

Switch protocol: Brands to generic equivalent

Applies to

HaRD CCG employed Pharmacists and Medicines Optimisation Technicians.

These protocols are produced by the NY&AWC MM team hosted by HaRD CCG for use by their employed MM team members. They can be adopted for use by other healthcare staff working in GP practices across NY&AWC CCGs but HaRD CCG accepts no responsibility for the use and application of these protocols in these situations. External staff working to these protocols must agree with their own employer whether they are competent and able to work to these protocols.

Rationale

Generic prescribing is recognised as a sign of good practice in terms of consistency and safety, as well as generally being more cost effective. It also allows any suitable generic (or equivalent branded product) to be dispensed, reduces the number of items to be stocked in the pharmacy and can potentially reduce delays in supplying medicines to the patient.

Increasing the level of generic prescribing has been a long term objective of the Department of Health. A measure of generic prescribing in primary care ('potential generic savings') is reported as a prescribing indicator.

The MMT team should check their local CCG medicines formularies and be aware of any recommendations which support the use of branded generic products in addition to the list of medicines which are recommended to be prescribed by brand.

Method

1. Staff working to the protocol should be familiar with the current BNF advice and the Summary of Product Characteristics for medicines reviewed under the protocol.
2. Check the practice has agreed to the protocol and a signed copy is in place.
3. Check for any extra exclusions or amendments to the protocol made by the practice.
4. Rearrange practice formulary/add "do not use" codes to prevent future inadvertent prescribing if appropriate.
5. Notify local pharmacies/dispensary of work being undertaken and inform any relevant practice staff e.g. dispensary staff.
6. Run a computer search to identify patients who are currently receiving prescriptions for a particular branded drug.
7. Use the data collection form (Appendix 1) and the medical records to record the following:
 - Patient identifier
 - Allergies checked
 - Current branded prescription
 - Previous prescriptions (e.g. has the patient switched to the brand for a reason i.e. previous intolerance or due to specific issues relating to product formulation)
 - Contraindications
 - Exclusions

- Patient referred to GP?
8. Identify patients to exclude, those considered suitable to 'switch now' and those needing special consideration by GP.
 9. If a patient is excluded, add a consultation note listing reasons why they are unsuitable.
 10. For those patients who can be switched now or approved by GP; change repeat medication on computer from:

Brand name of medicine → Generic name of medicine
[Same dose instructions]

11. Ensure that the old medication is archived.
12. Send a letter to the patient advising them of the change. Liaise with practice staff to organise mail merge of letters and posting. At the end of the session, for all those changes that have been completed, a letter must be ready to send to the patient for information.
13. Add READ code 8B1r or XaJKo (on System One) 'drug changed to cost effective alternative' for all patients switched.
14. Problem link drug to disease (where possible).
15. Inform relevant practice staff.
16. Record the numbers/patients changed using an 'activity log'.
17. Use the activity log to review all changes made and to measure the effectiveness of the switch. Estimate cost savings made and present results back to the practice and organisation.
18. Continue to monitor the long term outcomes of the switch e.g. cost savings via PPD data, complaints, problems encountered etc.

Exclusions

1. History of intolerance to a generic product or excipient of a generic product(s) which raises concern and necessitates the continuation of the branded medicine.
2. Drugs which should be prescribed by brand name – [click here](#) for a link to a list of such drugs.

To flag up for special consideration by GP

1. Significant drug interaction with the medicine under review (see BNF Appendix 1 and Summary of Product Characteristics (available at www.medicines.org.uk for further details). Also check GP prescribing systems for any interactions at the time of adding. Seek advice from pharmacist as to the significance of the interaction, and flag to the GP for consideration, rather than just excluding from the switch.
2. Seek agreement from practice as to whether palliative care patients can be switched. Patients considered to be in the last few weeks of life would not normally be recommended for the switch.
3. Any patient that you are concerned may be unsuitable for switching, or other prescribing issue that you are concerned about.

References

- 1) British National Formulary accessed online 07 September 2017
<https://www.medicinescomplete.com/mc/bnf/current/>

Points to discuss with practice

1. Who is the contact in the practice for the project?
2. Agree content of patient letter – a possible form of words is attached below.
3. Agree the number of repeats to issue for patients who are switched.
4. Any practice additions, deletions or amendments to the protocol.

Agreement to protocol

Please detail any amendments to the protocol here/or attach a copy of agreed changes:

Signature of practice prescribing lead/ manager	
Practice name	
Date	
Signed on behalf of NYAWC MMT	

Please note that the practice representative signing this protocol agrees that:

- **The practice will take responsibility for the notification of all relevant practice staff.**
- **The practice has made patients aware that their records are accessed by staff for these purposes e.g.: via practice leaflet, website or other communication and that the practice has applied appropriate restriction to the records of patients who have withdrawn consent.**

Possible letter

Dear ~[Title/Initial/Surname]

Your repeat prescription for [insert name of drug]

The practice has been reviewing its prescribing of [insert name of drug]. This is to ensure our patients receive the best treatment offering the best value to the NHS. As a result, we have changed your future prescriptions to an unbranded version of exactly the same drug.

Your dose will remain exactly the same and you should not experience any difference in effect.

Your medication records will be changed automatically so please order your next prescription in the usual way. It will help the NHS to save money if you would use up any remaining first.

If you have any queries regarding this letter or the change please contact the***(surgery or other).

All medicines should be safely stored out of the reach of children.

Yours sincerely

[Usual GP/Registered GP/GP Prescribing Lead/Other]

Agreement to letter

Please detail any amendments to the letter here/or attach a copy of agreed changes:

Signature of practice prescribing lead/ manager	
Practice name	
Date	
Signed on behalf of NYAWC MMT	

Appendix 1: Data Collection Form – Brands to generic equivalent

Patient identifier:	Current <i>[insert drug brand name]</i> , strength, dose and quantity	Previously had <i>[insert generic product name]</i> Y/N. If Yes, record reason why stopped	Allergies or Intolerances checked Y/N	Any contra-indications/cautions <i>[insert product name]</i> ? If Yes, list and flag to GP	Patient has an exclusion to switch to <i>[insert generic product name]</i>	Include any appropriate monitoring e.g. renal function	Flag to GP? Y/N Record reason	Patient switched? Y/N	Letter sent? Y/N

Document version control

Version	State changes	New version	Actioned by
1 00	Update	2 00	DT
2 00	Use of on-line version statement; new logo; new allergy check column; new discuss terminal patients with practice statement.	2 01	SK October 2016
2 01	New initial statement regarding protocol use.	2 02	SK November 2016
2.02	Change of drugs to be prescribed by brand	2.03	AM 07/17
2 03	Updated protocol	3 00	SK September 2017
3 00	Correction of the incorrect updated and review dates from 2016/18 to 2017/19	3 01	SK October 2017