

Topical eye medicines:

- Guidance on prescribing using generic drug names in primary care in Humber and North Yorkshire

September 2024

MEETING:	Approved by: - Humber APC and North Yorkshire and York APC, - Integrated Pharmacy and Medicines Optimisation Committee
TITLE OF REPORT:	Topical eye medicines - Guidance on prescribing using generic drug names in primary care in Humber and North Yorkshire
MEETING DATE:	September 2024
ICS OBJECTIVES (mark applicable objectives with Y)	
	Improve outcomes in population health and healthcare
	Tackle inequalities in outcomes, experience and access
Y	Enhance productivity and value for money
Y	Help the NHS support broader social and economic development
ASSOCIATED HIGH PROFILE RISK	
Quality & performance	Change in preparation name for a significant proportion of patients currently using topical eye medicines. The change will be accompanied by supporting resources to reassure affected individuals, carers and family members.
Clinical	No proposed clinical change to existing drug treatments
Governance	Partnership engagement invited and received for ICS wide decision
Other	None identified
OTHER DETAILS	
Version number	Final version 1.00
Date	18 September 2024
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Group(s) involved in production	- HNY ICS Medication Commissioning and Value Group - HNY APCs' Formulary Sub-groups - Members of the HNY ICS Eyecare Clinical Network, including LOCs - HNY ICS Integrated Pharmacy & Medicines Optimisation Committee
Sponsoring Director	Dr Nigel WELLS
PURPOSE OF PAPER:	
Clinical engagement:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
For discussion:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Decision requested:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
For noting/information:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Financial implication:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

PURPOSE OF THE REPORT:

From a period of engagement that invited opinion and suggestions from local partners across Humber and North Yorkshire (HNY), an initial proposal on this subject received support in principle. With some minor but beneficial adjustments, that proposal has evolved into final guidance for consideration for approval by our two Area Prescribing Committees and their member organisations. If approved, it would be progressively adopted and implemented across Humber and North Yorkshire Integrated Care System, providing clear advice and a system wide request for primary care prescribing of topical eye preparations (specifically eye drops and eye ointments) to use generic drug names, but with specified exceptions.

The guidance identifies preparations or circumstances that would be exceptions to the general position, such as specific patient groups, or preparations where the use of generic naming may result in higher costs for the NHS (e.g. where generic products for non-medicines have a higher price in the NHS Drug Tariff).

Advising and supporting GP practices to ensure eye drops and eye ointments are prescribed generically, should aid the supply chain and help reduce prescribing costs for the local NHS.

Having engaged with local NHS trusts, secondary care providers within the ICS are expected to support this guidance by similarly prescribing these preparations generically. However, the financial benefits in hospitals are likely to be minimal due to existing beneficial procurement arrangements. Trusts' implementation of this change is reliant on prescribing systems and effective change from any habitual use of brand names; this may take time to embed.

EXECUTIVE SUMMARY:

Like most other medication where patent protection is no longer in place and there is no clinical reasoning to prescribe by brand, eye drops and eye ointments are suitable and safe to be prescribed and dispensed using generic names. Advising and supporting GP practices to ensure eye drops and eye ointments are prescribed generically should aid the supply chain and help reduce prescribing costs for the local NHS.

Other accepted generic prescribing terms can be used where appropriate to ensure specific formulations are dispensed where needed, e.g. preservative free, or unit doses. This final ICS guidance specifies exceptional circumstances where branded prescribing may be necessary for atypical circumstances, or where generic prescribing would be more costly than branded.

This guidance requests prescribers across Humber and North Yorkshire Integrated Care System to typically prescribe topical eye medication using generic drug names.

RECOMMENDATION:

1. That the Humber and North Yorkshire Area Prescribing Committees and Integrate Pharmacy And Medicines Optimisation Committee support the final guidance that topical eye medicines (with specified exceptions) are prescribed using generic drug names in primary care in Humber and North Yorkshire.

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1.0 Introduction

The standard practice for NHS prescribing within Humber and North Yorkshire is to use generic drug names. This has been standard practice for many years both locally and across the NHS in general. This helps in many ways, including through expansion of the number of branded and generic products that dispensing contractors can supply against a prescription. It also helps to improve NHS cost management by increasing the generic market that typically offers lower priced items and influences the NHS Drug Tariff prices. It is accepted that in general, generic prescribing is more economical for the NHS.

Different manufacturers are able to supply the UK market with a pharmaceutical product if they have a product license to do so. Each generic medicine must comply with exactly the same standards of quality, safety and efficacy as all medicinal products. They are produced in inspected plants under what is known as 'GMP' or 'Good Manufacturing Practice'. And, just like originator products, once a generic medicine is sold on the market, it must be monitored by the manufacturer in case any adverse reactions are reported. This all helps to assure clinicians, carers and patients of the quality, equivalence and safeguards for the products supplied. Licensed medicated topical eye preparations, including most prescription eye drops and eye ointments, are subject to manufacturing and supply standards.

Most topical eye drop and eye ointment medicines are prescribed using generic names both locally and nationwide.

There are exceptions, see appendix 1, where generic prescribing is not appropriate for clinical reasons, and also cases where it is not the most economical for the NHS:

- Clinical reasoning, such as confirmed significantly relevant variance in bioavailability between different brands of the same drug, important differences in ingredients, or specialist containers, may merit a specified branded product to be supplied to the patient on each occasion
- Where the NHS Drug Tariff prices (using generic names) would result in significantly higher costs to NHS drug budgets compared to the cost that would be paid if a specific brand was prescribed (each exception under this criterion will hereafter be considered by the IPMOC, drug by drug).

There are circumstances where a specific formulation or preparation is required, and typically this can be described using generic prescribing terms to ensure the patient receives that type of product, for example, preservative free or unit doses.

2.0 Financial Impact

Most branded topical eye medicines are more expensive than their generic counterparts. Recent analysis of local prescribing data has identified that prescribing these products using generic drug names will result in significant savings for NHS drug budgets in primary care. Importantly, sustained price differentials are in favour of generics, providing higher level assurance that this will be a long-term strategy, rather than one with an expectation that it will be reassessed and reversed within the next few years.

While most topical eye drop and eye ointment medicines are locally prescribed using their generic names, use of brands still offers significant savings potential. The estimated value for HNY from branded glaucoma products alone is around £266K a year. The HNY ICB Medicines Management/ Optimisation Teams estimate that realistically approximately 60% of this could be changed without great difficulty by the end of 2024/25. In primary care, available ICB resources will be used to support this change, aiming to minimise workload and disruption for GP practices in doing so. Additional savings exist with other eye drops and ointments, and will be pursued, but were not as easily calculated.

3.0 Risks and mitigation

- 3.1 A significant minority of the topical eye medicines prescribed on the NHS contain more than one active drug. In these cases, the generic prescription would name all the active drugs in the title of the item, resulting in a lengthy drug name. This may be confusing for staff and patients less experienced in eye care, but support and advice would be available from prescribers and dispensers to improve awareness prior, during and after change. A large proportion of multi-drug eye drops are already safely prescribed generically, and there is also argument that generic prescribing will reduce confusion and error.
- 3.2 Some topical eye medicines are formulated with different non-drug ingredients or presented in different containers for specific circumstances. Such specific features can be necessary for the individual patient involved, e.g. if they have an allergy to an eye drop preservative, or there is something advantageous about a specific shape of dropper bottle. The ability to prescribe and supply products with these special features needs to be maintained. In most cases, the use of accepted generic prescribing terms will allow the prescriber and dispenser to be clear on what product is required, e.g. specifying preservative free bottles, or unit dose containers, or in some cases relying on branded prescribing if necessary.
- 3.3 Recent review of local eye formularies has demonstrated that the prices of certain generic products, especially those not classed as medicines, are actually higher than for some equivalent branded products. Examples include hypromellose eye drops, which saw a marked increase in NHS Drug Tariff price once this product ceased to be listed as a medicine (it is now classed as an appliance). Such examples need to be identified and individually assessed to determine if the typical annual prescribing rate and the price difference (compared to readily accessible low-cost brands) merit the item being prescribed as a specified brand or brands. This is already in place for hypromellose eye drops and this exception should continue. In most cases these products can be purchased direct by patients, at low cost and without the need for a prescription; the ICB would expect self-funded self-care to be encouraged in both primary and secondary care.

4.0 Proposed recommendations

- A. That the Humber and North Yorkshire Area Prescribing Committees and Integrate Pharmacy And Medicines Optimisation Committee support the final guidance that topical eye medicines (with specified exceptions) are prescribed using generic drug names in primary care in Humber and North Yorkshire.

SEE APPENDICES

Appendix 1: Exceptions to generic prescribing of topical eye medicines

Appendix 2: Ophthalmology products – brand and generic names

APPENDIX 1: Exceptions to generic prescribing of topical eye medicines

Partners in Humber and North Yorkshire Integrated Care System anticipate that the vast majority of prescribe topical eye medicines will be prescribed generically, with frequency of exceptions for clinical reasons or individual patient circumstances to be very low.

Clinical Reasoning

- None identified at date of publication, but see individual patient scenarios below

Financial Reasoning

- Carbomer eye gel see [NYY Ocular Surface Disease prescribing guidance](#)
- Carmellose eye drops see [NYY Ocular Surface Disease prescribing guidance](#)
- Hypromellose eye drops see [NYY Ocular Surface Disease prescribing guidance](#)
- Paraffin based eye ointments see [NYY Ocular Surface Disease prescribing guidance](#)
- Perfluorohexyloctane eye drops see [NYY Ocular Surface Disease prescribing guidance](#)
- Sodium hyaluronate eye drops see [NYY Ocular Surface Disease prescribing guidance](#)

Humber Area Prescribing Committee [PRESCRIBING GUIDELINES FOR OCULAR LUBRICANT \(northernlincolnshireapc.nhs.uk\)](#) "Where no brand is listed, more than one generic preparation is available, preparations with the lowest acquisition cost should be used".

Individual Patient Scenarios

- The Royal College of Ophthalmologists advocate that commissioners recommend the use of generic medication where appropriate, given the potential cost savings. However, commissioners should be aware that:
 - If a patient with stable glaucoma is tolerating branded medication well, it may not be appropriate or cost effective to switch to a generic version of that medication
 - The different appearance of the bottle may cause confusion especially with the visually impaired, and the bottle may not be as easy for the patient to use
 - Switching to generic medication may prompt extra monitoring visits - there will be costs associated with this
 - Patients should receive instruction on the correct use of eye drop administration aids
 - Patients may need different eye drop administration aids if their drops are changed because generic bottles are not necessarily the same size, rigidity or shape and may not fit the present administration aid
 - Any adverse events observed on a switch to a general medication should be reported through the yellow card scheme.
- Patient compliance and concordance should be supported. Where a patient insists on receiving a specified brand from their pharmacy due to perceived better tolerance or efficiency, the practice should consider approving requests for branded prescribing of the eye preparation to reduce real risk of non-compliance.
- [Your local eye products formulary can be accessed via NetFormulary](#)
- [Please submit suggested alterations to this appendix to HNY ICB Medicines Management/Optimisation Team](#)

APPENDIX 2: Ophthalmology Products - Brand and Generic names

The following lists provides the branded and generic names for many, but far from all, of the commonly used topical ophthalmology medicines used in primary care in Humber and North Yorkshire (HNY). With the agreement of secondary care partners in HNY, all of these branded treatment options can prescribed by primary care using their generic name, **unless the request has a specified and reasonable reason for prescribing the brand.**

It is the request of the Integrated Care System that these are prescribed generically, where appropriate, and requests for prescribing should also be written generically.

Brand name	Generic name
Alphagan	Brimonidine
Azarga	Brinzolamide/Timolol
Azopt	Brinzolamide
Betagan	Levobunolol
Betoptic	Betaxolol
Brymont (discont.)	Brimonidine
Combigan	Brimonidine/Timolol
Cosopt	Dorzolamide/Timolol
DuoTrav	Travoprost/Timolol
Eylamdo	Dorzolamide/Timolol PF
Eyreida	Bimatoprost PF
Eysano	Timolol PF
Eyzeetan	Bimatoprost/Timolol PF
Fixaprost	Latanoprost/Timolol
Ganfort	Bimatoprost/Timolol
Lumigan	Bimatoprost
Medizol (discont.)	Latanoprost
Monoprost	Latanoprost
Saflutan	Tafluprost
Simbrinza	Brinzolamide/Brimonidine
Taptiqom	Tafluprost/Timolol
Timoptol	Timolol
Tiopex	Timolol
Travatan	Travoprost
Trusopt	Dorzolamide
VisuTRAX	Travoprost PF
Vizidor	Dorzolamide PF
Vizidor Duo	Dorzolamide/Timolol PF
Xalacom	Latanoprost/Timolol
Xalatan	Latanoprost
Zimed	Bimatoprost PF

Generic name	Brand name
Betaxolol	Betoptic
Bimatoprost	Lumigan
Bimatoprost PF	Eyreida
Bimatoprost PF	Zimed
Bimatoprost/Timolol PF	Eyzeetan
Bimatoprost/Timolol	Ganfort
Brimonidine	Alphagan
Brimonidine	Brymont (discont.)
Brimonidine/Timolol	Combigan
Brinzolamide	Azopt
Brinzolamide/Brimonidine	Simbrinza
Brinzolamide/Timolol	Azarga
Dorzolamide	Trusopt
Dorzolamide PF	Vizidor
Dorzolamide/Timolol	Cosopt
Dorzolamide/Timolol PF	Eylamdo
Dorzolamide/Timolol PF	Vizidor Duo
Latanoprost	Medizol (discont.)
Latanoprost	Monoprost
Latanoprost	Xalatan
Latanoprost/Timolol	Fixaprost
Latanoprost/Timolol	Xalacom
Levobunolol	Betagan
Tafluprost	Saflutan
Tafluprost/Timolol	Taptiqom
Timolol	Timoptol
Timolol	Tiopex
Timolol PF	Eysano
Travoprost	Travatan
Travoprost PF	VisuTRAX
Travoprost/Timolol	DuoTrav

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