



## Review

## Interventions promoting the acceptance and uptake of generic medicines: A narrative review of the literature



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## ABSTRACT

**Objective:** The objective of this paper was to undertake a narrative review of the literature regarding strategies and interventions promoting the acceptance and uptake of generic medicines.

**Method:** A literature search was performed between November 2011 and January 2012 to identify published full text original research articles documenting interventions to promote the use of generic medicines. Keywords used were: “generic medicine”, “generic drug”, “intervention”, “promotion”, “acceptance”, “uptake”, “generic/therapeutic substitution” and their related root words. The electronic databases comprised of Embase (1980 – present), Google, Google Scholar, Medline (1948 – present), PubMed, Science Direct, Scopus, Springer Link and The Cochrane Library. An interpretative narrative synthesis was undertaken and emergent themes analysed and reported.

**Results:** Eighteen studies were included in the final analysis. There were seven main themes which including; education, financial incentives, advertising to promote generic medicines, free generic medicine trials, administrative forms and medicines use review (MUR). These themes were further classified into subthemes. Education was subdivided into consumer and physician education. Financial incentives included the influence of financial incentives on both consumers and physicians. The subthemes in the financial incentives category included the changes in co-payment for consumers, reward payment for physicians and fund-holding schemes. Advertising included the sub-themes of print media and the use of anthropomorphic images, while free generic medicines trial was made up of free vouchers for generic medicines and generic medicines sampling system.

**Conclusions:** The studies have mixed results; some interventions in some settings were useful, while others were not. Not all interventions consistently improved the uptake of generic medicines. There was limited literature available and further work is required to develop a range of interventions to support the uptake of generic medicines within and across different countries.

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## 1. Introduction

Increases in annual healthcare expenditure is a phenomenon being experienced by most countries and policy makers are increasingly seeking ways of controlling cost, without compromising the quality of healthcare delivered [1,2]. Using therapeutically equivalent generic medicines in place of originator brands has been shown to reduce

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pharmaceutical expenditure [2]. This is achieved through generics being less expensive “non-branded copies” of the “originator brand” that are able to be produced upon expiry of patented innovator brands [2,3]. Generic formulations are expected to be bioequivalent to the originator branded products [3]. In many countries this is assisted through regulatory requirements and rigorous quality assurance programmes [4].

Although most generic medicines provide the same quality, safety, and efficacy as the originator brand, they are typically 20–90% less expensive [5]. In Europe the use of generic medicines saves patients and health care systems an estimated €25 billion each year [5]. Generic substitution results in 50–60% of pharmaceutical consumption in the United States, Denmark, United Kingdom, and Germany [6]. In Australia, it is estimated that approximately 30% of Pharmaceutical Benefits Scheme (PBS) prescriptions representing around 15% of PBS sales by value are now filled with generic medicines [7]. Today, nearly 8 in 10 prescriptions filled in the United States are with generic medicines. The use of generic medicines is expected to grow through to 2015 as a number of blockbuster medicines come off patent [8].

It is expected that through generic substitution health-care expenditure can be controlled without compromising service delivery to the patient [2]. Potentially, savings are then able to be re-invested into other areas of the health care system, such as increased price subsidies for partially funded medicines or making high cost medicines (HCM) available [9]. Following these strategies it is expected that medicines will be made more affordable and that the population would be expected to have greater access to a wider range of pharmaceuticals [2]. Promoting quality use of generic medicines.

It has been documented that consumers’ behaviour towards the use of generic medicines may be influenced by the attitudes and actions of both pharmacists and physicians [10]. Hassali et al. [11] report that consumer awareness of generic medicines has increased over the past four decades, especially in the developed world. However, despite the increased awareness there remain barriers to generic medicines use, as awareness does not translate directly into acceptance and therefore use [7]. The barriers preventing optimal use of generic medicines have been explored the main one being the belief by consumers, pharmacists and other health care professionals that generic medicines are less effective [12,13]. The absence of long-term generic medicine policies and financial incentives for physicians to prescribe also hinders their acceptance and therefore use [13].

To overcome these barriers researchers and policy-makers have developed “educational interventions” to promote the uptake of generic medicines. For the purposes of this review, an “intervention” is defined as any action taken to increase the knowledge of prescriber or patients about pharmaceutical product brand change [14]. An “intervention” is only considered effective if it adequately educates consumers and healthcare professionals [15].

In New Zealand the Pharmaceutical Management Agency (PHARMAC) [16] actively promotes switching from

originator brands to generic formulations. Among other interventions, PHARMAC uses educational awareness campaigns to educate doctors and pharmacists and to alert consumers so as to increase uptake [17]. In Australia, the quality use of generic medicines is promoted by National Prescribing Service [18], while in the United Kingdom (UK) the National Health Service (NHS) takes the responsibility for developing these interventions [19].

The uptake of generic medicines remains sub-optimal in some developed countries where the generic medicines market is immature and the market share of these products has not surpassed 20%. Such countries include Austria, Belgium, France, Italy, Portugal and Spain [20]. As such, it is vital to plan and work towards strategies which improve the uptake of generic medicines in these large markets.

Despite its importance, there is a scarce literature surrounding the uptake of generic medicines. To date no-one has synthesised into a single body of knowledge the strategies and interventions that have been employed globally to promote the use of generic medicines. In this context a review of the literature has been undertaken and a narrative synthesis generated. This knowledge is expected to collectively inform stakeholders and promote debate amongst policy-makers, clinicians and consumers in this area. This narrative synthesis identifies gaps and also provides a platform for countries to take a more systematic approach to the development and use of consumer and health professional education strategies, and financial incentives into the future.

### 1.1. Objective

To undertake a narrative review of the literature pertaining to strategies and interventions promoting the acceptance and uptake of generic medicines.

## 2. Methodology

### 2.1. Search strategy

A literature search was performed between 1st November 2011 and 31st January 2012 to identify published full text articles in English. Keywords included: “generic medicine”, “generic drug”, “generic pharmaceutical”, “intervention”, “promotion”, “acceptance”, “uptake” and their related root words. The electronic databases and journals searched comprised: Embase (1980 – present), Google, Google Scholar, PubMed, Science Direct, Scopus, Springer Link and The Cochrane Library. No date limits were set. The following journals were: The British Medical Journal (BMJ) (January 1994 – current), The Journal of Generic Medicines (1948 – present) and PLoS Med (October 1994 – current).

Boolean operator rules were used. The terms “generic medicine”, “generic drug” and “generic pharmaceutical” were searched with “AND” being used to combine the searches with the other keywords: “intervention”, “promotion”, “acceptance” and “uptake”. Duplicates were removed using “OR” as appropriate and where possible.

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