

Position statement on the prescribing of branded generic medication

NHS North East and North Cumbria Integrated Care Board (NENC ICB) DOES NOT support the routine prescribing of branded generic medication in primary care, except where clinical reasons exist.

Rationale

- After dispensing medication, pharmacies are reimbursed based on the prices in the NHS [Drug Tariff](#). The Department of Health & Social Care (DHSC) sets the reimbursement price for Category M medicines in the Drug Tariff based on cost data from manufacturers.¹
- Branded generics are generic medicines with a manufacturer-assigned brand name. To gain market share, manufacturers sometimes price them lower than equivalent [Category M](#) generics.² Lower prices may not be sustained, necessitating repeated patient reviews - both inconvenient and time-consuming.
- Prescribing branded generics (without clinical need) disrupts the competitive market and funding mechanisms. It excludes lower-cost generics from Category M price reviews, impacting community pharmacies' financial viability and increasing NHS costs.
- Switching between generic and branded generic prescriptions can be confusing for patients, carers, and healthcare providers in various settings. Consistently prescribing generics improves familiarity.³

Benefits of generic prescribing

- **Better Value:** Community pharmacies source generically prescribed medication at competitive prices, fostering a market where wholesalers and manufacturers lower costs to sell their medicines.
- **Better Supply:** Enables quicker patient access to medicines, as generics are more readily available than branded generics. Evidence suggests that some branded generics can quickly become scarce, causing delays in patient access.³
- **Lower Risk:** Reduces the risk of prescribing or dispensing errors as each generic medicine has only one approved International Non-Proprietary Name (INN) name, rather than several brand names.⁴

Recommendations for clinicians

- Prescribe generically unless there is a clinical reason why a brand or branded generic is needed.
- Be familiar with [examples of medicines](#) that are usually prescribed by brand name. This list is not exhaustive.⁵
- Check the [NENC formulary](#) to confirm whether a medication is appropriate for brand prescribing, and to see details of any preferred brands.
- Be aware that OptimiseRx messages provide relevant advice on brand/generic prescribing.
- Identify prescribing of brand and branded generic drugs using prescribing data from sources such as Electronic Health Record searches, ePACT2, and any reports provided by the ICB.
- Review patients currently taking brands or branded generics with a view to switching to a generic medication if clinically appropriate.
- Communicate with local community pharmacies regarding choices of brand/branded generic, allowing sufficient time for pharmacies to source these items from their suppliers.
- Explain to patients why generic prescribing is preferred, with reference to the benefits provided above.

References

1. [What are the drug categories of drugs in the Drug Tariff?](#) NHSBSA
2. [Bulletin 290: Branded generic medicines, PrescQIPP](#)
3. [Branded Generics. Pharmaceutical Negotiating Committee](#)
4. [Prescribing by generic or brand name in primary care. Specialist Pharmacy Service](#)
5. [Example medicines to prescribe by brand name in primary care. Specialist Pharmacy Service](#)