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VIEWS AND REVIEWS

NO HOLDS BARRED

Margaret McCartney: Long live generics!

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Generics are good! Generics are great! Cheaper than branded preparations, generic drugs have saved the NHS huge amounts—but for how much longer?

Bacterial conjunctivitis has two main treatments. Chloramphenicol costs less than £2: the jury's still out, but it may be associated with rare side effects.[1]

Fusidic acid is an alternative, often prescribed for children. It used to cost under £3 a tube; now it's almost £30. Generic fusidic acid has been around for decades, but a couple of years ago the manufacturer, Amdipharm, discontinued it, and AMCo started to manufacture it. (AMCo was bought by Concordia earlier this year.)

Since AMCo started to make fusidic acid the number of prescriptions has declined dramatically. But spending—easily researched, thanks to OpenPrescribing.net—has increased by five or six times.[2]

Similarly, cyclizine, that old antiemetic that used to cost a couple of quid, has seen a tripling in NHS spending despite a decline in prescribing.[3] Many more examples abound.

This is an impressive rip-off. It's essentially a problem of monopolies without morals: small companies that become the sole producer of a long term generic drug can hike the price because no alternative supplier exists to meet demand. The government's Competition and Markets Authority is investigating,[4] but this is a game of whack-a-mole. GlaxoSmithKline was fined £37m earlier this year for acting to keep generic paroxetine out of the UK from 2001 to 2004.[5] And who can forget Flynn Pharma, which bought the rights to sell phenytoin and promptly increased the price by more than 20 times in 2002?[6 7]

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Software such as ScriptSwitch on GPs' systems can suggest cheaper alternatives to more expensive drugs. This can be useful: not knowing the difference in price between tablets and capsules, for example, can cost the NHS needlessly. But this software costs thousands,[8] and another pop-up box on the PC can irritate and distract us from the patient,[9] as well as from more pressing warnings.

Tellingly, however, ScriptSwitch often instructs us to prescribe branded generic drugs, as they can be cheaper than unbranded ones. But signing a repeat prescription can mean no review for a year or more, by which time a price rise may have occurred, locking us into paying more than necessary.

We spend time changing prescriptions to save pennies, while thousands of pounds are frittered away through profiteering. Surely pharmacists hold the key to ensuring that the NHS pays only for the cheapest drug: the NHS must create a sensible switching facility that allows pharmacists to stop us wasting millions.

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