

Same drug, different names?

Generic and brand name

When a drug company develops a new drug, only they can sell the drug for a period of time under a brand name given by the company. For example, 'Tegretol' is one of the brand names of the drug 'carbamazepine'. After this time, other companies can apply for a licence to produce the same drug, but they are not allowed to call it by the same brand name. They have to use the generic (the chemical) name of the drug.

Are generic drugs as effective as branded drugs?

All generic drugs supplied under the NHS are subject to the same strict licensing and controls as branded medicines. They all should contain the same 'active' ingredients (ie the ingredients that control your seizures) as branded versions but there can sometimes be small differences. For example, generic drugs are often manufactured by more than one company. This can mean different manufacturing conditions although there are strict quality controls imposed by the NHS. It can also mean using slightly different binding materials or coating, known as 'inactive ingredients'.

Generic drugs may look different and will come in different packaging.

Can this affect seizure control?

A different coating or binding material may make a difference as to how quickly or slowly the drug is absorbed. In some cases, this may result in new side effects or a breakthrough seizure. If you have been seizure free for a long period, the consequences of a breakthrough seizure can be very serious. This could, for example, mean the loss of your driving licence or you being admitted to A&E.

What you can do

Epilepsy Scotland advocates that people with epilepsy should continue to have 'consistent prescribing' irrespective of what anti-epileptic drug(s) (AED) you take.

This means that doctors should not prescribe a mix of branded and generic versions of a drug as this can sometimes lead to breakthrough seizures.

If you started off on a branded version, ask your doctor to always write the brand name on your prescription. Your pharmacist will then have to dispense what is on the prescription and cannot substitute a brand name with a generic version.

If you started off on a generic version, request that your doctor also writes the manufacturer's name on the prescription. This is the only way you can ensure you will get the same generic version every time. This is particularly important if there are a number of manufacturers making the same generic drug.

Medicines and Health Care Products Regulatory Authority (MHRA) guidelines

Epilepsy Scotland's view on 'no substitution for any AED' varies slightly from the official regulatory body, the MHRA. Their recent new guidelines suggest that some AEDs can be safely substituted. To assist doctors when issuing prescriptions, they have introduced 3 categories in relation to the substitution of AEDs:

Category 1: If the drug you are taking falls within this category, your doctor will have no option but to prescribe the exact version you are on. Drugs from category 1 must not be substituted. These are **phenytoin, carbamazepine, phenobarbital and primidone**.

Category 2: Substitution of drugs from this category is left to your doctor's clinical judgement taking into account factors such as seizure frequency and treatment history. You should, however, be given a chance to raise any concerns you may have about substitution. Drugs that fall within this category are **valproate, lamotrigine, perampanel, retigabine, rufinamide, clobazam, clonazepam, oxcarbazepine, eslicarbazepine, zonisamide and topiramate**.

Category 3: Drugs from this category are considered to be safe to be switched. Your doctor can still make a decision of no substitution if you are particularly

anxious about a switch, if there is a risk of confusion or a risk of a dosing error. These are **levetiracetam, lacosamide, tiagabine, gabapentin, pregabalin, ethosuximide and vigabatrin.**

Remember, branded drugs are not 'better' than generic drugs; it is just what your body is used to. Many people will be ok when switched to a different version but there is no way of telling who may or may not have a breakthrough seizure. That is why we at Epilepsy Scotland have a stricter view and are advocating a complete substitution ban on all AEDs. If your drug is a category 2 or 3 drug and you are concerned about a switch, speak to your doctor. If necessary, make an appointment with your neurologist who may be able to give further advice to your GP on possible substitution as it relates to your particular circumstances.

Parallel imports

You may notice that your drug has the same name but comes in a different package. The wording may also be in a foreign language and the packaging may have a sticky label with instructions in English on it. This is because some drug companies also produce drugs in factories abroad.

Medicine wholesalers can sometimes buy drugs from an overseas factory cheaper than buying from a UK factory to supply pharmacies in the UK. This is called parallel importing.

Any drug with the same name should, in theory, be the same irrespective of where it has been made. However, there can be some small differences leading to similar issues mentioned above with generic drugs. Different storage conditions during the process of exporting/importing may also sometimes affect a drug's quality.

Getting a package that looks different to your normal medication can cause unnecessary alarm and stress, particularly to vulnerable people as they may worry they have been given the wrong medication.

Please note that some drugs are only made abroad and will always come in a foreign package.