

Primary Care Prescribing Principles – Medicine Choices

This document specifies the prescribing principles that are to be applied when considering prescribing choices and cost efficiencies across NHS Grampian.

Generic prescribing

Generic prescribing should be default for all prescribing. With the exception of the small number of medicines/clinical circumstances where it is clinically necessary to prescribe a specific brand e.g. bioavailability. See [Specialist Pharmacist Service](#) for further information.

Where no generic medicine currently exists, generic prescribing is still recommended as this allows an easier transition to generic prescribing when appropriate products become available.

Branded generics (i.e. a generic version of the originator medicine that has a 'brand' name e.g. Lustral[®] – generic sertraline – branded generic name Contulen[®]) are:

- Not recommended in NHS Grampian, as generics are promoted. The use of branded generics can also cause issues in terms of shortages (as only specified brand can be supplied on prescription).
- Not to be utilised for any medicine included in Part 7 of the [Scottish Drug Tariff](#) (SDT) part 7, as this undermines the tariff and could result in increased pricing for other medicines in the tariff.
- Only to be used where brand prescribing is necessary (e.g. bio-availability); the medicine is not in the SDT and it represents additional benefits e.g. safety for example branded generic Longtec[®] in preference to OxyContin[®]

Medicine formulation

Solid oral dosage forms (e.g. tablets/capsules) should be first line choice over liquid medicines for all patients*. Liquids are usually more expensive and can have a short expiry when opened.

**There may be a very small number of medicines where liquids are preferable due to cost, where this is the case ScriptSwitch messaging will advise the prescriber.*

Grampian Area Formulary

[Grampian Area Formulary](#) provides information on the majority of medicines suitable for prescribing within Primary Care. Medicines Management team will adhere to formulary recommendations. It is however noted that the formulary is not an exhaustive list of all medicines for all medical conditions, and as such cannot be used as the sole reason for prescribing decisions i.e. it would be inappropriate to refuse to prescribe a medicine based on it not being listed on formulary. When a medicine requested for prescribing that is not listed on formulary, further ratification of the request should be undertaken giving consideration to the medicine and indication for which it is being requested.

Licensing, off-label use and unlicensed medicines

The [MHRA hierarchy](#) of medicines choice should be followed for all prescribing i.e:

1. Licensed medicine for licensed indication
2. Licensed medicine for unlicensed indication i.e off-label use (may include indication/age/route)
3. Unlicensed medicine (i.e. special)

An unlicensed medicine should only be used if no licensed alternative meets the clinical needs of the patient.

If an unlicensed medicine is being used, or a medicines used in an unlicensed manner the prescriber signing the prescribing takes full clinical responsibility.

Patients/carers should be made aware when a medicine is unlicensed.

Note: crushing a medicine/mixing with another. Unless specified in the SmPC results in producing an unlicensed product.

Medicine shortages

During medicines shortages/pricing issues primary care should not provide community pharmacies with branded prescriptions for medicines which are in short supply. Community pharmacies can legally supply any branded medicine against a generically written prescription and they have a professional responsibility to supply medicines if they can obtain them, regardless of the cost and reimbursement prices.

Community pharmacies should follow the [national process](#) to report shortages and pricing issues where such issues exist.

If prescribing recommendations are being considered that are out with these principles this should be discussed and ratified by the appropriate group e.g. Primary Care Prescribing Group.