

# Generic Prescriptions

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**Dr. B. N. Gangadhar**

Recently, a debate and discussion on the issue of generic drug prescriptions had come up in several media. Doctors were divided on this matter. Rules from MCI were quoted for and against such a provision. The antagonists of generic prescription cited arguments that these drugs suffer from quality and they have not gone through required rigorous standards of testing. Patients' safety is a priority, they said. The protagonists for generic drug prescription hailed the move. They said that it will help patients to get medicines at cheaper prices.

I respect the R & D of the leading pharmaceutical industries that lead to introduction of drug molecules that are safer and perhaps more effective. To enter the market each molecule would have been subjected to rigorous experimentation, with huge costs. The services of the industry are hence to be greatly appreciated, albeit the criticism of high pricing of their products.

The debate often addresses a two-sided scenario; doctors who are prescribing on one side and the industry that is producing on the other side. Doctors assume that they are entirely responsible for the patients' welfare. The industry too

assumes that they provide the best molecule in the interest of the patient. The role of the other stake holder, the patient, is taken for granted. My question is, should the patient not have a choice? Today, the patients are for more informed than in the yester years. Accessibility to technical information and increasing transparency on professional procedures have become possible with the internet and smart phones. At times, we have this experience of a patient remarking on a highly technical matter and as physicians we may see ourselves in uncomfortable positions.

I believe that the patient is supreme about making a choice. The newly approved mental health care act also emphasises the need for their rights. Doctors are not in a patronising position as we all think. We may be just suggestive in some matters and help the patient make an informed choice.

Prescribing generic formulation is a step towards empowering the patient community, else the patient has no option other than to buy and use the prescribed medicines, nearly always the branded ones, that is costlier.

About eight years ago a friend assembled a Pentium – 5 desk top computer for my personal use. We purchased the components from different vendors. The assembled computer performed as well and is in use even today. However, a couple of branded ones I had to use in my work place had to discarded within 4-5 years as they were not serviceable. I noted that the cost of the assembled one was as small as a half of the comparable branded one.

Patient's can make a choice and will learn the way the society guides them. As doctors, our role apart from the diagnosis, prescribing the (generic) drug needed. I recall an incident in my PG days. I had answered correctly a question posed on the rounds. I gave the answer that was a brand name of the drug. The Professor was annoyed and criticised that I should be a salesman for the drug instead of a doctor. Since then I

am convinced of the need to use the generic name in the profession. Generic name prescriptions too carry other concerns. When I need to prescribe a combination of medicines, for example, a B-complex preparation or iron and vitamin preparation, the trade name makes it simpler. There are other combinations as well (antipsychotic and antiparkinsonism medicines).

Yes, we need to write the medicine as a pharmacological (generic) name. Educate, if needed, that the patient can make a choice at the druggist if he/she cares for the branded one. We, as doctors, need not give testimony to any pharmaceutical company.

I was prompted to pen this in the wake of the mail a patient's kin. His doctor gave a prescription of "escazine". However, the prescription also carried in parenthesis the generic name (trifluoperazine). The patient's family ran from druggist to druggist seeking the branded drug. Druggists could not find 'escazine' in their stores nor in the standard reference books for drug indices. At last he was helped at NIMHANS Janata Bazaar who could get the right medicine to the patient.

Many trade-name drugs are withdrawn or the company may do so if it merges with another one who may be selling the same product. Patients have a confusion why this drug has not been available. There are other irritating situations. Patients at times insist on a specific brand name and the doctor may have written an alternative one. In my initial years of medical profession, I use to be upset at such instance by a patient. Some clinicians argue that indeed a specific brand is more effective. This is mostly not supported by any study; "experience" they say. Writing a brand name has other problems; apart from a specific brand being removed from market, this may be unavailable with some druggists and even so in some geographical regions. Patients move from one to another doctor with the notes & prescriptions. All doctors may not be aware of all brands. The doctors could refer to the

available drug indices. Some patients consider this as a reflection of incompetency on the part of the doctor. The strengths of the molecule could vary across the brand-named medicines. The cost of a given medicine too varies widely from one to another brand; sometimes by a factor of 2 or 3.

Generic prescription has a significant benefit in terms of cost. Even if this is not available in a druggist, alternative brand names can be reached. Patients too have the choice of the brand based on their affordability. The prescription is in a language reachable to all doctors. It reduces controversial commercial concerns of medical practice. Efforts must be made to establish the standards of the medicinal molecules. Periodic evaluation of different laboratories with certification can be one step. Making these certificates available on the internet helps the patient/kin to judge the given medicine and helps to generate

In summary, we, doctors should give prescriptions using generic names. An electronic way of generating the prescription to be transferred to the patients' smart phones and even the druggist can be of immense help for record-keeping as well as convenience to patients. At the same time the government and the appropriate department could do well in investing on testing and quality assurance procedures. Each drug should pass the rigorous tests of all laboratory standards. Easy availability of these drugs that may even include home delivery could go a long way in popularizing the generic drugs.

#### **About the Author:**

Dr.B.N.Gangadhar,  
Director NIMHANS & Prof Psychiatry