



## **Brand or Generic Prescribing**

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# 1. Introduction

Many medicines have at least two names:

- A brand name – created by the pharmaceutical company that made the medicine and
- A generic name – the name of the active ingredient in the medicine.

A generic drug is a medication created to be the same as an already marketed brand-name drug in terms of dosage, form, safety, strength, route of administration, quality, performance characteristics, and intended use.

These similarities help to demonstrate bioequivalence, which means that **a generic medicine works in the same way and provides the same clinical benefit as the brand-name medicine**. In other words, you can take a generic medicine as an equal substitute for its brand-name counterpart. Procedures for licensing generic medications are rigorous and they have been proven to be equally safe and effective.

A commonly prescribed **example** is fluoxetine which is the generic name for Prozac. When the drug was originally developed branded Prozac was the only option available. When the patent expired, alternative manufacturers started to make the identical drug and therefore the costs to the NHS came down.

## 2. Goals

Prescribing generically helps pharmacists to source medication in a timely manner, as there are a wider range of products available to dispense. The UK is suffering from an increasing number of medication shortages and branded prescribing is more likely to cause interruptions in supply.

Torentum PCN follows local and national guidance which state that we should prescribe generic (rather than branded) medications as standard. Generic prescribing is normally much more cost-effective for the NHS (branded alternatives can cost many multiples of the generic price and often manufacturers change their prices regularly).

## 3. Exceptions to generic prescribing

There are some circumstances in which **continuity of the same brand** is important for clinical reasons or patient safety, including:

- 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 products contain *multiple ingredients* and brand name prescribing aids identification
- 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
- Occasionally branded prescribing is more *cost-effective* than generic prescribing, so to help with cost pressures across the NHS and specifically for primary care prescribing the NHS.

## 4. Patient preference

Sometimes people can have a strong preference for a particular brand, and may feel that for whatever reason, despite the above information, it is more effective for them. However, given the costs to the NHS in most cases, we do not consider patient preference a reason to prescribe by brand.

Historically, some patients may have been offered a private prescription in these circumstances. It is no longer our policy to do this.

NHS BSA specifies that there is an increasing volume of computerised prescriptions where a generic Drug Tariff Part VIII A product is being prescribed *with the name of the branded product or the supplier/ manufacturer added in brackets*.

In these situations, **the drug costs charged will be that of the list price of the branded medicine or the specified supplier**. In many cases this cost will be significantly higher than the Drug Tariff Part VIII A listed price.