SESLHD POLICY COVER SHEET

Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Use of Generic Medications
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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Dr Jo Karnaghan Director, Clinical Governance and Medical Services Directorate, SESLHD
AUTHORS	Amy Minett, Acting SESLHD Quality Use of Medicines Lead Pharmacist Katie Hargreaves, SESLHD Quality Use of Medicines Lead Pharmacist On behalf of the SESLHD Quality Use of Medicines Committee
POSITION RESPONSIBLE FOR THE DOCUMENT	SESLHD Quality Use of Medicines Lead Pharmacist SESLHD-DrugCommittee@health.nsw.gov.au
KEY TERMS	Generic, brand, medication, medicine, purchasing pharmaceuticals, pharmacy
SUMMARY	The policy outlines requirements for the use of generic medications in SESLHD facilities.

Feedback about this document can be sent to seslhd-executiveservices@health.nsw.gov.au

1. POLICY STATEMENT

Generic medications must be purchased and utilised at all times where available and clinically appropriate. SESLHD pharmacies are required to purchase pharmaceuticals in accordance with the supply contracts arranged by the NSW State Contracts Control Board. Purchasing of generic medications under this policy must be compliant with the NSW Procurement contract.

2. AIMS

Standardised utilisation of generic medications across SESLHD facilities.

3. DEFINITIONS

Brand or trade name medication: the original medication patented and registered in Australia for a specified active ingredient.

Generic equivalent medications (or generic): Generic medications share the following properties with an off-patent brand or trade name medication:

- the same active ingredient and pharmaceutical form
- has the same therapeutic response and bioequivalence, and
- has the same safety and efficacy properties.

4. TARGET AUDIENCE & RESPONSIBILITIES

This policy is applicable to all public hospital and community health facilities in SESLHD.

4.1 Pharmacists and pharmacy staff will:

- Order and supply generic medications for all off-patent medications where available on the NSW Procurement contract, unless:
  - any of the exceptions listed under section 5.1 apply, or
  - there is Individual Patient Use (IPU) approval for use of the brand name product.
- Where there is clinical requirement for use of a specific brand, document the reasoning on the patient's medication chart and in the health care record.
- Escalate/alert the Director of Pharmacy if stock shortages prevent ordering of generic medications.

4.2 Directors of pharmacy or Senior Pharmacists will:

- Review, audit and report on medication supply/ordering to ensure adherence to this policy.

4.3 Prescribers will:

- Prescribe using the medication's generic name
- Complete an IPU application form, as per *SESLHDPD/183 Medicine: Drug Formulary Policy*, where a brand name product is specifically requested to be initiated for an individual patient on clinical grounds

- Where there is clinical requirement for use of a specific brand, document the reasoning on the patient's medication chart and in the health care record.

4.4 General Managers/Service Managers will:

- Oversee medication supply/ordering processes to ensure optimal utilisation of generic medications and adherence to this policy.

5. POLICY

5.1 Exemptions to policy

Exceptions to the use of generic medications include:

- Where a brand name product is on the NSW Procurement Contract and/or a brand name product is available at a lower price
- Specified high risk medications (e.g. hydromorphone), as outlined in *NSW Ministry of Health Policy Directive PD2019_058 - High-Risk Medicines Management Policy*
- Where it is clinically inappropriate to change an individual patient's current treatment, for example:
  - Where there are differences in bioavailability between products and switching to a generic product may adversely affect the patient's therapeutic drug levels.
  - Where a patient is intolerant to an excipient in a specific generic product.
- Specific medication formulations only available as brand name medications are required for compounding or non-aseptic manufacturing purposes
- Where stock shortages limit access to generic medication options. Whenever possible, ensure a suitable substitute is purchased at the contract price. Use of generic medication options should be recommenced as soon as possible.

Individual requests to initiate a specific brand medication over the available generic equivalent must be managed through the Individual Patient Use (IPU) application and approval process, outlined in *SESLHDPD/183 Medicine: Drug Formulary Policy.*

The use of biosimilar medications is not within the scope of this policy.

5.2 Compliance

All SESLHD pharmacies are required to undertake audits of the supply/ordering of selected medications to demonstrate compliance with this policy at a frequency agreed with their General Manager/Service Manager.

Variances from this policy identified in the above audits, where brand name products have been ordered/supplied over a generic alternative, must be reported to the facility General Manager/Service Manager, including:

- reasons for each product variance as per section 5.1
- cost differential between the brand name and generic medication alternative.

6. DOCUMENTATION

Appropriate documentation in the patient's health care record and medication chart.

7. REFERENCES

SESLHDPD/183 Medicine: Drug Formulary Policy
NSW Ministry of Health Policy Directive PD2013_043: Medication Handling in NSW Public Health Facilities
NSW Ministry of Health Policy Directive PD2019_058: High-Risk Medicines Management Policy
NSW Ministry of Health Policy Directive PD2012_068: Outpatient Pharmaceutical Arrangements and Safety Net Arrangements
NSW Health Procurement c902 Contract Guide V5

8. REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval
September 2019	DRAFT 0.1	Amy Minett – Acting Quality Use of Medicines Lead Pharmacist
November 2019	0.2	Katie Hargreaves - Quality Use of Medicines Lead Pharmacist Feedback incorporated. Approved by Executive Sponsor.
December 2019	0.2	Formatted and links reviewed by Executive Services. To be tabled at February 2020 Quality Use of Medicines Committee for approval to publish.
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