

Branded Generics

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Introduction

‘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 and 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.

Currently, the pharmacy sector is allowed to earn £800m retained margin collectively in each financial year. The share of retained margin to each pharmacy reflects the number of prescriptions dispensed and the medicines prescribed. Where it is necessary to adjust the run rate of margin delivery to pharmacy, for example because pharmacies have earned too much margin, DHSC will make adjustments to reimbursement prices in the Drug Tariff for medicines which fall within ‘Category M’. Category M is a category of medicines which are readily available in ‘generic’ form, i.e. nonbranded medicines.

Branded generics skew the retained margin as the margin on these products is less than on the generic itself. PSNC and CPWY are completely against the practice of using branded generics, not only because they reduce the retained margin to pharmacies who dispense these items but that branded generics are more expensive overall to the NHS, increase risk to patients and create additional workload for GPs and community pharmacies

CPWY has been given assurances that all ICB places in West Yorkshire (previously CCGs) avoid branded-generic prescribing as much as possible. However prescribing data shows the prescribing of branded generic items remain, often due to legacy prescribing or ingrained prescribing habits.

Important note: There are situations where brand prescribing should occur, for example inhalers, contraceptives, insulin, emollients or where there are differences in the licensed indications between brands and generic. CPWY support branded prescribing where there is a clinical reason. A helpful resource is the SPS [Example medicines to prescribe by brand name in primary care](#) that provides guidance on prescribing certain medicines by brand to ensure supply of the same product.

When to prescribe by brand

[Bioavailability differences](#)

[Release profile variations](#)

[Specific device directions](#)

[Biologics and biosimilars](#)

[When to consider prescribing by brand](#)

[Multi-ingredient preparations](#)

[Licence variations](#)

[Patient factors](#)

Please [see here](#) for further SPS information.

BNF/NICE guidance is: *Where non-proprietary ('generic') titles are given, they should be used in prescribing. This will enable any suitable product to be dispensed, thereby saving delay to the patient and sometimes expense to the health service. The only exception is where there is a demonstrable difference in clinical effect between each manufacturer's version of the formulation, making it important that the patient should always receive the same brand; in such cases, the brand name or the manufacturer should be stated.*

Responding to Branded Generic Prescribing – Frequently asked questions

How does the Prescribing of Branded Generics affect my pharmacy and the NHS?

Prescribing branded generics or off-patent branded medicines profoundly affects the competition that drives down prices in the generics market and acts to drive up costs to the NHS. It can also lead to unequal geographical distribution of the funding under the community pharmacy contractual framework.

CPWY and PSNC are completely against the use of Branded Generics and has been raising the issue both locally (LPC) and with the Department of Health and Social Care (DHSC) (PSNC) for a number of years. There is significant history attached to this issue with DHSC previously consulting on changes to the arrangements and the OFT considering this as part of their review on the PPRS arrangements. The OFT agreed with PSNC's view that this practice was not in the interests of the NHS.

NHS Employers has also issued guidance explaining the detrimental effects of branded generic prescribing on Community Pharmacy, the wider NHS and patients. The following is an extract from their guidance document for GPs and practice staff regarding Community Pharmacy:

'Branded' generic or branded medicines prescribing policies

Although the vast majority of generic medicines in category M are the most cost-effective way of prescribing that medicine, at times manufacturers reduce the price of their branded product to one that is cheaper than the equivalent generic product listed in category M. This is done to promote market share of the branded product.

When responsible for prescribing costs, some PCTs encouraged the prescribing of, and switching patients to, specific branded medicines or 'branded' generics. Such a policy may deliver some cost savings to the primary care drugs bill; however, the savings are often unsustainable by the manufacturer.

In addition, by adopting these policies, pharmacies are required to purchase branded products for which there is little or no discount when the items are purchased by the pharmacy. The discount reduction is still applied when the prescription is priced by NHS Prescription Services, and consequently the items may be reimbursed at less than cost price to the pharmacy. This can impact on the financial viability of the pharmacy and put the provision of pharmaceutical care at some risk. The reduction in prices at a local level may actually cause increased prices for the NHS as a whole, as adjustments are made to ensure full delivery of total agreed pharmacy funding. This adjustment is applied nationally, so the adjustment may not restore viability to seriously affected local pharmacies.

Frequent changes to prescribing could also be detrimental to patient care. Continually changing brands can create confusion for patients and can undermine their confidence in their medicines. There is also evidence that some branded generic products that have been subject to switching have quickly become short in supply, leading to delayed access to the medicines for the patient.

The financial impact of the flat funding of the national pharmacy contract is exacerbated by loss of margin when branded generics are used and this adds pressures to the already challenging working environment for community pharmacy teams. In summary, Branded Generics cost the government more money and exacerbate financial stresses for Community Pharmacy.

CPWY have produced a [document](#) explaining how pharmacies are funded and impacted by Branded Generics.

Can I refuse to dispense a generic drug that I cannot obtain at or below Drug Tariff price?

It is against a pharmacy's NHS Terms of Service to refuse to dispense a drug on cost grounds. If a generic drug is unavailable at the Drug Tariff price, there are some practical steps that contractors and their teams can take to help manage the situation:

1. Try contacting a range of different wholesalers and suppliers to locate stock available at or lower than Drug Tariff price.
2. Report issues where the product can only be obtained at a price higher than the Drug Tariff listed price using [PSNC's online form](#).
3. Check for any known supply issues in the [Medicines Supply Tool](#) hosted on the Specialist Pharmacy Service (SPS) website (any new shortages can be reported to PSNC [here](#)). Access to the Medicines Supply Tool requires [registration](#) with an NHS email address.
4. Report any new medicine shortages not listed on the SPS website [using PSNC's online reporting form](#).
5. Check for any current [Serious Shortage Protocols \(SSPs\)](#) that may allow alternatives to be given without needing to go back to the prescriber.
6. Provide affected patients with a copy of this [medicines supply factsheet](#).

7. Liaise with the GP to see if an alternative treatment can be provided. In cases where only a branded equivalent is available, contractors may request a prescription for the brand to ensure reimbursement is in accordance with the product supplied.

Are pharmacies required to dispense a branded medicine if a generic is not available?

CPWY has received several queries from contractors asking if they are required to dispense a branded medicine if the generic version of the drug is unavailable.

In cases where only a branded equivalent is available, contractors may request a prescription for the brand to ensure reimbursement is in accordance with the product supplied.

Pharmacy contractors can apply for a concession price, which are applied for and granted monthly. However, the full list of concessions is not known until the end of the month.

Note: NCSO (No Cheaper Stock Obtainable) has not been granted since 2014.

If a prescriber wants to prescribe a branded product for any reason, including lack of availability of the generic they may do so.

What do I do if I am asked to dispense a brand against a generic prescription?

When drug shortages/supply issues arise, it is not uncommon to find that only a more expensive brand originator/make is available for a contractor to dispense against a generically written prescription.

In such situations, PSNC recommends that contractors consider the following steps:

1. Firstly, the pharmacy should endeavour to source the generic from other local pharmacies or check with manufacturers or other wholesalers for stock.
2. If the generic drug is unavailable to purchase at or below the listed Drug Tariff price, the issue should be [reported to PSNC](#) who will investigate and request a concessionary price, where appropriate (which in some circumstances can be based on the brand price if that is the only product available to purchase).
3. Share any available information with the prescriber that indicates a supply disruption or temporary out of stock (SPS or DHSC alerts may support this if the drug is listed on their monthly supply updates).
4. If a prescriber refuses to change a prescription to the only available equivalent/brand, it may be worth LPC raising issue with LMC.

Important note:

There are situations where brand prescribing should occur, for example inhalers, contraceptives, insulin, emollients or where there are differences in the licensed indications between brands and generic. CPWY support branded prescribing where there is a clinical reason.

Please see the Introduction to this paper for further information regarding when branded prescribing is appropriate.

Are Branded Generics a good choice for patients?

To highlight the impact branded generic prescribing has for patients, the NHS and community pharmacy, Community Pharmacy West Yorkshire has produced a [Branded Generics Letter](#) which contractors can use when speaking with the GP practice teams to explain the negative impact of branded generics including time, patient safety and financial impacts.

Summary:

Stock Availability - 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, establish accounts with different suppliers and may incur additional 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.

Compliance - 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.

Important note:

There are situations where brand prescribing should occur, for example inhalers, contraceptives, insulin, emollients or where there are differences in the licensed indications between brands and generic. CPWY support branded prescribing where there is a clinical reason.

What should I do if my GP practice states that the ICB Place (CCG) has told them to use a specific brand?

CPWY has been given assurances that all places in West Yorkshire (CCGs) avoid branded-generic prescribing as much as possible with no new Branded Generics being recommended by the ICB places. However prescribing data shows the prescribing of branded generic remains, often due to legacy prescribing or ingrained prescribing habits. Branded Generics may also be selected by GP practices with the misunderstanding that they are cheaper for the NHS.

Suggested steps if your GP practice states they have been told to use a Branded Generic:

1. Check there is not a clinical reason for the item being prescribed as a brand.
2. Explain to the GP Practice that the ICB Place (CCG) no longer recommend the use of Branded Generics (note may have historically been recommended)
3. Request that the item prescribe generically going forward (use the reasons in the [CPWY Branded Generic letter](#) to support the conversation if needed)
4. If the practice refuses to amend the prescription and this cannot be resolved through local discussion highlight the issue to the relevant Medicines Optimisation team:

Bradford - Meds.opt@nhs.net

Calderdale - Calccg.medicinesmanagement@nhs.net

Kirklees - kirkccg.medicines@nhs.net

Leeds - leedscg.prescribingteam@nhs.net

Wakefield - wakccg.medsoptwakefield@nhs.net

What should I do if I am struggling to obtain a particular Branded Generic?

If you have branded generic prescriptions for drugs you cannot easily source eg stock supply is intermittent, not available from your main wholesaler or examples where prescribed branded generic costs more than the generic Drug Tariff price then CPWY suggest that you:

1. Discuss with the prescriber to request the items are prescribed generically, highlighting the issues obtaining the requested Branded Generic
2. Use the [branded generics letter](#) for prescribers to outline the negative impacts of prescribing branded generics, including time, patient safety and financial impacts to guide your conversation.
3. Highlight to the practice that the Medicines Optimisation teams now avoid the use of branded generics where possible.
4. Use the email addresses below to report branded generics issues, which cannot be resolved through discussion with the GP practice.
Bradford - Meds.opt@nhs.net
Calderdale - Calccg.medicinesmanagement@nhs.net
Kirklees - kirkccg.medicines@nhs.net
Leeds - leedscg.prescribingteam@nhs.net
Wakefield - wakccg.medsoptwakefield@nhs.net

What can my pharmacy do about Branded Generic prescribing?

Although CPWY has been given assurances that CCGs no longer actively implement branded generics, the use in practice remains high.

- Do you have branded generic prescriptions for drugs you cannot easily source?
- Do you have examples where branded generic prescribing has impacted on patient care?
- Do you see prescriptions where the cost of the branded generic is more than Tariff?
- Do you have examples where prescribing by brand has led to a delay in a patient accessing their medicine?

If you encounter any of the issues above with respect branded generics, please report these to the relevant Medicines Optimisation Team using the email addresses below

Bradford - Meds.opt@nhs.net
Calderdale - Calccg.medicinesmanagement@nhs.net
Kirklees - kirkccg.medicines@nhs.net
Leeds - leedscg.prescribingteam@nhs.net
Wakefield - wakccg.medsoptwakefield@nhs.net

Rebates

Some place ICBs (CCGs) have entered into rebate schemes with manufacturers under the Primary Care Prescribing Rebate Scheme (PCRS). Such schemes may include Branded Generics but equally, Branded Generics may be prescribed which are not included within an ICB rebate. Decisions on Rebates are made independently to formulary choice decisions, and rebates do not automatically influence prescribing policy.

If you would like to see the Primary Care Prescribing Rebate Scheme policy for your ICB place see the links below.

ICB Place	Policy link	Link to current agreements
Wakefield	https://www.wakefieldccg.nhs.uk/fileadmin/site_setup/contentUploads/Documents/Primary_Care_Rebate_Policy_v5.0_updated_June_2021_FINAL.pdf	https://www.wakefieldccg.nhs.uk/fileadmin/site_setup/contentUploads/Corporate_documents/Current_Primary_Care_Prescribing_Rebate_Schemes_updated_01.02.2022.pdf
Calderdale	https://www.calderdaleccg.nhs.uk/download/approving-primary-care-prescribing-rebate-schemes-policy/	https://www.calderdaleccg.nhs.uk/medicines-optimisation/
Kirklees	https://www.kirkleescg.nhs.uk/wp-content/uploads/2021/05/Rebate-Policy-v0.1.pdf	https://www.kirkleescg.nhs.uk/resources/medicines-optimisation/rebates/
Bradford	http://www.bradfordcravenccg.nhs.uk/wp-content/uploads/2020/03/Primary-Care-Rebate-Scheme-for-Prescribing-Aug-2018.pdf	List not on CCG website but see 2 relevant FOI requests: https://www.whatdotheyknow.com/cy/request/695096/response/1662298/attach/html/4/Response%20098FOI2021BDC.pdf.html https://www.whatdotheyknow.com/request/793425/response/1896137/attach/4/Response%20089FOI2122BDC.pdf?cookie_pass_through=1
Leeds	https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2020/03/2020March_Primary-Care-Rebate-Scheme-policy.pdf	Current-Primary-Care-Prescribing-Rebate-Schemes-21.22.pdf (rackcdn.com)