Celebrity actor Amir Khan’s advocacy of generic medicines in a popular television programme, Satyamev Jayate, received wide attentions of all sections of society. But, there is still a lot of reservations among the stakeholders, especially patients and the doctors on the subject.

Medicines are usually available under two names: a generic name and a brand name. In a strict sense, these terminologies are slightly different in USA and India. In USA there is only one brand for a particular drug molecule. This is the innovator’s brand and no one else is allowed to market this drug molecule within the patent protection period. On expiry of patent, marketing of the molecule under its generic name is allowed. There may be several generic versions of the branded one. Generic name is the common name of the drug molecule. The generic versions must have equivalent properties and action similar to the innovator’s brand and are interchangeable.

India did not have product patents, but only process patents prior to 2005. This favourable patent provision allowed the Indian pharmaceutical companies to produce a drug molecule by a different process and market it as a brand of their choice. Thus in India we have several brands of the same drug molecule available in the market. They are not brands in true sense, as they are not marketed by the innovator; Hence they are called ‘branded generics’. These branded generics can be viewed as brands. Thus we have several brands and several generic products of the same drug molecule unlike one brand and several generic versions in USA.

A common example is that of paracetamol, a medicine for reducing fever. Paracetamol is a generic name and is available in India in several brands or proprietary names like Crocin, Calpol, Metacin, Pyregesic, Dolo, etc. The price of this common medicine varies widely. There are more variations in the price for other life-saving drugs. It is not possible for anyone including doctors, who prescribe; or chemists, who sell; to identify any deficiency in the quality of medicines It is solely the responsibility of the manufacturers to ensure the quality of their products.

There have been different public perceptions about brands and generics. Many doctors and chemists feel that the two do not have the same quality. The biggest myth is that generics are inferior in quality and hence they are cheaper. But this is not necessarily true. Often either the doctor or the chemist decides what medicine a customer should buy and often both are influenced to promote a particular brand over others. Brand building and marketing costs add to the price of a brand. There is no inferior quality in medicines. The medicines available in the market are tested before being released to ensure quality. The quality is maintained as per medicine standard specified (in Pharmacopoeia). On the other hand, there are frequent reports of quality issues in many brands. At one time it was reported that leading paracetamol brands did not qualify in 70% of quality parameters. It is interesting to note none of these companies contested these findings/results of a consumer organisation. One can see the list of brands which failed in quality tests on the website of the Central Drug Standard Control Organisation: http://cdsco.nic.in.

Other misperceptions include: switching over to generics is risking life; generics take longer time to act; generics are not safe; generics are not as potent as brands; generics are not regulated like brands and hence risky; brands are better because they are prescribed by doctors; and many others.

All these perceptions are far from the truth. There are no different quality standards for brands and generics. They are therapeutically exchangeable. They are also equally regulated. The only difference is marketing strategies and price. Often the same company produces both brand and generic products.
but sell at substantially different prices.

The Government of India and the Medical Council of India have been urging doctors to prescribe medicines only by their generic names. The generic name is same throughout the world. The generic name is also known as International Non-proprietary Name (INN) and is designated by the World Health Organisation. The central and state governments are promoting generics in public hospitals through procurement under generic name and prescribing. There are a few centrally sponsored Jan Aushadhi Stores in the country that sell generic medicines only and many are reported to be not functioning properly. The Government of Kerala, Rajasthan, and Andhra Pradesh have initiated several measures to make the generic medicines available at private outlets for the benefit of the public. Medicines usually constitute 75% of the healthcare costs.

Often brand names create problem for the consumer. A particular brand may not be available at all places. Sometimes, a brand name may lead to confusion too. For example, Lona is a brand name for clonazepam, anti-epileptic medicine. Lona is also the name of a low-sodium salt recommended for hypertensive patients. This brings confusion both in the minds of patients as well as chemists. The Government should promote generic medicines not only through establishing generic medicine stores but also by ensuring the quality of these medicines through periodic quality checking and publishing such results. This would build public trust/confidence on generics and help them minimise the expenditure on medicine. When medicines are prescribed by generic names but sold at different prices, then financial interests may be the determining factor for the chemist to sell a particular company’s product. Here consumers must exercise their rights to buy the medicine of their choice. But they also need to keep themselves updated on the medicines and their prices.

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