



GENERIC PRESCRIBING

Key Message

Prescribing generically is good prescribing practice.

Category M generics (ie readily available generics) provide best value and should be prescribed as first choice. For example if all statin prescribing was switched to generic simvastatin the potential saving opportunity across South Yorkshire would be over £10 million per year. (Based on July 2006 usage)

The Facts

- **Generic medicines usually cost less than their branded equivalents**
Use of generic medicines helps the NHS to treat more patients for the same money. Routine generic prescribing enables savings to be realised as soon as a generic is available.
- **Category M generics provide best value**
Within a therapeutic class prescribing a drug that is available as a category M generic can lead to significant reductions in prescribing costs.

Top 10 generic switches for South Yorkshire

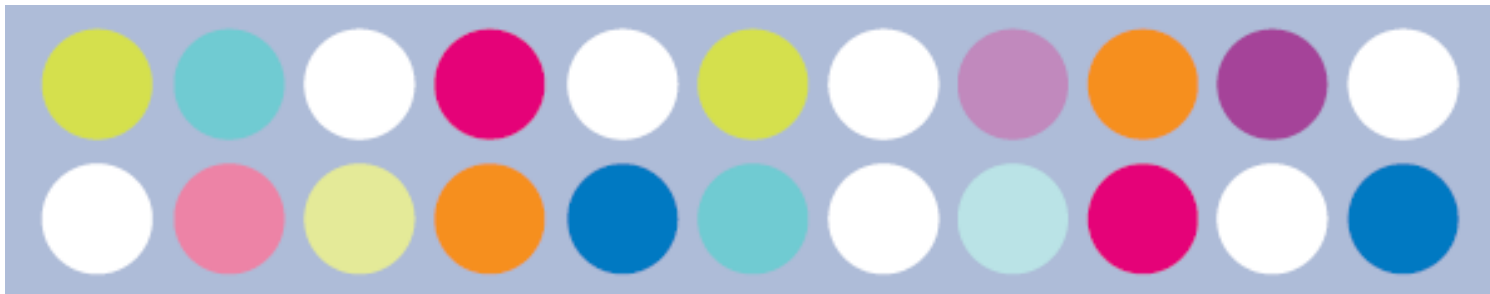
Brand	Generic
Istin Tab	Amlodipine Tabs
Lamictal Tab	Lamotrigine Tabs
Losec Cap	Omeprazole Caps
Fosamax Tab	Alexdronic Acid Tabs
Lamisil Tab	Terbinafine HCl Tabs
Neurontin	Gabapentin Caps
Zoton Cap	Lansoprazole Caps
Cipramil Tab	Citalopram Tabs
Lustral Tabs	Sertraline Tabs
Dianette Tabs	Co-cyprindiol 2000/35 Tabs
Total saving / Quarter 4 (all generic)	£ 256,483

Based on January 2007 to March 2007 data

Prescribe generically and choose category M generics as first choice

NOT TO BE USED FOR COMMERCIAL PURPOSES

This Prescribing Statement is endorsed by: South Yorkshire Prescribing Leads, Local Medical Committees, Area Prescribing Committees



The Benefits

When medicines lose their patent protection, and generic medicines come to market, the cost to the NHS lessens and the pressure on prescribing budgets can be reduced.

Safety and Patient Factors

There are a small number of drugs whose release characteristics mean that patients should be maintained on the same product (see box below).

It is not recommended to prescribe generically

- Antiepileptics – as per NICE guidance
- Ciclosporin
- EC Mesalazine
- Lithium
- Modified release preparations of nifedipine, diltiazem and verapamil
- Theophylline
- Any product where the generic name could cause confusion e.g. HRT, woundcare, insulins.

Refer to your local formulary for full details

Otherwise the only therapeutic rationale for prescribing by brand name is where there is a real risk that failure to maintain an individual patient on the same product could impair their adherence or understanding of therapy, and thus be detrimental to their health.²

Do you know about category M generics?

- Category M generics are very low cost readily available generic products.
- The list of category M products is updated each quarter.
- Prescribing category M products may lead to significant reductions in prescribing costs.
- To ensure cost-effectiveness prescribe generically and check with your PCT medicines management team about category M generics.

Cost issues

Prescribers need to ensure that their prescribing practice is cost-effective as well as clinically effective.

Appropriate generic prescribing can make considerable savings, with no difference in therapeutic outcome.

References

1. BNF 2005 No 49
2. National Prescribing Centre and NHS Executive. GP Prescribing Support. www.npc.co.uk

Key Points

- During 2005/06 the generic prescribing rates range from 78.1 to 83.5% across South Yorkshire. The rates for England during 2005/06 was 80.2%.
- At least a further £1 million per year could have been saved across South Yorkshire by appropriate generic prescribing (based on April 2005 – March 2006 data).

Evaluating Your Practice

Review the level of generic prescribing in your practice.

- Are all drugs listed in the top 10 switches prescribed generically?
If not
- Agree a practice action plan to switch patients
- Are you prescribing category M (low cost generics)

Talk to your local medicines management team for more information.

Other Key Resources

Available from your PCT medicines management team

- *Generic savings toolkit*
- *Local formulary information*

Review Date

This statement will be considered for review 2 years after the date of issue. Reviewing may begin before this if significant evidence that affects the recommendations in this statement is identified.