropin preparations are licensed as 'biosimilar' medicines.
<b>Chapter 7</b>		
7.3.1	Combined oral contraceptives	Different brands of the same formulation are available. Patient familiarity with one brand is important. Ethinylestradiol/Drospirenone 0.03mg/3mg – first line brand in primary care is Dretine.
7.3.2	Progestogen only oral contraceptives	Different brands of the same formulation are available. Patient familiarity with one brand is important.
7.4.5	Alprostadil injection	Patient familiarity with one brand is important; instructions for use vary between preparations.
<b>Chapter 8</b>		
8.2.1	Azathioprine	Different formulations may vary in bioavailability; to avoid reduced effect or excessive side effects, it is important not to change formulation except on the advice of a transplant specialist.
8.2.1	Mycophenolate	Generic and branded preparations are considered bioequivalent but it may be prudent not to change formulation except on the advice of a transplant specialist. Mycophenolate mofetil and mycophenolic acid preparations are not interchangeable.
8.2.2	Ciclosporin	Preparations are not interchangeable and should be prescribed by brand-name to avoid inadvertent switching. It is important not to change formulation except on the advice of a transplant specialist. Ciclosporin has a narrow therapeutic index.
8.2.2	Tacrolimus	Preparations are not interchangeable; care should be taken to ensure the correct preparation is prescribed and dispensed. It is important not to change formulation except on the advice of a transplant

		specialist. Tacrolimus has a narrow therapeutic index.
8.2.4	Interferon pre-filled disposable injection devices Peginterferon pre-filled disposable injection devices	Patient familiarity with one brand is important; instructions for use vary between preparations.
<b>Chapter 9</b>		
9.1.3	Erythropoietins	Patient familiarity with the same brand is important and training is required in the use of specific devices for self-injection. Some epoetin preparations are licensed as 'biosimilar' medicines.
9.1.6	Granulocyte-colony stimulating factors	Patient familiarity with the same brand is important and training is required in the use of specific devices for self-injection. Filgrastim preparations have been approved as 'biosimilar'.
9.2.1	Oral rehydration salts	To aid identification. Products contain multiple ingredients.
9.5.1	Calcium salts	To aid identification. Products contain multiple ingredients.
<b>Chapter 12</b>		
12.3.5	Saliva replacement products	To aid identification. Products contain multiple ingredients.
<b>Chapter 13</b>		
13.1-13.10	Preparations for skin and scalp conditions containing multiple ingredients	To aid identification. Products contain multiple ingredients. Also, potency of topical corticosteroid preparations is a result of the formulation as well as the corticosteroid.
<b>Chapter 14</b>		
14.4	Human papillomavirus vaccine	<i>Cervarix</i> (bivalent vaccine) and <i>Gardasil</i> (quadravalent vaccine) are not considered interchangeable.

Dear

Your local NHS needs to ensure that all patients in North Lancashire receive equitable services from their GP practice and other NHS providers and that the funding allocated to it is spent in the most cost effective way. This may require some GP practices to stop using certain treatments where this is an alternative that is more cost effective and will ensure that funding is protected for other treatments and services. In our area, Lancashire North Clinical Commissioning Group (CCG) is responsible for making decisions about which treatments are available locally through the NHS.

Lancashire North CCG has recently approved a policy that relates to the prescribing of a particular brand of medicine for patients. The policy requires the practice to switch patients from a particular brand of medicines to the equivalent generic medicine in line with national guidelines. This will allow cost effective and evidence based healthcare to be consistently implemented in all GP practices in the area and will release significant savings that will be used locally for other NHS services.

The Lancashire North CCG branded medicines policy requires practices to implement the guidance in the British National Formulary which states:

*“Where non-proprietary (‘generic’) titles are given, they should be used in prescribing. This will enable any suitable product to be dispensed, thereby saving delay to the patient and sometimes expense to the health service.”*

The Lancashire North CCG branded medicines policy individually lists the brands of medicines that the practice should continue to prescribe and we can confirm that your brand of medicine is one that we must change to the equivalent generic medicine.

As the practice is required to implement the Lancashire North CCG branded medicines policy we will be making the following changes to your prescription at next issue:

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

You will now be prescribed [insert generic drug name and strength]

Your new generic medicine contains the same quantity of active ingredients as the branded medicine that you have previously received from the practice.

Your new medication; [insert generic drug name and strength] may appear different to your previous medication; [insert brand drug name and strength], but still contains exactly the same active ingredient in the same amount.

Should you wish to continue to receive prescriptions for [insert brand drug name and strength] the Lancashire North CCG branded medicines policy states that we cannot provide NHS prescriptions for you but we can offer to provide you with a private prescription. The private prescription will be for [insert generic drug name and strength] but you can request your pharmacy supply [brand drug name and strength] to you. You will have to pay for the branded medicine at the pharmacy but the practice will not charge you for supplying the private prescription.

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

If you remain unhappy with the Lancashire North CCG branded medicines policy you should contact Lancashire North CCG directly:

Customer Care Team  
NHS Staffordshire and Lancashire Commissioning Support Unit  
Jubilee House  
Lancashire Business Park  
Leyland  
PR26 6TR  
Tel: 0800 032 24 24  
e-mail: [MLCSU.customercarelancashire@nhs.net](mailto:MLCSU.customercarelancashire@nhs.net)