

# An Exploratory Study of Generic Medicines in Urban Central Gujarat Region

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## ABSTRACT

A questionnaire based survey study was conducted to understand the perception about the generic medicines in medical practitioner's mind of urban Madhya Gujarat region precisely Vadodara, Dahod and Godhra. It was a questionnaire based study intended to understand exactly what medical practitioner thinks about generic medicines i.e. efficacy, quality, safety, availability, etc. The results of the study show that the doctors are not so clear and confident about these aspects regarding generic medicines. It was presumed by many doctors that generic medicines are inferior in quality than branded ones. Majority of doctors agreed upon the affordability issue when we talk about medicines. It was found that the doctors had lack of proper knowledge and awareness about generic medicines. In a country like India where you have out-of-pocket expenditure on healthcare so high it is the urgent need of the hour to decrease it. Generic medicines are one of the most effective tools for that purpose. Creating awareness about generic medicines among the medical fraternity about generic medicines was felt necessary. Educational programs, Seminars and campaigns from the state side as well as from the generic medicine producer companies' side can be helpful for clearing doubts or myths about generic medicines among doctors. This very effort can really help to create a consensus for 'writing prescription by generic name only rule' for private medical practitioners also.

**Keywords:** Questionnaire, generic medicines, medical practitioners, Vadodara, Godhra, Dahod

## I. INTRODUCTION

The price differential between branded and generic medicines is very high. It is not at all legally required to prescribe the branded medicines after the patent is expired. Even among generic medicines of different brands the differential remains high. Due to this disparity in the prices of medicines the Indian patient faces a double blow as most the Indians are not socially insured and therefore out-of-pocket expenditure remains high. The cost of generic medicines remains low as there are no any R&D costs included and not because it is poor on quality or manufactured in poor facilities. India which is often called the pharmacy of the world supplies generic medicines around the every corner of the globe including Europe, America and Japan. Indian pharmaceutical sector is one of the highly organised

and regulated sectors. Generic medicines are manufactured and developed in GMP/CGMP compliant facilities approved by agencies such as USFDA, MhRA, etc. It is due to cheaper generic medicines from India which has made the mankind able to curb the menace of AIDS. It is India which has highest number of USFDA approved manufacturing facilities after USA itself. There is other side also which we can call ironic. Undoubtedly India leads the global generic market but when it comes to delivering the health services it lags way behind even from the countries like Bangladesh, Vietnam, Thailand, Srilanka, etc. WHO statistics report, 2012 reveals that per capita expenditure on health is 75 USD where as China spends 191 USD, Brazil 743 USD, UK 3440 USD, USA 7940 USD. Global average per capita expenditure on health is 900 USD. Not much has changed for India since this report pressed the alarm button for India in 2012. The changes and much

needed reforms are taking place at slug's pace and are hardly visible. Spending on public health does not give you political mileage as they call in politics but ignoring it is not good for the health of nation. Spending on public health decreases overall healthcare expenditure. India is suffering a double blow of communicable and non communicable diseases. Poor sanitation, unaffordable healthcare, out-of-pocket expenditure in lieu of social insurance, poverty and states under performance at delivering essential health services has made India earn a bad name in the world when it comes to good living conditions and public health. The UN statistics show that communicable diseases which are preventable still remain the top death cause. The above said reasons are responsible for this ironic condition. Swachh Bharat Abhiyan is a welcome change and has been appreciated around the world which is on its way to make tidiness and cleanliness a mass movement. World Bank Statistics show that India spends very less on people's health, (4.7% of GDP) India has very high out-of-pocket expenditure (62.4%). If we want to achieve the goal of Universal Health Coverage (UHC) the budget for health needs to be increased. Delivery of health services must be assured. Spending on health is not just a social phenomenon it boosts you economy too as it increases productivity of people. One of the solutions to many problems of Indian health sector can be 'Increasing access to health technologies'. Access to affordable essential medicines can solve the funding issues as expenditure on medicines can account as much as 25 to 70 percent of the total medical expenditure. Indian generic medicines are already saving millions of Health departments of various developed nations like USA, UK, EU and Japan. Indian exports of cheaper medicines to Africa and Sub-Saharan region has played a tremendous role in achieving health coverage. In a nut shell cheaper or unbranded generic medicines is a very effective tool to solve the problem of health globally. Though Indian generic medicines are used with confidence and trust in the whole of the world it seems Indian doctors are not very much confidence or motivated about unbranded generic medicines which are many a times about 95 percent than their branded counterparts. The higher prices of medicines are a major roadblock towards right to health not only for what they call as 'the third world' but developed countries like USA and UK. In these countries generic substitution (GS) is promoted and it is a standard practice. Hospitals run

by National Health Service, UK as adopted GS religiously in the hospitals and generic prescription is the part of doctors' medical training. GPhA(Generic Pharmaceuticals Association) released a report on savings due to generic prescriptions in USA in 2015. It reveals that 88 % of total prescriptions in USA were generic prescriptions and it had hardly costed 28% of total drugs cost. This practice has saved 254 Billion USD in the year 2014 alone. Since 2005 to 2014 1.68 Trillion USD of US economy has been saved due to widely used generic prescription writing practice. Ever since the drug price competition and patent term restoration act informally known as hatch-waxman act, 1984 was introduced efforts promote generic prescriptions were carried out and as a result the fruits have ripen now. Country like India shall make efforts to encourage the practice of unbranded cheaper generic medicines to increase the access to healthcare. Unbranded generic medicines are not finding their way into prescriptions due to issues of confidence and perception, though they are proven to be much cheaper and comparable in efficacy to branded medicines.

## II. LITERATURE REVIEW

The study by Theodorou(2009) highlighted the attitudes and the factors influencing physician behaviour in the two countries namely Greece and Cyprus. Study revealed that majority of doctors in both countries agreed that the effectiveness, safety and efficacy of generic drugs may not be excellent but it is acceptable. Physicians believed that new drugs are not always better and their higher prices are not necessarily justified.

M Govind Rao and Mita Chaudhry(2012) explained in the chapter public spending on health care in India and in different states in relation to the requirements to provide basic health infrastructure. The chapter also analysed recent reform attempts to augment spending on health care through specific-purpose transfers to states.

A survey based study by Kishore Ahire et al (2013) concluded that even if generic medicines were going to be made available free of cost at the government hospitals the war of prices between branded and generic may not stop. More stringent rules and regulation were required for making the drugs available at reasonable cost for the masses. For the

benefit of the patients, if pharmacist needed to change a brand for generic medicine, should be permitted by law.

A study by Singhal GL et al (2011) compared and evaluated the price and quality of "branded" and branded-generic equivalents of some commonly used medicines manufactured by the same pharmaceutical company in India. It revealed that difference in price-to-patient was not as huge as it is expected for generics but margins for retailer were very high for branded-generics. Quality of branded-generics was same as for their branded version. The study also highlighted the need to modify the drug price policy, regulate the mark-ups in generic supply chain, conduct and widely publicize the quality testing of generics for awareness of all stakeholders.

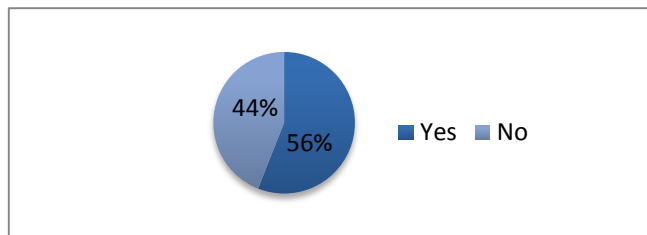
### III. METHODS AND MATERIAL

It was a questionnaire based exploratory investigation. Responses were collected from 202 medical practitioners of urban madhya gujarat region (namely 3 cities Vadodara, Godhra and Dahod) by convenience sampling.

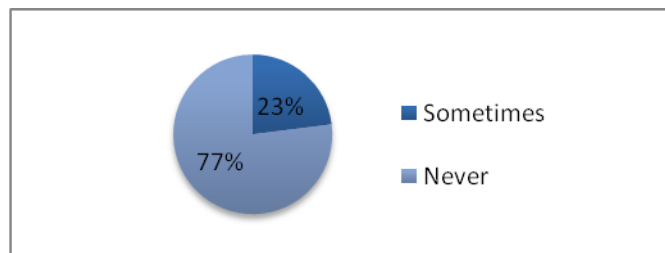
A questionnaire to get the detailed idea about awareness, knowledge, approach and opinions of medical practitioner was developed under the guidance of respected technical supervisor. Medical practitioners were selected for the survey through convenience sampling method. In order to achieve larger sample size and to get interacted with the practitioner the survey was done after OPD.

The questionnaire consisted of 15 open ended questions which were to investigate practitioners' knowledge, approach, awareness, concerns and opinions regarding generic medicines prescription. The questionnaire was designed in a way that the survey takes as less time as possible in order to save valuable time of the practitioner and to achieve higher response rate. It was estimated that it hardly took 5 minutes to fill the questionnaire completely. Frequency analysis was carried out thereafter to understand the trend. The below portion depicts the analysis:

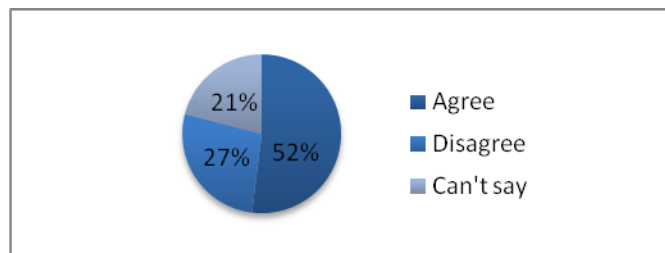
Q.1 Do you consider patients financial condition while prescribing?



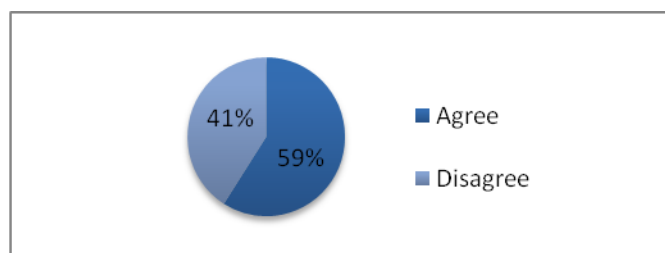
Q. 2 Do patients ask for cheaper medicines?



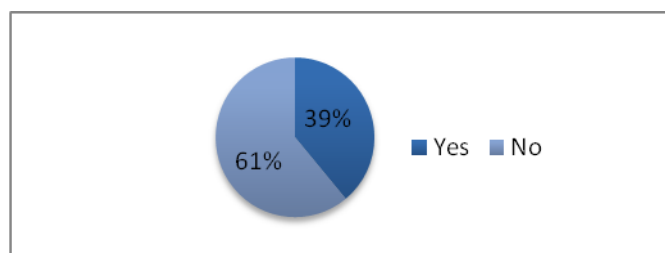
Q. 3 'Higher prices of medicines' are one of many roadblocks in a way to achieve UHC (Universal Health Coverage)



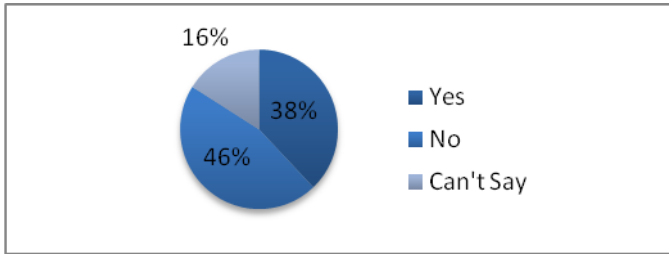
Q. 4 The price difference between branded medicines and generic medicines is generally high and very high in many cases



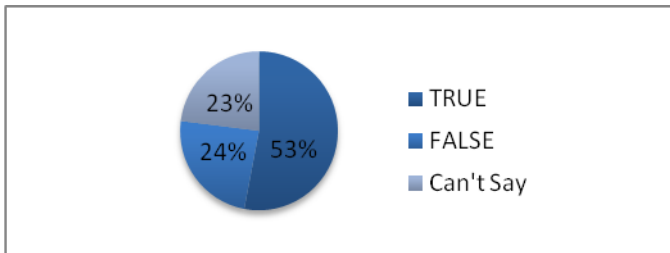
Q. 5 Do you prescribe generic medicines (cheaper non-branded)?



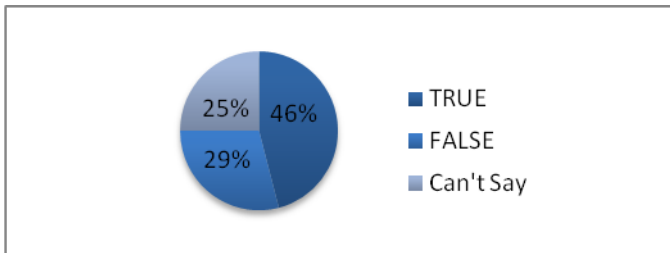
Q. 6 Do you consider non-branded generic medicines efficacious and safe?



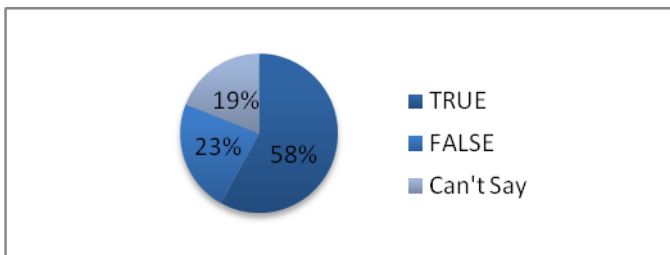
Q. 7 Generic medicines are cheap because they are inferior in quality and are developed and manufactured in non-GMP compliant facilities



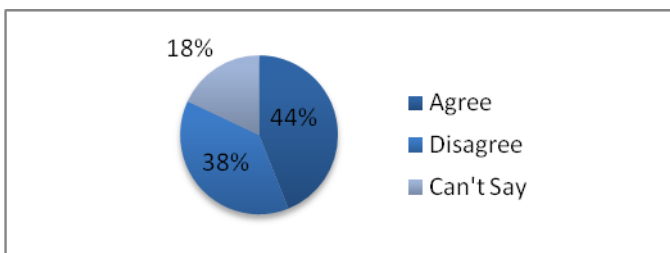
Q. 8 Generic medicines take longer time to act



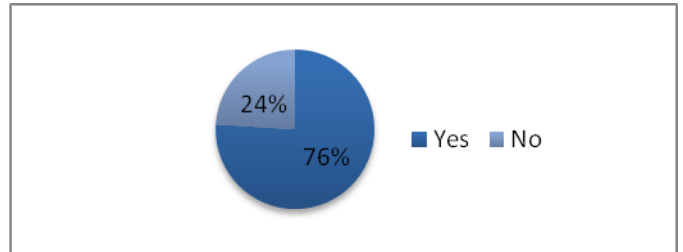
Q. 9 switching from branded to generic medicines may affect the therapeutic outcome



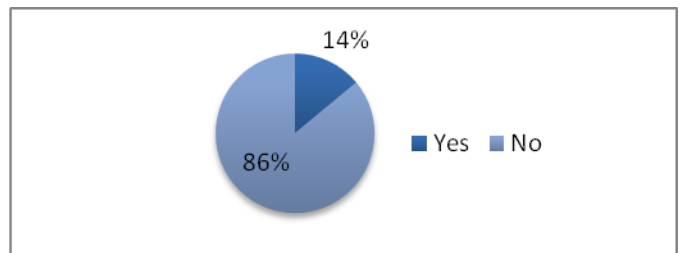
Q. 10 Generic medicine prescriptions must be encouraged in country like India where out-of-pocket expenditure is so high and very few are socially covered



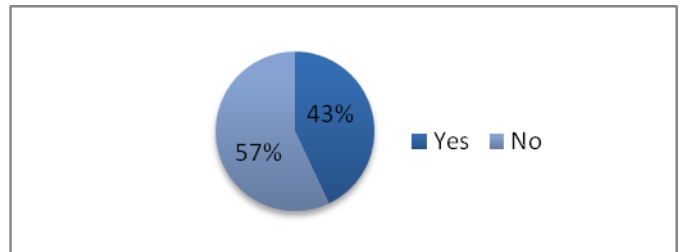
Q. 11 Are you aware of Government of India's recent rule 'prescription by generic name only' for practitioners working in the government hospitals?



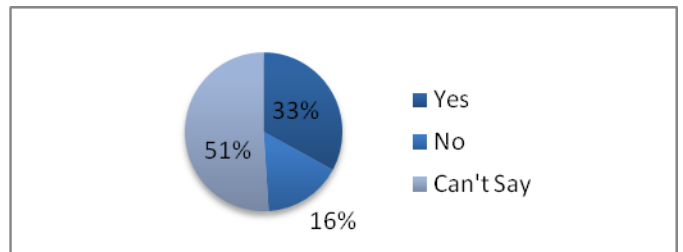
Q. 12 Do you support this rule if be brought for private medical practitioners too?



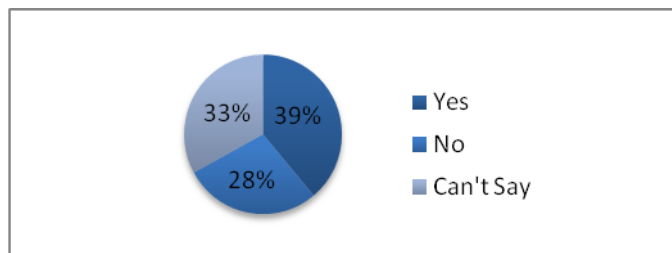
Q. 13 Have you heard about schemes like MNDY (Mukhyamantri Nishulka Dava Yojana), Amma Pharmacy, Jana aushadhi Kendra or AMRIT?



Q. 14 Do you believe such schemes can really prove to be a game changer?



Q. 15 Do you think doctors be encouraged for generic medicines prescriptions and generic substitution well before during their under graduate studies as they do it in countries like Britain?



#### IV. RESULTS AND DISCUSSION

The results of the survey throw light on many aspects regarding perception about generic medicines among the private medical practitioners of urban Madhya Gujarat region. When asked about their concern about the financial condition about 45 percent were concerned. It was observed that 4 in every 10 doctors prescribe cheaper generics. Majority of doctors agreed about the affordability issue and considered higher prices a problem in a way to UHC. When asked about the efficacy, on set of action, safety and quality it revealed the status quo like situation among the doctors. Majority were not sure about these aspects of generic medicines. The confidence was less and confusion was abundant. Doctors unanimously discouraged the implementation of rule which will make it compulsory to prescribe medicines by their generic name only. Private medical practitioners were not very much aware about different schemes and their success to decrease the load on poor patients' pockets.

#### V. CONCLUSION

The survey reveals that there is lack of proper knowledge about the generic medicines. The awareness about the major issue of access to healthcare and affordability was found missing. It is a fact that there is an urgent need to take correct actions in right direction order to achieve 'health for all' goal. Countries like USA, Canada and United Kingdom have taken necessary steps way before 3 decades to boost the generic substitution to save the meagre amount of money for their health budget. Creating a favourable environment and mechanism to decrease the out-of-pocket expenditure on medicines will be great help for vast poor population. Awareness among doctors must be spread through different programmes,

educational seminars or circulars etc. Imposing a law without the consensus in the medical fraternity can be of no use. It is advisable to teach the lessons about the generic substitution and issues like affordability of medicines well before at under graduate level.

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