

Principles for specifying brand names on the Nottinghamshire Joint Formulary

Scope

This policy outlines the principals for the Nottinghamshire Joint Formulary specifying brand names and how a request to add a brand name will be considered.

Background

Generic medicines are, overall, less expensive to the NHS. Their appropriate use instead of branded medicines can deliver considerable cost savings. It is good practice to prescribe medicines generically using their approved, International Non-proprietary Name (INN) (i.e., as described in the BNF) and not specify the manufacturer or supplier, except where a change to a different manufacturer's product may compromise efficacy or safety. There are a few circumstances when it is appropriate to prescribe a specific manufacturer's product (branded or generic).

These include:

- Medicines with a narrow therapeutic index.
- Certain antiepileptic medication.
- Certain modified- or controlled-release medicines.
- Certain administration devices.
- Multiple ingredient products.
- 'Biosimilar' medicines.
- Where differences in appearance between manufacturer's products might cause confusion and anxiety.

For further information, see the Specialist Pharmacy Service guidance on prescribing by generic or brand name. The Specialist Pharmacy Service also publish a list of [example medicines to prescribe by brand name in primary care](#). The examples are grouped by therapeutic area. The list of products is not exhaustive, please refer to the BNF or SPS.

Currently, if a specific brand-named medicine is prescribed in primary care a pharmacist is obliged to supply this even if an equivalent generic version is available. Reimbursement is made using the manufacturer's list price for the branded product.

Brand names on the Nottinghamshire Joint Formulary

The vast majority of items listed on the Joint Formulary are in generic form only unless described above, where consistency of product is necessary. Where a request is made for the Joint Formulary to specify a particular brand name, the following principles must be considered:

- Does the request meet the circumstances outlined in the SPS guidance [Prescribing by generic or brand name in primary care](#)
- Is the request for a branded generic which is included in Category M of the Drug Tariff?
 - Category M branded generics will not be specified on the formulary.
- Are there any licensing differences between specific brands which should be highlighted?
 - Patent expiries and license changes should be monitored.
- Is the particular brand more cost effective to BOTH primary and secondary care?
 - Brands which do not satisfy this principal will not be added unless the savings to one sector significantly outweigh the cost increase to the other.
- If a product is unlicensed, is there a cost effective brand which could be highlighted to contain spend?
- Do the clinical patient record systems distinguish between products when added generically?
 - If generic prescribing could lead to interchangeable product dispensing AND the products are significantly different (such as different inhaler devices), brand names will be specified.

Requests to specify brand names will be considered by the Joint Formulary Group. Where a request to add a specific brand is not accepted, individual ICBs may complete a risk assessment and the choice should be approved through their own medicines management groups for local implementation.

References

- <http://psnc.org.uk/funding-and-statistics/funding-distribution/retained-margin-category-m>
- [290. Branded generic medicines 2.0 \(prescipp.info\)](#)
- [Prescribing by generic or brand name in primary care – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice \[Accessed 07/09/2023\]](#)
- [Example medicines to prescribe by brand name in primary care – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice \[Accessed 07/09/2023\]](#)

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Version	Author(s)	Date	Changes
V1.0		October 2016	
V2.0	Wai Kwan Leong and N Butcher. NNICB MOT	September 2023	Updated broken links. Drugs to consider prescribing by brand link no longer available and replaced with SPS link. Updated CCGs to ICBs. Removed information relating to clinical system prescribing and branded generics.