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Original Article

Exploring community pharmacists' knowledge, perception and experiences towards branded and generic medicines in Kuwait: Highlighting the role of pharmacist

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ABSTRACT

Background: Substituting brand drugs with generic drugs without affecting patients' health is considered a cost-effective measure to reduce health care expenditure.
Objectives: The study was designed to explore the community pharmacists' knowledge, perception and experiences toward generic drug substitution and highlight the role of pharmacist in practicing substitution.
Method: A descriptive cross sectional survey among community pharmacists was carried out in Kuwait. A validated questionnaires consisting of 3 sections with total of 22 questions were distributed to 180 pharmacists and collected after 3–5 days.
Results: Less than half of respondents (46.1%) thought that generic drugs are equivalent to the original brands. 60% of pharmacists believed that OTC are as effective as brands while only 42% agreed that generic drugs can be as effective as brand for chronic diseases. Pharmacists agreed that brands have more strength variety (74%), better packaging (72%) and more expensive (66.2%) than generic. Most of the pharmacists agreed on stocking brand (88%) and generic (72%). Also 81% and 62% agreed that drug price and doctor's opinion could affect patients' choice, alternatively. 88% of pharmacists would recommend generic substitutes when brands are not available. Whereas 45% would try to persuade patients to shift to a brand when patient is unsatisfied with the generic. Pharmacists were more confident in recommending generic OTC drugs than the branded counterpart for chronic diseases ($p = 0.001$).
Conclusion: A national brand substitution policy should be formulated and implemented to assist pharmacists in the proper substitution practice and to help minimize the healthcare costs.

1. Introduction

Rational utilization of medicines play an essential role in decreasing morbidity and mortality as well as in improving quality of life [1]. Consequently, rapid growth of pharmaceutical expenditures both in developed and developing countries has occurred, especially in the last two decades which is considered a major factor that increase costs of health care [2,3]. Using generic medicines can be considered as a cost-effective measure to limit health care expenditures on pharmaceuticals, leading to considerable savings to the population and the government [2,4,5]. Thus, substitution of generics for branded drugs could be an alternate method for savings in drug expenditure without affecting the quality of the provided treatment, given that generic drugs are expected to be within an acceptable bioequivalent range to the brand-name counterpart and that they are available at a lower cost [2,6]. As a reward for the innovation, inventors are granted patents for a newly developed drug. At the end of patency, other manufacturers are allowed to produce and sell the generic substitute that shows equivalent pharmacological characteristics. Leading to substantial reduction in price of that medicine and greater savings in drug expenditure [6]. Thus, generic pharmaceuticals play an important role as an alternative to originator medicines in treating diseases [5].

The private health system in Kuwait is well developed with a private health insurance coverage organized by employers for non-citizens. While the public health sector is financially supported by the government and regulated by Ministry of Health (MOH). It can be described as a tertiary model consisting of primary health-care polyclinics, specialized health-care polyclinics, general and specialized hospitals. The

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government provides full health services free of charge to all Kuwaitis and for a nominal charge for non-Kuwaitis. Private sector health care is provided by general practitioner's clinics, hospitals, and community pharmacies, and they are available for those who have private health insurance, or feeling their desires are not adequately attended by government facilities, and who need special treatments, brands or new medicines which are not available in the public health sector [7]. In 2012, the public health expenditure was 2.1% of gross domestic product (GDP) and 5.6% of total government expenditure [8]. Only 15.8% originated from private health sector while 82.5% was the public health sector expenditure [8].

Health professionals have no influence on the process of public health purchasing for pharmaceuticals which is done through tenders. Thus, health professionals are obliged to prescribe and dispense the available drugs, and patients are switched between brand-name drugs and generic drugs and vise-versa primarily depending on availability. On the other hand, private sector health professionals' have absolute freedom to prescribe and dispense brand-name drugs or generic substitutes based on doctors or patient's preference or stock availability. In the private sector, medicines required for chronic and minor diseases are obtained without a prescription, however, psychotropic, corticosteroids, narcotic, antibiotics and a list of other medicines require prescription [7,9]. In developed countries' health care system, the role of the pharmacist has progressed from a merely dispenser to caregiver, counselor, and decision-maker [10]. Pharmacists are considered as the direct and last line of contact with the patients. Also, as health-care professionals are expected to give advice patients regarding dosages, expected side effects and adverse effects, and drug-drug interactions and to take part in the multidisciplinary team as a practicing pharmacist [10,11]. Therefore, evaluation of community pharmacists' views and attitudes regarding the use of generic medicines and substitution is vital. To the best of our knowledge, no studies have been conducted to evaluate perception, knowledge and attitude of community pharmacists towards generic medicine dispensing in Kuwait. Therefore, the aims of this study were to investigate knowledge, perception, and experience of community pharmacists towards generic substitution of the innovative brand medicines in Kuwait.

2. Material and methods

A descriptive cross sectional survey among community pharmacists was carried out in Kuwait over a period of 3 months from February to April 2017. The study population was the practicing pharmacists in community pharmacies in Kuwait and the sampling unit was the community pharmacy. The sampling frame was a list of 386 community pharmacies and 18 hospital pharmacies in Kuwait based on December 2015 statistics that was obtained from the inspection department in the Ministry of Health, Kuwait. Data collection was carried out using a structured self-administered paper-based questionnaire. The sample for this study included 42 randomly selected private community pharmacies proportionally from 6 governorates in Kuwait. The estimation of sample size was performed using the Raosoft® online calculator. There were approximately 400 registered community pharmacists practicing in Kuwait. The sample size of this study was calculated based on a confidence level of 95% and a 5% margin of error, and 30% non-response rate, the study targeted 180 community pharmacists.

2.1. Study design

The instrument used in this study was developed and validated by the researchers. The questionnaire was formed based on previous studies investigating knowledge and perception of pharmacists and other healthcare professionals regarding branded and generic medicine [12–14]. It consisted of 23 questions; among these 4 questions were on pharmacists' characteristics, 6 questions about pharmacists' knowledge of branded and generic medicines; 8 questions about pharmacists' perceptions towards branded and generic medicine; 4 questions about pharmacists' practices in dispensing of branded and generic drugs; and 1 question on pharmacists' awareness of any regulation about generic substitution of branded drugs. All questions were framed in five-point, Likert-scale format (1 = "strongly disagree", 2 = "disagree", 3 = "not sure", 4 = "agree", 5 = "strongly agree"). The questionnaire was tested for face and content validity by experts, and pretested on ten pharmacists. Cronbach's alpha of 0.83 was obtained. This pretest data were excluded from the main study analysis. With the questionnaire an explanatory statement and an informed consent were given to each participant to explain the aim and objectives of the study and about the concealment of the survey results. Upon fulfillment of the suitability criteria, participants were given a copy of the questionnaire after signing the written informed consent.

2.2. Statistical analysis

All data entry and the basic summary of the data were conducted using Statistical Package for Social Sciences, (IBM SPSS Statistics 23, IBM Corporation, Armonk, NY, USA 2014). Categorical variable were described using numbers and percentages and mean and standard deviation (SD) were used to describe continuous variables.

This study was approved by Research Ethics Committee of The Public Authority for Applied Education and Training.

3. Results

3.1. Demographics of the respondents

Overall, 180 respondents were surveyed in 120 pharmacies from 6 governorates of Kuwait. The mean age of participants was 34 years with a standard deviation of 7.2, more than 50% were in the age range of 30–39 years and 77.2% were Egyptians. Proportionally more pharmacists were from Hawalli Governorate and less were from Mubarak Al-Kabeer Governorate and this can be understood because of population density variation. Also, more participants were from big pharmacies compared to small or medium size pharmacies. Respondents' demographics are shown in Table 1.

Table 1
Characteristics of the studied sample (n = 180).

Characteristics	Number	(%)
Age in years		
< 30	50	(27.8)
30–39	93	(51.6)
> =40	37	(20.6)
Nationality		
Kuwaiti	5	(2.8)
Egyptian	139	(77.2)
Jordanian	11	(6.1)
Syrian	10	(5.6)
Indian	7	(3.9)
Others	8	(4.4)
Governorate		
Capital	22	(12.2)
Hawalli	66	(36.7)
Mubarak al-kabeer	8	(4.4)
Farwaniya	34	(18.9)
Jahra	37	(20.6)
Ahmadi	13	(7.2)
Size of pharmacy		
Small/Medium	82	(45.6)
Big	98	(54.4)

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