King's Fund

GUERNSEY SOCIAL SECURITY AUTHORITY

REVIEW OF PHARMACEUTICAL SERVICES

IN

GUERNSEY AND ALDERNEY

Appendices

August 1997

11-13 Cavendish Square
London
W1M 0AN
0171 307 2400

100 YEARS SUPPORTING PEOPLE'S HEALTH
1897~1997

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Guernsey and Alderney

Appendix 1

Prescribing Support Unit

January 1997

Prescribing Indicators
English Health Authorities and Guernsey/Alderney
1994-5 and 1995-6

PRESCRIBING SUPPORT UNIT
Brunswick Court
Bridge Street
Leeds
LS2 7RJ

Contents

PRESCRIBING MEASURES

HA REVIEW

NIC/Astro-pu

Overall Prescribing - Net Ingredient Cost

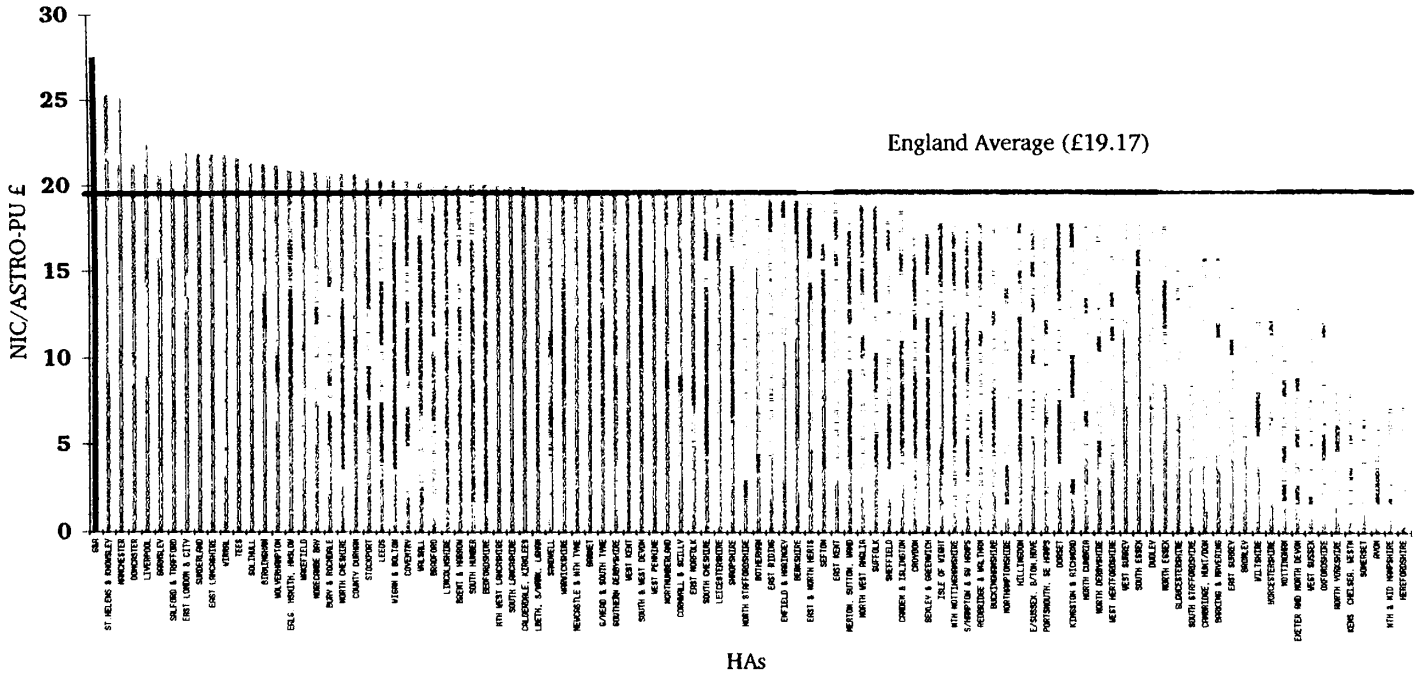
Graphs

1. 1994/95
2. 1995/96

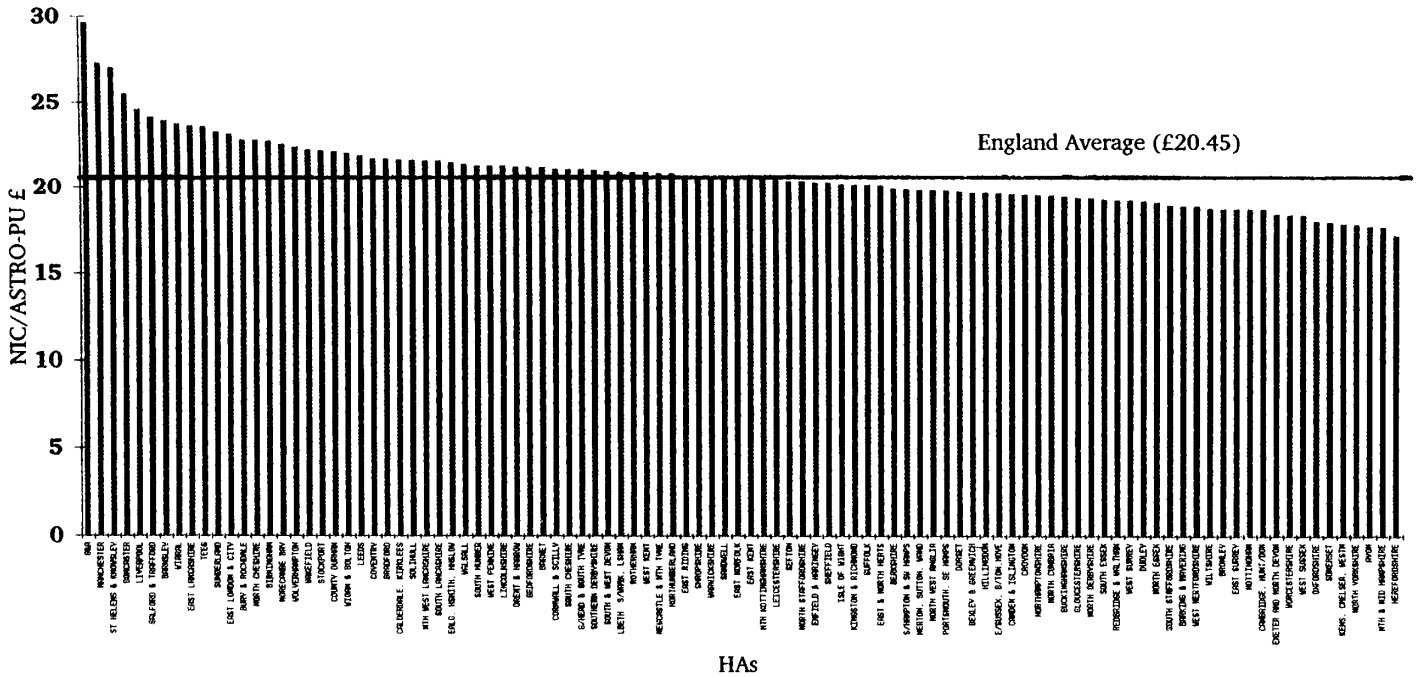
ASTRO PU Values

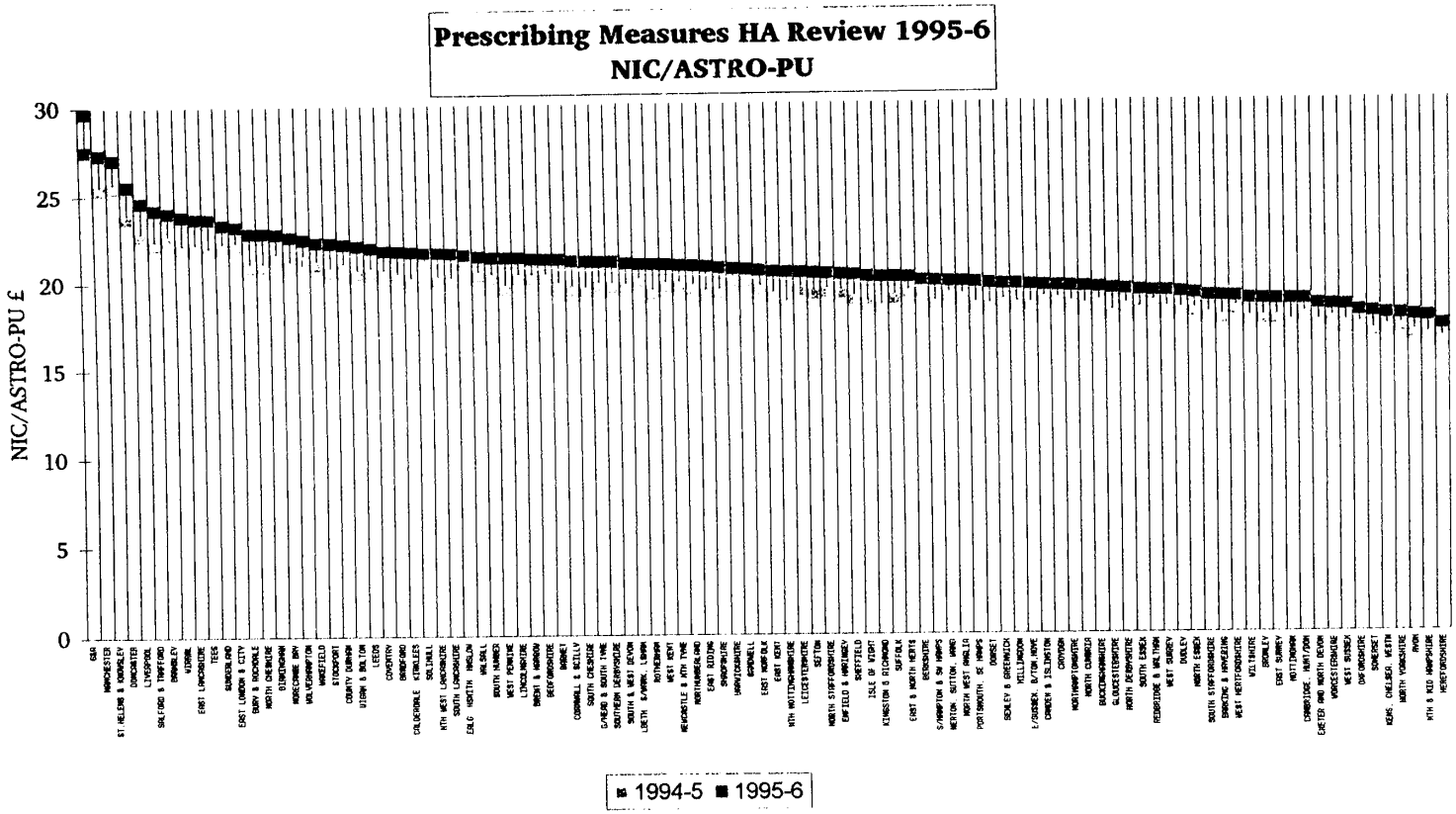
Age Group	M	F
0-4	1	1
5-14	1	1
15-24	1	2
25-34	1	2
35-44	2	3
45-54	3	4
55-64	6	6
65-74	10	10
>75	10	12

Prescribing Measures HA Review 1994-5
NIC/ASTRO-PU



Prescribing Measures HA Review 1995-6
NIC/ASTRO-PU




Prescribing Measures HA Review 1995-6
NIC/ASTRO-PU
NIC/ASTRO-PU £
30
25
20
15
10
5
0
GSD
MANCHESTER
ST.HELENS & KNOWSLEY
DONCASTER
LIVERPOOL
SALFORD & TRAFFORD
BARNSLEY
WIRRAL
EAST LANCASHIRE
TEES
SUNDERLAND
EAST LONDON & CITY
BURY & ROCHDALE
NORTH CHESHIRE
BIRMINGHAM
MORECAMBE BAY
WOLVERHAMPTON
WAKEFIELD
BIRKENHEAD
COVENTRY
WIGAN & BOLTON
LEEDS
CONVERTY
BRADFORD
COLCHESTER
KIRKLEES
SOLIHULL
NTH WEST LANCASHIRE
SOUTH LANCASHIRE
EALG
HERTFD
HALSWLL
SOUTH NAMBER
WEST PENNINE
LINCOLNSHIRE
BRENT & HARROW
BEDFORDSHIRE
BARNET
CORNWALL & W.ISLY
SOUTH CHESHIRE
G/HERD & SOUTH TYNE
SOUTHERN DERBYSHIRE
SOUTH & WEST DEVON
LBETH & WARK. LBWM
ROTHERHAM
WEST KENT
NEWCASTLE & NTH TYNE
NORTHUMBERLAND
EAST KENT
SHROPSHIRE
SWANS/CARMTHE
BURNLEY
EAST SUSSEX
EAST DERBY
NTH NOTTINGHAMSHIRE
LEICESTERSHIRE
SETTLN
NORTH STAFFORDSHIRE
ENFIELD & HARINGEY
SHEFFIELD
ISLE OF WIGHT
KINGSTON & RICHMOND
SUFFOLK
EAST & NORTH HERTS
BERKSHIRE
S/HAMPTON & SW HAMPS
MERTON, SUTTON, WANDS
NORTH WEST ANGLIA
PORTSMOUTH, SE HAMPS
DORSET
BEXLEY & GREENWICH
WILLINGDON
E/SUSSEX, B/TON,HOVE
CAMDEN & ISLINGTON
CROYDON
NORTHAMPTONSHIRE
NORTH CUMBRIA
BUCKINGHAMSHIRE
GLOUCESTERSHIRE
NORTH DERBYSHIRE
SOUTH ESSEX
REDBRIDGE & WALTHM
WEST SURREY
DUDLEY
NORTH ESSEX
SOUTH STAFFORDSHIRE
BIRMCHM & HAVERING
WEST HERTFORDSHIRE
WILTSHIRE
BROMLEY
EAST SURREY
NOTTINGHAM
CAMBRIDGE, NORF/COLN
EXETER AND NORTH DEVON
WORCESTERSHIRE
WEST SUSSEX
OXFORDSHIRE
SOMERSET
KENS, CHELSEA, WESTM
NORTH YORKSHIRE
PWYS
NTH & NOD HAMPSHIRE
HEREFORDSHIRE
1994-5
1995-6

PRESCRIBING MEASURES

HA REVIEW

DRUGS OF LIMITED CLINICAL VALUE

(based on the Audit Commission Report)

Data

Drugs included	BNF Code
Anti-diarrhoeal	1.4
Peripheral Vasodilators (excluding Thymoxamine) Cerebral Vasodilators	2.6.4
Cough Preparations (excluding Methadone and Diamorphine)	3.9
Systemic nasal decongestants	3.10
Appetite suppressants	4.5
Bitters & Tonics	9.7
Topical Antirheumatics	10.3.2
Topical nasal decongestants	12.2.2
Anti-infective nasal preparations (excluding Mupirocin and Naseptin)	12.2.3
Lozenges, sprays and gels	12.3.3
Topical circulatory preparations	13.14

Graphs

1. 1994/95
   OPCS mid year projections 1995

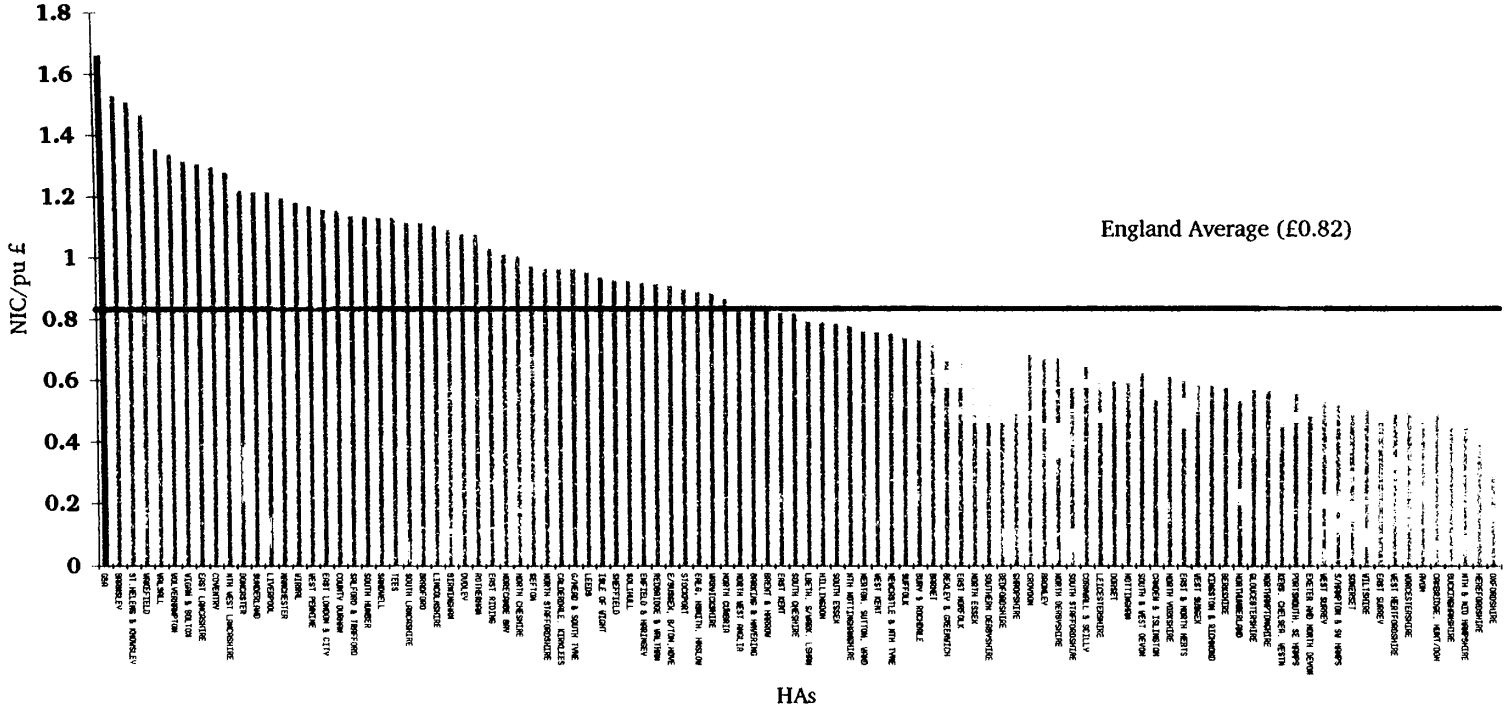
2. 1995/96
   OPCS mid year projections 1996

3. Change in performance - 1994/95
   to 1995/96

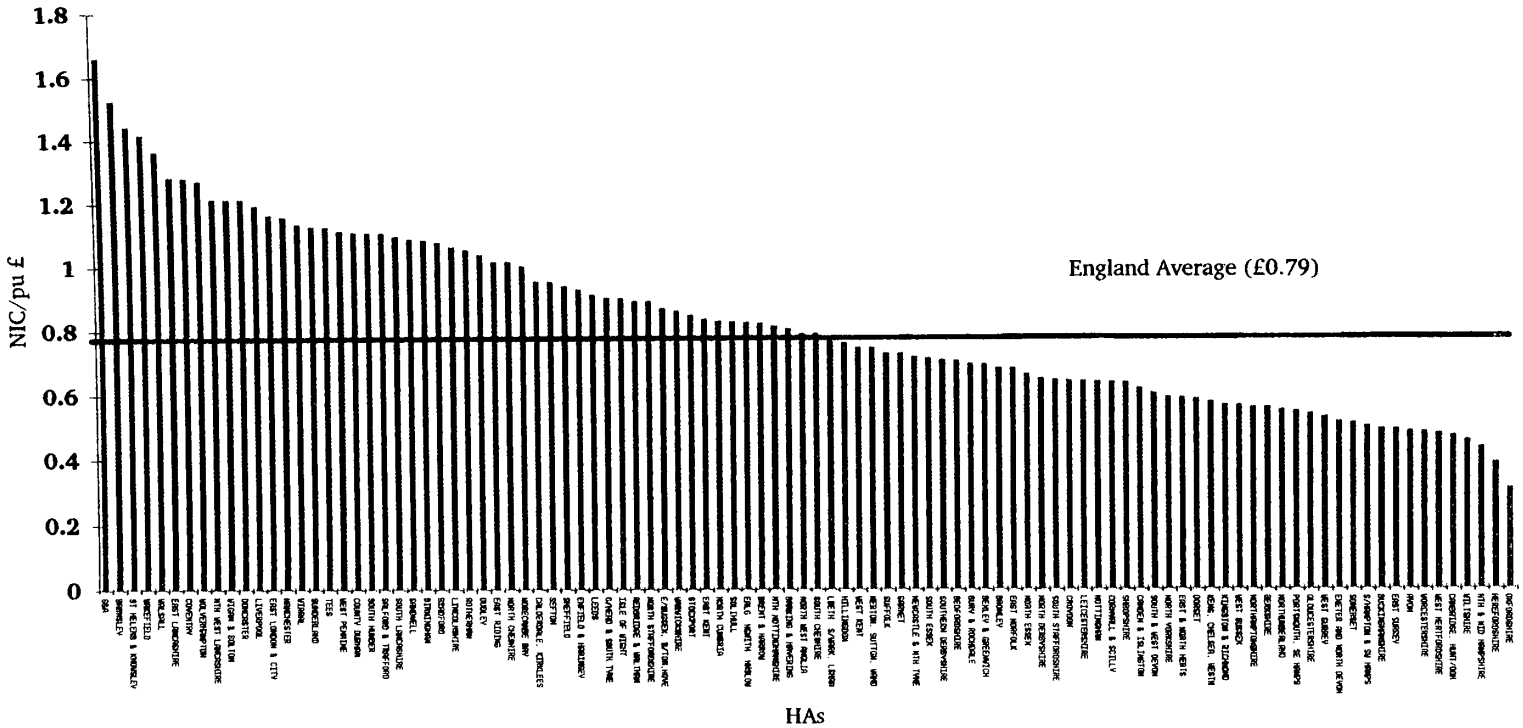
PUs

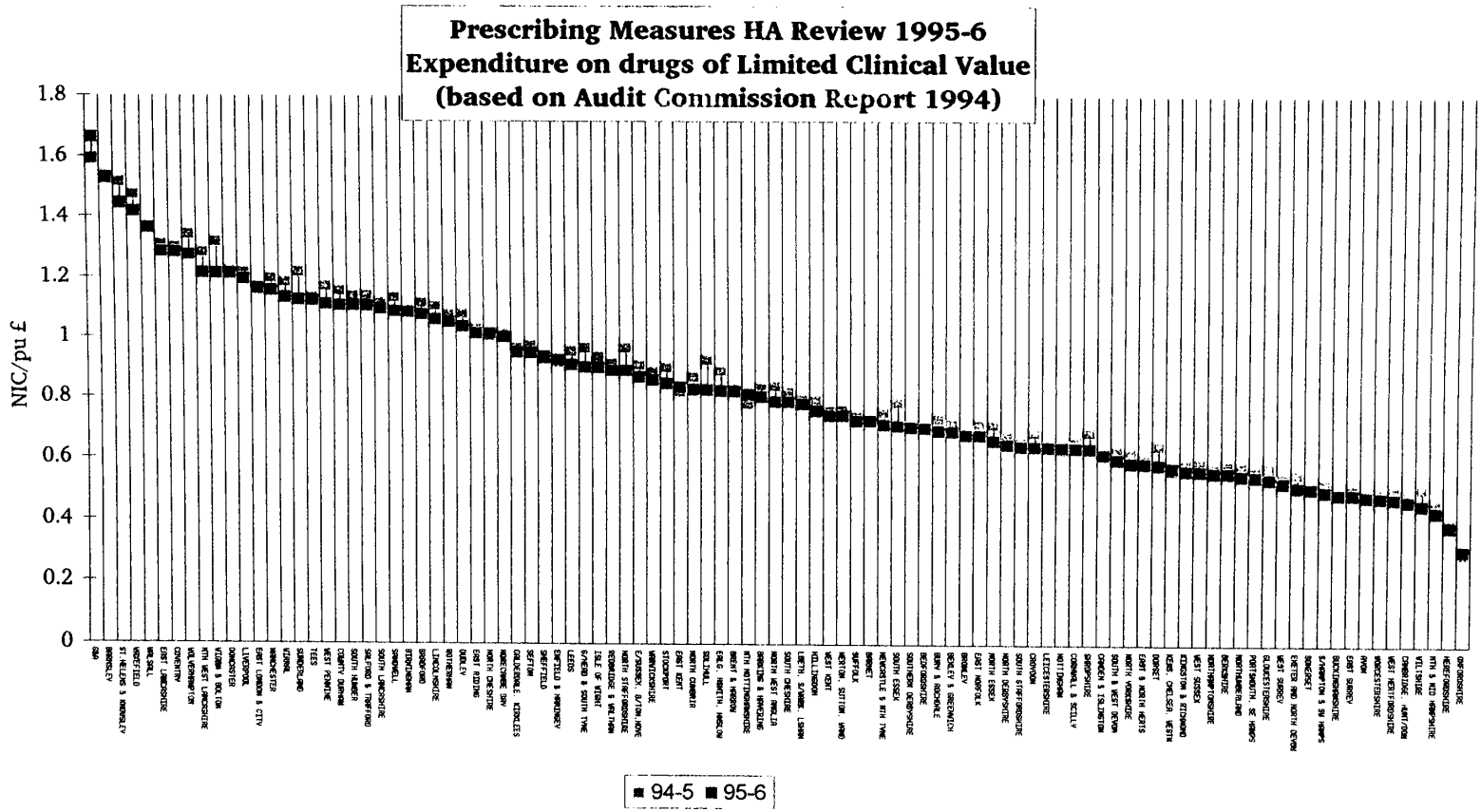
Person < 65 = 1
Person 65 or over = 3

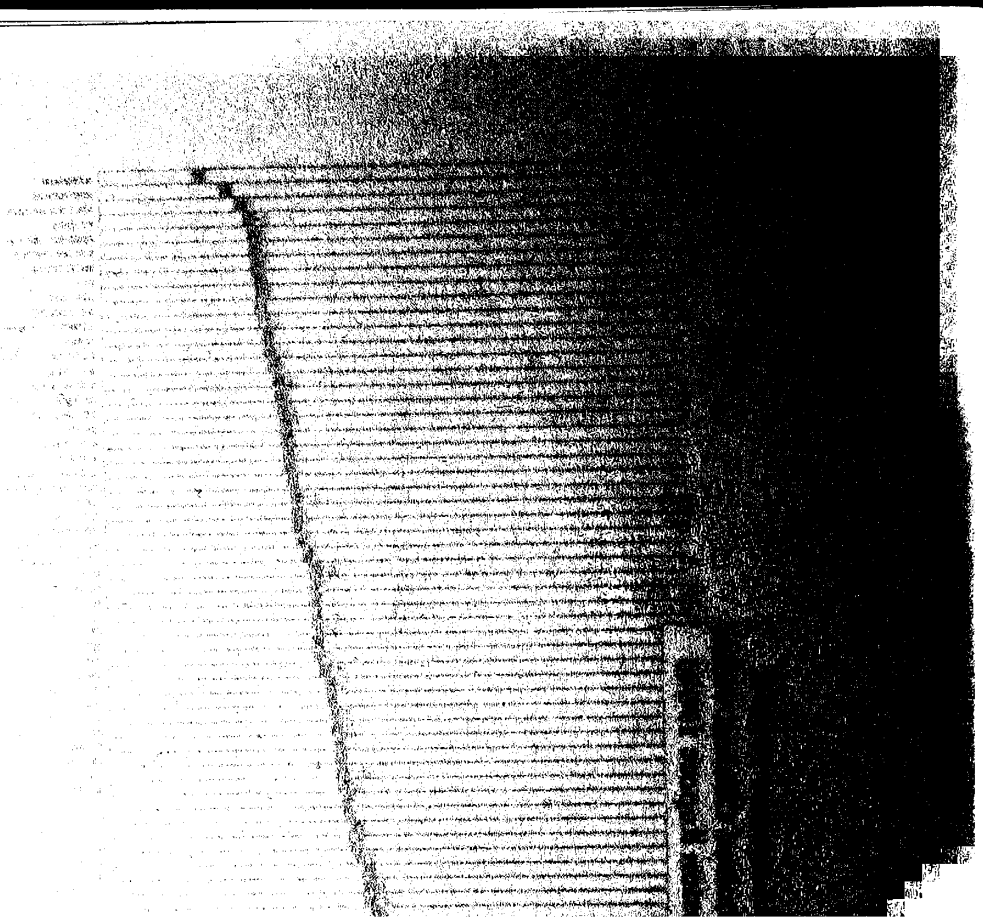
Prescribing Measures HA Review 1994-5
Expenditure on drugs of Limited Clinical Value
(based on Audit Commission Report 1994)



Prescribing Measures HA Review 1995-6
Expenditure on drugs of Limited Clinical Value
(based by Audit Commission Report 1994)




Prescribing Measures HA Review 1995-6
Expenditure on drugs of Limited Clinical Value
(based on Audit Commission Report 1994)
NIC/pu £
1.8
1.6
1.4
1.2
1
0.8
0.6
0.4
0.2
0
94-5
95-6



PRESCRIBING MEASURES

HA REVIEW

EXPENDITURE ON PREMIUM PRICE PREPARATIONS

MODIFIED RELEASE

(based on the Audit Commission Report)

Data

Drugs included:		**As premium price preparations for:**
Ibuprofen Tab S/R, M/R	800mg	Ibuprofen
Brufen Retard	800mg	
Diclofenac S/R,M/R	75mg	Diclofenac
	100mg	
Diclomax SR	100mg	
Motifene	75mg	
Voltarol Retard	100mg	
Voltarol SR	75mg	
Flamrase SR	100mg	
Rhumalgon CR	100mg	
Dicloflex Retard	100mg	
Etodolac S/R,M/R	600mg	Etodolac
Lodine SR	600mg	
Flurbiprofen S/R,M/R	200mg	Flurbiprofen
Froben SR	200mg	
Indomethacin S/R, M/R	75mg	Indomethacin
Indomax SR	75mg	
Slo-Indo	75mg	
Rheumacin LA	75mg	
Indomod	75mg	
Indolar SR	75mg	
Indocid - R Cap	75mg	
Maximet SR	75mg	
Artracin SR	75mg	
Flexin Continus	75mg	

Isosorbide Dinitrate S/R		Isosorbide Dinitrate
M/R		
Cedocard Retard	20 mg	
	40mg	
Isoket Retard	20mg	
	40mg	
Isodil Tembids	40mg	
Soni Slo	20mg	
	40mg	
Sorbid SA	20mg	
	40mg	
Isosorbide Mononitrate	S/R	Isosorbide Mononitrate
	M/R	
Elantan LA	25mg	
	50mg	
Ismo Retard	40mg	
Monit SR Tab	40mg	
MCR-50	50mg	
Imdur	60mg	
Ketoprofen S/R, M/R	200mg	Ketoprofen
	150mg	
	100mg	
Ketovail	200mg	
	100mg	
Ketozip CR	200mg	
Ketoprofen C/R	200mg	
	100mg	
Larafen CR	200mg	
Fenoket	200mg	
Ketocid	200mg	
Oruvail	200mg	
	150mg	
	100mg	
Naproxen S/R, M/R	500mg	Naproxen
Naprosyn S/R	500mg	
Propranolol HCL S/R	80mg	Propranolol
	160mg	
Half Inderal La Cap	80mg	
Inderal La Cap	160mg	

Salb sulph Tab C/R	4mg	Salbutamol (tabs)
	8mg	
Ventolin C/R	4mg	
	8mg	
Volmax	4mg	
	8mg	
Tiaprofenic Acid M/R	300mg	Tiaprofenic
Surgam SA	300mg	
Verapamil HCL S/R	120mg	Verapamil
	180mg	
	240mg	
Univer	120mg	
	180mg	
Securon SR	240mg	
Half Securon SR	120mg	

Graphs

1. 1994/95
   OPCS mid year projections 1995

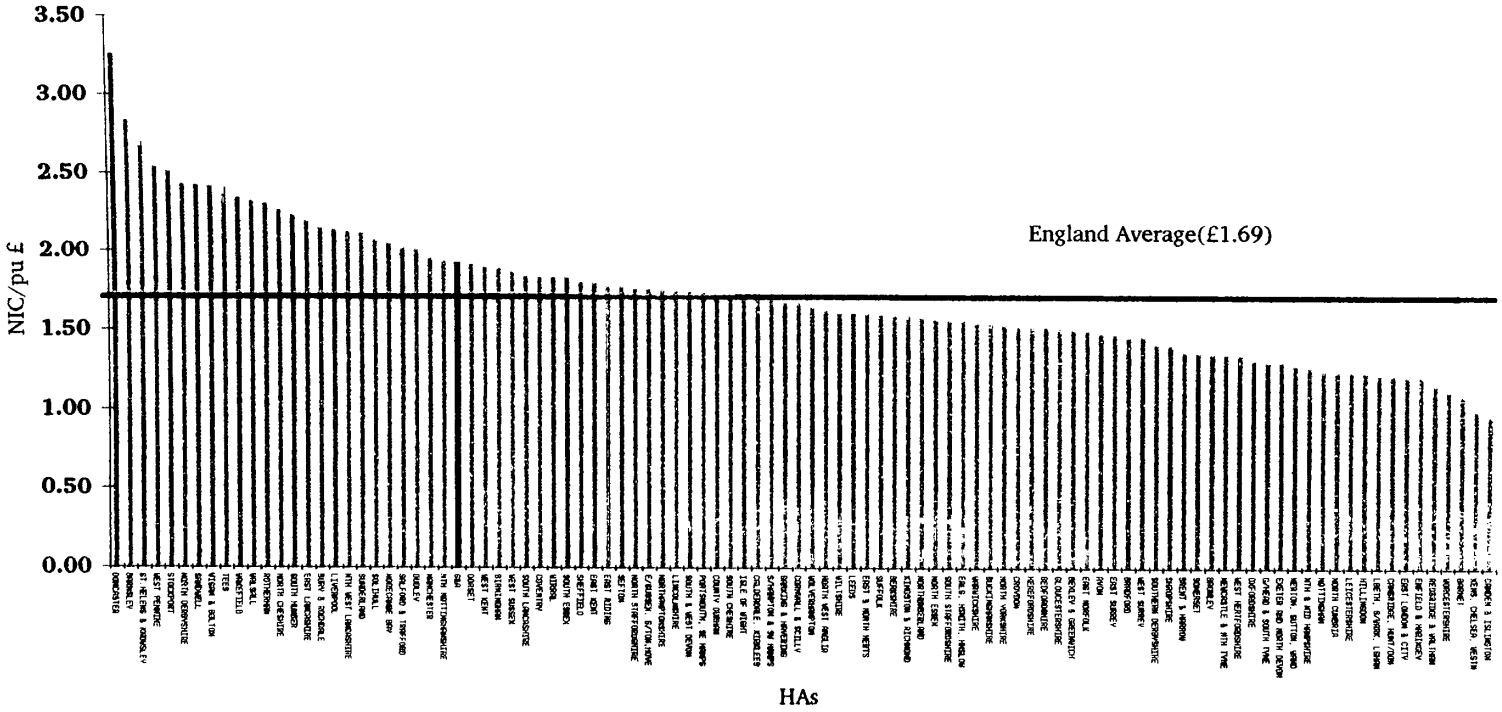
2. 1995/96
   OPCS mid year projections 1996

3. Change in performance - 1994/95
   to 1995/96

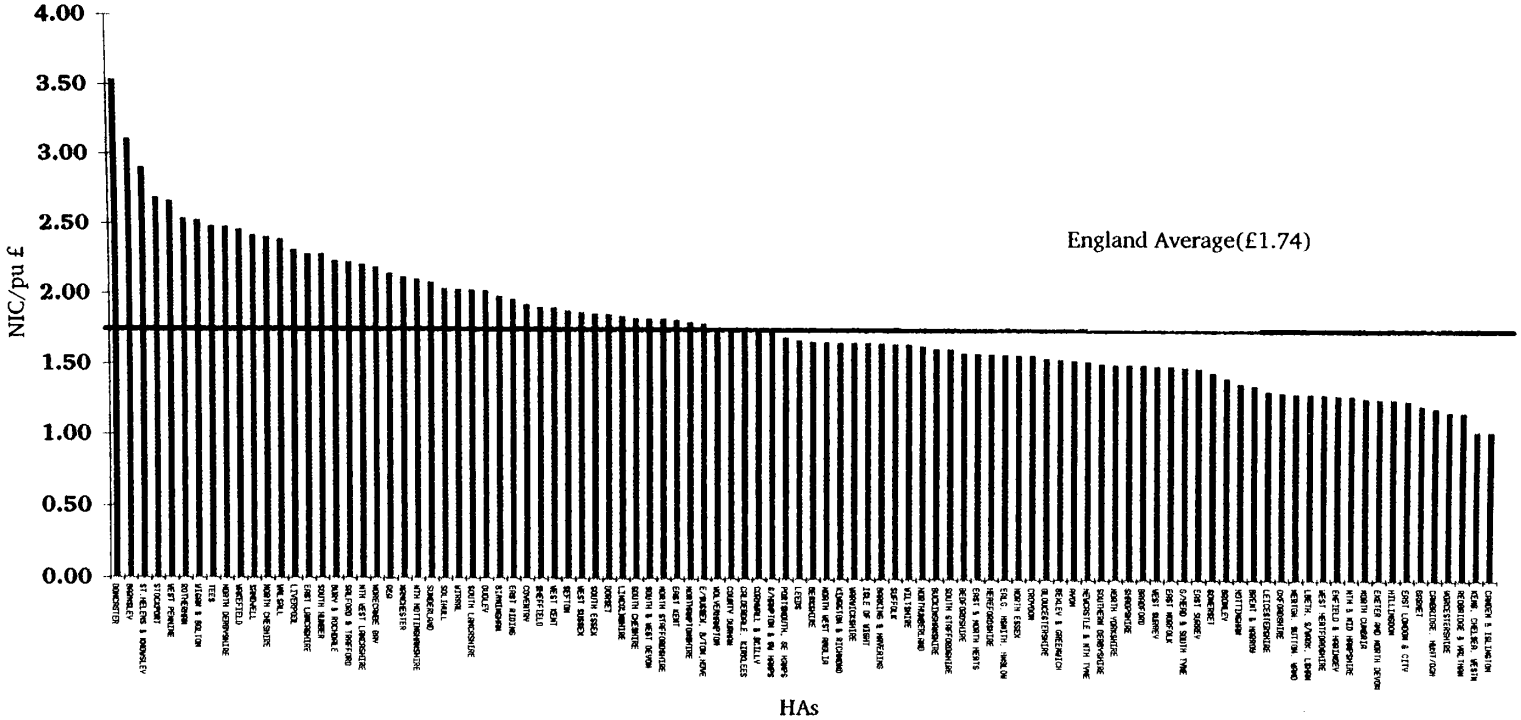
PUs

Person < 65 = 1
Person 65 or over = 3

Prescribing Measures HA Review 1994-5
Modified Release Preparations
(based on Audit Commission Report 1994)



Prescribing Measures HA Review 1995-6
Modified Release Preparations
(based on Audit Commission Report 1994)



Prescribing Measures HA Review 1995-6
Modified Release Preparations
(based on Audit Commission Report 1994)
NIC/pd 3
4.00
3.50
3.00
2.50
2.00
1.50
1.00
0.50
0.00
94-5
95-6

HA REVIEW

EXPENDITURE ON PREMIUM PRICE PREPARATIONS

COMBINATION PRODUCTS
(based on the Audit Commission Report)

Data

Drugs included:	As premium price preparations for:
Frumil Lasoride Fru-Co Aridil	**Co - amilofruse** (Amiloride and Frusemide)
Aldactide Spiro-Co	**Co-flumactone** (Hydroflumethiazide and Spironolactone)
Lasikal Tab Diumide -K-Continus Lasix + K	**Frusemide + Potassium Chloride**
Amil-Co Hypertane Moduretic Normetic Synuretic Vasetic Delvas Zida-Co	**Co - amilozide** (Amiloride and Hydrochlorothiazide)
Dyazide Triam-Co TriamaxCo	**Co - triamterzide** (Triamterene + Hydrochlorothiazide)
Kalspare	**Triamterene + Chlorthalidone**
Dytide	**Triamterene + Benzthiazide**
Centyl K Neo-Naclex K	**Bendrofluazide + Potassium Chloride**
Esidrex-K Hyrosaluric-K	**Hydrochlorothrazide and Potassium Chloride**

Solpadol Kapake Tylex	**Co - codamol** (Paracetamol 500mg and Codeine Phosphate 30mg)
Remedeine	**Paracetamol 500mg and Dihydrocodeine 20mg**

1. 1994/95
   OPCS mid year projections 1995

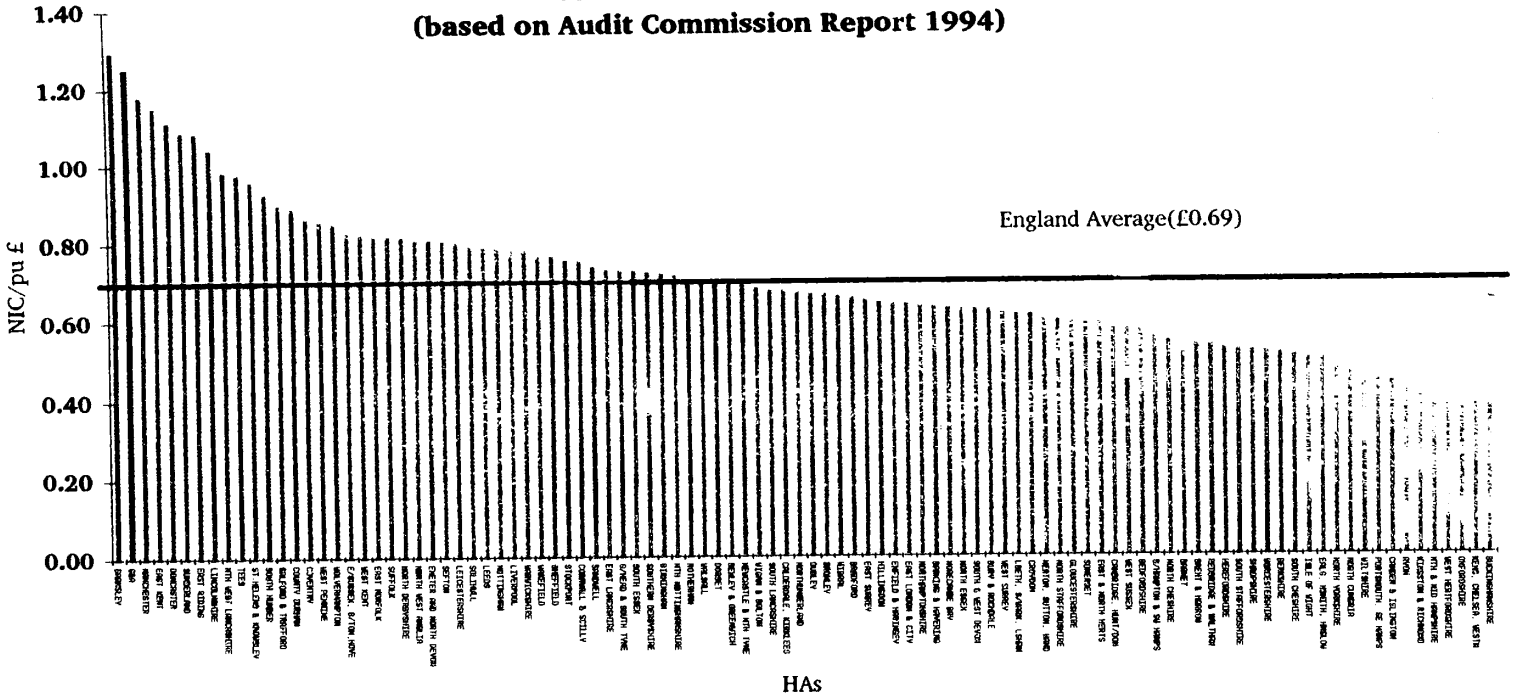
2. 1995/96
   OPCS mid year projections 1996

3. Change in performance - 1994/95 to 1995/96

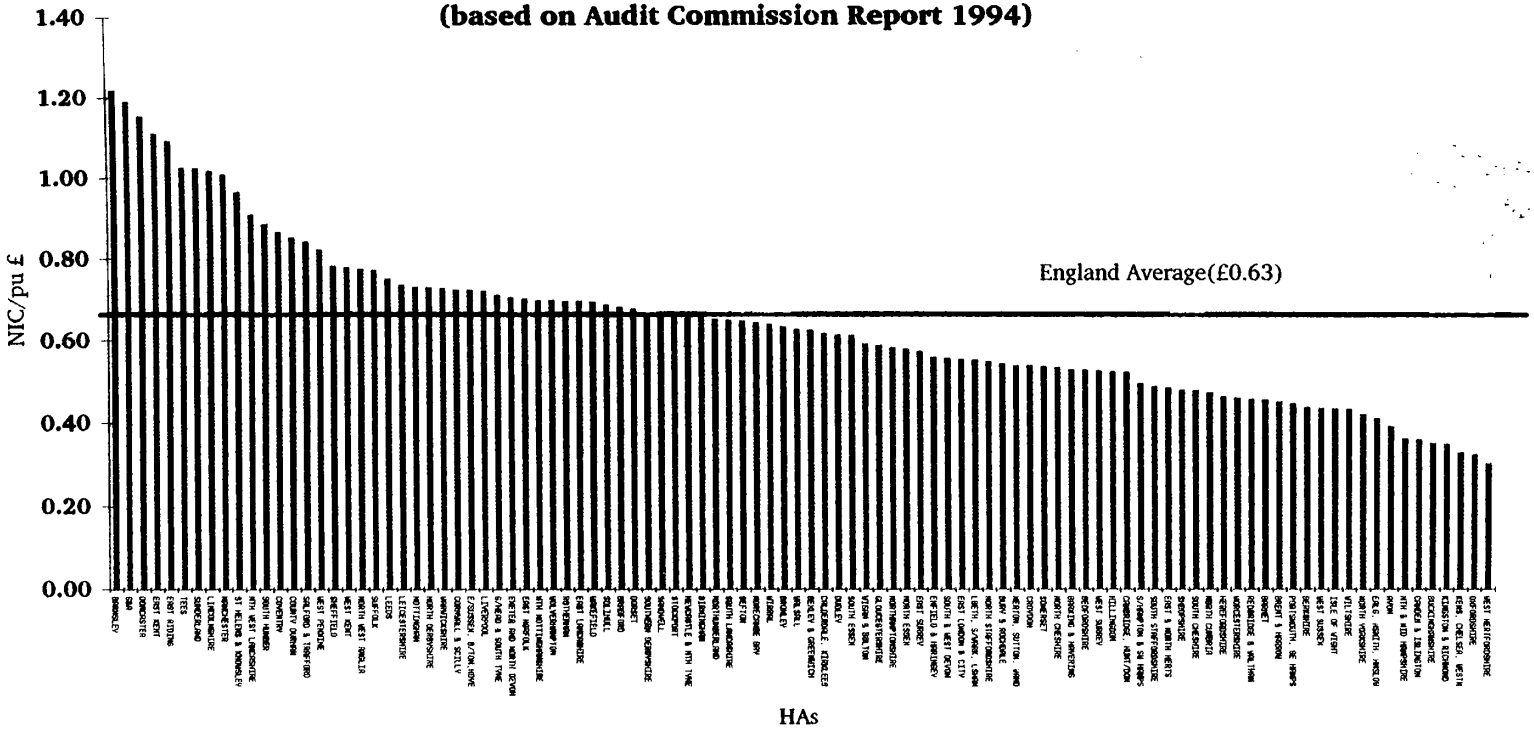
PUs

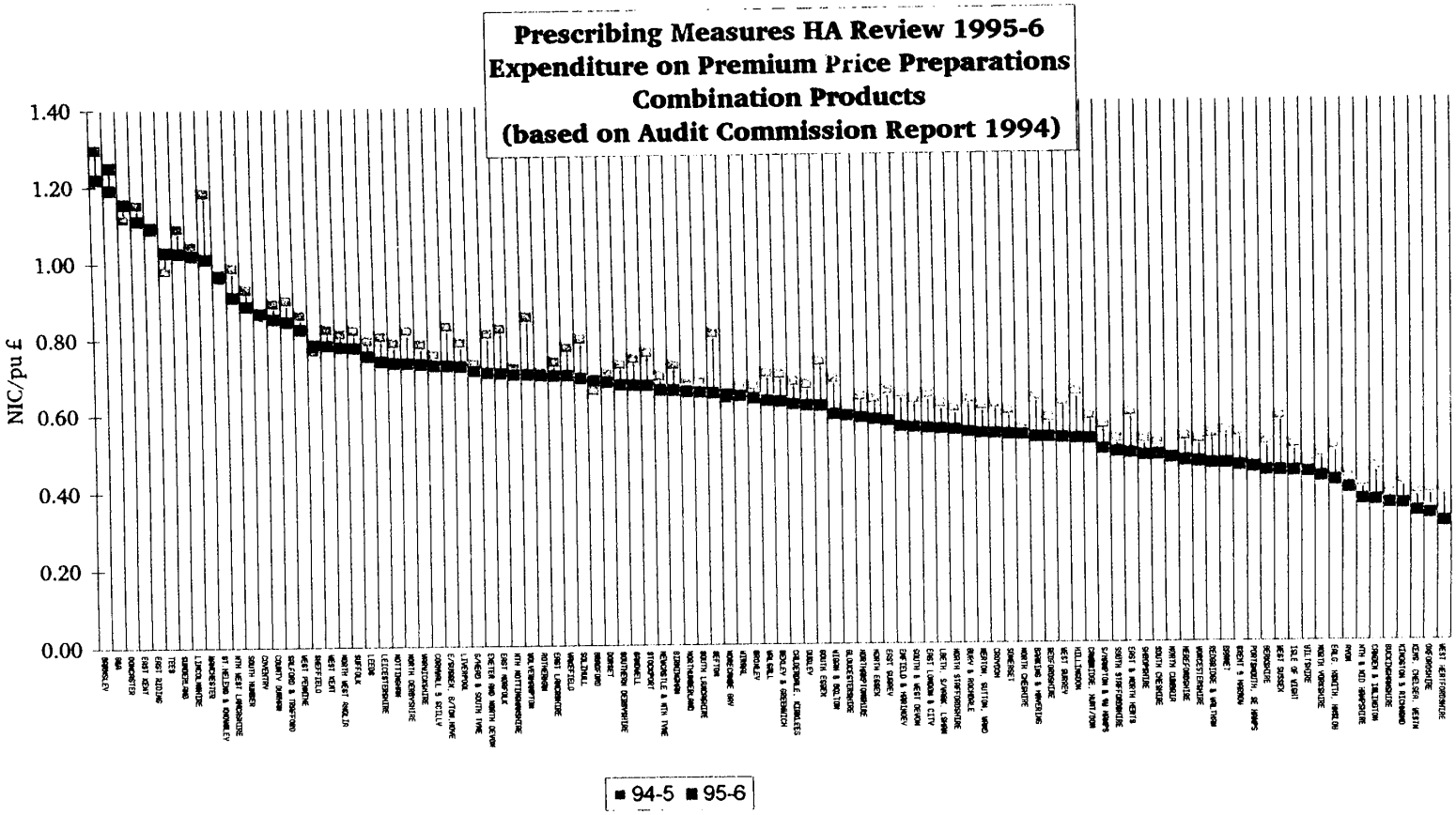
Person < 65 = 1
Person 65 or over = 3

Prescribing Measures HA Review 1994-5
Expenditure on Premium Price Preparations
Combination Products
(based on Audit Commission Report 1994)



Prescribing Measures HA Review 1995-6
Expenditure on Premium Price Preparations
Combination Products
(based on Audit Commission Report 1994)




Prescribing Measures HA Review 1995-6
Expenditure on Premium Price Preparations
Combination Products
(based on Audit Commission Report 1994)
NIC/pu £
1.40
1.20
1.00
0.80
0.60
0.40
0.20
0.00
94-5
95-6

Defined Daily Doses

The World Health Organisation define the Defined Daily Dose as "*the assumed average maintenance dose per day for a drug used on its main indication in adults*". It is emphasised that the Defined Daily Dose is a unit of measurement; it is not a recommended dose and may not be a real dose. Using this system the amount of a individual drug can be expressed in Defined Daily Doses and, since the Defined Daily Dose of one drug is assumed to be functionally equivalent to the Defined Daily Dose of any other drug used for a similar purpose, the number of Defined Daily Doses for two or more such drugs can be added together. It is also possible to add together the Defined Daily Doses of all the drugs in the same broad therapeutic class and by extension; cost per Defined Daily Dose across groups of drugs may be compared between practices, indicating where higher cost alternatives have been used.

The DDD system has been used in this annex for the next three indicators. The values are shown in the tables below.

Drug	DDD
Beclomethasone dipropionate	0.8mg
Budesonide	0.8mg
Fluticasone propionate	0.6mg

DDDs for inhaled corticosteroids

Drug	DDD
Chlordiazepine	30mg
Diazepam	10mg
Loprazolam	1mg
Lorazepam	2.5mg
Lormetazepam	1mg
Nitrazepam	5mg
Oxazepam	50mg
Temazepam	20mg

DDDs for benzodiazepines

PRESCRIBING MEASURES

HA REVIEW

DEFINED DAILY DOSES PER STAR-PU

INHALED CORTICOSTEROIDS

Data

DRUGS INCLUDED	**BNF GROUP**
INHALED CORTICOSTEROIDS	**3.2**
DRUGS EXCLUDED	**VENTIDE**

Graphs

1. 1994/95
   OPCS mid year projections 1995

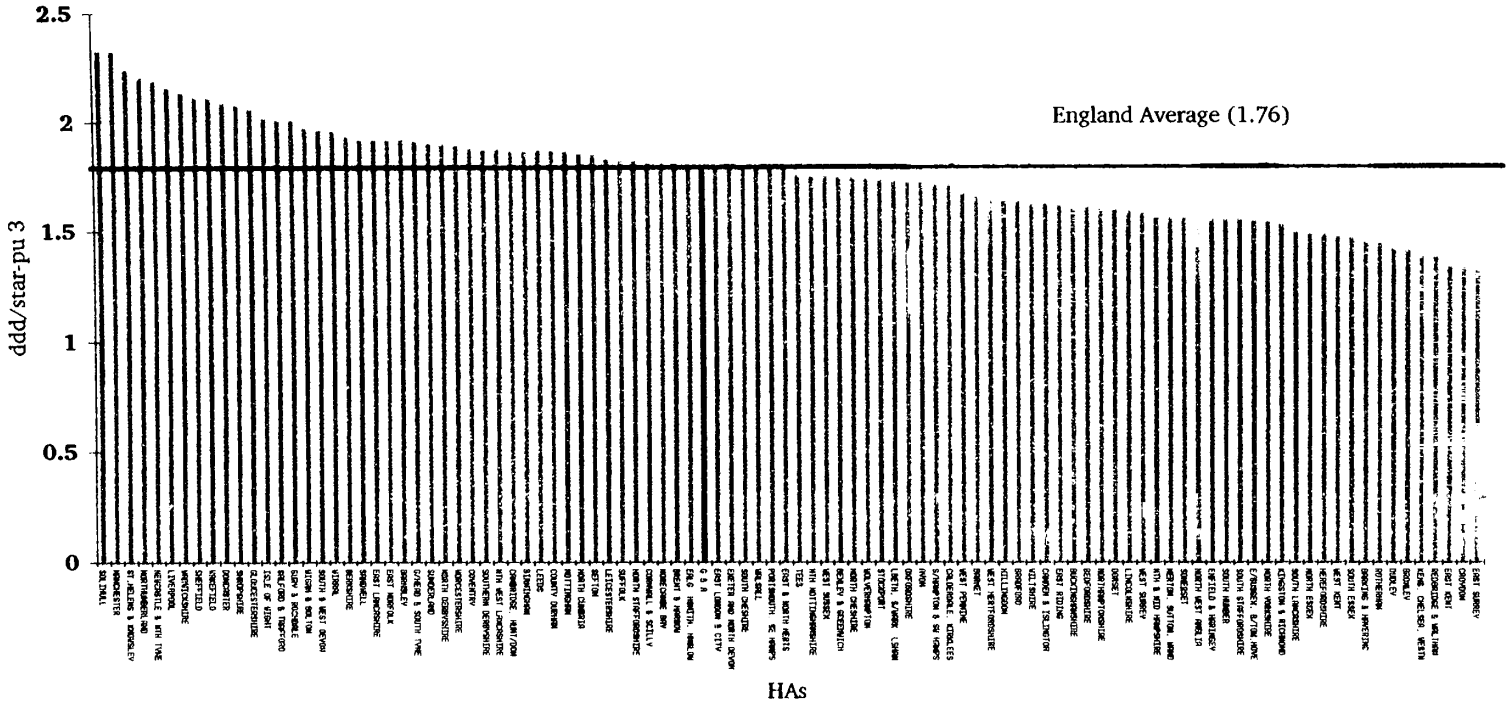
2. 1995/96
   OPCS mid year projections 1996

3. Change in performance - 1994/95
   to 1995/96

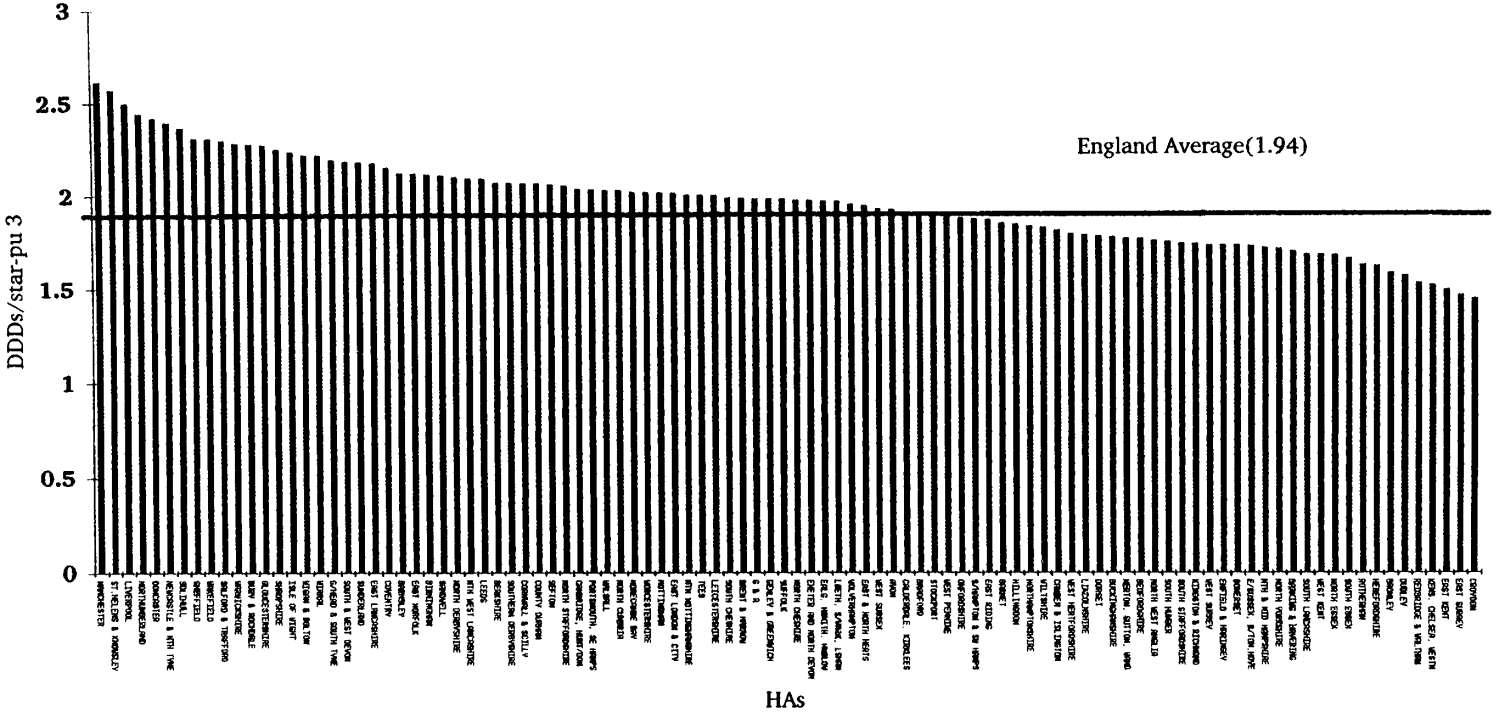
STAR PU Values

Age Group	Respiratory	
	M	F
0-4	3	2
5-14	5	4
15-24	4	4
25-34	2	3
35-44	3	3
45-54	3	4
55-64	6	8
65-74	12	10
>75	13	6
Temporary Residents	0	0

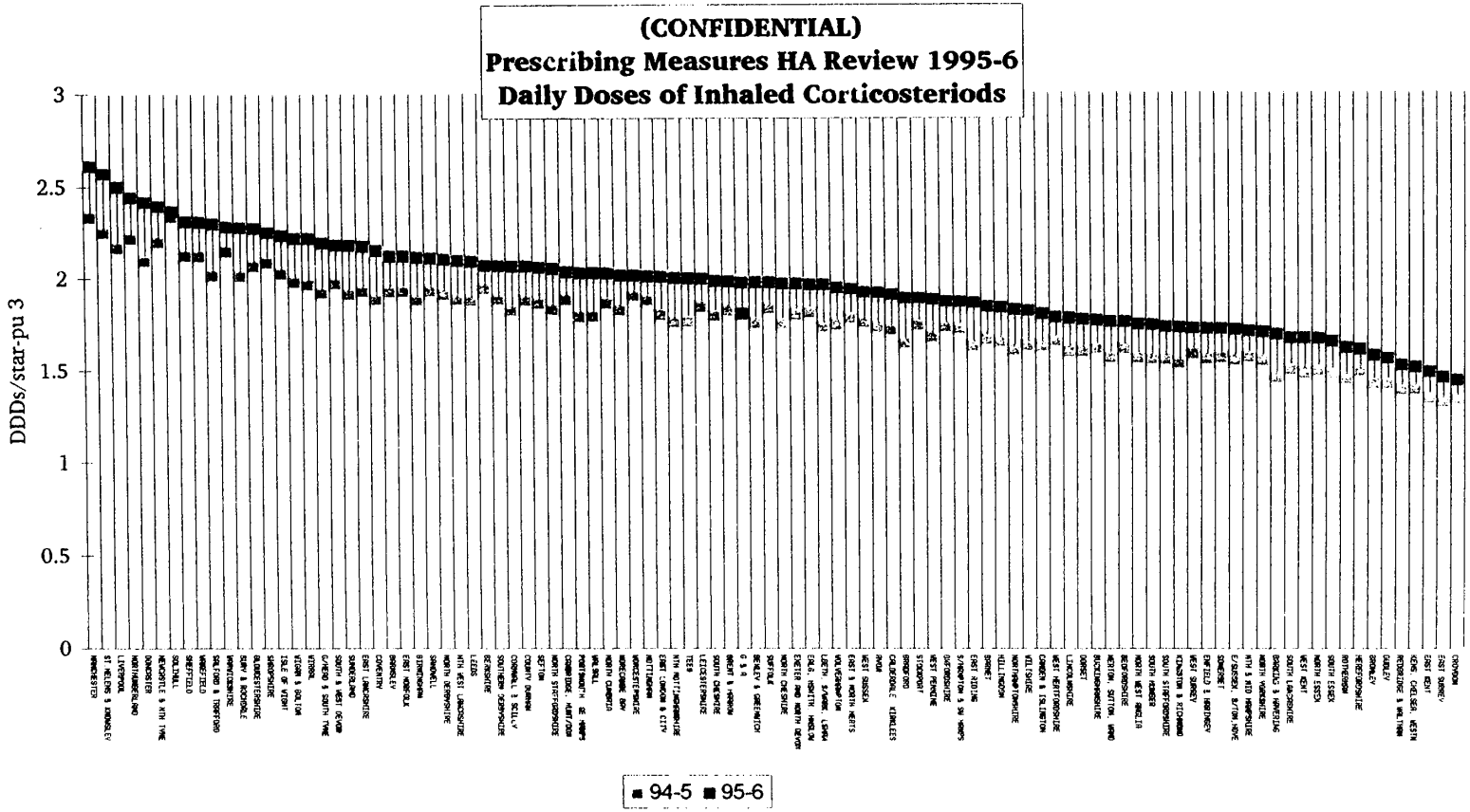
Prescribing Measures Review 1994-5
Daily Doses of Inhaled Corticosteriods



Prescribing Measures
Review 1995-6
Daily Doses of Inhaled Corticosteriods



COLLECTIONS
JCP


(CONFIDENTIAL)
Prescribing Measures HA Review 1995-6
Daily Doses of Inhaled Corticosteriods
DDDs/star-pu 3
3
2.5
2
1.5
1
0.5
0
94-5
95-6

PRESCRIBING MEASURES

HA REVIEW

COST PER DDD

INHALED CORTICOSTEROIDS

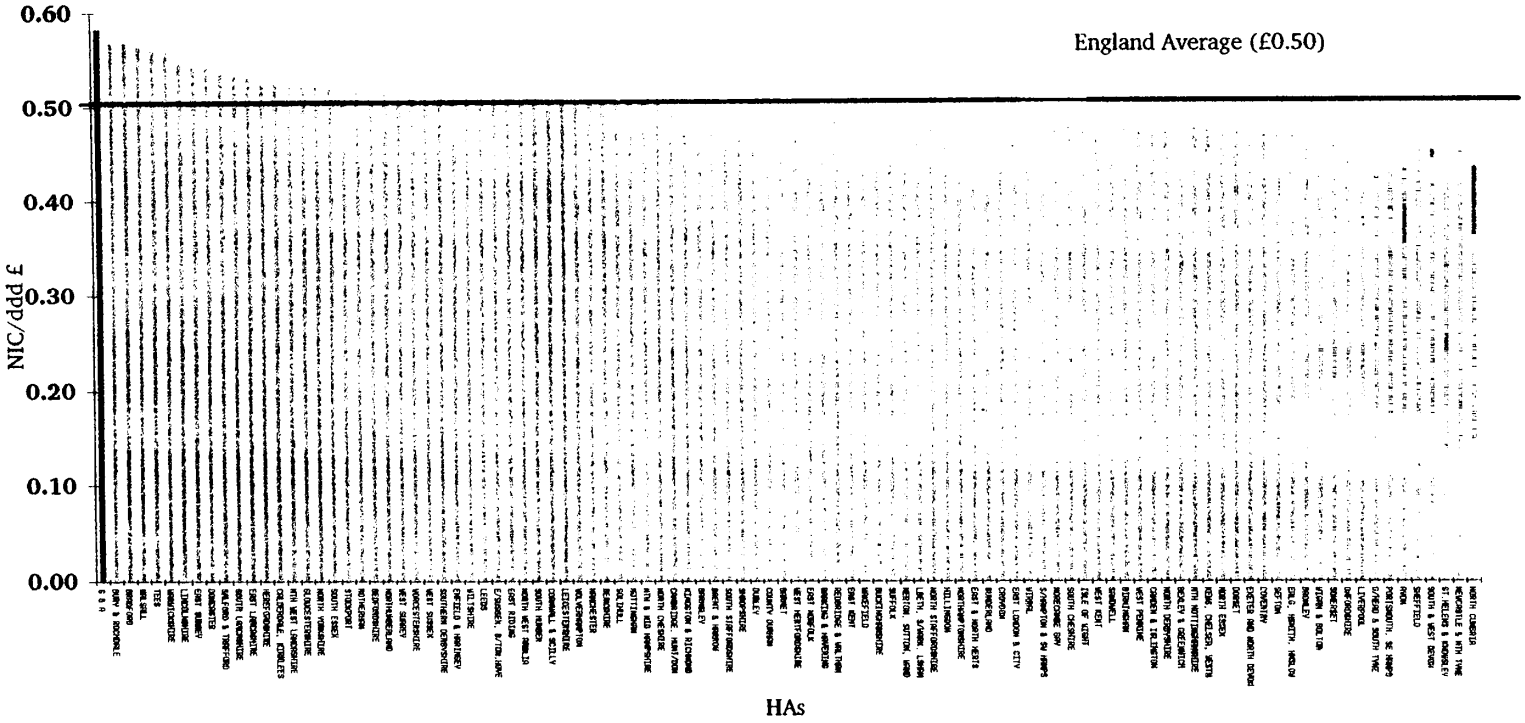
Data

DRUGS INCLUDED	**BNF GROUP**
INHALED CORTICOSTEROIDS	**3.2**
DRUGS EXCLUDED	**VENTIDE**

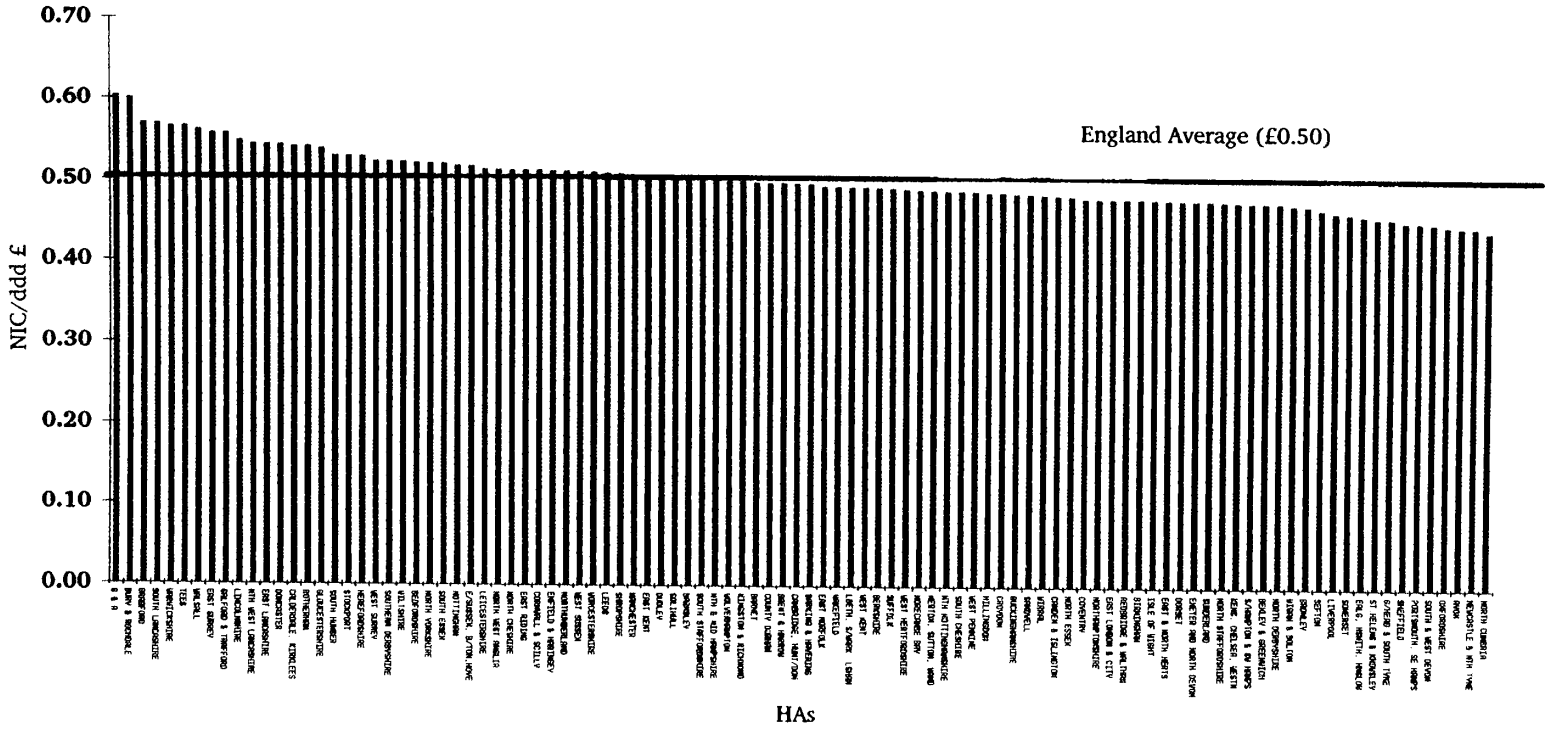
Graphs

1. 1994/95
2. 1995/96
3. Change in performance - 1994/95 to 1995/96

Prescribing Measures
Review 1994-5
Cost per Daily Dose of Inhaled Corticosteriods



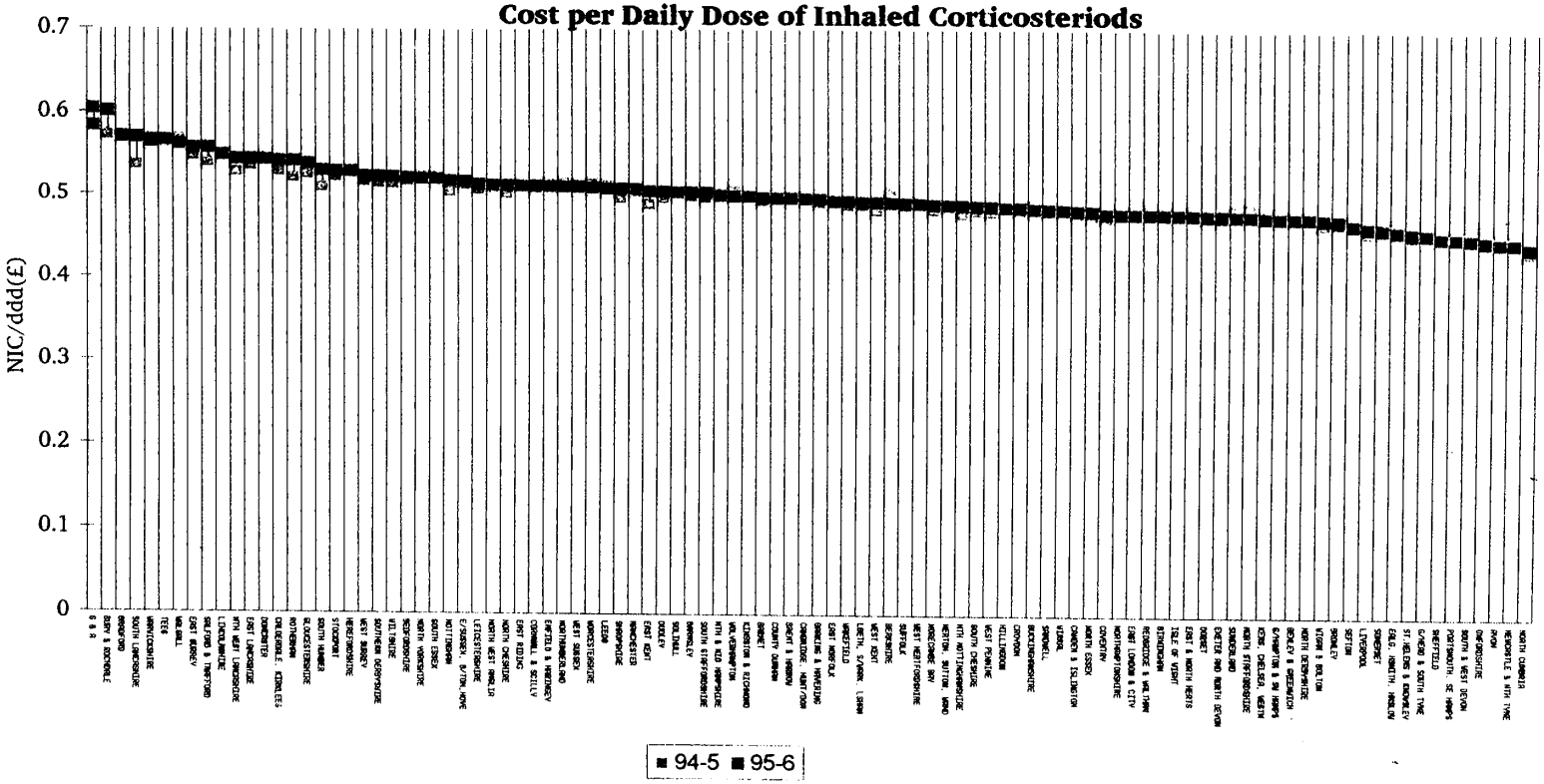
Prescribing Measures Review 1995-6
Cost per Daily Dose of Inhaled Corticosteroids



(CONFIDENTIAL)

Prescribing Measures HA Review 1994-5 & 1995-6

Cost per Daily Dose of Inhaled Corticosteriods



PRESCRIBING MEASURES

HA REVIEW

DEFINED DAILY DOSES PER STAR-PU

BENZODIAZEPINES

Data

Chlordiazepoxide
Diazepam
Loprazolam
Lorazepam
Lormetazepam
Nitrazepam
Oxazepam
Temazepam
Tablets and capsules only

Graphs

1. 1994/95
   OPCS mid year projections 1995

2. 1995/96
   OPCS mid year projections 1996

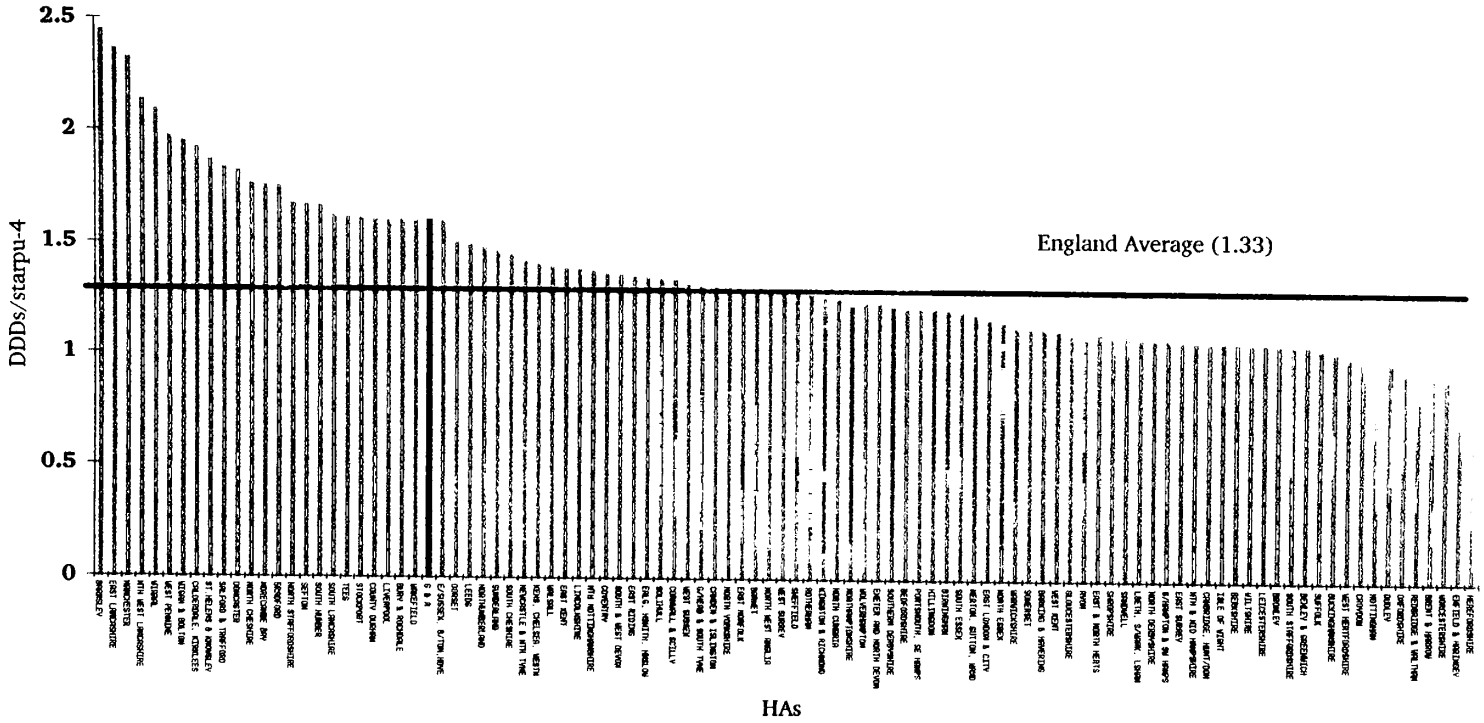
3. Change in performance - 1994/95
   to 1995/96

STAR PU Values

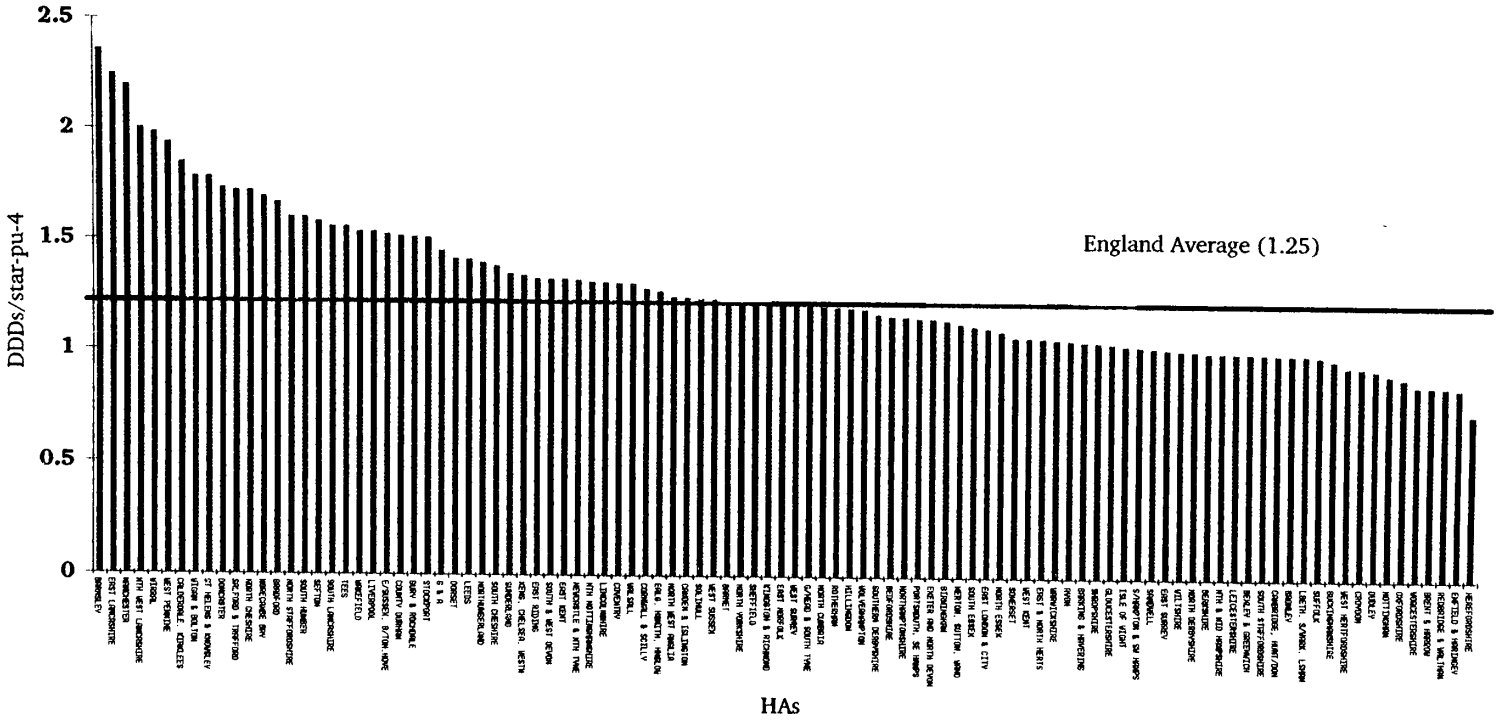
Age Group	Central Nervous System	
	M	F
0-4	1	1
5-14	1	1
15-24	2	2
25-34	3	4
35-44	4	7
45-54	6	10
55-64	8	11
65-74	10	13
>75	16	20
Temporary Residents	0	0

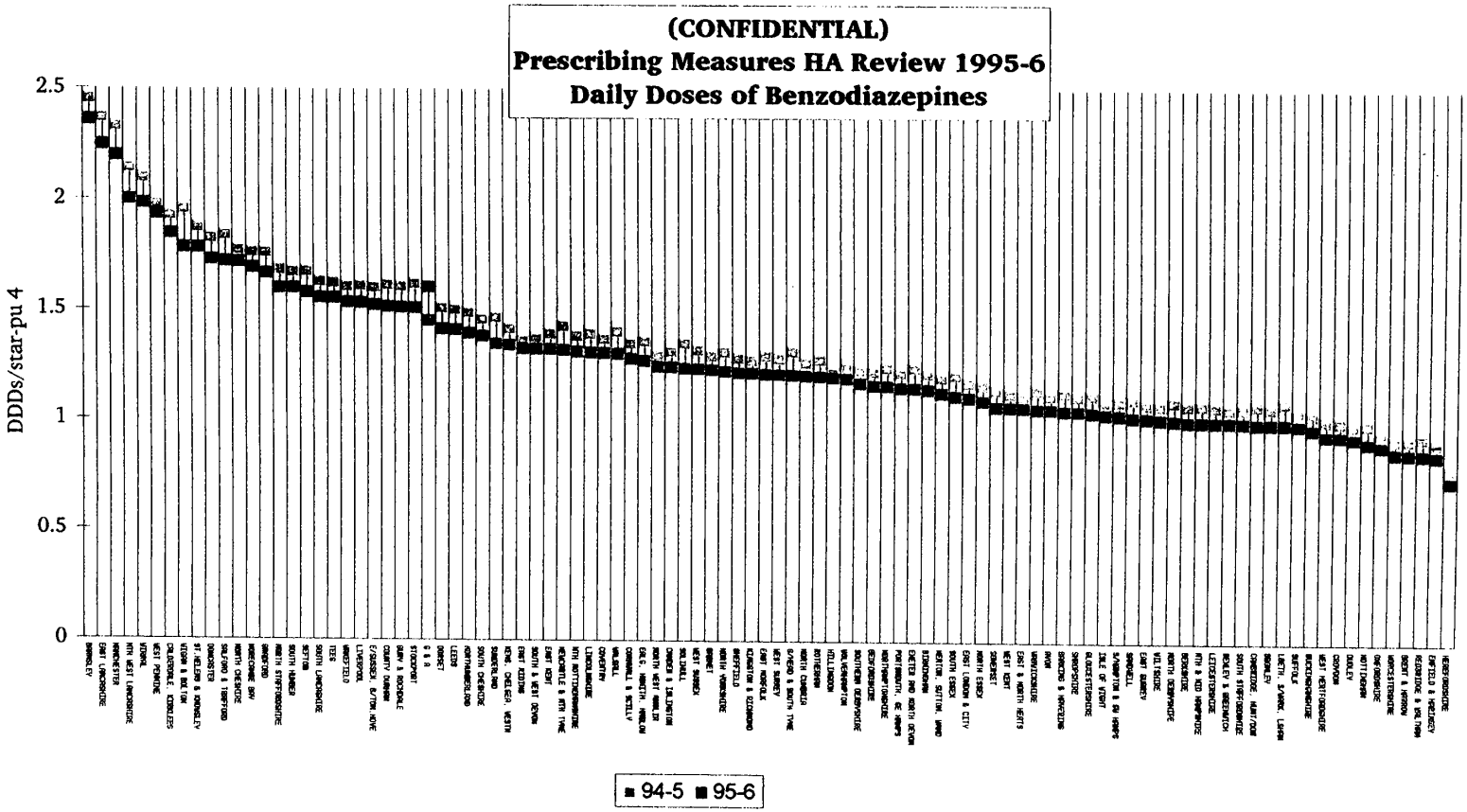
Age Group
0-4
5-14
15-24

Prescribing Measures Review 1994-5
Daily Doses of Benzodiazapines



Prescribing Measures Review 1995-6
Daily Doses of Benzodiazepines




(CONFIDENTIAL)
Prescribing Measures HA Review 1995-6
Daily Doses of Benzodiazepines
DDDs/star-pu 4
2.5
2
1.5
1
0.5
0
94-5
95-6

Guernsey and Alderney

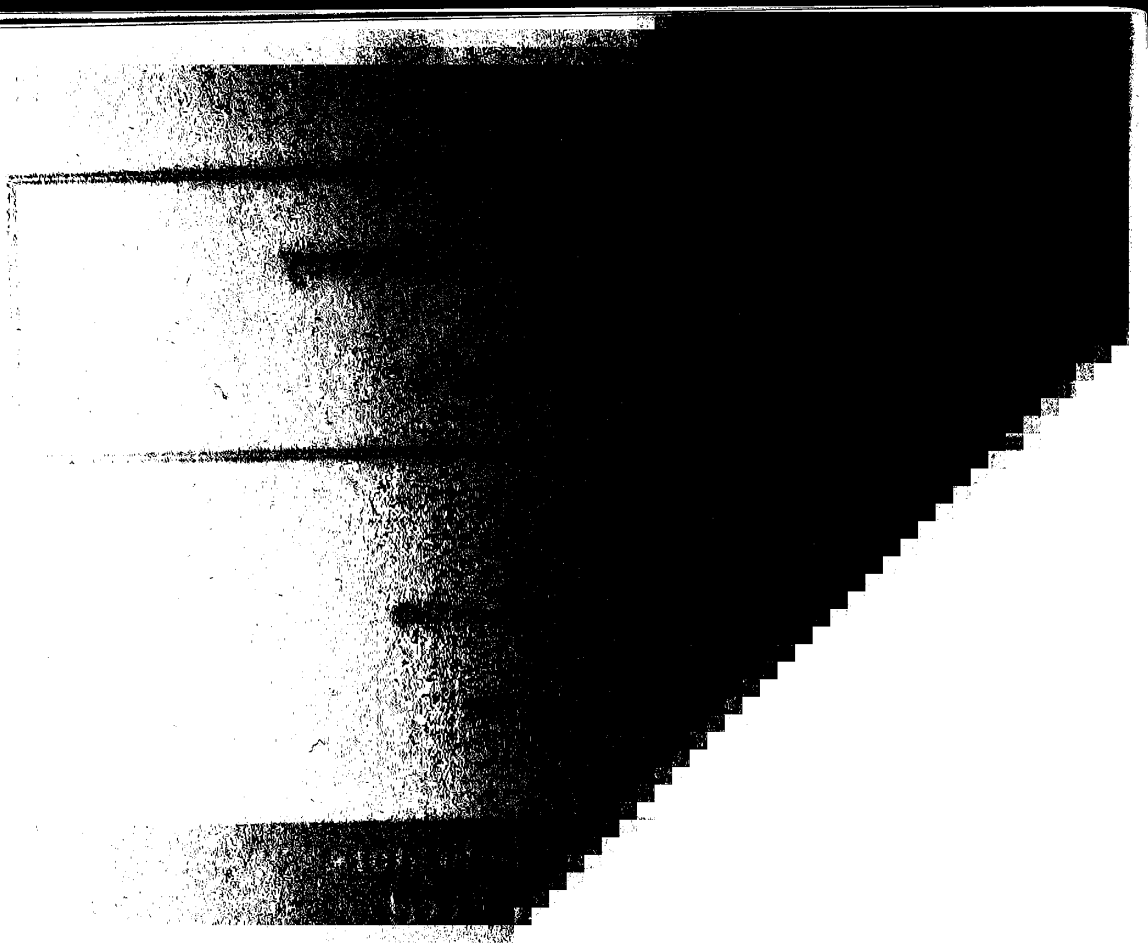
Appendix 2

Prescribing Support Unit

January 1997

Prescribing Indicators at Practice Level 1994-5 and 1995-6

PRESCRIBING SUPPORT UNIT
Brunswick Court
Bridge Street
Leeds
LS2 7RJ



Contents

PRESCRIBING MEASURES

PRACTICE REVIEW

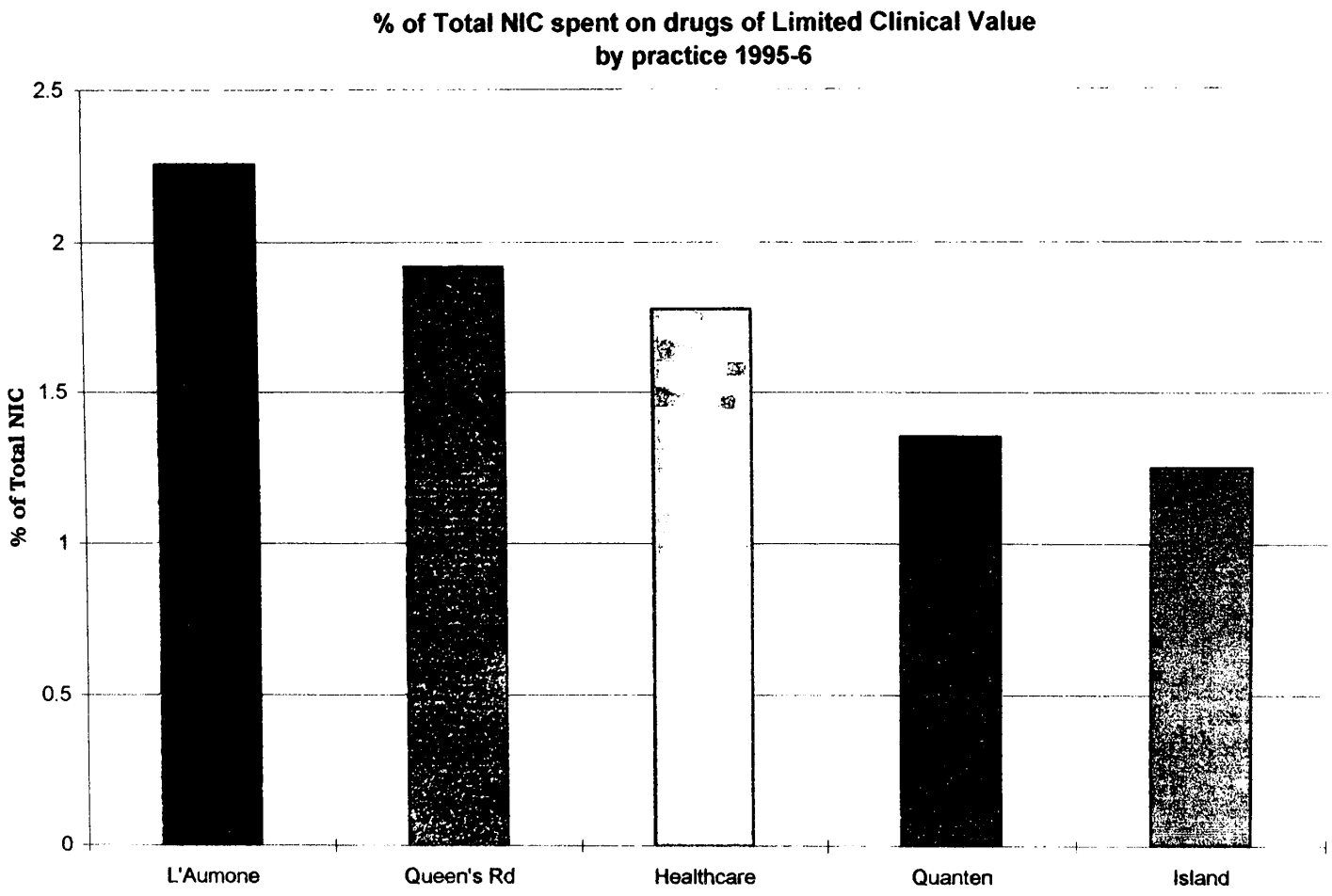
PERCENTAGE OF TOTAL NIC SPENT ON

DRUGS OF LIMITED CLINICAL VALUE

(based on the Audit Commission Report)

Data

Drugs included	BNF Code
Anti-diarrhoeal	1.4
Peripheral Vasodilators (excluding Thymoxamine) Cerebral Vasodilators	2.6.4
Cough Preparations (excluding Methadone and Diamorphine)	3.9
Systemic nasal decongestants	3.10
Appetite suppressants	4.5
Bitters & Tonics	9.7
Topical Antirheumatics	10.3.2
Topical nasal decongestants	12.2.2
Anti-infective nasal preparations (excluding Mupirocin and Naseptin)	12.2.3
Lozenges, sprays and gels	12.3.3
Topical circulatory preparations	13.14


% of Total NIC spent on drugs of Limited Clinical Value
by practice 1995-6
% of Total NIC
2.5
2
1.5
1
0.5
0
L'Aumone
Queen's Rd
Healthcare
Quanten
Island

PRESCRIBING MEASURES

PRACTICE REVIEW

COST PER CONSULTATION FOR PREMIUM PRICE PREPARATIONS

MODIFIED RELEASE

(based on the Audit Commission Report)

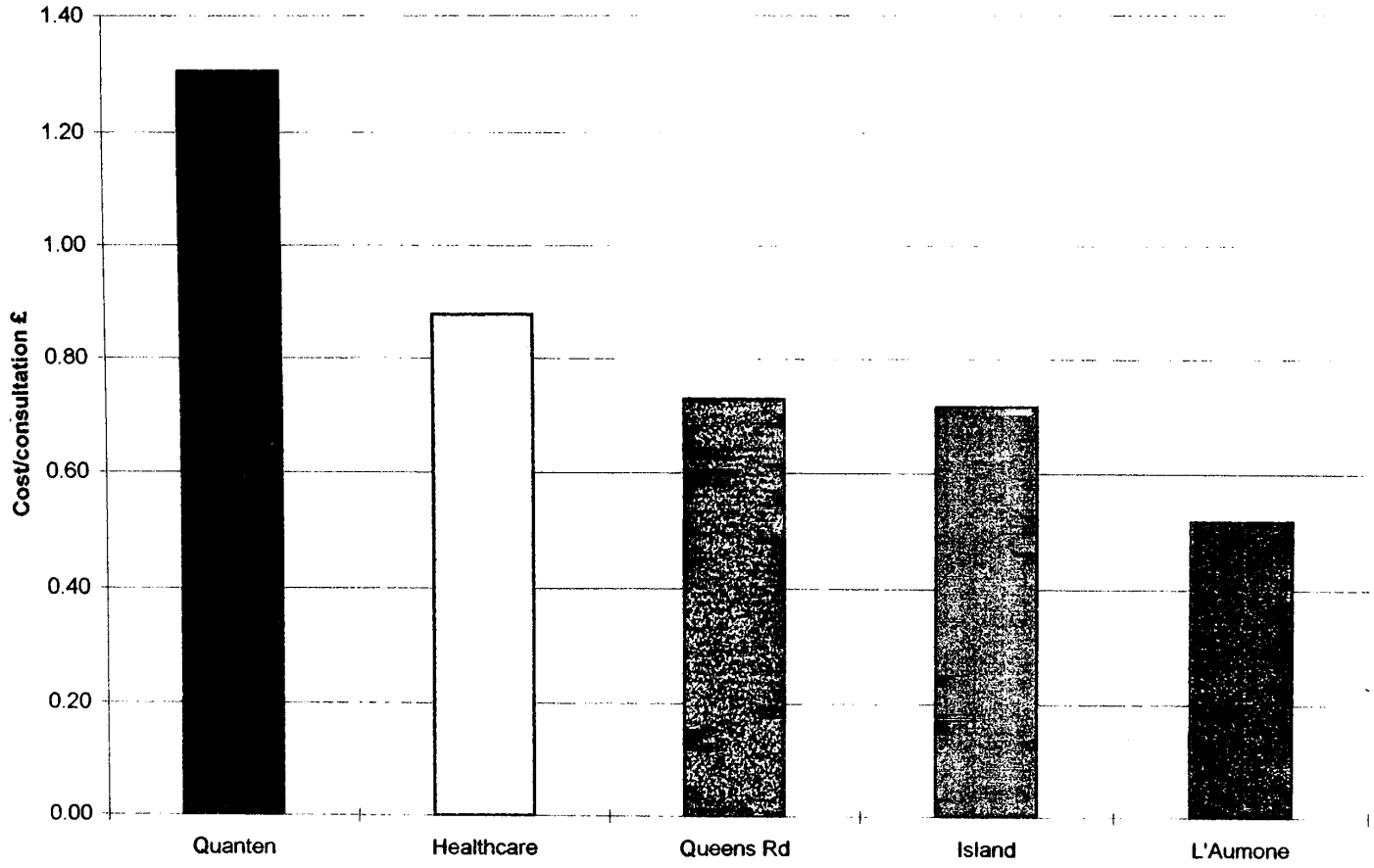
Data

Drugs included:		**As premium price preparations for:**
Ibuprofen Tab S/R, M/R	800mg	Ibuprofen
Brufen Retard	800mg	
Diclofenac S/R,M/R	75mg	Diclofenac
	100mg	
Diclomax SR	100mg	
Motifene	75mg	
Voltarol Retard	100mg	
Voltarol SR	75mg	
Flamrase SR	100mg	
Rhumalgon CR	100mg	
Dicloflex Retard	100mg	
Etodolac S/R,M/R	600mg	Etodolac
Lodine SR	600mg	
Flurbiprofen S/R,M/R	200mg	Flurbiprofen
Froben SR	200mg	
Indomethacin S/R, M/R	75mg	Indomethacin
Indomax SR	75mg	
Slo-Indo	75mg	
Rheumacin LA	75mg	
Indomod	75mg	
Indolar SR	75mg	
Indocid - R Cap	75mg	
Maximet SR	75mg	
Artracin SR	75mg	
Flexin Continus	75mg	

Isosorbide Dinitrate S/R		Isosorbide Dinitrate
M/R		
Cedocard Retard	20 mg	
	40mg	
Isoket Retard	20mg	
	40mg	
Isodil Tembids	40mg	
Soni Slo	20mg	
	40mg	
Sorbid SA	20mg	
	40mg	
Isosorbide Mononitrate	S/R	Isosorbide Mononitrate
	M/R	
Elantan LA	25mg	
	50mg	
Ismo Retard	40mg	
Monit SR Tab	40mg	
MCR-50	50mg	
Imdur	60mg	
Ketoprofen S/R, M/R	200mg	Ketoprofen
	150mg	
	100mg	
Ketovail	200mg	
	100mg	
Ketozip CR	200mg	
Ketoprofen C/R	200mg	
	100mg	
Larafen CR	200mg	
Fenoket	200mg	
Ketocid	200mg	
Oruvail	200mg	
	150mg	
	100mg	
Naproxen S/R, M/R	500mg	Naproxen
Naprosyn S/R	500mg	
Propranolol HCL S/R	80mg	Propranolol
	160mg	
Half Inderal La Cap	80mg	
Inderal La Cap	160mg	

Salb sulph Tab C/R	4mg	Salbutamol (tabs)
	8mg	
Ventolin C/R	4mg	
	8mg	
Volmax	4mg	
	8mg	
Tiaprofenic Acid M/R	300mg	Tiaprofenic
Surgam SA	300mg	
Verapamil HCL S/R	120mg	Verapamil
	180mg	
	240mg	
Univer	120mg	
	180mg	
Securon SR	240mg	
Half Securon SR	120mg	

Cost per consultation for Modified Release drugs by practice 1995-6



PRESCRIBING MEASURES

PRACTICE REVIEW

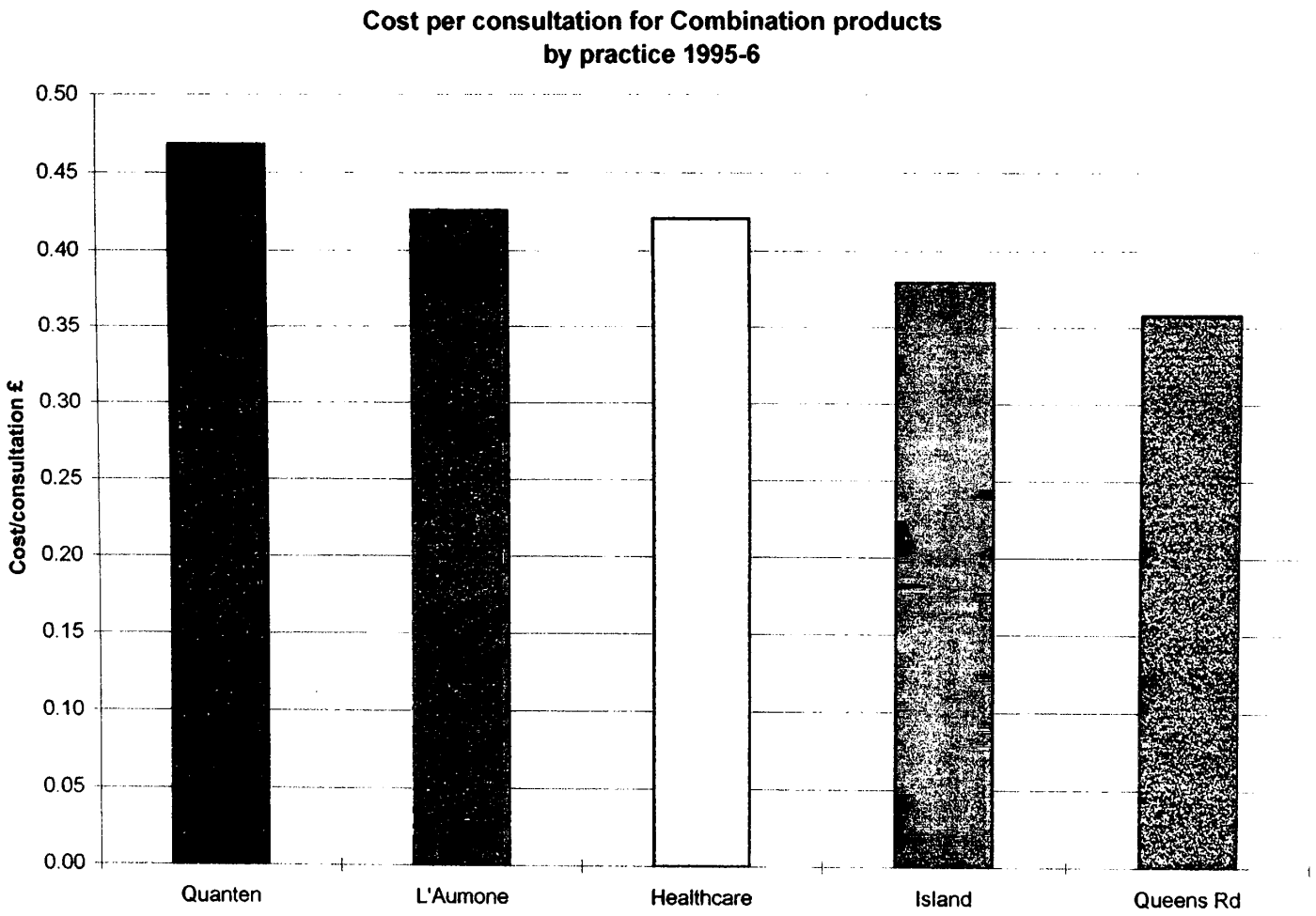
COST PER CONSULTATION FOR PREMIUM PRICE REPARATIONS

COMBINATION PRODUCTS
(based on the Audit Commission Report)

Data

Drugs included:	**As premium price preparations for:**
Frumil Lasoride Fru-Co Aridil	**Co - amilofruse** (Amiloride and Frusemide)
Aldactide Spiro-Co	**Co-flumactone** (Hydroflumethiazide and Spironolactone)
Lasikal Tab Diumide -K-Continus Lasix + K	**Frusemide + Potassium Chloride**
Amil-Co Hypertane Moduretic Normetic Synuretic Vasetic Delvas Zida-Co	**Co - amilozide** (Amiloride and Hydrochlorothiazide)
Dyazide Triam-Co TriamaxCo	**Co - triamterzide** (Triamterene + Hydrochlorothiazide)
Kalspare	**Triamterene + Chlorthalidone**
Dytide	**Triamterene + Benzthiazide**
Centyl K Neo-Naclex K	**Bendrofluazide + Potassium Chloride**

Esidrex-K Hyrosaluric-K	**Hydrochlorothrazide and Potassium Chloride**
Solpadol Kapake Tylex	**Co - codamol** (Paracetamol 500mg and Codeine Phosphate 30mg)
Remedeine	**Paracetamol 500mg and Dihydrocodeine 20mg**


Cost per consultation for Combination products
by practice 1995-6
Cost/consultation £
0.50
0.45
0.40
0.35
0.30
0.25
0.20
0.15
0.10
0.05
0.00
Quanten
L'Aumone
Healthcare
Island
Queens Rd

PRESCRIBING MEASURES

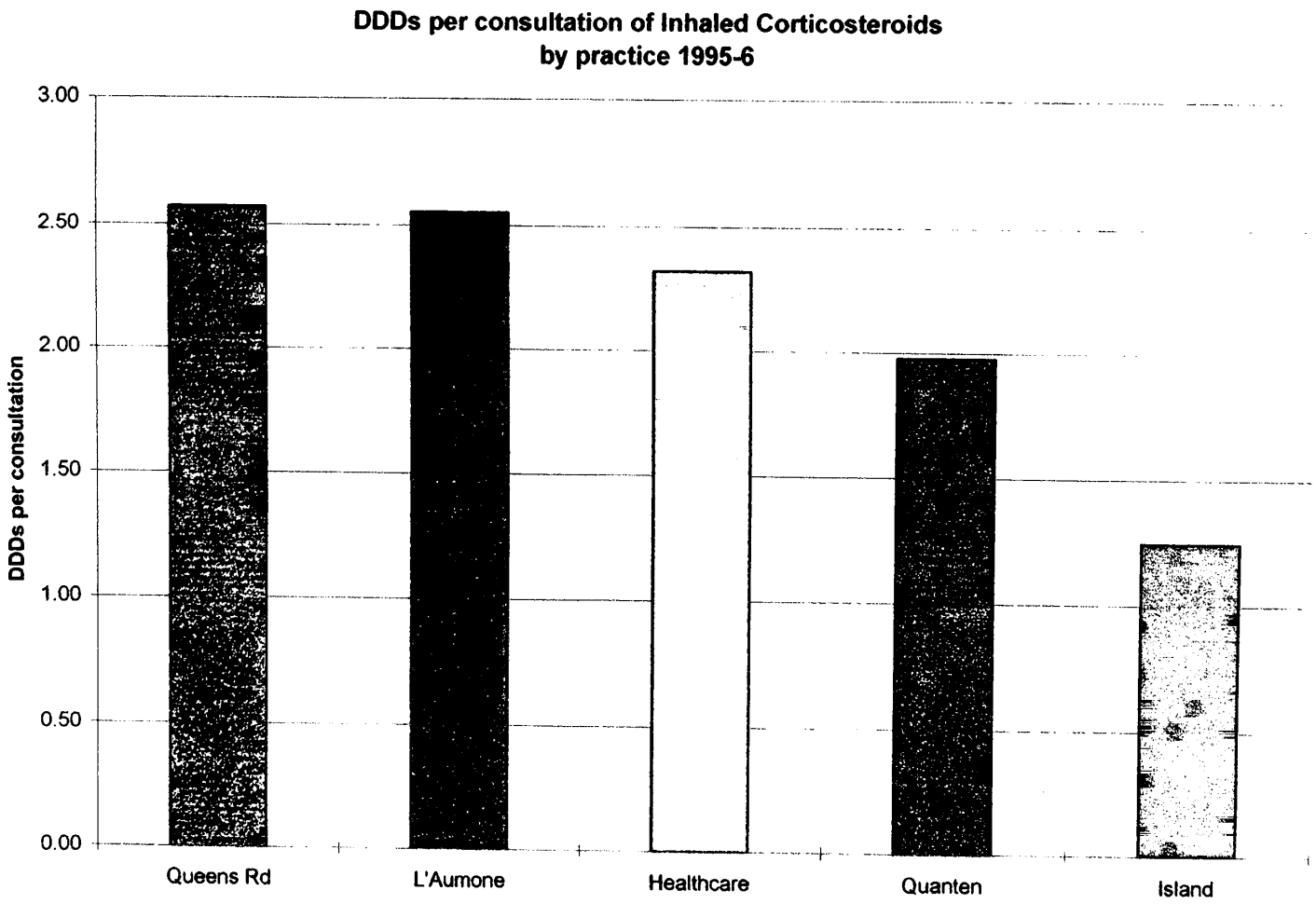
PRACTICE REVIEW

DEFINED DAILY DOSES PER CONSULTATION

INHALED CORTICOSTEROIDS

Data

DRUGS INCLUDED	**BNF GROUP**
INHALED CORTICOSTEROIDS	**3.2**
DRUGS EXCLUDED	**VENTIDE**


DDDs per consultation of Inhaled Corticosteroids
by practice 1995-6
DDDs per consultation
3.00
2.50
2.00
1.50
1.00
0.50
0.00
Queens Rd
L'Aumone
Healthcare
Quanten
Island

PRESCRIBING MEASURES

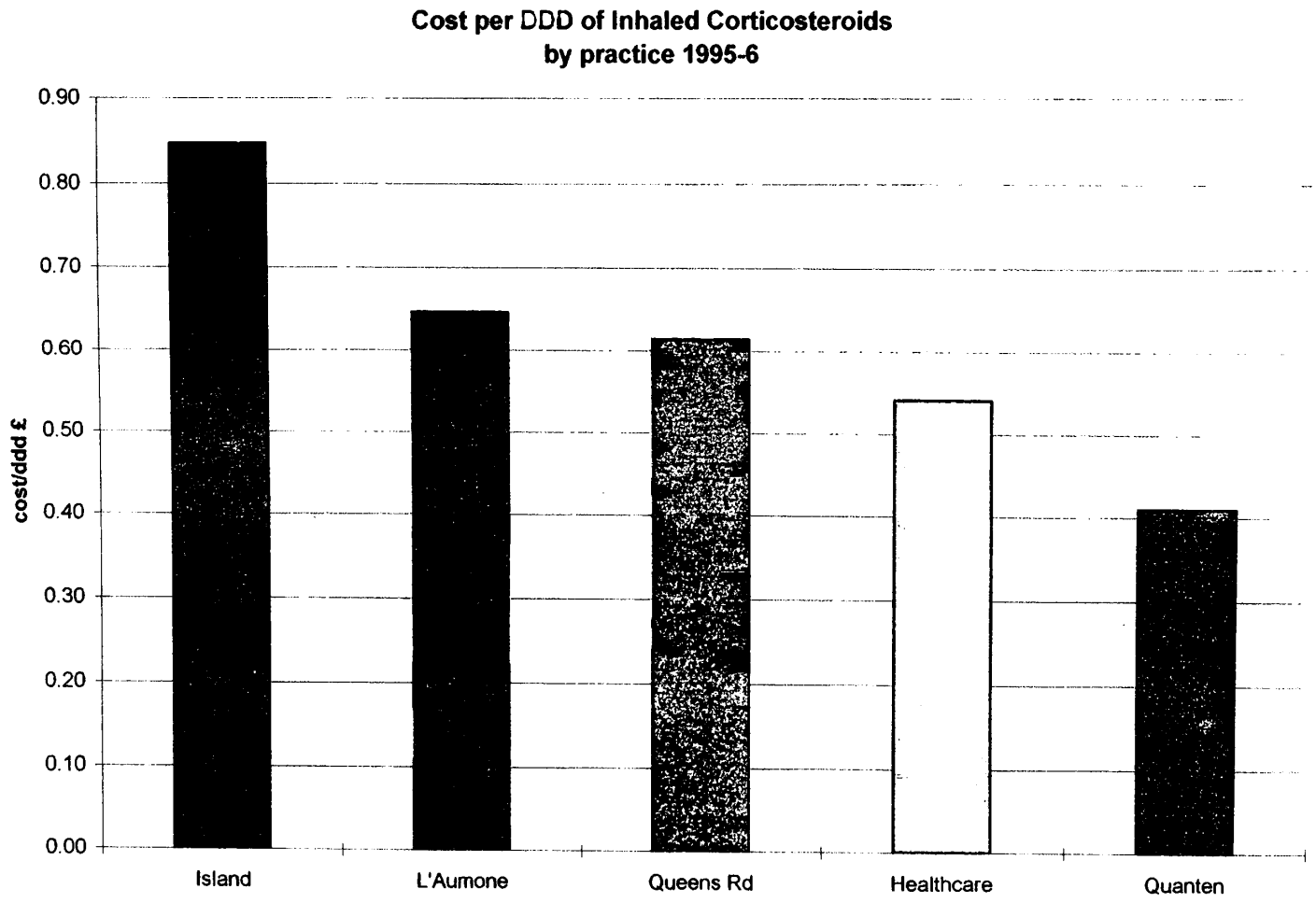
PRACTICE REVIEW

COST PER DEFINED DAILY DOSES

INHALED CORTICOSTEROIDS

Data

DRUGS INCLUDED	BNF GROUP
INHALED CORTICOSTEROIDS	3.2
DRUGS EXCLUDED	VENTIDE


Cost per DDD of Inhaled Corticosteroids
by practice 1995-6
cost/ddd £
0.90
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
Island
L'Aumone
Queens Rd
Healthcare
Quanten

0.00
0.20
0.40
0.60
0.80
1.0
CONTROLS

PRESCRIBING MEASURES

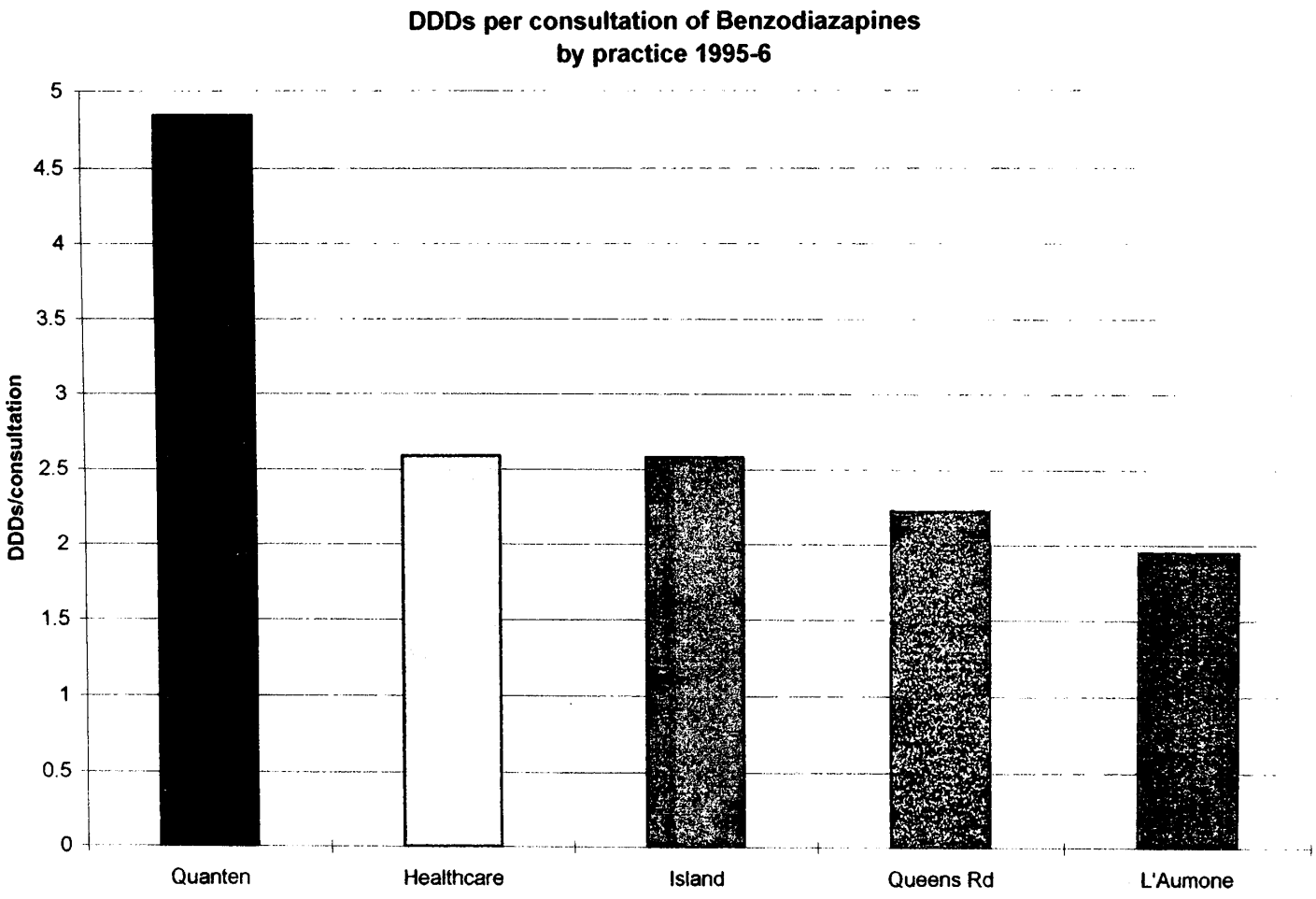
PRACTICE REVIEW

DEFINED DAILY DOSES PER CONSULTATION

BENZODIAZEPINES

Data

Chlordiazepoxide
Diazepam
Loprazolam
Lorazepam
Lormetazepam
Nitrazepam
Oxazepam
Temazepam
Tablets and capsules only


DDDs per consultation of Benzodiazapines
by practice 1995-6
DDDs/consultation
5
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
Quanten
Healthcare
Island
Queens Rd
L'Aumone

Guernsey and Alderney

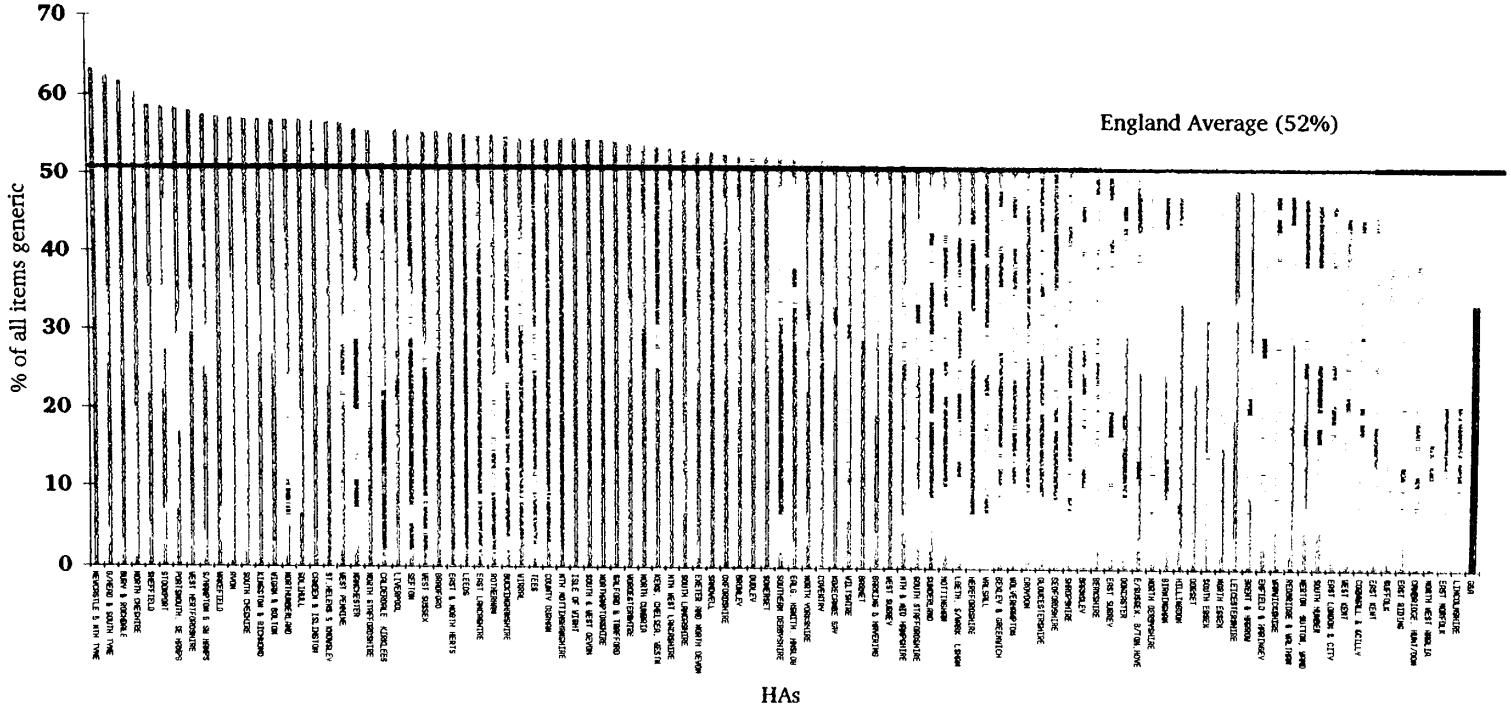
Appendix 3

Prescribing Support Unit

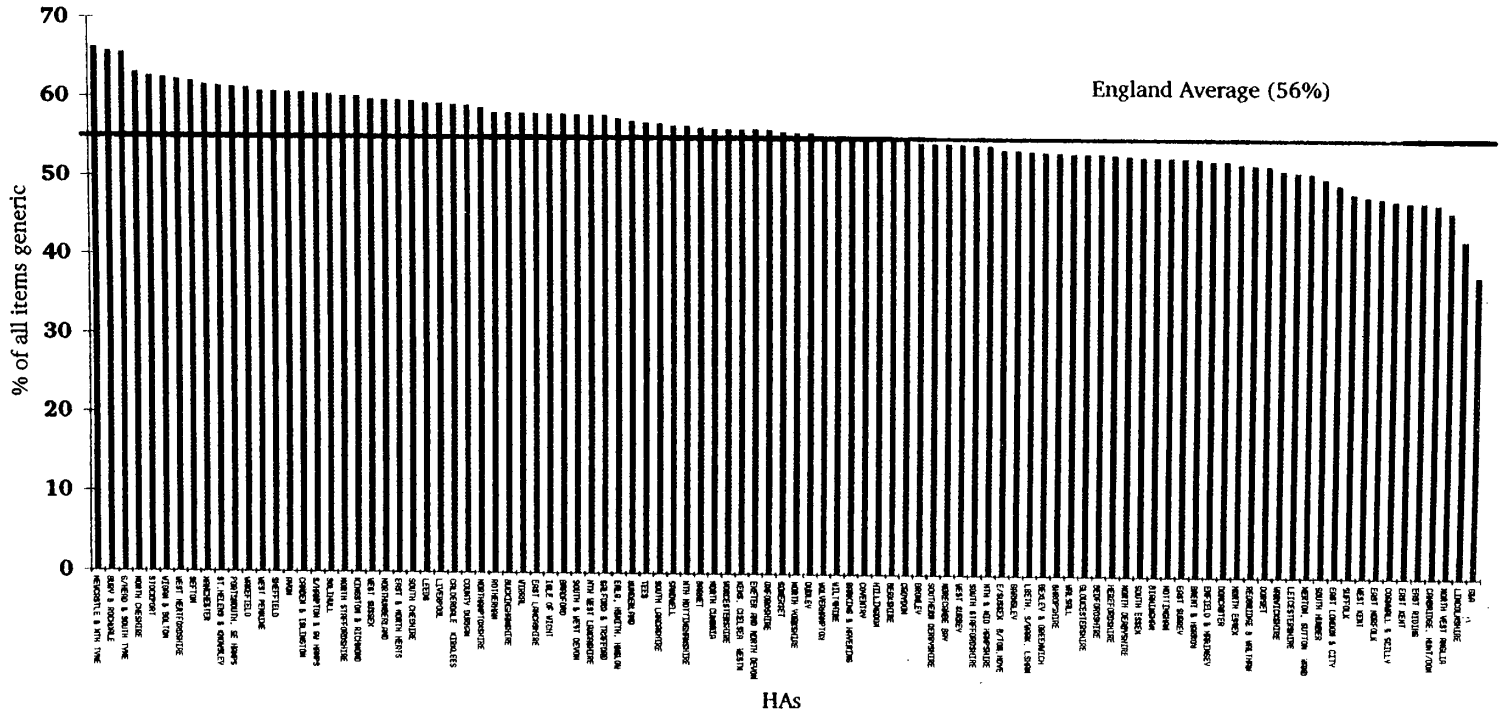
January 1997

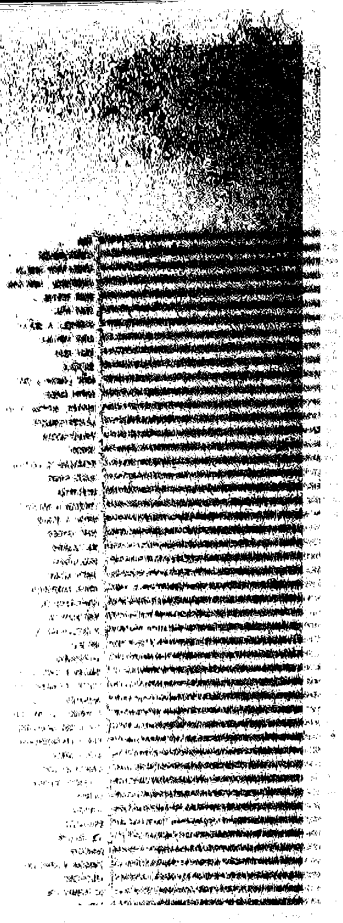
PRESCRIBING SUPPORT UNIT
Brunswick Court
Bridge Street
Leeds
LS2 7RJ

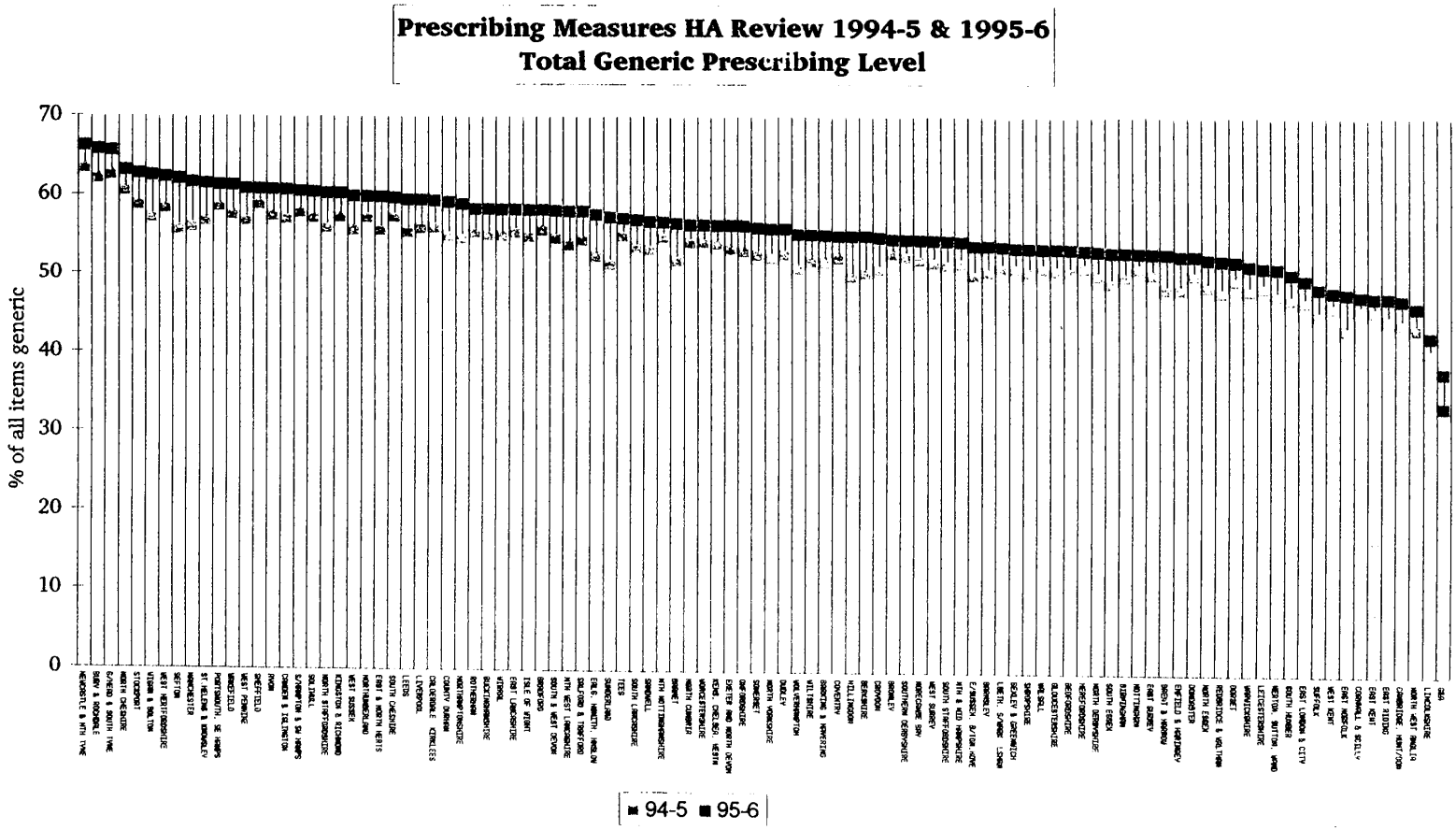
Prescribing Measures HA Review 1994-5
Total Generic Prescribing Level



Prescribing Measures HA Review 1995-6
Total Generic Prescribing Level



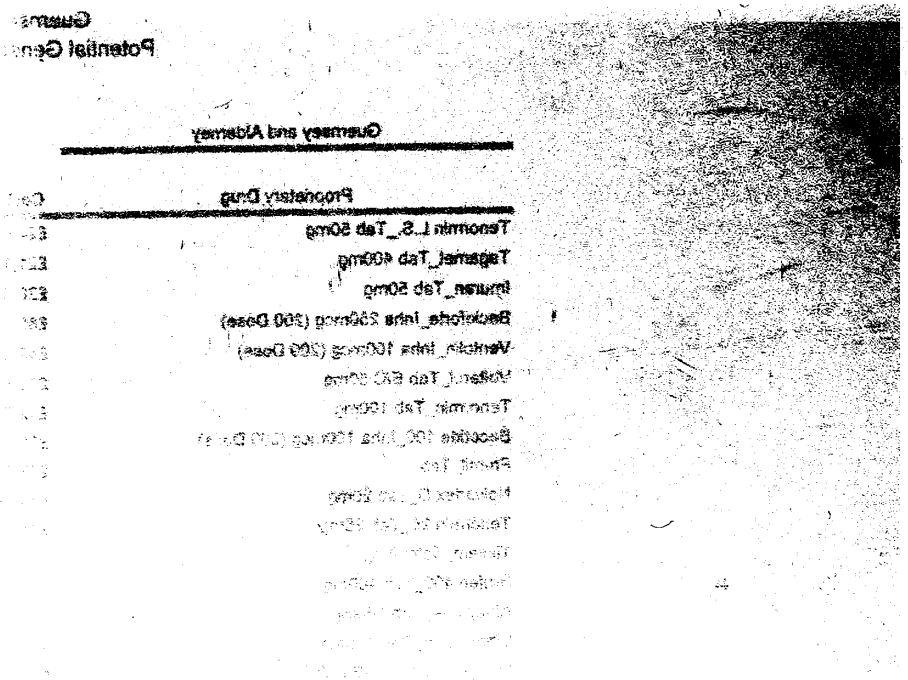



Prescribing Measures HA Review 1994-5 & 1995-6
Total Generic Prescribing Level
% of all items generic
70
60
50
40
30
20
10
0
NEWCASTLE & NTH TYNE
BARK & RADDLE
CUMBRIA & SOUTH TYNE
NORTH CHESHIRE
STOCKPORT
VTGMM & WALTON
WEST HERTFORDSHIRE
SEFTON
MANCHESTER
ST HELENS & KNOWSLEY
PORTSMOUTH, SE HAMPS
MANSFIELD
WEST PENNINE
SHEFFIELD
AVON
CHARDES & ISLINGTON
S/HAMPTON & SW HAMPS
SOLIHULL
NORTH STAFFORDSHIRE
KINGSTON & RICHMOND
WEST SUSSEX
NORTHUMBERLAND
EAST & NORTH HERTS
SOUTH CHESHIRE
LEEDS
CHELTENHAM & TEWKESBURY
LIVERPOOL
NORTHAMPTONSHIRE
COUNTY DURHAM
NOTTINGHAM
BLACKBURN
WIRRAL
ISLE OF WIGHT
EAST LINCOLNSHIRE
BRADFORD
SOUTH & WEST DEVON
NTH WEST LINCOLNSHIRE
ESSEX & NORTH
CRAVEN & TRAFFORD
NTH WEST LINCOLNSHIRE
SOUTH LINCOLNSHIRE
TEES
SANDERLAND
SOMERSET
SOUTH LINCOLNSHIRE
NTH NOTTINGHAMSHIRE
BARNET
NORTH CUMBRIA
WORCESTERSHIRE
KENS. CHELSEA WESTM
EXETER AND NORTH DEVON
OXFORDSHIRE
SUNDERLAND
NORTH WORCSHIRE
DUDLEY
WOLVERHAMPTON
WILTSHIRE
BARNSTPLE & HONITON
COVENTRY
WELLINGDON
BERKSHIRE
DERBYSHIRE
BROMLEY
SOUTHERN DERBYSHIRE
NORTHCOMB SRV
WEST SURREY
ESTN & WEST HAMPSHIRE
SOUTH STAFFORDSHIRE
FARNHAM, SUTOR, HOVE
SOMERSET
BRENT & KEN HAMPSHIRE
LINCOLN & GRANTHAM
SCARBOR & RYEDALE
WALSALL
SHROPSHIRE
GLOUCESTERSHIRE
HEREFORDSHIRE
NORTH DERBYSHIRE
SOUTH ESSEX
NOTTINGHAM
EAST SURREY
BRENT & HARROW
ENFIELD & HARTLBRY
DONCASTER
NORTH ESSEX
DORCHESTER
WEST PENNINE
WAKEFIELD
LEICESTERSHIRE
MERTON, SUTTON, WPMD
EAST LONDON & CITY
SOUTH HUMBER
SUFFOLK
WEST KENT
EAST NORFOLK
CORNWALL & SCILLY
EAST KENT
CAMBRIDGE, HUNT/PCM
NORTH WEST ANGLIA
LINCOLNSHIRE
GBH
94-5
95-6

Guernsey / Alderney
Potential Generic Savings 1995-6

Guernsey and Alderney

Proprietary Drug	Cost(£)	Items	Generic Equivalent	Potential saving (£)
Tenormin L.S._Tab 50mg	£24,561	4,091	Atenolol_Tab 50mg	£19,775
Tagamet_Tab 400mg	£21,153	1,232	Cimetidine_Tab 400mg	£14,651
Imuran_Tab 50mg	£20,551	473	Azathioprine_Tab 50mg	£14,002
Becloforte_Inha 250mcg (200 Dose)	£60,337	2,307	Beclometh Diprop_Inha 250mcg (200 Dose)	£13,269
Ventolin_Inha 100mcg (200 Dose)	£42,428	13,468	Salbutamol_Inha 100mcg (200 Dose)	£11,136
Voltarol_Tab E/C 50mg	£15,841	1,390	Diclofenac Sod_Tab E/C 50mg	£10,652
Tenormin_Tab 100mg	£12,782	1,713	Atenolol_Tab 100mg	£10,185
Becotide 100_Inha 100mcg (200 Dose)	£38,989	3,419	Beclometh Diprop_Inha 100mcg (200 Dose)	£7,858
Frumil_Tab	£37,952	7,422	Co-Amilofruse_Tab 5mg/40mg	£6,750
Nolvadex D_Tab 20mg	£10,565	1,142	Tamoxifen Cit_Tab 20mg	£6,628
Tenormin 25_Tab 25mg	£11,912	2,374	Atenolol_Tab 25mg	£6,561
Tildiem_Tab 60mg	£12,606	1,127	Diltiazem HCl_Tab 60mg M/R	£6,007
Brufen 400_Tab 400mg	£5,746	1,668	Ibuprofen_Tab 400mg	£4,303
Aldactone_Tab 100mg	£4,304	247	Spironol_Tab 100mg	£3,336
Vibramycin_Cap 100mg	£6,439	1,205	Doxycycline_Cap 100mg	£3,049
Intal_Inha 5mg (112 Dose)	£14,990	633	Sod Cromoglycate_Inha 5mg (112 Dose)	£2,972
Colofac_Tab 135mg	£13,511	2,111	Mebeverine HCl_Tab 135mg	£2,901
Moduretic_Tab	£5,030	1,907	Co-Amilozide_Tab 5mg/50mg	£2,714
Brufen 600_Tab 600mg	£3,298	656	Ibuprofen_Tab 600mg	£2,337
Daonil_Tab 5mg	£2,675	397	Glibenclamide_Tab 5mg	£2,195
Ponstan Fte_Tab 500mg	£4,849	611	Mefenamic Acid_Tab 500mg	£2,184
Triludan_Tab 60mg	£5,958	1,532	Terfenadine_Tab 60mg	£1,943
Monit LS_Tab 10mg	£4,891	1,142	Isosorbide Mononit_Tab 10mg	£1,802
Opticrom_Eye Dps 2% (Aq)	£8,661	1,117	Sod Cromoglycate_Eye Dps Aq 2%	£1,778
Prothiaden_Cap 25mg	£7,752	2,390	Dothiepin HCl_Cap 25mg	£1,737
Tenoretic_Tab	£18,561	2,114	Co-Tenidone_Tab 100mg/25mg	£1,696
Lederfen 450_Tab 450mg	£10,239	526	Fenbufen_Tab 450mg	£1,691
Adalat Ret 10_Tab 10mg	£19,974	2,213	Nifedipine_Tab 10mg	£1,610
Prothiaden_Tab 75mg	£7,688	1,568	Dothiepin HCl_Tab 75mg	£1,604
Becotide 50_Inha 50mcg (200 Dose)	£7,944	1,369	Beclometh Diprop_Inha 50mcg (200 Dose)	£1,595



Guernsey / Alderney
Potential Generic Savings 1995-6

Guernsey and Alderney

Proprietary Drug	Cost(£)	Items	Generic Equivalent	Potential saving (£)
Tagamet_Tiltab Tab 800mg	£2,352	101	Cimetidine_Tab 800mg	£1,589
Ponstan_Cap 250mg	£2,478	540	Mefenamic Acid_Cap 250mg	£1,444
Monit_Tab 20mg	£3,239	560	Isosorbide Mononit_Tab 20mg	£1,433
Erythroped_Gran For Susp 250mg/5ml	£2,719	498	Erythromycin_Ethylsuc Susp 250mg/5ml	£1,423
Erythroped S/F_Gran For Susp 250mg/5ml	£2,579	449	Erythromycin_Ethylsuc Susp 250mg/5ml	£1,418
Imigran Subject_Inj 6mg/0.5ml Refill	£4,168	70	Sumatriptan_Inj 6mg/0.5ml Pf Cart Refill	£1,403
Flagyl-400_Tab 400mg	£1,718	412	Metronidazole_Tab 400mg	£1,378
Lioresal_Tab 10mg	£2,728	214	Baclofen_Tab 10mg	£1,332
Stemetil_Tab 5mg	£4,398	2,369	Prochlpzine Mal_Tab 5mg	£1,332
Amoxil_Cap 250mg	£1,548	366	Amoxycillin_Cap 250mg	£1,227
Adalat_Cap 10mg	£5,772	760	Nifedipine_Cap 10mg	£1,178
Lanoxin-Pg_Tab 0.0625mg	£1,613	2,297	Digoxin_Tab 62.5mcg	£1,136
Tenoret 50_Tab	£12,663	2,044	Co-Tenidone_Tab 50mg/12.5mg	£1,134
Feldene_Cap 10mg	£2,277	408	Piroxicam_Cap 10mg	£1,069
Cordarone X_Tab 200mg	£5,665	639	Amiodarone HCl_Tab 200mg	£1,063
Canesten_Vag Tab 200mg + Applic	£1,507	422	Clotrimazole_Vag Tab 200mg + Applic	£1,005
Minocin 50_Tab 50mg	£3,302	239	Minocycline HCl_Tab 50mg	£955
Aldactone_Tab 25mg	£1,308	259	Spironol_Tab 25mg	£952
Nitrolingual_Aero Spy 400mcg (200 Dose)	£5,691	1,259	Glyceryl Trinit_Spy 400mcg (200 Dose)	£951
Cordilox 120_Tab 120mg	£1,202	89	Verapamil HCl_Tab 120mg	£942
Totals	531,117	77,559		£193,283

Queen's Practice

Proprietary drug	cost(£)	Items	Generic Equilvalent	Potential Saving (£)
Becloforte_Inha 250mcg (200 Dose)	£16,586	718	Beclometh Diprop_Inha 250mcg (200 Dose)	£3,647
Ventolin_Inha 100mcg (200 Dose)	£10,769	4682	Salbutamol_Inha 100mcg (200 Dose)	£2,826
Becotide 100_Inha 100mcg (200 Dose)	£10,124	981	Beclometh Diprop_Inha 100mcg (200 Dose)	£2,040
Imuran_Tab 50mg	£2,500	3810	Azathioprine_Tab 50mg	£1,703
Tagamet_Tab 400mg	£2,108	5592	Cimetidine_Tab 400mg	£1,460
Intal_Inha 5mg (112 Dose)	£6,437	371	Sod Cromoglycate_Inha 5mg (112 Dose)	£1,276
Frumil_Tab	£6,864	50535	Co-Amilofruse_Tab 5mg/40mg	£1,229
Tenormin L.S._Tab 50mg	£1,360	7118	Atenolol_Tab 50mg	£1,095
Imigran Subject_Inj 6mg/0.5ml Refill	£2,838	78	Sumatriptan_Inj 6mg/0.5ml Pf Cart Refill	£994
Ponstan Fte_Tab 500mg	£2,069	13162	Mefenamic Acid_Tab 500mg	£932
Voltarol_Tab E/C 50mg	£1,090	5975	Diclofenac Sod_Tab E/C 50mg	£733
Brufen 400_Tab 400mg	£969	16567	Ibuprofen_Tab 400mg	£727
Colofac_Tab 135mg	£3,329	39846	Mebeverine HCl_Tab 135mg	£715
Tenormin_Tab 100mg	£837	3442	Atenolol_Tab 100mg	£667
Prothiaden_Cap 25mg	£2,748	54867	Dothiepin HCl_Cap 25mg	£617
Vibramycin_Cap 100mg	£1,282	2453	Doxycycline_Cap 100mg	£607
Brufen 600_Tab 600mg	£820	8851	Ibuprofen_Tab 600mg	£581
Erythroped_Gran For Susp 250mg/5ml	£1,096	28840	Erythromycin_Ethylsuc Susp 250mg/5ml	£574
Monit_Tab 20mg	£1,267	16605	Isosorbide Mononit_Tab 20mg	£563
Monit LS_Tab 10mg	£1,458	24224	Isosorbide Mononit_Tab 10mg	£537
			Queen's (94) Total	**£23,523**

L'Aumone Practice

Proprietary drug	cost(£)	Items	Generic Equilvalent	Potential Saving (£)
Tagamet_Tab 400mg	£10,301	27323	Cimetidine_Tab 400mg	£7,135
Imuran_Tab 50mg	£8,739	13320	Azathioprine_Tab 50mg	£5,954
Voltarol_Tab E/C 50mg	£7,743	42464	Diclofenac Sod_Tab E/C 50mg	£5,206
Tenormin L.S._Tab 50mg	£6,423	33626	Atenolol_Tab 50mg	£5,171
Ventolin_Inha 100mcg (200 Dose)	£12,356	5372	Salbutamol_Inha 100mcg (200 Dose)	£3,243
Becloforte_Inha 250mcg (200 Dose)	£14,669	635	Beclometh Diprop_Inha 250mcg (200 Dose)	£3,226
Tildiem_Tab 60mg	£6,500	49454	Diltiazem HCl_Tab 60mg M/R	£3,099
Tenormin 25_Tab 25mg	£5,102	30918	Atenolol_Tab 25mg	£2,810
Brufen 400_Tab 400mg	£3,295	56438	Ibuprofen_Tab 400mg	£2,468
Frumil_Tab	£12,528	92354	Co-Amilofruse_Tab 5mg/40mg	£2,231
Daonil_Tab 5mg	£2,675	28475	Glibenclamide_Tab 5mg	£2,195
Tenormin_Tab 100mg	£2,642	10872	Atenolol_Tab 100mg	£2,105
Becotide 100_Inha 100mcg (200 Dose)	£9,711	941	Beclometh Diprop_Inha 100mcg (200 Dose)	£1,957
Erythroped S/F_Gran For Susp 250mg/5ml	£2,522	62720	Erythromycin_Ethylsuc Susp 250mg/5ml	£1,387
Monit LS_Tab 10mg	£3,082	51208	Isosorbide Mononit_Tab 10mg	£1,135
Vibramycin_Cap 100mg	£2,290	4380	Doxycycline_Cap 100mg	£1,084
Moduretic_Tab	£1,948	23281	Co-Amilozide_Tab 5mg/50mg	£1,051
Colofac_Tab 135mg	£4,670	55895	Mebeverine HCl_Tab 135mg	£1,002
Tagamet_Tiltab Tab 800mg	£1,470	1950	Cimetidine_Tab 800mg	£993
Adalat Ret 10_Tab 10mg	£10,457	67612	Nifedipine_Tab 10mg	£843
			L'Aumone (97)	**£54,296**

Healthcare Practice

Proprietary drug	cost(£)	Items	Generic Equilvalent	Potential Saving (£)
Tenormin L.S._Tab 50mg	£16,490	86332	Atenolol_Tab 50mg	£13,276
Tenormin_Tab 100mg	£9,151	37653	Atenolol_Tab 100mg	£7,291
Tagamet_Tab 400mg	£8,417	22325	Cimetidine_Tab 400mg	£5,830
Nolvadex D_Tab 20mg	£9,197	30254	Tamoxifen Cit_Tab 20mg	£5,770
Becloforte_Inha 250mcg (200 Dose)	£25,572	1107	Beclometh Diprop_Inha 250mcg (200 Dose)	£5,624
Imuran_Tab 50mg	£7,950	12117	Azathioprine_Tab 50mg	£5,417
Ventolin_Inha 100mcg (200 Dose)	£18,497	8042	Salbutamol_Inha 100mcg (200 Dose)	£4,855
Becotide 100_Inha 100mcg (200 Dose)	£17,792	1724	Beclometh Diprop_Inha 100mcg (200 Dose)	£3,586
Tenormin 25_Tab 25mg	£6,047	36648	Atenolol_Tab 25mg	£3,331
Voltarol_Tab E/C 50mg	£4,239	23244	Diclofenac Sod_Tab E/C 50mg	£2,850
Frumil_Tab	£15,008	110836	Co-Amilofruse_Tab 5mg/40mg	£2,651
Tildiem_Tab 60mg	£5,238	39906	Diltiazem HCl_Tab 60mg M/R	£2,494
Moduretic_Tab	£2,478	29619	Co-Amilozide_Tab 5mg/50mg	£1,337
Vibramycin_Cap 100mg	£2,344	4486	Doxycycline_Cap 100mg	£1,110
Triludan_Tab 60mg	£3,237	35478	Terfenadine_Tab 60mg	£1,052
Intal_Inha 5mg (112 Dose)	£4,875	281	Sod Cromoglycate_Inha 5mg (112 Dose)	£967
Tenoretic_Tab	£9,803	33766	Co-Tenidone_Tab 100mg/25mg	£897
Colofac_Tab 135mg	£4,093	48982	Mebeverine HCl_Tab 135mg	£879
Amoxil_Cap 250mg	£1,080	5611	Amoxycillin_Cap 250mg	£856
Brufen 600_Tab 600mg	£1,187	12812	Ibuprofen_Tab 600mg	£842
			Healthcare (98)	**£70,911**

Quanten Practice

Proprietary drug	cost(£)	Items	Generic Equilvalent	Potential Saving (£)
Becloforte_Inha 250mcg (200 Dose)	£1,040	45	Beclometh Diprop_Inha 250mcg (200 Dose)	228.6
			Quanten Total	**228.6**

Island Practice

Proprietary drug	cost(£)	Items	Generic Equilvalent	Potential Saving (£)
Aldactone_Tab 100mg	£1,742	4410	Spironol_Tab 100mg	£1,350
Nolvadex D_Tab 20mg	£1,140	3750	Tamoxifen Cit_Tab 20mg	£715
Imuran_Tab 50mg	£988	1506	Azathioprine_Tab 50mg	£673
Voltarol_Tab E/C 50mg	£614	3366	Diclofenac Sod_Tab E/C 50mg	£413
Euglucon_Tab 5mg	£369	3930	Glibenclamide_Tab 5mg	£303
Feldene 20_Cap 20mg	£610	2846	Piroxicam_Cap 20mg	£288
Frumil_Tab	£1,563	11444	Co-Amilofruse_Tab 5mg/40mg	£287
Becloforte_Inha 250mcg (200 Dose)	£1,016	44	Beclometh Diprop_Inha 250mcg (200 Dose)	£224
			Island Total	**£4,253**

MEREC BULLETIN
NATIONAL PRESCRIBING CENTRE
VOL.7 NO.10 OCTOBER 1996

Contents: Effective generic prescribing

Effective generic prescribing

Prescribing a drug using its *generic* name is recognised as good prescribing practice.[1,2] Due to the efforts of GPs and prescribing advisers, the rate of generic prescribing in England has risen steadily from 41% in 1991, to a rate of 55% in 1995 (see figure 1).[3] This has resulted in considerable savings in the drugs budget.[4]

Some still hold the view, however, that generics are of a poorer quality than branded drugs. This *Bulletin* reassures prescribers that generics are subject to the same rigorous licensing procedures as branded drugs. It also gives advice on when generic prescribing is inappropriate.

Some branded products cost the NHS substantially more than the generic version. Even if the overall generic rate of a GP practice is already relatively high, it is worthwhile ensuring that these drugs (see cost table) are prescribed generically in order to maximise cost savings. Health Authority (HA) prescribing advisers should be able to provide GPs with advice regarding these products which is tailored to their own practice.

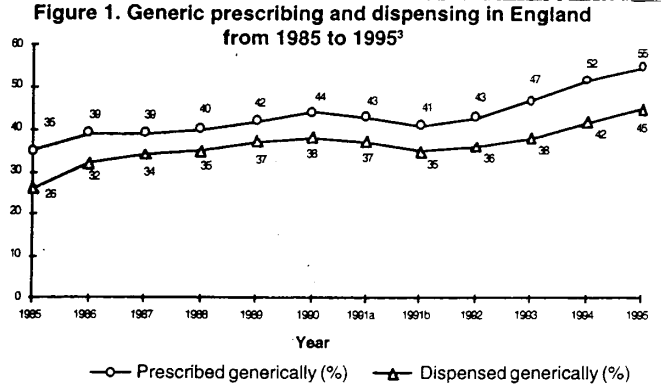
There are wide variations in the extent of generic prescribing throughout England. Some HAs have average generic prescribing rates of over 70%, while some are as low as 44%. GPs with high generic rates do not appear to have encountered problems as a consequence of using generics. The question remains, if some GPs prescribe generically for over 70% of their medicines, why is there reluctance amongst others to use generics more frequently?

SUMMARY

* Currently, the average rate of generic prescribing in England stands at over 55%. There are wide variations in this rate across the country and some GP practices still have very low rates of generic prescribing. GPs with high generic rates do not seem to have encountered any significant problems associated with using generics.
* Major cost-savings have been achieved by promoting the prescribing of generics. Some branded products are priced at a much higher premium than the generic version. Savings may be maximised by prescribing these preparations generically.
* Generic manufacturers must satisfy the Medicines Control Agency (MCA) that their products are of a similar quality to branded drugs before a licence is granted. There is no evidence to suggest that generic medicines are inferior to branded drugs.
* The appearance of generic drugs can be different to that of the brand leader. Patients may become confused when given a product which differs from their usual one. Effective counselling by the GP and/or pharmacist will often prevent confusion and concern about any changes in medication. By the end of 1998, every dispensed medicine will contain a patient information leaflet; this should also serve to reassure patients.
* Some drugs should **not** be prescribed generically. Lithium, cyclosporin and all modified-release preparations should be prescribed by brand name.
* Some prescribers remain reluctant to prescribe inhaled drugs generically. There is no evidence supporting the view that different brands of salbutamol and beclomethasone are not interchangeable.

The MeReC Bulletin is produced by the NHS for the NHS

Figure 1. Generic prescribing and dispensing in England from 1985 to 1995[3]



Note
1985 to 1990 figures are based on **fees** from pharmacist dispensing only
1991a figures are based on **items** from pharmacist dispensing only
1991b to 1995 figures are based on **items** from dispensing doctors, personal administration and pharmacists

Why are some prescribers reluctant to use generics?

Prescribers who are sceptical about generics argue that:

- generic drugs are of a poorer quality than proprietary drugs
- generic products may not be bioequivalent to the brand leader, possibly leading to toxicity or loss of effect
- generic drugs differ in appearance from proprietary drugs; this may undermine a patient's confidence in their medication
- responsibility for product liability is complicated if the source of manufacture of an unmarked white tablet cannot be traced.

These arguments are based on common misconceptions which are discussed below.

What about quality?

In the UK, the Medicines Control Agency (MCA) requires evidence of safety, efficacy and quality before a product licence is granted. These requirements are the same whether for proprietary or generic medicines. The MCA also requires evidence that the bioavailability of a generic drug is similar to that of the branded version. Generics must also be considered to be **clinically equivalent** to the proprietary product, i.e. they should produce the same degree of disease control or symptom relief.

According to the MCA, **there is no evidence to support suggestions that generic medicines are in any way inferior to branded products**. The number of defects dealt with by the MCA is similar for generic and branded drugs.[5]

Many generic manufacturers are members of the Association of the British Pharmaceutical Industry (ABPI) and the British Generic Manufacturers Association (BGMA). As members, they are subject to the ABPI's *Guidelines for Manufacturers of Generic Medicines*, and the *Code of Practice* of the BGMA (see *MeReC Bulletin* Vol.2 No.7). These help ensure that generic companies provide a standard of service comparable to that of manufacturers of branded products.

What about patient confidence?

A patient familiar with a particular size, shape and colour of medicine may lose confidence in their medication when given a product which looks different. This problem is not confined to generic products; confusion may occur when making any change in medication.

Drugs imported from other European Community countries (Parallel Imports) can be dispensed against a generic prescription. Although any patient information leaflet contained must be written in English, the packaging is often in a foreign language which may serve to confuse patients. Before they are imported, these drugs are licensed following assessment by the MCA.

Counselling patients abou change in their medication been shown to reduce con and objections to the use o generics.[6] A study of how c medical centre implemente generic substitution policy their patients on long term therapy, found that patien happy to use generic versi when this change was expl to them.[7] Only 1.3% of the patients decided to revert t to the branded version wit six months of the change.

Some HAs have produced l on generics for patients wh may help this process. Add ally, by the end of 1998 all dispensed in the UK must accompanied by a patient mation leaflet. This will ma packaging of brands and g more consistent and shoul reduce confusion.

What about product liability

Liability for any damage ca by a defect in a product fall on the manufacturer. Howe if they cannot be identified, supplier is liable. It is the d any dispenser, whether a c munity pharmacist or disp doctor, to be satisfied with quality of medicine supplie to be able to identify the so of supply. If this can be dor liability passes to the suppl Most generic manufacturer have unique company and/ product identification codes all solid dosage forms. This enables much easier identi tion of the manufacturer.

When is generic prescribin appropriate?

GPs need have no concerns prescribing the vast majorit medicines generically. Ther however, certain instances patients should receive onl specified brand of a drug.

Modified-release (m/r) prepa

Use of a m/r preparation is justified if it offers advanta over the conventional-relea version. M/R preparations often more expensive, parti

larly if a generic conventional-release product is available. They may also have less predictable release characteristics (see *MeReC Bulletin* Vol.6 No.3).

The MCA have stated that **all modified-release preparations should be prescribed by their brand name.**[9] Whilst different m/r preparations may contain the same quantity of active drug, they may have very different pharmacokinetic properties; switching between m/r preparations may have serious clinical consequences for drugs with a narrow therapeutic index such as **theophylline**. The BNF also highlights the fact that m/r oral preparations of **nifedipine** and **diltiazem** should be prescribed by their brand name.

When patients are discharged from hospital on a m/r preparation, they should be maintained on the brand they were stabilised on as inpatients. Interface discharge procedures within Health Authorities should reflect this.

Other situations

While there are no generic versions of **lithium** or **cyclosporin** available, different brands of these agents do exist. As the different preparations of these drugs are not bioequivalent, prescribers should ensure that the brand is specified.

Generic manufacturers may use excipients, such as flavourings or dyes, that differ from those used by the brand leader. If a patient experiences an adverse reaction to a generic drug after having previously tolerated the branded version, specifying the brand name may be appropriate. Such situations are **rare** and adverse reactions to the excipients used in generic drugs are thought to be no more common than with proprietary products.

No amount of reassurance will convince some patients that a generic medicine, or an alternative brand, is equivalent to their previous medication. Prescribing a branded product may be the only way to ensure that such patients continue to take their medication as directed.

Antiepileptics

There has been much debate regarding the equivalence of generic and branded antiepileptic drugs. There have been anecdotal reports of a loss of seizure control when patients have been switched from a branded to a generic antiepileptic, although there are no controlled studies confirming this. As with other drugs, the MCA must be satisfied that generic antiepileptics are bioequivalent to the branded version before licensing.

A recently published paper has attracted a lot of attention.[10] This describes an uncontrolled, retrospective study of 1,333 epileptic patients. It purported to show that 10% of the 251 patients whose supply of antiepileptic medication had changed within the last two years, experienced problems associated with this change. The majority of these problems involved a heightened perception of side-effects rather than altered seizure frequency.

This study did not report the 'event rate' (change in seizure frequency, incidence of side-effects) in patients whose supply of medication was not changed. Due to the lack of a comparative group, no conclusions can be drawn from this study.

At present, there is no clear consensus on the issue of generic prescribing of antiepileptics. For existing patients stabilised on either a branded or generic antiepileptic, there seems no good reason to change their supply. When initiating new therapy, either a branded or generic version may be prescribed.

Some HAs have issued guidance that all antiepileptics should be prescribed by their brand name. Where local policies exist, they should be adhered to.

Situations when the generic drug name should **not** be used:

- **all** modified-release preparations
- cyclosporin
- lithium
- some combination products, such as oral contraceptives
- **rare** instances when intolerance to excipients occurs

Generic inhalers

Despite reassurances about the quality of generic metered dose inhalers (MDIs), some GPs remain reluctant to prescribe salbutamol and beclomethasone inhalers generically. The reasons for this were discussed in detail in *MeReC Bulletin* Vol.6 No.9.

Bioequivalence of MDIs is difficult to establish due to the lack of practical and reliable *in vivo* tests. As patients adjust the dose of bronchodilator to their own response, any difference in bioavailability would not affect clinical effectiveness. Inhaled bronchodilators and corticosteroids both have a wide therapeutic index and the risk of toxicity is small. Evidence from various *in vitro* tests of beclomethasone and salbutamol MDIs supports the view that there is no reason why brands cannot be considered interchangeable.[11,12] In addition, there is no evidence to support suggestions that generic inhalers are in any way inferior to proprietary products.[5]

This should reassure patients and prescribers that switching between brands of inhalers is not associated with a significant risk of reduced asthma control. **Regardless of whether a generic or a branded MDI is used, correct inhaler technique is often the most important factor in determining how much drug reaches the airway.**

Another common misconception is that generic MDIs do not follow the colour coding employed by the brand leaders. All generic salbutamol MDIs available in the UK are blue, and beclomethasone MDIs follow the colour coding of the brand leader i.e. light brown, dark brown or red-brown, depending on the strength.[12,13]

'Branded generics'

Some generic manufacturers give their products a brand name in order to market the product in the same way as a proprietary drug. The term 'branded generics' is, however, a misnomer. The term 'lower-cost brands' may be more appropriate, as these preparations are usually priced

Preparations which, prescribed generically, generate considerable cost-savings.
(prices based on MIMS and the Drug Tariff, Oct 1996)

Generic name	Strength	Quantity	Cost	Brand name	Cost
Allopurinol	100mg	100	£1.14	*Zyloric*	£10.96
	300mg	100	£2.88		£28.07
Amoxycillin	250mg	100	£3.71	*Amoxil*	£19.24
	500mg	100	£5.53		£38.52
Atenolol	25mg	28	£1.85	*Tenormin*	£4.62
	50mg	28	£1.10		£5.35
	100mg	28	£1.49		£6.81
Beclomethasone Inhaler	50microg	200 dose	£4.34	*Becotide*	£5.43
	100microg	200 dose	£8.24		£10.32
	250microg	200 dose	£18.02	*Becloforte*	£23.10
Cephalexin	250mg caps	100	£10.21	*Ceporex*	£15.27
	500mg caps	100	£21.45		£29.89
Cimetidine	200mg	120	£9.48	*Tagamet*	£19.58
	400mg	60	£7.11		£22.62
	800mg	30	£7.60		£22.62
Co-amilofruse	5/40	28	£3.12	*Frumil*	£3.87
Co-amilozide	5/50	100	£3.82	*Moduretic*	£8.37
Diclofenac	25mg e/c	100	£3.40	*Voltarol*	£9.38
	50mg e/c	100	£5.92		£18.24
Glibenclamide	2.5mg	100	£1.37	*Daonil*	£5.64
	5mg	100	£1.91		£9.39
Ibuprofen	200mg	100	71p	*Brufen*	£2.91
	400mg	100	£1.44		£5.83
	600mg	100	£2.50		£9.27
Loperamide	2mg	100	£5.41	*Imodium*	£7.22
Mefenamic acid	250mg cap	100	£2.86	*Ponstan*	£8.17
	500mg tab	100	£8.03		£15.72
Metoclopramide	10mg	100	£2.28	*Maxolon*	£11.17
Metronidazole	200mg	100	£2.08	*Flagyl*	£10.19
	400mg	100	£4.51		£21.64
Naproxen	250mg	100	£9.56	*Naprosyn*	£12.17
	500mg	100	£19.77		£24.34
Salbutamol inhaler	100microg	200 dose	£1.78	*Ventolin*	£2.30
Sodium Cromoglycate	eye drops	13.5ml	£2.50	*Opticrom*	£6.90
	inhaler	112 dose	£13.91	*Intal*	£17.35
Terfenadine	60mg	60	£3.47	*Triludan*	£5.40

at a slightly lower premium than the brand leader, but **higher** than true generic versions. Therefore, **prescribing these products in place of using the generic name may cost the NHS money unnecessarily**.

Manufacturers may offer these products to dispensing doctors and pharmacists at a considerable discount. The dispenser benefits from any difference between the remuneration (*Drug Tariff*) price and the discounted price. Additionally, as many community pharmacists do not stock them, patients issued with a prescription for one of these products may have difficulty obtaining a supply. This subject was discussed in more detail in *MeReC Bulletin* Vol.4 No.9.

Conclusion

Generic medicines should not be regarded as inferior to branded medicines as they undergo the same licensing and quality assessment procedures as branded products. Generic prescribing should be encouraged for all drugs, except m/r preparations and in certain other situations, as discussed.

The average rate of generic prescribing in England currently stands at above 55%, although this rate varies widely across the country. It is important to note that those HAs with generic prescribing rates of over 70% do not appear to have encountered problems as a consequence of widespread use of generics.

Further increases in the level of generic prescribing would still result in substantial cost savings to the NHS drugs bill without compromising patient care.

A useful approach is to target the prescribing of specific agents where substantial cost-savings can be realised by using the generic name rather than the brand name. The cost table provides a useful checklist of preparations where significant cost savings can be made; HA prescribing advisers will be able to provide GPs with a list of specific products where maximum cost-savings can be made in their practice.

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Further reading

The subject of generic prescribing has been covered in a number of previous *MeReC Bulletins*. Readers may wish to refer back to the following articles:

Generic prescribing	Vol. 2 No. 7 Jul/Aug 1991
Parallel imported medicines	Vol. 2 No. 10 Nov 1991
More about generic prescribing	Vol. 3 No. 8 Aug 1992
Generic medicines with brand names	Vol. 4 No. 9 Sep 1993
Modified-release preparations	Vol. 6 No. 3 Mar 1995
Inhaler devices: an update	Vol. 6 No. 9 Sep 1995

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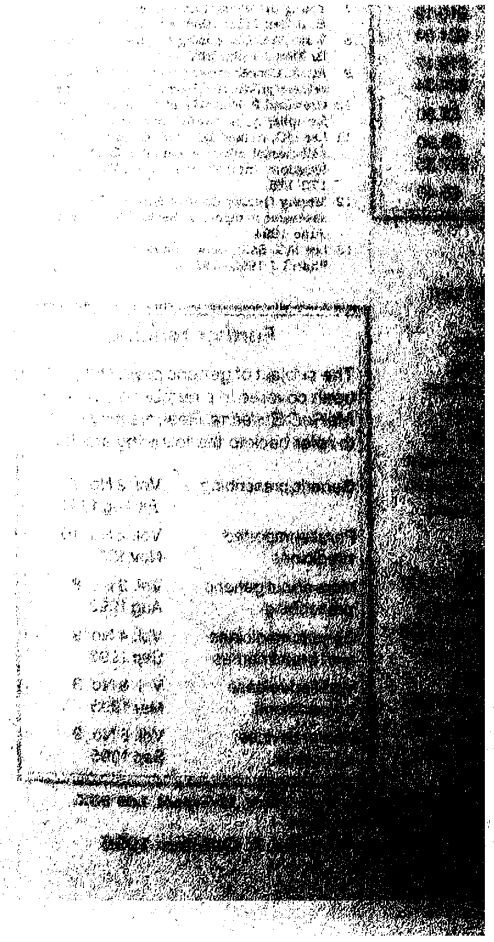

Guernsey and Alderney

Appendix 4

ROYAL PHARMACEUTICAL SOCIETY OF G.B. (GUERNSEY BRANCH)

December 1996

Report from working party on prescribing and future role of community pharmacy services in Guernsey.

This working party has been set up to:-

A. Make recommendations about the current provision of pharmaceutical services in Guernsey and how these can be improved

B. How community pharmacy services in Guernsey should evolve in the future to support the changing ways in which health care is delivered.

The following is a list of the recommendations that have been agreed by this group. These recommendations have been discussed with, and are supported by members of the local branch.
Points 1 to 6 are considered as high priority items.

1. The major concern raised is the funding of health care services in Guernsey. Currently the primary health care sector is funded by the GSSA, while the hospital is under the Board of Health. A unified structure for the purchase of health care would provide the following opportunities/advantages :-

   (a) Seamless health care (integration of primary and secondary care);
   (b) rationalisation of how and where services are provided;
   (c) solve administration duplication;
   (d) clarifies situation for the general public;
   (e) no conflict, single agenda;
   (f) cost-effective / best-buy;
   (g) discharge and hospital outpatient prescriptions - current sourcing of these.

   If the purchasing of health care cannot be amalgamated, then agreement MUST be reached on how the two current purchasers can work in harmony to provide the above.

2. Generic prescribing - this is an obvious area to tackle, as cost savings will be made and therefore this should be implemented in the near future. This could be done by the pharmacist, with the introduction of a charge to patients wishing a brand-name specific item where a cheaper generic is available.
   Initially, pharmacists could introduce generic labelling which would re-educate patients as to generic names of their prescribed medications.
   As long term objectives following on from this, therapeutic substitution and pharmacist prescribing need to be considered.

3. More formal on-going audit of prescribing must be undertaken. Pharmacists can be involved in this process by :-

(a) obtaining PACT data and advising prescribers on this. It is important that we determine who is currently receiving and interpreting this information. At present it would appear this information is not being used to the best advantage, and is no doubt being paid for by the GSSA;
(b) setting standards for comparing to local practices;
(c) audit outcomes of treatment.

This should be undertaken by a Pharmaceutical Advisor (one person) who understands the local situation and knows the prescribers/surgeries;
(a) must be neutral, therefore should be employed by the purchaser;
(b) should receive training for this role;
(c) be employed in this role for approximately one day per week.
(d) advise on practice formularies.

4.* Added value services (remuneration needs to provided, but could be similar to the current system for appliances):-
(a) Warfarin (counselling, on-the-spot results, appropriate monitoring);
(b) Cholesterol;
(c) Hypertension;
(d) Diabetes - liaise with Anne Kinch;
(e) Asthma;
(f) H. pylori (Use BOH recommendations);
(g) Migraine;
(h) Dietetics - liaise with Julie Booth;
(i) Post-MI rehabilitation - liaise with Chest and Heart association.
(j) Disease State Management;
(k) Medication reviews.

5. Extend the use of the pink form (currently used for supply of appliances) to include other areas such as prescribable dressings and testing reagents/strips for which a doctor's prescription may be unnecessary.

6.* Joint initiatives with Health Promotion Unit, Family Planning clinic, Board of Health (Director of Public Health). Support their initiatives e.g. recent introduction of vouchers for nicotine patches.

7. The GPs currently receive the £8 grant from GSSA for each consultation with no quality indicators being shown. Any increases to this grant should be made subject to certain criteria being met, such as audit, use of recommendations from PACT data, following agreed protocols. Regular evidence of this to be submitted to the GSSA.

8. Information Technology - this can be harnessed to become an integrated system which is more patient focused, and so allows access by GP practices, community pharmacists, MSG and Board of Health to relevant patient information.

9. Dispensing doctors - what added value is being obtained with this service?
(a) lack of choice;
(b) licensed premises (legislation);
(c) vested interest.

10. Prescription charges / One month rule - the current system would appear to be a reasonable compromise, since does not inhibit the use of prescribed drugs, and should generate similar income from chronic conditions as the mainland (£5.75 for 3 months supply).

* The accessibility of community pharmacies will help to improve patient attendance/involvement in these clinics/activities.

In addition to the above issues, those members who are contractors have expressed great concern over the many extra constraints and difficulties involved in operating community pharmacies in Guernsey. In particular they feel that existing margins should be improved rather than reduced. The fear is that a soft option approach will be taken to achieve cost reductions by reducing the margins on dispensed items. The current system has been established as fair in historical cost surveys, but these have not been maintained. Any apparent saving made in this way would be minimal and would certainly threaten the already fragile existence of Community Pharmacy operations in the island.