Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Guidance on clinically appropriate brand prescribing within Hertfordshire and west Essex ICS

Background

While it is recognised that best practice supports generic prescribing of medicines, there are situations when brand prescribing is considered appropriate to maintain patient safety and reduce the risk of error, e.g. due to bioavailability differences and variable device usage instructions. The table below contains clinical groups of medicines where there is evidence to support the need to prescribe by brand, and the accompanying reasons for doing so. The list is not exhaustive and may change in light of new information emerging. Dietary supplements are also included and considered suitable for branded prescribing where over the counter purchase is not possible or appropriate.

Due to the numerous existing brands for any given generic, and to harmonise the brands in use (to reduce the risk of error when patients transfer between services), ICS approval will be sought to agree the preferred brands, with the intention of these being used **across the whole system (primary and secondary care)**; recommendations will be based on clinical and cost considerations, in addition to existing formulary decisions. Any agreed brand switches will be carried out opportunistically, i.e. at the time of a routine appointment or medication review rather than actively calling patients in as a specific exercise. An assessment of potential risk of undertaking individual branded switches, and steps needed to reduce any identified risk, will be conducted as part of the ICS review/approval process.

No brand will be agreed across the ICS until fully considered and agreed at APC

Agreed branded products will be communicated to all stakeholders, including community pharmacists.

Category/clinical group	Reason for brand prescribing (https://www.sps.nhs.uk/articles/prescribing-by-generic-or-brand-name-in-primary-care/)	Medicine/supplement examples
Bioavailability differences	Where bioavailability differs between brands, particularly if the medicine has a narrow therapeutic index, there is risk that inconsistency in product supply can lead to the patient receiving a sub-therapeutic or toxic dose.	**-Lithium, theophylline –** The BNF supports brand prescribing due to bioavailability differences between brands and the various formulations
		CFC-free beclometasone metered dose inhalers differ in steroid potency as stated in the BNF
		Ciclosporin, tacrolimus – The SPCs specify that switching between a brand and generic formulation, or between generic formulations to prevent transplant rejection, should be initiated only by a transplant specialist.

	Antiseizure medications NICE epilepsy guidelines recommends consistent supply of the same 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. MHRA guidance groups antiseizure medications into three categories of risk to help healthcare professionals decide whether it is necessary to maintain continuity of a specific manufacturer's product. While **category 1 specifies the need to prescribe a particular product**, categories 2 and 3 are open to change within the restrictions of clinical judgement and patient preference. All categories will be left in the table to manage those patients that may benefit from the continuity of using a consistent/specified product.	**Category 1:** Specific measures are necessary to ensure consistent supply of a particular product (which could be either a branded product or specified manufacturer's generic product) for medicines in this category. **Medicines**: **carbamazepine, phenobarbital, phenytoin, primidone**
		Category 2: The need for continued supply of a particular manufacturer's product should be based on clinical judgement and consultation with patient and/or carer. **Medicines: clobazam, clonazepam, eslicarbazepine, lamotrigine, oxcarbazepine, perampanel, rufinamide, topiramate, valproate, zonisamide**
		Category 3: Therapeutic equivalence between branded and generic products (and between generics) can be assumed. They can be prescribed generically unless there are other specific reasons **Medicines: brivaracetam, ethosuxamide, gabapentin, lacosamide, levetiracetam, pregabalin, tiagabine, vigabatrin**
Release profile variations	Where modified release (MR) preparations are not interchangeable	**Opioid patches:** **Buprenorphine** - (72-hourly, 96-hourly and 7-day formulations) **Fentanyl** - matrix and reservoir formulations
		Opioids MR **Morphine, oxycodone, tramadol**- available as 12-hourly and 24-hourly oral formulations. Brand-name prescribing is recommended to reduce the risk of confusion in dispensing and administration

		Diltiazem MR - Different versions of diltiazem modified-release preparations containing more than 60mg may not have the same clinical effect.
		Nifedipine MR - Different versions of nifedipine modified-release preparations may not have the same clinical effect.
		Methylphenidate - MR preparations contain both immediate-release (IR) and MR methylphenidate. The proportion of IR and MR methylphenidate differs between brands; different preparations may not have the same clinical effect.
		Mesalazine: There is no evidence to show that any one oral preparation of mesalazine is more effective than another; however, the delivery characteristics of oral mesalazine preparations may vary.
Specific device directions	When administration devices have different instructions for use and patients require training to use them.	**Dry powder inhalers**
		Tiotropium
		Adrenaline auto-injectors
Dressings and appliances	The huge variety of dressings and appliances available can be confusing to clinicians and pose a safety risk when seeking to prescribe the most clinically appropriate product. HWE ICB have put in place wound care and catheter formularies with recommended products that are agreed locally with tissue viability nurses (TVNs) and other specialist nurses in the community providers. The formularies undergo regular review to update with the most clinically appropriate products in line with the latest evidence.	**All dressings and appliances**
Biologics and biosimilars	The MHRA advises that biologic medicines, including biosimilar medicines, should be prescribed by brand name. There is more	**All biologics and biosimilars** **Insulins** are biologic medicines.

	information about biologics and biosimilars at Understanding biological and biosimilar medicines.	NICE guidance recommends insulins are prescribed by brand name. It is important to ensure patients receive an administration **device** they have been **trained** to use. Manufacturers advise any switch between brands or formulation of insulin should be done under strict supervision because a change in dose may be required.
		Enoxaparin
		Erythropoietin
Multi-ingredient preparations	Where products contain more than one ingredient. Brand-name prescribing aids identification of the correct product. The Pharmacy and Medicines Optimisation Team (PMOT) will review multi-ingredient preparations and agree based on risk: • To patient recognising product • Of selection error when prescribing or dispensing	**Examples include pancreatin supplements, skin or scalp preparations, contraceptives, HRT, calcium and vitamin D, oral rehydration salts, saliva replacement products, antacid and compound alginate preparations, macrogols.**
Supplements **This includes licensed medicinal and dietary supplements**	Usually patients who require management with a supplement should be encouraged to buy this product. In some circumstances treatment with a prescribed supplement is deemed clinically necessary, e.g. to treat vitamin D deficiency, due to the availability of numerous preparations with varying degrees of quality assurance, a specified brand is preferable. This supports safe prescribing and reduces the risk of confusion among prescribers regarding the most appropriate product to prescribe, which in turn could lead to inadvertent over administration or sub optimal therapy. **Mitigation:** Where prescribing is indicated to treat patients, e.g. vitamin D deficiency, rationalise the products used in local/regional guidelines and formularies to limit the risk of confusion between products.	**Approved branded preparations (e.g. vitamin D) to reduce risk of error**

	Ensure clear documentation of the clinical use and approved medicinal product name at the point of prescribing and at all transfers of care to limit the risk of incorrect formulations being inadvertently chosen.	

References:

Specialist Pharmacy services (SPS): https://www.sps.nhs.uk/articles/prescribing-by-generic-or-brand-name-in-primary-care/
MHRA: https://www.gov.uk/drug-safety-update/antiepileptic-drugs-updated-advice-on-switching-between-different-manufacturers-products
NICE: https://www.nice.org.uk/guidance/cg137
BNF: https://bnf.nice.org.uk/
EMC: https://www.medicines.org.uk/emc#gref

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