## NHS dictionary of medicines and devices

# Background to proposal to change the values for the VMP prescribing status

## 30 September 2016

#### Overview

The NHS dictionary of medicines and devices (dm+d) has been developed for use throughout the NHS, in both primary and secondary care, as a means of uniquely identifying medicines and devices used in the diagnosis or treatment of patients. It contains categorical information about the medicines and devices included and supports the use cases of prescribing, dispensing, reimbursement, administration of a medicinal product, electronic data interchange of prescription and dispensing information and the application of aspects of drug knowledge via an ontology.

The dm+d data set contains an attribute on the Virtual Medicinal Product concept called the 'Virtual Medicinal Product Prescribing Status'. The attribute currently has six possible values:

- valid as a prescribable product
- invalid to prescribe in NHS primary care
- never valid to prescribe as a VMP
- VMP not recommended to prescribe brands not bioequivalent
- VMP not recommended to prescribe patient training required
- VMP not recommended to prescribe -no published specification

Applying the values to some VMPs can be complex. The values that indicate 'VMP not recommended to prescribe' have been particularly contentious with several issues being raised by users of dm+d (in both primary and secondary care). These values are intended to indicate products where there are recommendations from authoritative sources that generic prescribing of the product should be avoided. There are sometimes differences in the interpretation of the strength of the evidence for risks to patients from generic prescribing of particular products, and this can lead to uncertainty about whether a specific value for the VMP prescribing status should be applied. There are also products where prescribing by generic name may be appropriate for some, but not for all, patients. It is not possible to represent this adequately using the current values for the attribute.

### Proposal

Having considered information supplied by issue raisers and following discussions with the Medicines and Healthcare products Regulatory Agency (MHRA), the dm+d Content Committee is proposing that the three 'VMP not recommended to prescribe' values should be 'retired' and instead be replaced with a single value.

The values that would be retired are:

- VMP not recommended to prescribe brands not bioequivalent
- VMP not recommended to prescribe patient training required
- VMP not recommended to prescribe -no published specification

The new value would be:

Caution – AMP level prescribing may be advised

To help us to make an informed decision on whether to make these changes, we would welcome your feedback on whether you support this proposal and on the impact that the changes would have on you.

The dm+d Content Committee is also seeking feedback on the impact of retiring the VMP prescribing status attribute completely in the longer term. At this point no decision has been made to remove the attribute and we would like your views on whether users consider it an essential part of the dm+d and its implementation into systems.

#### How to respond

You can respond online using the consultation survey here

The consultation will close on 14 November 2016.

We will publish an initial summary of our findings within 12 weeks of the consultation close date.

The information you provide in your response will only be used by the NHSBSA, NHS Digital and the dm+d Content Committee for purposes relating to this consultation. However, the information you send us may be passed to other parts of Government. Responses will also be made public to support transparency in our decision making. This will include the name of your organisation and, with your permission, your name. If you consent to our publishing your name, you can let us know in the 'About you' questions at the end of the survey. We will not publish personal contact details. Any information provided in response to this consultation could also be made publicly available if necessary as the result of a Freedom of Information request.

If you have any queries, please email <u>nhsbsa.dmdenquiries@nhs.net</u>.

#### A. Replacing three values for the VMP prescribing status with a new value

We would introduce a new value 'Caution – AMP level prescribing may be advised' that would be applied to licensed medicinal products and to medical devices in the following circumstances:

- A. the VMP represents AMPs that are licensed medicinal products where there may be issues with inter-changeability between innovator and generic products, or where continuity of supply is desirable for clinical reasons
- B. the VMP is a medical device (including Drug Tariff appliances) where the VMP name is an approved non-proprietary name but it cannot be assumed that devices prescribed using the VMP name will be equivalent

The three current values (VMP not recommended to prescribe - brands not bioequivalent; VMP not recommended to prescribe - patient training required; and VMP not recommended to prescribe -no published specification) would then no longer be required and would be retired.

The explanatory note in Appendix 1 would be included in the dm+d editorial policy to inform users about when the 'Caution – AMP level prescribing may be advised' value would apply to a VMP.

### B. Removing the VMP prescribing status attribute completely

We want your views on the potential impact of discontinuing the VMP prescribing status attribute and all of the allocated values. The dm+d data would then not support the identification of generic concepts (VMPs) where:

- a product prescribed using the VMP name on an 'FP10' prescription would not be reimbursed
- components of a multipack that are not individually marketed should not be prescribed as a separate component
- there is no approved non-proprietary name for the product i.e. the VMP is unsuitable to use for prescribing
- it may be advised to prescribe the product by proprietary name or non-proprietary name + supplier

The current editorial policy for the VMP prescribing status is reproduced as Appendix 2. This provides more information on how the current values are assigned and how we would expect them to be used in implementations.