

Guidance on prescribing

General guidance

Medicines should be prescribed only when they are necessary, and in all cases the benefit of administering the medicine should be considered in relation to the risk involved. This is particularly important during pregnancy, when the risk to both mother and fetus must be considered. It is important to discuss treatment options carefully with the patient to ensure that the patient is content to take the medicine as prescribed. In particular, the patient should be helped to distinguish the adverse effects of prescribed drugs from the effects of the medical disorder. When the beneficial effects of the medicine are likely to be delayed, the patient should be advised of this.

For guidance on medicines optimisation, see Medicines optimisation p. 18.

Never Events Never events are serious and avoidable medical errors for which there should be preventative measures in place to stop their occurrence.

The NHS Never Events policy and framework can be viewed at: improvement.nhs.uk/documents/2265/Revised_Never_Events_policy_and_framework_FINAL.pdf.

For never events related to single drugs or drug classes, BNF Publications contain information within the monographs, in the important safety information section.

Prescribing competency framework The Royal Pharmaceutical Society has published a Prescribing Competency Framework that includes a common set of competencies that form the basis for prescribing, regardless of professional background. The competencies have been developed to help healthcare professionals to be safe and effective prescribers, with the aim of supporting patients to get the best outcomes from their medicines. It is available at www.rpharms.com/resources/frameworks/prescribers-competency-framework.

Biological medicines

Biological medicines are medicines that are made by or derived from a biological source using biotechnology processes, such as recombinant DNA technology. The size and complexity of biological medicines, as well as the way they are produced, may result in a degree of natural variability in molecules of the same active substance, particularly in different batches of the medicine. This variation is maintained within strict acceptable limits. Examples of biological medicines include insulins and monoclonal antibodies. **EvGr** Biological medicines must be prescribed by brand name and the brand name specified on the prescription should be dispensed in order to avoid inadvertent switching. Automatic substitution of brands at the point of dispensing is not appropriate for biological medicines. **⚠**

Biosimilar medicines

A **biosimilar medicine** is a biological medicine that is highly similar and clinically equivalent (in terms of quality, safety, and efficacy) to an existing biological medicine that has already been authorised in the European Union (known as the reference biological medicine or originator medicine). The active substance of a biosimilar medicine is similar, but not identical, to the originator biological medicine. Once the patent for a biological medicine has expired, a biosimilar medicine may be authorised by the European Medicines Agency (EMA). A biosimilar medicine is not the same as a generic medicine, which contains a simpler molecular structure that is identical to the originator medicine.

Therapeutic equivalence **EvGr** Biosimilar medicines should be considered to be therapeutically equivalent to the originator biological medicine within their authorised indications. **⚠** Biosimilar medicines are usually licensed for all the indications of the originator biological medicine, but this depends on the evidence submitted to the EMA for authorisation and must be scientifically justified on the basis of demonstrated or extrapolated equivalence.

Prescribing and dispensing The choice of whether to prescribe a biosimilar medicine or the originator biological medicine rests with the clinician in consultation with the patient. **EvGr** Biological medicines (including biosimilar medicines) must be prescribed by brand name and the brand name specified on the prescription should be dispensed in order to avoid inadvertent switching. Automatic substitution of brands at the point of dispensing is not appropriate for biological medicines. **⚠**

Safety monitoring Biosimilar medicines are subject to a black triangle status (**▼**) at the time of initial authorisation.

EvGr It is important to report suspected adverse reactions using the Yellow Card Scheme (see Adverse reactions to drugs p. 12). For all biological medicines, adverse reaction reports should clearly state the brand name and the batch number of the suspected medicine. **⚠**

UK Medicines Information centres have developed a validated tool to determine potential safety issues associated with all new medicines. These 'in-use product safety assessment reports' will be published for new biosimilar medicines as they become available, see www.sps.nhs.uk/home/medicines/.

National funding/access decisions The Department of Health has confirmed that, in England, NICE can decide to apply the same remit, and the resulting technology appraisal guidance, to relevant biosimilar medicines which appear on the market subsequent to their originator biological medicine. In other circumstances, where a review of the evidence for a particular biosimilar medicine is necessary, NICE will consider producing an evidence summary (see *Evidence summary: new medicines*, www.nice.org.uk/about/what-we-do/our-programmes/nice-advice/evidence-summaries-new-medicines).

National information In England, see www.nice.org.uk/Media/Default/About/what-we-do/NICE-guidance/NICE-technology-appraisals/biosimilars-statement.pdf.

In Northern Ireland, see niformulary.hscni.net/managed-entry/biosimilars/.

In Scotland, see www.scottishmedicines.org.uk/About_SMC/Policy_statements/Biosimilar_Medicines.

In Wales, see www.wales.nhs.uk/sites3/Documents/814/BIOSIMILARS-ABUHBpositionStatement%5BNov2015%5D.pdf.

Availability The following drugs are available as a biosimilar medicine:

- Adalimumab p. 1170
- Bevacizumab p. 909
- Enoxaparin sodium p. 142
- Epoetin alfa p. 1073
- Epoetin zeta p. 1075
- Etanercept p. 1175
- Filgrastim p. 1089
- Follitropin alfa p. 785
- Infliximab p. 1179
- Insulin glargine p. 757
- Insulin lispro p. 754
- Rituximab p. 933
- Somatropin p. 788