Western Health and Social Care Trust

Policy for appropriate use of the approved/generic names of medicines

August 2013

Title	**Policy for appropriate use of the approved / generic names of medicines**
Reference Number	**Med10/001**
Original Implementation Date	**August 2006**
Reviewed Dates	**Updated - June 2010** **Updated – August 2012** **Updated – August 2013**
Review Date	**August 2015**
Responsible Officer	**Daryl Connolly, Medicines Governance Pharmacist**

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1.0 Background

A drug may have more than one name: -

When a manufacturer markets a new drug the name given to it when it is first licensed for use is its **trade**, **brand** or **proprietary** name, and this identifies it as the exclusive property of a particular company.

After a number of years of protection other manufacturers are then able to produce the drug generically, often at a lower cost. The name given to generic medicines is the active ingredient in the medicine. This **generic**[1] name is also called the **approved** or **non-proprietary** name.

In the UK, generic medicines are tested to the same high standards as branded medicines. The MHRA checks that all medicines are made to a high quality and are safe and effective.

Generic prescribing can also increase flexibility as the pool of suitable medicines will be greater, therefore reducing delays due to shortages of a particular brand. Other benefits exist from using the generic name including;

- Medicine recognition and association with indication for use
- Prevention of duplication of therapy
- Patient recognition of medicine name

In addition to the benefits listed, the use of generic names of medicines and the appropriate use of brand names for certain medicines will assist in ensuring that patients are prescribed and receive the correct medicines.

Certain medicines should not be prescribed using the generic name (see Appendix 1).

These are generally medicines with a narrow therapeutic index, certain modified release preparations or medicines which consist of a combination of drugs.

This policy will ensure that the generic[1] or appropriate medicine name is used in the prescribing and ordering of medicines and in all relevant documentation and correspondence.

2.0 Objectives of the Policy

This policy defines a consistent approach for the appropriate use of the generic names within the Western Health and Social Care Trust (WHSCT). It details the responsibilities of all personnel involved in the documentation of medicine names and where this should happen.

[1] Generic – a drug not protected by a trademark. The approved or generic name is the scientific name as opposed to the proprietary, brand name.

3.0 Responsibility of Western Health and Social Care Trust (WHSCT) Personnel

This policy details the responsibilities of all personnel involved in the documentation of medicine names.

3.1 All WHSCT personnel

With the exception of the categories of medicines listed in Appendix 1, all medicines must be documented using the generic name of the medicine. This includes:

- The medicine prescription and administration record (medicine kardex) and supplementary sheets e.g. syringe driver prescription chart, out-patient and discharge prescriptions
- Medical and nursing notes
- Pharmacy requisition books including controlled drug and IV fluid requisitions
- Patient medication record cards
- Trust policies
- Electronic Medication Record (EMR) prescriptions and EMR patient medication record cards
- Controlled drug recording sheets
- All correspondence or other forms of documentation which includes details of medicine names e.g. discharge summaries, admission forms, non-stock requisition books and A&E flimsy

3.2 Prescribers

With the exception of the categories of medicines listed in Appendix 1:

- All medicines must be prescribed using the generic name of the medicine.
- All medicines must be documented in medical notes and other documentation, as in 3.1 above, using the generic name of the medicine.

3.3 Nursing personnel

With the exception of the categories of medicines listed in Appendix 1,

- All medicines must be documented in nursing notes and other documentation, as in 3.1 above, using the generic name of the medicine. This includes the appropriate use of the generic name of the medicine when ordering items from pharmacy using a requisition book.
- Medications at ward level must be stored alphabetically by the generic name of the medicine

3.4 Pharmacy personnel

With the exception of the categories of medicines listed in Appendix 1,

- All medicines must be labelled using the generic name of the medicine.
- Prescriptions and requisitions which do not specify the generic name should be annotated with the generic name.
- All medicines must be documented in medical notes and other documentation, as in 3.1 above, using the generic name of the medicine e.g. medication history.

4.0 Exclusions

Brand names should be used where it is clear that prescribing generically will create problems with bioavailability or lead to confusion for the dispenser or the patient.

Branded documentation is required for medicines that:

- have a narrow therapeutic index or certain indications e.g. epilepsy
- are presented as a modified release preparation
- are controlled drugs including patches (schedule 2 and 3)
- require specific devices to deliver the preparation e.g. inhaler devices
- have a combination of drugs in their preparation
- have more than one indication i.e. specific brands for specific indications
- are miscellaneous e.g. insulin preparations, vaccines

Should be prescribed, ordered and documented using the brand name of the medicine.

Appendix 1 details the categories of medicines that should continue to be prescribed, ordered and documented using the brand name of the medicine.

The exclusions table does not provide an exhaustive list of examples. Further information is available from the British National Formulary (BNF).

5.0 Heparin Sodium Flushing Solutions

Heparin sodium flushing solutions must be referred to using the **generic name** and **must not** refer to branded products. Prescriptions and instructions to administer heparin sodium solutions should provide clear dosing information e.g. dose, volume and frequency.

6.0 Training and education

All medical, nursing, and pharmacy staff, including all personnel involved in the documentation of medicine names, must be made aware of this policy as part of their induction.

7.0 Implementation / Resource requirements

The Trust Medicines Governance pharmacist:

- Will liaise with the lead for nurse education to ensure this policy is incorporated into nursing staff training across the Trust.
- Will liaise with FY1 and FY2 programme directors across the Trusts to ensure this policy is incorporated into induction and postgraduate training programmes.
- Will ensure pharmacy staff across the Trust are aware of the policy.

8.0 Consultation Process

Service Groups, Drug and Therapeutics Committee.

9.0 Equality and Human Rights screening carried out:

This policy has been screened under the equality legislation (Section 75 of the Northern Ireland Act 1998), targeting social need initiative, disability discrimination and the human rights act 1998. No significant equality implications have been identified. Assessment attached.

10.0 References

Further information is available from the British National Formulary (BNF). The electronic BNF is available via the hospital intranet and can be easily searched for the generic name of a medicine. If further advice is required, contact your clinical pharmacist or your hospital pharmacy department/Medicines Information (Ext 213756, Altnagelvin site).

Signature

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Chief Executive **Date**

Appendix 1: Items unsuitable for generic prescribing, ordering and documentation.

Items Unsuitable for Generic Prescribing

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The following list provides examples of drugs/preparations which the Medicines Management Advisors would NOT recommend for generic prescribing. However, this list is guidance only and practices may wish to add other categories of their own depending on practice policy. For further information refer to the BNF or contact your Medicines Management Advisor. Please note: The list of brand names given as examples is not exhaustive.

Medicine Category	Generic name / group	Examples	Comments
Drugs with a **narrow therapeutic index**	**Aminophylline**	e.g. Phyllocontin Continus®	There may be differences in the bioavailability of the preparations and / or the difference between therapeutic and toxic plasma concentrations. Therefore the brand name should be prescribed. However, where bioequivalence is not so significant e.g. pain control, brand prescribing is not necessary.
	Lithium	e.g. Priadel®, Camcolit®, Liskonum®	
	Theophylline	e.g. Nuelin SA®, Slo-Phyllin®, Uniphyllin Continus®	
or **certain indications** e.g. epilepsy, renal transplant etc	**Carbamazepine**	e.g. Tegretol®, Carbagen®, Epimaz®	
	Levetiracetam	e.g. Keppra®	
	Lamotrigine	e.g. Lamictal®	
	Phenytoin	e.g. Epanutin®, Phenytoin Sodium Flynn Hard Caps	
	Sodium valproate	e.g. Epilim®, Epilim Chrono®	
	Topiramate	e.g. Topamax®	
	Midazolam	e.g. Buccolam®, Epistatus®	
	Ciclosporin	e.g. Neoral®, Sandimmun® Deximune®	
	Tacrolimus	e.g.Prograf®, Advagraf®	
	Mycophenolate	e.g.CellCept®, Arzip®, Myfenax®	
Certain **modified-release preparations**	**Diltiazem**	e.g. Angitil XL®, Zemtard®, Slozem®, Adizem XL®, Tildiem LA®	The BNF states that the brand names should be specified in certain instances as different versions of these modified-release (m/r) preparations may not have the same clinical effect.
	Mesalazine	e.g. Asacol MR®, Pentasa®	
	Nifedipine	e.g. Adipine MR or XL®, Coracten SR or XL®, Adalat Retard®,	
	Methylphenidate	e.g.Concerta XL®, Equasym XL®, Medikinet XL®	
Certain **Controlled Drugs** including patches (Schedule 2 and 3)	**Buprenorphine**	e.g. BuTrans®, Transtec®	Caution due to differing dosage regimes for SR and XL preparations. The BNF states that dosage should be reviewed if brand altered.
	Fentanyl (transdermal)	e.g. Mezolar®, Durogesic DTrans®, Fentalis®, Matrifen®, Tilofyl®	
	Morphine	e.g. MST®, MXL®, Zomorph®, Morphgesic SR ®, Sevredol®	
	Oxycodone	e.g. Oxycontin®, Oxynorm®, Longtec®	
Certain **inhaler devices**	**CFC Free Beclometasone** (+/- Formoterol)	Qvar®, Clenil® Fostair®	Always state the type of device e.g. accuhaler, turbohaler. Caution should be exercised when changing from CFC containing aerosol to Qvar or Fostair (dose adjustment required).
	Dry powder devices	Accuhaler®, Easyhaler®, Turbohaler®, Pulvinal®, Clickhaler®, Foradil® etc.	
Multi-ingredient products	**See examples →**	Stalevo®	Generic prescribing may not be practical or may cause confusion due to multiple ingredients. Some combination products are appropriate for generic prescribing using an approved 'co-' prefix e.g. co-codamol, co-amilofruse, etc.
		Hormone replacement therapy	
		Oral contraceptives	
		Multi-ingredient GI preps. e.g. Peptac®, pancreatin, rehydration salts, laxatives etc.	
		Multi-ingredient ENT preparations	
		Creams, bath oils, antiseptics, liquids or gels	
		Bowel cleansing solutions	
Specific brands for **specific indications**	**Duloxetine**	e.g. Yentreve® or Cymbalta®	
	Buprenorphine	e.g. Subutex® or Temgesic®	
Miscellaneous	**See examples →**	Antipsychotic depot injections	These should be prescribed using the brand name to avoid confusion / aid product identification. Generic prescribing for these drugs may affect clinical response or contribute to administration incidents.
		Stoma care products & appliances	
		Wound products	
		Insulin	
		Nutritional products	
		Vaccines	
		NRT	
		Calcium salts – Natecal D3®, Adcal®,	
		Pre-filled injectables – e.g. Adrenaline, somatropin, apomorphine, erythropoietin,etc	

Note: Please also refer to the HSCB guidance on using specified brands that are cost effective choices for the HSC.