Pharmacy stamp

Pharmacy name
Street Name
Town
Postcode

Dear GP Colleague,

'Branded' Generic Prescribing

Generic medicines are the most cost effective way of prescribing medicines for the whole NHS. Some manufacturers reduce the price of their branded product to one that is cheaper than the equivalent generic. This is done to promote market share of the branded product.

'Branded' generics are medicines which bear a brand name. For example brands of the generic drug metformin MR, are Bolamyn, Diagemet, Glucient, Meijumet, Metabet, Sukkarto, and Yaltormin. They are not generic drugs - they are not interchangeable, community pharmacies must dispense the specified brand. Branded generics also includes the prescribing of a drug and specifying the manufacturer, eg Teva Atenolol or CP Pharmaceutical Bendroflumethiazide, these would both be 'branded' generics as the pharmacy must supply this drug produced by the manufacturer specified.

I would like to outline the negative impact of prescribing branded generics on patients, community pharmacy and general practice.

We urge that your practice discourages the prescribing of branded generic drugs unless there is a clinical benefit to patients. The impact of 'branded' generic prescribing:

NHS funding: NHS funding is adversely affected - branded generics can affect the entire supply chain/price change mechanisms and also remove competition that drives down prices in the generics market.
Community pharmacies reduce costs to the NHS by seeking to obtain the best available prices for generic drugs which encourages a competitive market and in turn drives down the prices being charged by suppliers which leads to a decrease in the Drug Tariff. Since 2005 effective medicines purchasing by community pharmacy has saved the NHS over £10 billion.

Prescribing 'branded' generics removes this competition that drives down prices in the generics market. Some generic manufacturers may choose not to produce the product as it is no longer viable, this will in turn lead to a smaller number of dominant suppliers who can increase the price of these branded generic medicines as there is no longer sufficient competition within the market. So although branded generics may deliver some immediate cost savings to the practice / CCG primary care drugs bill; they do not offer good value for the NHS as a whole.

Patient care: **Use of branded generics can cause additional burden, risks and delay in medicines supply for patients.**
Some branded generic products may not be available from all mainline wholesalers so have to be sourced from an alternative supplier. Dispensary and pharmacy staff are likely to spend time making extra phone calls and establish accounts with different suppliers and may incur addition expenses obtaining products such as Out of Pocket Expenses, which are recharged to the prescriber's CCG budget. This can lead to delays for the patient, particularly at weekends /public holidays or when the product is first introduced into the local area.

Patients may also face problems if they go to a pharmacy outside of the local area where pharmacies are unlikely to stock the product as standard. If the product is out of stock or the patient needs the medicine urgently, the prescriber will need to issue a new prescription to ensure the drug can be supplied as the pharmacist cannot dispense an alternative to the specified branded generics (unlike a generic prescription); potentially limiting access and delaying care. Constant changing of patients' medicine is not putting patient centred care at the forefront of prescribing and can have a negative impact on patient understanding and compliance.

Many branded generic medicines are not listed by brand name in key resources e.g. BNF, which has led to confusion and an increased risk of errors.

Specific examples of branded generic prescribing local community pharmacies have experienced and the risks to patient care are outlined at the end of this letter.

Community pharmacy: The use of branded generics undermines community pharmacy funding as it reduces the access to margin, which is a part of our core national funding, made unequal by local policies.
Pharmacy margin (the difference between what pharmacy contractors pay for a product and what they receive for it) has been nationally set at £800 million and this is closely monitored by a national survey and the Department of Health and Social Care. If the total margin does not meet, or exeeds the £800 million limit then the NHS will make adjustments to ensure the margin is met (though adjustment to Category M drugs). The margin is calculated nationally so any adjustment does not account for the varying impact of local prescribing policies on margins achieved by local pharmacies. Local policy changes to prescribing branded generics impacts on local pharmacies disproportionately and makes community pharmacy within your own locality less viable.

Workload: Prescribing of branded generics causes additional burden for GP practices and community pharmacy.
Switching patients onto a branded generic (and any subsequent changes) takes staff resource within a GP practice, in researching the switch, amending the prescription and explaining the change to the patient. There are also time implications to ensure that the branded generic continues to offer perceived good value to the practice / CCG.

If there is an increase in demand for a specific branded generic there are no guarantees that the manufacturers could respond to meet this demand leading to problems obtaining these products: This could lead to stock shortages and/or sporadic supply leading to additional administrative burden for both GPs and community pharmacies. When manufacturers cannot supply branded generics, pharmacies have to ask GPs to amend prescriptions.

The practice of prescribing branded generics impacts on working relationships between GPs and pharmacies, at a time we should be working to improve working relationships and help ease the pressure due to increased workload.

If you would like to discuss how we can work collaboratively to address the concerns around branded generic prescribing please feel free to contact me.

Yours sincerely

Pharmacist

Examples of branded generic prescribing local community pharmacies have experienced and the risks to patient care:

- *Patient was prescribed Petyme 400microgram MR capsules (Teva UK Ltd) but had previously been prescribed the generic drug Tamsulosin hydrochloride 400 microgram. Patient had not completed the previous supply and patient took them concurrently, thinking both were different medications. The item must be labelled as the product is prescribed on the prescription (ie as Petyme 400microgram MR capsules) which is a risk to patients as they may not realise the branded product is the same as their previous generic version.*

- *Patient was prescribed a branded version of Oxycodone liquid. Branded generics are not routinely listed in the BNF. The palliative care nurse was not able to establish what the medication was and the patient was not given the medication leading to a breakdown in pain control for the patient.*

- *Prescription switched from the generic Ropinirole MR formula to the branded generic Ipinnia. Patient was on three different strengths of the drug. Each month at least one if not all of the strengths out-of-stock at the both the pharmacy's wholesalers. So each month several phone calls were needed to be made to ensure the patient could be supplied with the medication. A lot of time was wasted and led to delays in the time it took for the patient to be supplied their regular medication.*