

Perception of Medical Professionals and Pharmacists towards Generic and Branded Drugs

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Abstract

Background: Doctors and pharmacist are in a state of dilemma at the time of prescribing and dispensing medicines. The Government of India is pushing the adoption of generic medicines to lower down the cost of treatment and the perception of the medical practitioners and the pharmacists can play a crucial role in the implementation of this initiative.

Aim and Objective: To understand the factors affecting the prescription of drugs among medical professionals. To understand the factors affecting the dispensing of drugs, To study determinants of prescription of generic drugs.

Methodology: A study is been conducted on doctors and pharmacist were the sample size was taken as 100, it is a purposive study where the data is been collected through questionnaires. Out of 100 participants, 50 were Doctors and 50 were pharmacist. The analysis of the data is performed in SPSS V20.

Result: Out of 100, About 59% of participants perceived that generic drugs are as effective as original drugs. However, interestingly, when they were asked if they ever experienced the difference in quality between the two, 23% participants believed that the generic drugs were not as efficacious Only 64% of the participants agreed that generic drugs are as safe as original drugs. About 46% of participants agreed that most of the generic drugs lack the quality of their branded counterparts. About 70% felt that more confidence should be built among patients about generic medicines. A majority of physicians and pharmacist 61% considered the socioeconomic status of the patient while prescribing medicines. About 24% of the doctors and pharmacist think that generic drug has a high side effect compare to branded drug, whereas 64% says that the generic drug does not have much side effect. About 47% of the doctors and pharmacist think that they have high efficacy were as 47% thinks that the efficacy level of the drug is low compare to the branded drug.”

Conclusion: This study found a gap between knowledge score and generic prescription practices. This can be improved by the combined approach of Information, Education and Communication (IEC).

Keywords: *Generic Medicine, Branded Medicine, Pharmacist, Doctor.*

Introduction

Prescription cost of medicines has increased

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drastically in the last decade and pharmacy outlets are looking for means for cost minimization by adopting generic fill rate⁽¹⁾. Even in India also generic medicines have been considered as a tool to improve access to medicines for poor population⁽²⁾. A generic drug is a drug that is made and distributed without a patent. Formulation of the generic drug may be patented but its active ingredient is not patented. Generic medicines are not inferior in quality to any branded medicines and are as effective⁽³⁾ as branded medicines. Even their

dosage, side-effects, active ingredients etc. are similar to all branded medicines⁽⁴⁾. Generic medicines have to go through all strict procedures of quality standards before they are licensed to market.

For the treatment of a particular disease, it is recommended to give a chemical element/compound as a special medicine after all the research. Different companies sell different names to this element. The name of generic medicines is determined by an expert committee based on the name of the active ingredient present in that medicine. The generic name of the medicine is the same all over the world.

Benefits of generic medicines:

- Generic medicines are cheaper than branded medicines. With this, you can save a significant price every month.
- Generic medicines reach the buyer directly.
- Nothing is spent on the publicity of these drugs. So they are cheap.
- The government decides the price of these medicines themselves.

Generic medicines have the same effect, dosage and effects as branded drugs.

Difference between branded generic and generic drugs: The difference between the two is just the name. One is sold with a brand name and the other is sold with a generic name. But the reality is that both these are generic medicines, which are being made after the patent expires. Generic medicines are sold without any trademark or generic name instead of a brand name. The International Nonproprietary Name (INN) is a unique name given to identify pharmaceutical substances or active pharmaceutical ingredients.

National Drug Pricing Authority: The establishment of the National Drug Pricing Authority (NPPA) was conceived in 1994, based on the discussion in Parliament, in the order of the liberal procedure as prescribed in the amendments to the Drug Policy 1986. Approving the resources in the Drug Policy, 1986, the Cabinet-Committee on Economic Affairs approved the establishment of an independent body of subjects called the National Drug Pricing Authority in September 1994 and the NPPA in its light. Approved the establishment of the authority and the Government Resolution on the handing over of specialized works was notified on 29

August 1997. Thus the N.P.P.A. The date became fully functional from August 29, 1997.

Methodology

The study was undertaken to understand the perception of medical professionals and pharmacists about generic drug and branded drug. The study also aims at identifying determinants of prescription.

Study setting: The study was carried out at Nagpur city in Maharashtra State during the period November 2019 – February 2020.

Sampling: Purposive Sampling was performed to access a particular subset of people.

Inclusion criteria: Should have a minimum of 1 year of experience as a clinical practitioner or should be working in a pharmaceutical shop for more than 1 year.

Exclusion criteria: Students who are pursuing there a career for becoming Doctor or pharmacist, should not have any experience and not be an intern.

Sampling: A total of 100 samples were taken out of which 50 were Doctors and 50 were Pharmacist.

Doctors who are working in their clinic or are working in a government or private hospitals data is collected from them.

A pharmacist who is having their shops or are working in another shop and are registered under the pharmacy council of India, the questionnaire is circulated among them

The need for study:

1. To understand the factors affecting the prescription of drugs among medical professionals.
2. To understand the factors affecting the dispensing of drugs
3. To study determinants of prescription of generic drugs

Statistical Tools: The tools that were used in SPSS V20, MS Excel.

Study tool: The study tools that are been used are Questionnaires, literature review, observation and in-depth interview of the pharmacist as well as the doctors.

Primary data: Data has been collected through questionnaires. A Google form is prepared and is been circulated between doctors and pharmacist who are having experience minimum of 1 year.

Secondary: The secondary data was collected through journals and magazines which are verified.

Analysis: The analysis of the data is done by representations of charts and graphs.

Analysis and Interpretation:

Table 1: Ask for Generic

	Frequency	Percent	Valid Percent	Cumulative Percent
Often	13	13.0	13.0	13.0
Sometimes	36	36.0	36.0	49.0
Never	47	47.0	47.0	96.0
Always	4	4.0	4.0	100.0
Total	100	100.0	100.0	

Table 2: Ask for Branded

	Frequency	Percent	Valid Percent	Cumulative Percent
Often	12	12.0	12.0	12.0
Sometimes	40	40.0	40.0	52.0
Never	37	37.0	37.0	89.0
Always	11	11.0	11.0	100.0
Total	100	100.0	100.0	

Table 3: Confidence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	70	70.0	70.0	70.0
	Disagree	13	13.0	13.0	83.0
	Neutral	17	17.0	17.0	100.0
	Total	100	100.0	100.0	

Table 4: Explanation to Patient

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Often	11	11.0	11.0	11.0
	Sometimes	43	43.0	43.0	54.0
	Never	35	35.0	35.0	89.0
	Always	11	11.0	11.0	100.0
	Total	100	100.0	100.0	

Table 5: Education Level

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	64	64.0	64.0	64.0
No	25	25.0	25.0	89.0
Do Not Know	11	11.0	11.0	100.0
Total	100	100.0	100.0	

Table 6: Socioeconomical

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	61	61.0	61.0	61.0
No	25	25.0	25.0	86.0
Do Not Know	14	14.0	14.0	100.0
Total	100	100.0	100.0	

Discussion

This study was undertaken in 100 participants to evaluate the perception of prescribers and dispensers toward generic and original drugs. The study participants were the Doctors and pharmacist. At 100 in number, Doctors and pharmacist were the highest participants with a clinical experience of 1–5 years. The reason for this could be that they were readily willing to participate in the study and present in the hospital premises at most times. About 59% of participants perceived that generic drugs are as effective as original drugs. However, interestingly, when they were asked if they ever experienced the difference in quality between the two, 23% of participants believed that the generic drugs were not as efficacious. We can, thus, conclude that there is a clear gap identified between the knowledge and perception of generic versus original drugs.

When asked about how many patients specifically ask for a generic drug it is been observed that only 4% of patient specifically ask for the generic drug whereas only 11% patient specifically asks for the branded drug. Whereas 40% never ask for a generic drug. Only 11% of the doctor and pharmacist explain the generic drug to the patient were like 35% of the doctors and pharmacist never give explanation about the generic drug to the patient.”

Only 64% of the participants agreed that generic drugs are as safe as original drugs. About 46% of participants agreed that most of the generic drugs lack the quality of their branded counterparts. About 70%

felt that more confidence should be built among patients about generic medicines. A majority of physicians and pharmacist 61% considered the socioeconomic status of the patient while prescribing medicines. If the patient could afford, then the majority of participants preferred to prescribe original brand drug against those who referred to prescribe the generic drug. About 24% of the doctors and pharmacist think that the generic drug has a high side effect compare to branded drug, whereas 64% says that a generic drug does not have much side effect. About 47% of the doctors and pharmacist think that they have high efficacy were as 47% thinks that the efficacy level of the drug is low compare to the branded drug.”

A majority of participants perceived that there was a significant difference between the price of generic and original brand drugs. Nearly similar findings were reported by studies done in different countries such as Australia, Iraq, and Malaysia. In one article, authors classify industry to innovating pharmaceutical companies and generics producers. It was interesting to note that a majority of healthcare providers were willing to substitute generic drugs but not for all the cases they treated, thus reinforcing the clear difference in the perception of the efficacy of two classes of the drugs. Physicians were doubtful about the efficacy of the generic drugs, which in turn shows the lack of confidence for the use of such drugs and lack of knowledge regarding generic drugs. This finding also corresponds to the earlier work where physicians were found to prescribe most of the medicines with their brand names⁽⁵⁾. ”The overall results also corresponds to a study done in Bangladesh

where it was found that the medical practitioners⁽⁶⁾ and pharmacy students were knowledge deficit about the various aspects of generic medicines⁽⁷⁾. Moreover the instances of patients switching back to branded drugs after opting for generic medicines are also noticed in the earlier studies⁽⁸⁾.

We suggest that this could be overcome by training medical professionals at the undergraduate level by making curricular innovations. Basic information on health policy, pharmaceutical policy, essential drug list, innovators and generic medicines, and their availability and affordability should be provided. Health-care providers also doubted the efficacy of the quality of generic drugs although they thought it was cheaper. This could probably be owing to poor quality control of some generics. More number of medical representative visits resulting in more promotion of drugs by noncommercial sources could be the reason. We have also tried to understand the difference in the perspectives of various specialties toward prescription of generic and original drugs. As medical representatives visited doctors more frequently, they were the most common sources of drug information.”

Conclusion

“Although a good percentage of doctors and pharmacist had good knowledge and attitude about generic medicines and the majority of them said that they prescribe/Dispense generic drugs but there was a meaningful proportion who expressed concerns about them. These beliefs could represent a significant hurdle to larger generic use and could lead to increased health-care expenses. Above all, it was observed in this study that the efficacy, safety, and quality profile of the medicine was the most important factor considered by physicians and pharmacist when they prescribe/Dispense drugs. A sustainable generic pharmaceutical market requires active regulatory measures to build confidence among the physicians to prescribe them without any doubt. We would recommend conducting similar studies among health-care providers from private practice to understand their prescribing practices and find ways to improve them to reduce drug expenditures in a no medical reimbursement situation.”

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