

MEDICINES TO PRESCRIBE BY BRAND NAME IN PRIMARY CARE

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Background

Prescribing medicines by generic name is generally preferred but there are some circumstances where brand-name prescribing is necessary. Reasons for brand prescribing include differences in bioavailability, where patient training differs between products and for biological medicines.

Norfolk and Waveney ICB recommend the following list of medicines are prescribed by brand to ensure supply of the same product. Medicines have been grouped by therapeutic area. This list is not exhaustive, for further information refer to the BNF or contact the medicines optimisation team. Please refer to the [netformulary](#) for formulary preferred brands across Norfolk & Waveney.

Colour code		
		Strongly recommend prescribing by brand due to clinical reason
		Best practice recommendation for consistency of supply and cost
		Good practice to aid product identification
Therapeutic area	Drug / Drug class	Reason for brand-name prescribing & additional information
Allergy and immunology	Adrenaline auto-injectors	Prescribe by brand name to ensure patients receive an auto-injector device they have been trained to use. Instructions for use vary between brands. If switching between brands, patients should receive full training in use of the new device.
Anaesthesia and pain	Buprenorphine patches	Buprenorphine transdermal patches are available as 72-hourly, 96-hourly and 7-day formulations. Brand name prescribing is recommended to reduce the risk of confusion and error in dispensing and administration. Transtec® 96-hourly patches are formulary choice. Formulary choice 7-day patches are Reletrans® and Sevodyne® patches.
	Fentanyl patches	Fentanyl transdermal patches are available as matrix and reservoir formulations. Reservoir patches must not be cut because damage to the rate-limiting membrane can lead to a rapid release of fentanyl resulting in overdose. If the prescriber intends the patch to be cut (NB: unlicensed and not recommended) then the prescription must specify a brand of matrix formulation patch.
	Morphine Modified Release (MR) preparations	These medicines are available as 12-hourly and 24-hourly oral formulations. Brand-name prescribing is recommended to reduce the risk of confusion in dispensing and administration.
	Oxycodone MR preparations	These medicines are available as 12-hourly and 24-hourly oral formulations. Brand-name prescribing is recommended to reduce the risk of confusion in dispensing and administration.
	Tramadol MR preparations	These medicines are available as 12-hourly and 24-hourly oral formulations. Brand-name prescribing is recommended

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Blood and nutrition	Oral rehydration salts	To aid identification. Products contain multiple ingredients.
	Calcium salts	To aid identification. Products contain multiple ingredients. Calci-D are first line formulary choice for colecaliferol with calcium carbonate.
Cardiovascular	Metolazone	UK-licensed metolazone tablets (Xaqua) have up to two-fold difference in bioavailability compared to other (unlicensed, imported) metolazone preparations. Between 2012 and 2022, patients needing metolazone in the UK used unlicensed, imported tablets. Patients switching to the UK-licensed version may require dose adjustment depending on clinical effect; patients should be monitored for dehydration and electrolyte disturbance. For details see Metolazone preparation differences and safety considerations – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice
	Diltiazem MR	Different versions of diltiazem modified-release preparations containing more than 60mg may not have the same clinical effect. Once and twice daily preparations available
	Nifedipine MR	Different versions of nifedipine modified-release preparations may not have the same clinical effect. Once and twice daily preparations available
	Enoxaparin	Enoxaparin sodium is a biologic medicine and must be prescribed by brand name. AROVl® is the formulary choice.
Dressings	Dressings	To ensure consistency of supply and prevent confusion. Please follow N&W ICB Dressing formulary. Items should only be issued on FP10 for nursing home patients. Requests from district nurses should be refused, they should be prescribed by the district nurses.
Ear, nose and oropharynx	Salivia replacement products	To aid identification. Products contain multiple ingredients.
Endocrinology	Insulin	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; a change in dose may be required.
	Oral hormone replacement therapy preparations	Different brands of the same formulation are available. Patient familiarity with one brand is important.
	Estradiol transdermal patches	Different brands of the same formulation are available. Patient familiarity with one brand is important.
Gastrointestinal	Mesalazine	Delivery characteristics of mesalazine preparations may vary. If switching to a different brand of mesalazine, advise the patient to report any changes in symptoms. For further information see https://www.sps.nhs.uk/articles/differences-in-oral-tablet-mesalazine-preparations-and-considerations-when-switching/
	Antacids preparations containing simeticone	To aid identification. Products contain multiple ingredients. Peptac® is first line formulary choice
	Compound alginates and proprietary indigestion preparations	To aid identification. Products contain multiple ingredients.
	Macrogols (polyethylene glycols)	To aid identification. Products contain multiple ingredients. Laxido® and Cosmocol® are first line formulary choices

	Pancreatin supplements	To aid identification. Products contain multiple ingredients. Enzyme activity can vary between brands
Genito-urinary system	Combined oral contraceptive	Different brands of the same formulation are available. Patient familiarity with one brand is important.
	Progestogen only oral contraceptive	Different brands of the same formulation are available. Patient familiarity with one brand is important.
	Levonorgestrel-releasing intrauterine systems	Products have different indications, durations of use and introducers.
	Alprostadil injection	Patient familiarity with one brand is important; instructions for use vary between preparations.
Malignant disease	Ciclosporin – when used for transplant rejection	Patients should be stabilised on a particular brand of oral ciclosporin because switching between formulations without close monitoring may lead to clinically important changes in blood ciclosporin concentration. Ciclosporin has a narrow therapeutic index. Switching between a brand and generic formulation, or between generic formulations, should be initiated only by a transplant specialist. If switching is necessary, the patient should be monitored closely for changes in blood-ciclosporin concentration, serum creatinine, blood pressure, and transplant function.
	Tacrolimus – when used for transplant rejection	Inadvertent switching between oral tacrolimus products has been associated with reports of toxicity and graft rejection. Oral tacrolimus products should be prescribed and dispensed by brand name only. Tacrolimus has a narrow therapeutic index. Switching between a brand and generic formulation, or between generic formulations, should be initiated only by a transplant specialist.
	Mycophenolate	Mycophenolate mofetil and mycophenolic acid preparations are not interchangeable. Please ensure correct salt is prescribed. For patients prescribed mycophenolic acid, they should receive the Myfortic® brand which is not interchangeable with any other form of mycophenolate.
Mental Health	Lithium	Lithium has a narrow therapeutic index and preparations vary widely in bioavailability. Changing the preparation requires the same precautions as initiation of treatment.
	Methylphenidate MR	Methylphenidate modified-release 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.
Neurology	Antiseizure medications for seizure disorders Category 1	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. These groups are: 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 For further information see The Use of Generic Anti Epileptics Drugs in Patients with Epilepsy – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice

	Category 2	<p>Category 2: By default, this category includes all antiseizure medications not listed in categories 1 or 3. The need for continued supply of a particular manufacturer's product should be based on clinical judgement and consultation with patient and/or carer. Consider clinical factors such as seizure frequency, treatment history and the potential implications for the individual of having a breakthrough seizure.</p> <p>Medicines: clobazam, clonazepam, eslicarbazepine, lamotrigine, oxcarbazepine, perampanel, rufinamide, topiramate, valproate, zonisamide.</p> <p>For further information see The Use of Generic Anti Epileptics Drugs in Patients with Epilepsy – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice</p>
<p>Respiratory</p> <p>NICE CKS asthma guidelines advise generic prescribing of inhalers should be avoided as it can lead to people with asthma being given an unfamiliar device, affecting usage and adherence.</p>	Beclometasone CFC-free metered dose inhalers	Beclometasone dipropionate CFC-free pressurised metered-dose inhalers are not interchangeable; Qvar and Kelhale have extra-fine particules and are more potent than Clenil Modulite and Soprobe. MHRA advice to prescribe beclometasone inhalers by brand name was issued in 2008.
	Tiotropium	To ensure patients receive an inhaler they have been trained to use, tiotropium capsules and administration devices should be prescribed by brand name. First line formulary choice are Tiogiva® dry powder inhaler and Spiriva Respimat® soft mist inhaler.
	Formoterol dry powder inhalers	Patient familiarity with one brand is important; instructions for use vary between preparations. Easyhaler® and Oxis Turbohaler® are formulary choice
	Beclometasone and Formoterol CFC-free metered dose inhalers	Fostair has extra-fine particles and is approximately twice as potent as <i>Clenil Modulite</i> and CFC-containing beclomethasone inhalers.
	Salbutamol dry powder inhalers	Patient familiarity with one brand is important; instructions for use vary between preparations. Where appropriate for the patient use a dry powder inhaler – low global warming potential. Easyhaler® or Ventolin Accuhaler® preferred formulary choices.
	Theophylline MR preparations	MR preparations have different release characteristics and are not interchangeable. Theophylline has a narrow therapeutic index.
	Aminophylline MR preparations	MR preparations have different release characteristics and are not interchangeable. Aminophylline has a narrow therapeutic index.
Skin	Preparations for skin and scalp conditions containing multiple ingredients	To aid identification. Products contain multiple ingredients, including topical corticosteroids, of different potencies.

Prescribing information

Providers commissioned to provide services on behalf of Norfolk and Waveney ICB are reminded that they are required to follow the local joint formulary and prescribing guidance, as detailed in the medicines management service specification of their contract.

References

Specialist Pharmacy Service. *Example medicines to prescribe by brand name in primary care*. Available from <https://www.sps.nhs.uk/articles/example-medicines-to-prescribe-by-brand-name-in-primary-care/> [Accessed August 2023]

Adcock, J. *Items considered unsuitable for generic prescribing*. Great Yarmouth and Waveney Clinical Commissioning Group. Version 1, 2016.

*Adapted from Mid & South East Essex document

Title	MEDICINES TO PRESCRIBE BY BRAND NAME IN PRIMARY CARE
Description of policy	<i>To inform healthcare professionals</i>
Scope	<i>Norfolk and Waveney Integrated Care System</i>
Prepared by	Norfolk and Waveney ICB Medicines Optimisation Team
Impact Assessment (Equalities and Environmental)	<p><i>Please indicate impact assessment outcome:</i></p> <p><i>Positive impact</i></p> <p><i>Adverse impact - low - action plan completed as per guidance</i></p> <p><i>Adverse impact - medium - action plan completed as per guidance</i></p> <p><i>Adverse impact - high - action plan completed as per guidance</i></p> <p><i>No impact</i></p> <p>No policy will be approved without a completed equality impact assessment</p>
Other relevant approved documents	
Evidence base / Legislation	<p>Level of Evidence:</p> <p><i>A. based on national research-based evidence and is considered best evidence</i></p> <p>B. mix of national and local consensus</p> <p><i>C. based on local good practice and consensus in the absence of national research based information.</i></p>
Dissemination	Is there any reason why any part of this document should not be available on the public web site? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/>
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1.0	Jessica Adcock		September 2016
1.1	N.Cunningham	Reviewed by author and updated. Interferon, botulinum toxin, somatropin, filgrastim, pegfilgrastim, erythropoietin and apomorphine removed as all hospital only drugs and won't be prescribed in primary care.	August 2023