

Principles for Prescribing Branded Medicines¹

This document lays out the general principles for recommending prescribing by brand.

In the majority of circumstances NHS Calderdale CCG recommends medicines are prescribed by their 'generic' (recommended International Non-proprietary Name, rINN) name. This allows the pharmacist to dispense any suitable generic or branded product and is reimbursed at a set price, listed in the Drug Tariff. Another advantage is that prescribing a generic is generally more cost-effective than prescribing by brand name and, because it allows any suitable product to be dispensed, can reduce delays in supplying medicines to the patient.

However, there are some circumstances in which continuity of the same brand is important for patient safety and clinical reasons, and brand-name prescribing is preferred.

These include:

- Some modified release products.
- NICE /BNF/Drug Tariff/MHRA/Palliative Care Formulary recommendation.
- Combination oral contraceptives.
- Transdermal patches.
- Steroid/or combination inhalers.
- Self-injection devices (including insulins)
- Where the generic name is not clear due to multiple ingredients and brand prescribing aids identification e.g. emollients.
- Supplements/ACBS products/dressings.
- Specials.
- Some anti-epileptic medicines.
- Biological medicines.
- Other specific clinical situations where such prescribing is also appropriate for individual patient circumstances e.g. intolerance of a particular product's ingredients.

Principles for recommending a particular branded product

To save money, sometimes the CCG may recommend a particular branded medicine is prescribed rather than a generic medicine. The following points will be considered before such a recommendation is made:

- **Availability and continuity of supply**

Does the company have a record for maintaining supply?

The company needs to ensure that sufficient stock is available once a change is implemented, provide written assurance that the product is available via the main

¹ ¹ [UKMi Q&A 247.2](#), July 2013, Which medicines should be considered for brand-name prescribing in primary care?

wholesalers, and engage with community pharmacists to enable them to manage their stock levels.

- **Pricing strategy**

Does the company provide a price guarantee?

A long term price guarantee in writing should be sought from the company.

Is the pricing mechanism transparent?

A discount on the list price is more transparent than a rebate scheme and avoids the need for complicated commercial agreements.

- **Clinical characteristics**

Is the product bioequivalent?

Are there patient benefit features e.g. Size of tablet/capsule, dosage frequency etc?

Are the packaging and information leaflets of good quality?

- **Consultation and agreement with secondary care**

Is secondary care on board with the decision and willing to use the same (where possible)?

- **Patient safety**

Are there any potential safety issues for patients? What is the likelihood of this happening?

What are the potential consequences?