

## LSC ICB Branded Prescribing Criteria – July 2024

### Summary and Rationale

Lancashire and South Cumbria Integrated Care Board (LSC ICB) does not support the routine prescribing of branded generic medication in primary care.

- Some generic medicines have been given a brand name by the manufacturer: these products are referred to as branded generics.
- Branded generic manufacturers sometimes reduce the price of their products to one that is cheaper than the equivalent generic product listed in the drug tariff.
- Generic medicines are generally more readily available for dispensing, reducing delays to patients in accessing pharmaceutical care.
- Changing a patient's prescription from generic to branded generic (or vice versa) can be confusing for patients, carers, clinicians and those in wider access services such as Out of Hours and Accident and Emergency. Therefore, where appropriate, prescribe generically to improve patient's familiarity and confidence with their medicines.
- The LSCMMG position with regards to generic prescribing is set out in <https://www.lancsmmg.nhs.uk/media/1162/primary-care-good-prescribing-guide-version-22.pdf>.
- Some drugs and formulations should always be prescribed by brand in line with SPS guidance on 'which medicines should be considered for brand name prescribing in primary care'. This includes inhalers, controlled drugs and modified-release preparations, for example. <https://www.sps.nhs.uk/articles/prescribing-by-generic-or-brand-name-in-primary-care/>
- Branded generics can disrupt the funding mechanism that contributes to the financial viability of community pharmacies and can push up the overall cost of medicines to the NHS.
- The ICB may assess and recommend a small range of particularly cost-effective branded generic medicines (only where clinically appropriate) onto the Lancashire and South Cumbria Formulary where the costs of not doing so would cause significant ongoing cost pressures to the ICB. This list will be available on the LSCMMG website. <https://www.lancsmmg.nhs.uk/>

### Criteria to be met when considering use of a branded generic

- The branded-generic product is not in Category M of the NHS Drug Tariff from the point of view of active switching however branded generic products in Category M will be considered for recommendation via other routes e.g. decision support software.
- The LSC ICB Medicines Value sub-group will review products on a case-by-case basis to determine the value, benefits and risks offered to the system of the managed introduction of a branded generic.
- The cost savings achieved by actively switching to the branded-generic medicine exceeds a specified threshold, when an 80% switch rate is achieved; the threshold will be determined annually by NHS LSC ICB Medicines Value sub-group. Cost savings will be considered in terms of full system effect with input from Secondary care, mental health and community pharmacy colleagues.
- Consideration will also be given to supply chain, number of patients affected and overall impact of workplan.
- Branded generic equivalents of none licensed products will be considered if they are in common use and the criteria listed here apply equally.

- The branded generic is equivalent in bioavailability, release profile and licensed indications as the generic version. The licensing process for medicines assures bioequivalence between brands, generic and branded-generics and therefore on scientific grounds there is no reason why a patient should not be switched from a generic to a branded-generic equivalent.
- There is sufficient information on the branded-generic in the British National Formulary or via the Summary Product Characteristics data sheet for the product (accessed via the Electronic Medicines Compendium).
- The branded generic is listed on the prescriber's clinical system.
- The Medicines Optimisation Team have determined that the manufacturer of the branded-generic can as far as possible guarantee supplies and that Community Pharmacies and Dispensing Practices can obtain the branded-generic product from at least two routinely used supply routes/wholesalers.
- The Medicines Optimisation Team have confirmed that the price of the branded-generic will remain competitive (i.e. lower than the generic equivalent) for a minimum of 2-years
- The total number of new branded-generic products recommended for active switching by NHS LSC ICB Medicines Value sub-group, does not exceed approximately 10 per annum.
- There has not been any historic (in the previous year) switching of a medicine.
- A switch protocol will be produced to support implementation.
- All selected branded-generic products will be included in the message profile for the ICB selected prescribing decision support software.
- It is recommended that the directions include the message 'the same active ingredient as XXX' to support prescriber's in identifying the branded-generic products where this is unclear.
- Any change programmes to be completed by PCN/ GP practice staff should be made in line with the ICB agreed list which will be published on <https://www.lancsmmg.nhs.uk/> .
- This statement should be used alongside existing LSCMMG statements as they apply to individual treatments.

## References

<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>