A survey To Determine the Patients' Views on Generic Substitution

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Introduction Generic substitution is one form of the economically-driven drug substitution which refers to switching between a branded and a generic version of the same drug. Generic substitution is a debatable practice for patients and healthcare providers alike. It can affect patients' clinical outcomes, thereby creating a conflict between the clinical interests of the patient and the financial interests of the payer and the provider. A key concern is that both patients and physicians should be involved in the switching decision. Objectives To evaluate patients' awareness and understanding of generic substitution and the interaction of health professionals on patients’ acceptance of generic substitution. Method A total of 163 patients in The Barts And The London Renal Transplant Clinic, in the UK, were surveyed using a questionnaire containing 36 questions. Adult patients over 18 years, able to read and write English, and willing to fill the questionnaire were included in the survey. Results Majority of patients (70%) were taking between 7 and 9 or more medications, had a kidney transplant for more than a year ago and were highly educated. Overall key findings conclude that 84% of patients were aware of the availability of generic medicines, 70% understood the term “generic” and “branded” in relation to medicines and 54% were aware of generic substitution practice. However, 75% did not know if they were taking generic medicines and 84% felt that generics were not equivalent or only equivalent sometimes, and they were uncertain that generics had the same quality as branded medicines. Of patients on generics, 66% were dissatisfied or uncertain about their satisfaction concerning generic medicines and 55% experienced noticeable differences between the brand and generic medicines mostly in the packaging, shape, colour and taste and felt that the brand medicines are more effective than generics. Of these, 75% admitted that adapting to these differences was problematic. In addition, 50% of patients would have concerns if they were switched to generic medicines. Nevertheless, 81% were uncertain and unaware that a generic form of ciclosporin is available in the UK; 77% would refuse generic substitution of ciclosporin. Many patients (79%) felt that they had been involved in decisions regarding their medications. However, most patients (84%) had stated that they were not monitored after switching to generic medicine. 82% had also purported that the reasons for switching their medicines were not discussed nor that background information was provided; of these, 59% believed that substitution is promoted mainly to save the NHS money or because of the unavailability of brand medicines. Conclusion Many patients are distrustful of generics because they consider these drugs as being less effective and associated with increased adverse events. The lack of transparency around generic substitution is of concern and might lead to confusion or worry on the patients’ side. Therefore, to obtain valid consent for switching to alternative drugs requires patient education and additional clinician time in providing more information and reassurance.