Statement on Brand-Name Prescribing of inhalers

NHS Fylde and Wyre CCG support brand or branded-generic name prescribing of inhalers for asthma and COPD. This will ensure that patients receive a consistent and familiar device each time they receive a prescription.

This is a safety initiative due to the many new inhalers and combination inhalers coming to the market and some are now available as alternative products to the originator brand. These are not really generics as they are brands in their own rights as the devices are often different from the originator product. It is very important to prescribe these inhalers by brand-name. The only exceptions to the policy statement are salbutamol and terbutaline; these can be prescribed by brand or generic as there may be practical issues with generic prescribing of these inhalers.

Background

Usually generic prescribing is favoured however there are instances where brand-name prescribing is preferred and indeed recommended.

By prescribing some inhalers generically, there is a risk that pharmacies may dispense a different brand to the one the patient normally uses. This may have implications on asthma and COPD control, as patients may not have been trained in the use of the device and may have the incorrect inhaler technique.

Some of the reasons for prescribing inhalers by brand or branded generic name are:

- Patient familiarity with one brand is important for compliance
- Instructions for use can vary between preparations
- Preparations can be activated differently
- Inhalers may look different or be coloured differently
- Some products are not interchangeable around potency i.e. Qvar and Clenil Modulate
- UKMi and MHRA have stipulated brand prescribing for some inhalers
- Certain inhalers contain anhydrous ethanol and soya lecithin (E322), and are therefore contraindicated in, and should not be supplied to, patients with allergies to peanuts and soya.
- Preparations can vary in licensing; some are only licensed for use in adults and children over the age of 12 years, for example
UKMi has produced guidance on when it is advised to prescribe by brand name rather than generic names; a summary of their guidance is shown below:

### Summary

Prescribing medicines by generic rather than brand name can improve cost-effectiveness and is encouraged. However, there are some circumstances in which continuity of the same brand is important for patient safety and brand-name prescribing preferred. These include:

- Where there is a difference in bioavailability between brands of the same medicine, particularly if the medicine has a narrow therapeutic index.
- Where modified release preparations are not interchangeable.
- Where products contain multiple ingredients and brand name prescribing aids identification.
- Where there are important differences in formulation between brands of the same medicine.
- Where administration devices (e.g. inhaler or self-injection) have different instructions for use and patient familiarity with one product is important.
- Where the product is a biological rather than chemical entity.

Please note that the CCG is undertaking a piece of work in collaboration with Blackpool acute trust and Blackpool CCG to ensure that the whole health economy is using the same inhalers. This will help patients when transferring between secondary and primary care and hopefully reduce re-admissions. It has not yet been decided if some of the new alternative inhalers are going to be used, therefore practices are asked not to switch patients to any of the new generics until this piece of work has completed. It is also not advisable to switch inhalers without calling patients in to explain the new inhaler to them. The following inhalers are recommended to be prescribed by brand; please ensure that prescriptions are updated to the patients’ usual brand on the EMIS system:

### References

1. Which medicines should be considered for brand-name prescribing in primary care? UKMi 2013. Available through NICE Evidence Search at [www.evidence.nhs.uk](http://www.evidence.nhs.uk)