

Branded generic medicines

This briefing focuses on branded generics, the savings available and some principles to apply when considering branded generics during formulary reviews.

Key recommendations

Recommending branded generic prescribing and inclusion of these medicines in local formularies can be a cost saving proposition for commissioners. Savings may be possible, for example, for Category C items and when brand prescribing is required (see attachment 1), however consider these principles before proceeding:

- Prescribing Category M branded generics could affect the competition that drives down prices in the generics market and could drive up costs to the NHS.
- The impact of including a branded generic in the formulary could create a large demand for the product over a very short period of time, especially if several commissioners switch at the same time; therefore supply could potentially be limited.
- GP practices should be informed of formulary decisions involving branded generics and of any stock issues that arise e.g. via newsletters.
- Community pharmacies and GP dispensing practices will need to be involved in and informed of the formulary decisions and may need to be provided with information on how to access these branded generics. This may be different from their normal supply routes. They may incur additional expenses obtaining them, which are directly charged back to the NHS by Out of Pocket Expenses claims.

- Check which wholesalers stock the branded generic recommended and if they have the capacity to supply the quantities required.
- Notify and engage with relevant pharmaceutical companies to reduce risks to the supply chain due to an increased demand for the branded generic.
- Check that the bioavailability and the release profiles of the branded generic are interchangeable/equivalent to the original/innovator medicine (or the medicine currently recommended by the commissioner). This is because a wide range of branded generics are available as modified or sustained release preparations.
- Check if there is sufficient information available for prescribers relating to the branded generic medicine.
- Check that the branded generic is listed on the prescriber's clinical system to allow the chosen product to be prescribed correctly.
- The prices of branded generic medications may change frequently. Check if the pharmaceutical company gives a price guarantee for the branded generic. If not, this could mean a need for regular reviews to ensure the most cost-effective recommendations.

Background

The Drug Tariff (DT) outlines payments to dispensing contractors for reimbursement of the cost of the medicines, appliances etc. supplied against a NHS prescription.¹ The reimbursement payment depends if the product supplied is a branded (based on the manufacturer's list price) or a generic medicine.² Part VIIIA of the DT contains the basic NHS reimbursement prices for medicines prescribed generically and is divided into categories A, C, and M.

Prescribing generic medicines is cost-effective and is encouraged, however, in some circumstances in which continuity of the same product is important for patient safety, a specific manufacturer's product (brand or generic) is preferred. These include:³



- Drugs 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 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.
- Where products contain multiple ingredients and brand-name prescribing aids identification.
- Where there are differences in licensed indications.

Some examples of medicines which should be prescribed by a specific manufacturer's product include: adrenaline pre-filled syringes, aminophylline, buprenorphine patches, carbamazepine, ciclosporin, fentanyl patches, lithium, methylphenidate MR, morphine MR, mycophenolate, phenytoin, tacrolimus and theophylline.³ Branded generics could provide some cost saving for items where the brand should be specified for new patients. For patients already stable on a certain brand, switching to a branded generic should be considered with caution.

References

1. NHS Business Services Authority. Drug Tariff. February 2021. <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>
2. British Medical Association's General Practitioners Committee (GPC) and the Pharmaceutical Services Negotiating Committee (PSNC). The community pharmacy. A guide for general practitioners and practice staff. May 2019. <https://psnc.org.uk/wp-content/uploads/2019/05/The-Community-Pharmacy-a-guide-May-2019.pdf>
3. Specialist Pharmacy Service Q&A. Which medicines should be considered for brand-name prescribing in primary care? Published November 2017, last updated 14 November 2020. <https://www.sps.nhs.uk/articles/which-medicines-should-be-considered-for-brand-name-prescribing-in-primary-care/>

Additional resources available	 Bulletin	https://www.prescqipp.info/our-resources/bulletins/bulletin-290-branded-generic-medicines/
	 Tools	

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