The cases for and against prescribing generic drugs: generic prescribing benefits patients

Joe Collier

Patients have certain expectations. High on their list will be the wish that doctors are impartial and that the choice of the drugs they prescribe is based on independent information rather than on partisan advice from a drug company. The pharmaceutical industry believes and acts otherwise, and the success with which drug companies have gained the initiative and currently dominate therapeutic practice owes a lot to the widespread use of brand names.

Power of brand names

Like all pedlars, drug manufacturers endeavour to capture the market. To this end their marketing departments strive to give their medicines a "product identity" and to make their drugs readily recognisable. The brand name is the identifying wrapper and therefore ingenuity is used to put it on the tip of every doctor's tongue, to make it flow from every prescriber's pen, and—best of all—to ensure that it is used by the patient when seeking treatment. Their aim is to make doctors think, teach, buy, and prescribe in terms of brand name.

If there are to be seven alternative nitrazepam tablets (Mogadon, Nitrados, Noctesed, Remnos, Surem, Unisomnia, and "Falaslip") companies will take every opportunity to promote the name of their own particular brand. For example, "Falaslip" rather than nitrazepam will be the name the manufacturer highlights in advertising, packaging, and package inserts; writes large and then repeatedly on the datasheet; features during seminars, at drug lunches, and on any free gifts; and, finally, uses in any disclosure to the media.

The Medicines Act requires that non-proprietary names should also appear in promotional material, but when they do they are less conspicuous and less frequent. Naturally there are exceptions, and these are predictable. When companies publish warnings about their products (as they are obliged to under the act) they are usually referred to in generic terms—"like all other nitrazepam preparations, 'Falaslip' can impair the patient's mental concentration and motor co-ordination on the morning after being taken. . . . As with other benzodiazepines, the preparation can cause tolerance and dependence and if suddenly stopped may precipitate withdrawal."

Yet there can be no pharmacological difference between the seven brand name products because under the Medicines Act the licensing authority and its inspectorate guarantee comparability of quality of two like products. But never mind the quality, note the special features; note "Falaslip's" distinctive colour

and shape, its convenient packaging, and its special indication "for use in women with anxiety associated with mourning"—an indication listed in the datasheet based on a study that no other company had the gall to contrive. "Falaslip" is more expensive at the high street chemist, but then you have to pay for real quality—anyway, purchasing terms are much more competitive for bulk buyers such as the hospitals and for them the prices charged may be as little as one 80th of the price quoted in the drug tariff.

Naturally some will brush aside the issue of brand names, saying that it is of minor importance and, anyway, using brand names is the right of each and every manufacturer whatever it sells. But brand names are far from peripheral for they are used to ensnare doctors in the manufacturers' marketing devices and have helped industry to control prescribing habits. They are the key to the industry's hold over the nation's drug policies. Moreover, as a clinical pharmacologist, teacher, prescribing doctor, and member of a district drugs and therapeutics committee I cannot afford to use them.

Untapped potential of generic names

Generic terms provide such a simple way to improve understanding and reduce confusion and cost that it is difficult to find a logical reason why they have not already been adopted universally. There are many fewer generic names than brand names and so by using them rather than the multiplicity of alternatives learning and teaching will be simplified.¹ Generic names usually indicate chemical class and so give a shorthand of the drug's pharmacology: in using them understanding will be helped. Generic names are international and also used routinely in medical and scientific publications: in concentrating on generic drugs information will be more accessible and the exchange of ideas about drugs and treatment enhanced.

Prescribing generic drugs reduces the number of lines that a pharmacist need stock and also reduces the confusion that patients might experience. High street chemists are required to dispense the drug named on the prescription—substitution with a generic drug is not permitted. This means that either the high street pharmacist has to stock many different similar brands or there may be a delay before the patient receives the prescribed product. Either way there will be inefficiencies; it costs the pharmacist time, money, and bother to ensure that seven lines are all available and all seven have not expired. Savings may be achieved in buying one product in bulk rather than seven in

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EDITORIAL COMMENT

It is an inescapable fact that important new developments in clinical pharmacology almost always originate from within the pharmaceutical industry at vast expense. It is equally inescapable that the end product of this research may be manufactured comparatively inexpensively and will therefore be more attractive to the purchaser in a free market. The need for new drug development must be

balanced with the need for cost effective purchasing by the NHS. It seems to me perfectly reasonable that the effective life of a patent referred to by Dr Cruickshank should be restored to its earlier value as I imagine that this would resolve many of the problems alluded to by Dr Collier and should also result in a decreased need for expenditure on marketing, thus freeing more money for research and development. —PETER RUBIN, *professor of therapeutics, University Hospital, Nottingham NG7 2UH*

Department of
Pharmacology and Clinical
Pharmacology, St George's
Hospital Medical School,
London SW17 0RE
Joe Collier, MD, senior lecturer
in clinical pharmacology

years of the expiry of the patent.⁹ Meanwhile, expensive work in development has not stopped because the drug is on the market. Of course, the company making the generic drug without costs in research, development, and servicing can offer a cheap product, but the innovator still needs a large income after the expiry of the patent to fund research and continuing development. If ever generic substitution became permissible it would genuinely spell catastrophe for research based companies.

Conclusions

Thus the main advantages of prescribing drugs with brand names are that they define precisely and reproducibly not only the active ingredient but also the exact formulation, the supporting data, the manufacturer, and the legal responsibility. Urgent action is required

to restore the effective life of patents for new products because innovation thrives only in countries with strong laws on patent. Vigour in one of Britain's most successful industries must not be taken for granted: a thin dividing line separates success and failure.

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smaller amounts. Clearly, patients also save time if the product is immediately available. Finally, generic prescribing would reduce the NHS drugs bill. The widespread use of generic names by general practitioners could save the NHS up to £100 m each year.

For years the industry has dominated prescribing patterns. A large measure of that control has depended

on the widespread use of brand names, and this dominance would be lost once doctors began to use and think in generic terms. The move to generic terms is easy and satisfying both intellectually and practically. The continued use of brand names threatens impartiality and fills me with foreboding.

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MATERIA NON MEDICA

Raining cats and dogs

On 23 October 1988 a poodle named Cachi fell from a thirteenth floor balcony in Buenos Aires. What was sensational about that you may ask? In addition to killing itself the poodle triggered three human deaths in a row. It landed on the head of Marta Espina, 75, killing her instantly. Edith Sola, 46, who was in the crowd that gathered at the scene watching what was happening, regrettably was knocked down by a bus and killed. An unidentified man who saw both incidents suffered a heart attack and died on the way to hospital.

Cats on the other hand frequently survive falls from great heights (presumably they only lose one of their nine lives). In New York City vets studied 132 cats that had fallen from the open windows of skyscrapers.¹ The maximum fall was about 480 feet (32 storeys) and the minimum 30 feet, and most landed on concrete. Of the 132 cats studied, 17 were "put down" by their owners as they could not afford treatment, 11 died because of thoracic injuries and shock, and 104 survived. The incidence of both death and injury peaked for cats falling around 100 feet and decreased for

falls from greater heights. Few humans survive falls of more than 90 feet on to concrete. A cat that fell 480 feet on to concrete was released after two days of observation having suffered nothing worse than a chipped tooth and mild pneumothorax.

A falling cat reaches a terminal velocity of about 60 miles per hour (compared with 120 miles per hour for adult humans) after only 100 feet. On reaching this speed the cat relaxes and extends its limbs horizontally in flying squirrel fashion. This not only reduces the rate of the fall but also absorbs the impact over a greater body area. Cats have a gyroscopic righting action and land with their limbs flexed, which dissipates much of the impact force through soft tissues. (Parachutists are trained to dissipate impact forces by landing with knees and hips flexed before rolling over.) These advantages for cats are the result of evolution. Most felines climb trees (but dogs do not) and over aeons of time evolution has favoured those animals able to survive falls. — J M DUNLOP, *district medical officer, Hull*

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Outrageous fortune

The night I landed in Quito there was a riot. Ecuador's capital lies at 2900 m on the Andean alti plano. I flew in at night and mistook the bite of the cold night air for an effect of altitude. I was wrong, and kicking an empty canister of CS gas into the gutter made me realise what was wrong. I had stumbled across a civil disturbance. The students were revolting, as the press put it, against their government's soft line with the International Monetary Fund. I safely dodged the lumbering and battered dinosaur of a water cannon before finally finding peace in a hotel.

Four hundred and fifty four years earlier another wild adventurer stumbled into a riot in Quito. His name was Francisco Pizarro. The illiterate and illegitimate son of a Spanish shepherd, he did, however, make a successful career as a conquistador. When he arrived in Quito the Incan empire was at civil war. Atahualpa fought his brother Huascar. Atahualpa was king in Quito, his brother ruled from Cusco 1600 km to the south. Pizarro rode into town, took Atahualpa hostage, and marched

south. An outrageous misfortune for the Inca that would make an outrageous fortune for the Spanish and thereby finance European wars for centuries to come.

Pizarro took the high road and I took the low. Incan highways follow Andean contours. Modern highways follow coastal contours. Pizarro took three months and I took three weeks. Cusco has a large quantity of Incan stonework remaining. Its precision challenges modern masons, yet the Incas worked without iron. I particularly admired the spherical orange-sized sling shot that almost defeated the Spanish muskets.

I met Pizarro later in Lima. He was lying in an uncomfortably small coffin no more than a yard long, shrunken and darkened by time, visible through a glass window in the lid. That such a small man could effect such terrible change made me think. I stand five feet two inches in my socks. — WILLIAM CLAYTON, *London*