

Physicians' Attitudes And Practices Regarding Generic Drugs



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Physicians' Attitudes and Practices Regarding Generic Drugs

Data Collected by Harris Interactive, Inc.

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AARP Knowledge Management

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Introduction

When the patent expires for a brand name drug, the U.S. Food and Drug Administration (FDA) allows drug companies to produce a comparable drug and call it by its generic name. The FDA requires a generic drug to be chemically equivalent to the brand name drug from which it was cloned. It also expects that virtually all generic drugs have the same therapeutic effect as the original brand name drug. Generic drug manufacturers must demonstrate to the FDA that their generic drug is bioequivalent to its brand name counterpart. They must have the same active ingredient, strength, dosage form, and method of administering (Gross, AARP Public Policy Institute, 2003).¹ Nonetheless, there are a few drugs that have a narrow therapeutic index. A narrow therapeutic index refers to the “difference between the drug’s effective amount in the body and the level at which the drug causes an undesirable or toxic effect” (Palo Alto Medical Foundation, 2001). When a drug with a narrow therapeutic range is needed, substituting a generic may not be appropriate.

Since the late 1970’s the substitution of generic drugs for brand name drugs has become a relatively common physician practice. By the late 1980’s more than three in five (62.5%) family physicians “said they had enough confidence in generic drugs to prescribe them in their practices, but that only 26.9 percent said they actually prescribed mostly generics” (Bower and Burkett, 1987). At the same time, several studies reported a connection between physicians’ sources of drug information, their attitudes toward generics and their prescribing patterns (Haayer, 1982; Bower and Burkett, 1987; Peay and Peay, 1988; Banahan and Kolassa, 1997).

By 2003 generic drug prescriptions represented 43 percent of all prescriptions written and 47 percent of new (non-refill) prescriptions (IMS Health, 2004). Generic drugs were also one of the fastest growing sectors of the pharmaceutical industry.² Given the rise in direct-to-consumer advertising, the use of formularies to control costs, and continued concern about drug safety, it is time to revisit physicians’ opinions and practices regarding generic drug substitution.

The purpose of this study is multi-faceted. We wanted to investigate physicians’ opinions about substituting generic medications for brand name drugs and their patterns of prescribing generics. We also wanted to know their sources of information and perceived level of knowledge. Finally, we wanted to explore various types of potential pressures physicians may feel and the effect of such pressures on their decision-making.

¹ The FDA has established standards which specify the range of acceptable variation. Generic drugs may differ from the respective brand name drug with regard to inactive ingredients, shape, scoring configuration, release mechanisms, and packaging.

² IMS Health, press release dated February 9, 2005 available at <http://www.imshealth.com> reports the generic sector increased 27 percent in 2002, 25 percent in 2003, and 10 percent in 2004. While the rate of growth of this sector appears to have slowed in 2004, it still out paces the 8 percent growth in the pharmaceutical industry overall.

Methods

The data for this study were collected on-line from a panel of physicians who completed a self-administered questionnaire between December 21, 2004 and January 3, 2005.³ Approximately half (51%) of the physicians are primary care practitioners and the balance represent a variety of medical specialties. All of the physicians practice in the United States. Since physicians are a very difficult group to recruit as research subjects, using a panel design is appropriate for this study. However, given the nature of panel designs and the response rate, we can not generalize the findings to all physicians in the United States, but only to those who participated in this research.

Background Demographics

Most physicians in this study are middle-aged men who practice in an office or clinic setting caring for more than sixty adults in a typical week.

Three-fourths (75%) of the physicians in this study are male. The average age of the sample is 49 years old. Most of the physicians (84%) describe their practice as *mostly* office or clinic based. Most (82%) say they see over sixty patients in a typical week, and more than four in ten (44%) say they see more than one hundred patients in a typical week. About a third (34%) say their patients represent all ages, while 44 percent say their patients are 19 years of age or older. Few say they provide only pediatric (10%) or geriatric (5%) care.

About half of the physicians (51%) say on average they prescribe between 1-100 prescriptions in a week. Three in ten (31%) say they write between 101-200 prescriptions in a week.

³ Electronic invitations were sent to 2,050 physicians who participate in the Harris Interactive Inc. physician panel. A research panel is composed of people who have agreed to participate in research. Although it is impossible to know how many of the invitations were opened and read, 425 surveys were completed. Based on these numbers, we calculate the response rate as 21%. Results were weighted to be representative of the U.S. physicians involved in direct patient care on the basis of gender, years of practice, region of the U.S., and physician specialty. Weighting targets came from the American Medical Association master file of physicians in the U.S.. Data were also weighted to compare primary care physicians and medical specialists groups. In theory, with probability samples of this size, one could say with 95 percent certainty that the results have a sampling error of plus or minus 5.9 percentage points of what they would be if the entire U.S. population of these physicians had been polled with complete accuracy. Unfortunately, there are several other possible sources of error in all polls or surveys that are perhaps more serious than theoretical calculations of sampling error. These sources of error include refusals to be interviewed (non-response bias), question wording and question order, and weighting. It is impossible to measure the errors that might result from these factors. Online samples like the one used in this study are not probability samples.

Primary care physicians and medical specialists differ by the type of practice, number and type of patients seen, and the number of prescriptions written in a week.

Primary care physicians are more likely than medical specialists to say their medical practice is *mostly* office or clinic based (95% v 79%) and that they see more than 100 patients in a typical week (67% v 35%). Primary care physicians (65%) are also more likely to say they see patients of all ages than medical specialists (22%). Given this profile, it is no surprise that primary care physicians say they write more prescriptions in a week than do medical specialists (median of 170 for primary care physicians and a median of 99 for medical specialists).

Key Findings

- Physicians support generic substitution in most cases and consider themselves knowledgeable about generic bioequivalence. In fact, three in four physicians say they allow generic substitutes for brand name drugs. However, they also say that a patient's needs influence their choice to prescribe brand over generic.
- They frequently identify health insurers and pharmacy benefit managers as a source of information about generic alternatives.
- Physicians say brand name drug representatives visit weekly and give free samples but generic drug representatives don't.
- Physicians say they feel pressured by patients, health care plans or insurance companies to prescribe generic drugs. They also say pharmacy benefit management companies encourage them to prescribe generics rather than brands originally prescribed. Primary care physicians are more likely than medical specialists to say they feel pressure from pharmacy benefit management companies regarding the prescriptions they write. Primary care physicians are also more likely to say they feel pressure from health care plans to prescribe generics and that there are times when such substitutions should not be made even when required by third parties.
- Physicians say that almost all patients want to talk about the appropriate use of their medications and cost at least some of the time. Most physicians say they know some (thing) about the price differences between brand name drugs and generic drugs. Primary care physicians are twice as likely as medical specialists to say they know a lot about price differences between brand name drugs and generic substitutes. Primary care physicians are more likely than medical specialists to say their patients want them to prescribe generic drugs and that the price difference is often so great they feel they must prescribe generics.

- Primary care physicians are more likely to have an office or clinic based practice, to see more than 100 patients in a typical week, to see patients of all ages, and to write more prescriptions in a week than are medical specialists.
- Primary care physicians are more likely than medical specialists to say they support generic substitution for brand name drugs in most cases, but there are some situations where it is not appropriate.

Conclusions

Physicians in this study support the use of generic substitutes for brand name drugs when they are available and appropriate for the patient. While they say there are some drugs with narrow therapeutic indices that should not be substituted even when required by a third party, they also report feeling pressure from patients, health care plans or insurance companies to prescribe generics. Pharmacy benefit management companies also encourage physicians to prescribe a generic version of a brand name or to change from one brand to another.

The picture is complicated by the fact that these physicians say they are nearly twice as likely to receive information about the availability of generic alternatives to brand name drugs from insurers or pharmacy benefit management companies than from any other source. At the same time, four out of five physicians say they, or their practice, is visited weekly by representatives from brand name drug manufacturers bearing samples. Based upon these data, it appears that physicians face multiple, and sometimes competing sources of pressure regarding the prescriptions they write.

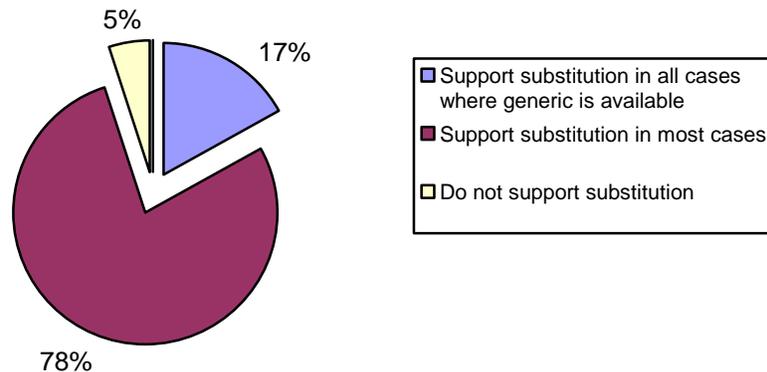
Detailed Findings

Physicians support generic substitution in most cases and consider themselves knowledgeable about generic bioequivalence.

Most physicians say they support generic substitution for brand name drugs in *most* cases, but there are some situations where it is not appropriate. Fewer than one in five say they support substitution in *all* cases where a generic is available. At the opposite extreme, five percent say they do not support generic substitution for brand name drugs (Figure 1).

Figure 1
General Opinion Regarding Substitution of Generic Medications for Brand Name Drugs
% Supporting Statement

Q 400 Please indicate which statement best expresses your general opinion of substituting generic medications for brand name drugs.



Source: Physicians' Attitudes and Practices Regarding Generic Drugs, AARP, 2005.
Base: All physicians n = 425

Primary care physicians (87%) are more likely than medical specialists (75%) to say they support generic substitution for brand name drugs in most cases, but there are some situations where it is not appropriate. Medical specialists (20%), on the other hand, are more likely than primary care physicians (10%) to say they support generic substitution for brand name drugs in all cases where a generic is available.

The majority of physicians say when it comes to generic substitution for the drugs they commonly prescribe; they feel they know enough about their bioequivalence to make an informed choice about substitution and to talk to patients about the therapeutic value of a generic drug. Fewer say they feel they know enough about the bioequivalence to talk to their peers about the therapeutic value of a generic drug (Table 1).

Table 1
Physicians' Self-rated Knowledge about Generics

Q 420 When it comes to generic substitutions for the drugs you commonly prescribe, do you feel you know enough about their bioequivalence to do the following?

Item	Percent Saying Yes
Make an informed choice about allowing substitution of generic drug for a brand name	90%
Talk to my patients about the therapeutic value of a generic drug	86%
Talk to my peers about the therapeutic value of a generic drug	68%

Source: Physicians' Attitudes and Practices Regarding Generic Drugs, AARP, 2005.

Base: All physicians n = 425

Both groups of physicians are equally likely to say they feel they know enough about generic bioequivalence to make an informed choice about allowing substitution of a generic drug for a brand name and to talk with their peers about the therapeutic value of a generic drug. However, primary care physicians (91%) are more likely than medical specialists (84%) to say they feel enough about bioequivalence to talk to their patients about their therapeutic value.

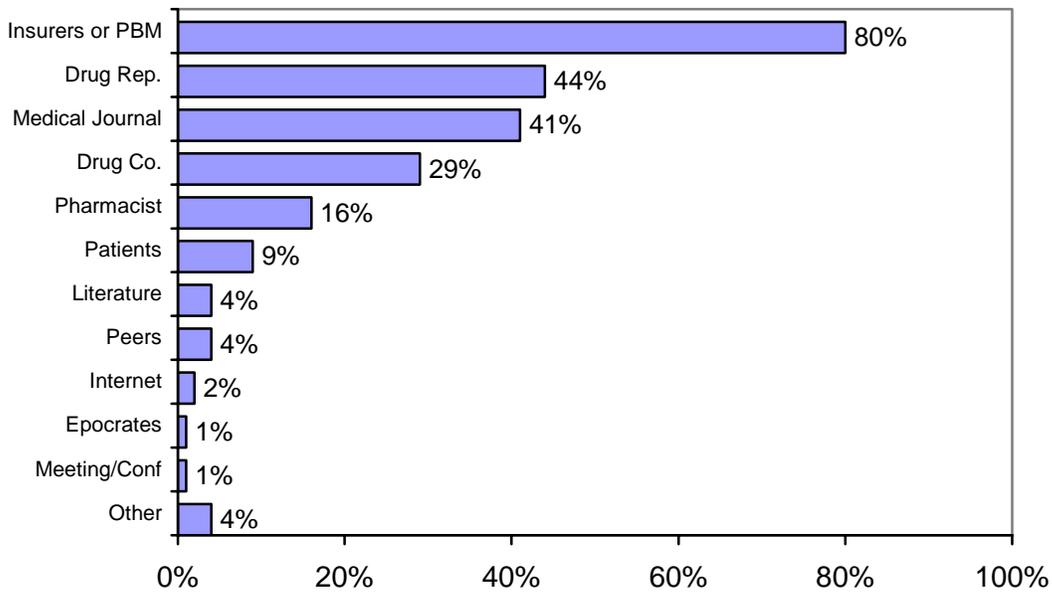
Younger physicians (71% of those 25-34 years) are less likely than older physicians (92% of those 35-44 and 88% of those 45-54 years) to say they feel they know enough about the bioequivalence of generics to talk with their patients.

Physicians frequently identify health insurers and pharmacy benefit managers as a source of information about generic alternatives.

Physicians are more likely to say they normally find out about the availability of generic alternatives to brand name drugs from health insurers or pharmacy benefit managers than from eleven other options (Figure 2).

Figure 2
Source of Information about Generic Alternatives to Brand Name Drugs

Q 430 How do you normally find out about the availability of a generic alternative to a brand name drug?



Source: Physicians' Attitudes and Practices Regarding Generic Drugs, AARP, 2005.
Base: All physicians n = 425

Most physicians say they know some (thing) about the price differences between brand name drugs and generic drugs.

Almost three in four (73%) physicians say they know *some* about the price differences between brand name drugs and generic drugs. An equivalent proportion say they *strongly* or *somewhat agree* that “the price difference between generic and brand name drugs is often so great I feel I must prescribe generic substitutes.” (Table 2f, page 18)

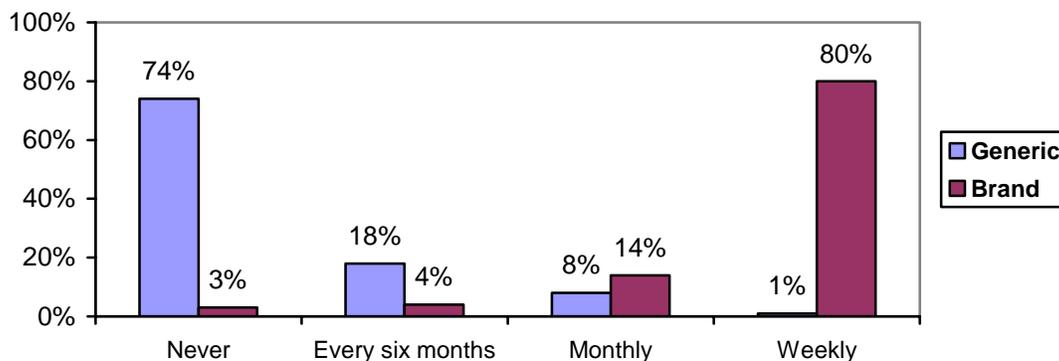
Although a small proportion (14%) of physicians say they know *a lot* about the price differences between brand name drugs and generic drugs, primary care physicians (22%) are twice as likely as medical specialists (11%) to say they know *a lot* about price differences. Primary care physicians (81%) are also more likely than medical specialists (70%) to say “the price difference between generic and brand name drugs is often so great that I feel I must prescribe generic substitutes.”

Physicians say brand name drug representatives visit weekly and give free samples but generic drug representatives don’t.

Eight in ten (80%) physicians say their practice is visited by representatives of brand name drug manufacturers on a *weekly* basis (Figure 3). Almost all (96%) say they or their practice has received free samples of brand name drugs (Figure 4 on the next page). On the other hand, representatives of generic drugs manufacturers are less likely to visit or dispense samples. Three in four (74%) physicians say they or their practice has *never* been visited by a representative of a generic drug manufacturer and they are equally likely (76%) to say they have not received samples of generic drugs.

Figure 3
Proportion of Physicians Who Say They Receive Visits From
Brand Name and Generic Drug Representatives

Q 440 How often are your or your practice visited by representatives of a generic drug manufacturer?
Q 450 How often are you or is your practice visited by representatives of a brand name drug manufacturer?



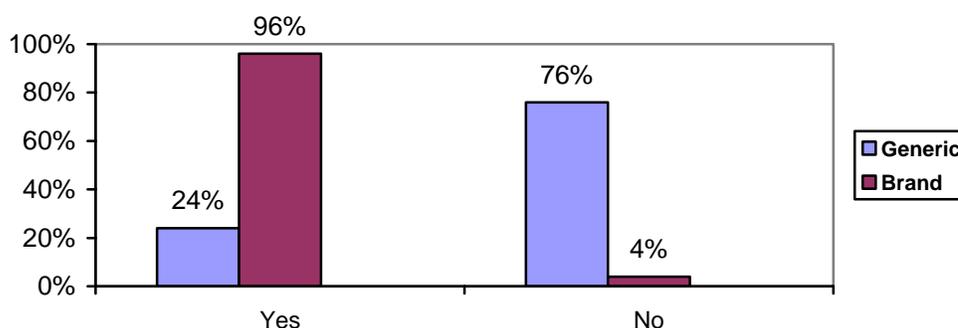
Source: Physicians’ Attitudes and Practices Regarding Generic Drugs, AARP, 2005.
Base: All physicians n = 425

Physicians who say they are in a solo practice (86%) or a single-specialty-group (90%) are more likely to say they are visited weekly by representatives of a brand name manufacturer than physicians who are in a multi-specialty group (70%).

Figure 4
Proportion of Physicians Who Say They Receive Samples From
Brand Name and Generic Drug Representatives

Q 445 Have you or has your practice ever received free samples of generic drugs?

Q 455 Have you or has your practice ever received free samples of brand name drugs?



Source: Physicians' Attitudes and Practices Regarding Generic Drugs, AARP, 2005.

Base: All physicians n = 425

Primary care physicians and medical specialists are equally likely to say they received visits and samples from representatives of brand name drug manufacturers. However, primary care physicians are more likely to say they are visited *every six months* by representatives of a generic drug manufacturer (24% v 15% for medical specialists) and medical specialists are more likely to say they are *never* visited by representatives of a generic drug manufacturer (78% v 65% for primary care physicians).

Physicians say they feel pressured by patients, health care plans or insurance companies to prescribe generic drugs.

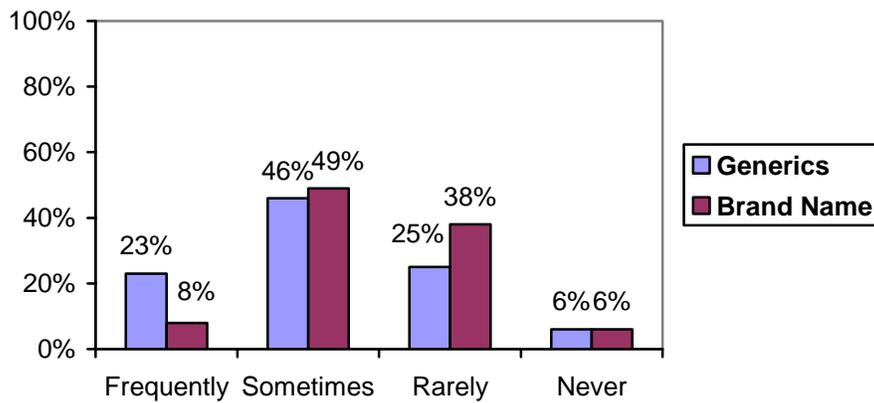
Similar proportions of physicians say they *sometimes* feel pressured by patients to prescribe brand name drugs (49%) or generic drugs (46%). However, they are more likely to say they are *frequently* asked to provide generics (23%) rather than brand name drugs (8%) - see Figure 5 on the next page.

Figure 5

Proportion of Physicians Who Say They Feel Pressured by Patients to Prescribe Brand Name or Generic Drugs

Q 460 How often do you feel pressured by patients to prescribe brand name drugs?

Q 465 How often do you feel pressured by patients to prescribe generic drugs?



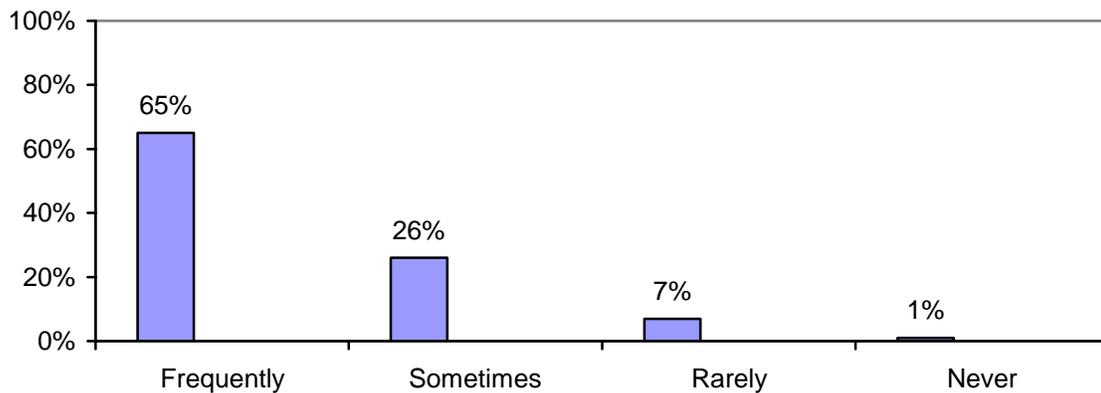
Source: Physicians' Attitudes and Practices Regarding Generic Drugs, AARP, 2005.

Base: All physicians n = 425

About nine in ten physicians say they *frequently* or *sometimes* feel pressured by health care plans or insurance companies to prescribe generic drugs. Few say they *rarely* or *never* feel such pressure (Figure 6). When asked similar questions in a different way, eight in ten physicians say they *strongly* or *somewhat agree* that health care plans are increasingly forcing physicians (84%), me (81%), and pharmacists (80%) to prescribe or dispense generics (Table 2 a-c).

Figure 6
Proportion of Physicians Who Say They Feel Pressured by
Health Care Plans or Insurance Companies to Prescribe Generic Drugs

Q 470 How often would you say you feel pressured by health care plans or insurance companies to prescribe generic drugs?



Source: Physicians' Attitudes and Practices Regarding Generic Drugs, AARP, 2005.

Base: All physicians n = 425

Less than one in five (18%) physicians say a manufacturer of a brand name drug has *frequently* discouraged them from prescribing a generic drug for a medication similar to its own. However, two in five (43%) say they *sometimes* have felt this way.

Primary care physicians are more likely to say they feel pressure from health care plans or insurance companies to prescribe generic drugs than medical specialists.

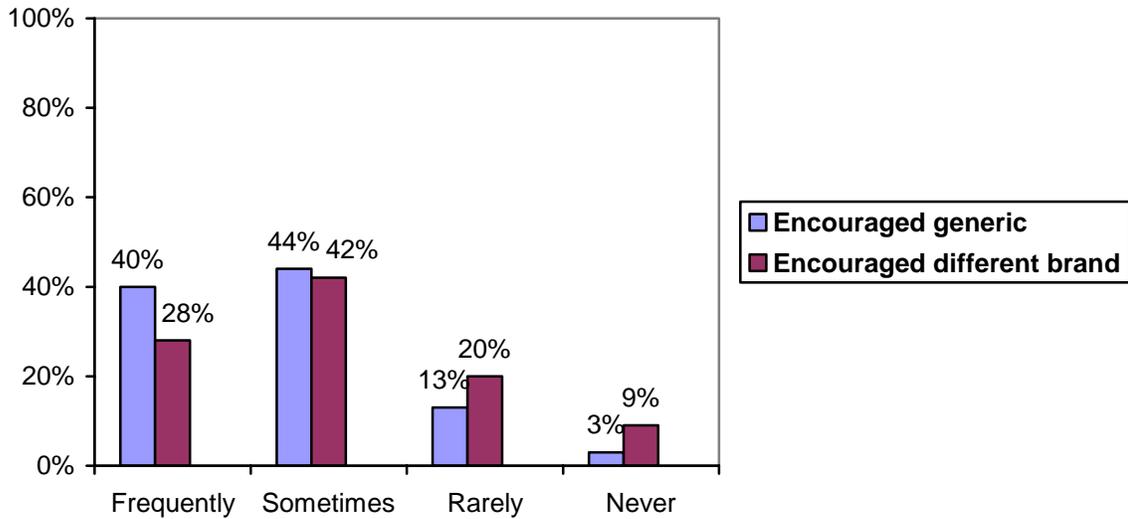
While about two-thirds of physicians say they *frequently* feel pressured by health care plans or insurance companies to prescribe generic drugs, primary care physicians (75%) are more likely to say they *frequently* feel this pressure than medical specialists (61%). Primary care physicians (88%) are also more likely than medical specialists (78%) to say they *strongly* or *somewhat agree* that health care plans are increasingly pressuring me to prescribe generics.

Physicians say pharmacy benefit management companies encourage them to prescribe generics rather than brands originally prescribed.

More than eight in ten physicians say pharmacy benefit management companies *sometimes* or *frequently* encourage them to prescribe generics rather than the brand they originally prescribed. Physicians are less likely to say a pharmacy benefit management company *frequently* encourages them to prescribe a brand name drug that is different from the brand name drug they originally prescribed (Figure 7).

Figure 7
Proportion of Physicians Who Say They Have Been Encouraged to Change Their Prescriptions by a Pharmacy Benefit Management Company

Q 480 How often has a pharmacy benefit management company encouraged you to prescribe a generic version of a drug that is different from the brand name drug you originally prescribed?
Q 485 How often has a pharmacy benefit management company encouraged you to prescribe a brand name drug that is different from the brand name drug you originally prescribed?



Source: Physicians' Attitudes and Practices Regarding Generic Drugs, AARP, 2005.
Base: All physicians n = 425

Primary care physicians are more likely to say they feel pressure from pharmacy benefit management companies regarding the prescriptions they write than are medical specialists.

Primary care physicians (50%) are more likely than medical specialists (36%) to say a pharmacy benefit management company *frequently* encourages them to prescribe a

generic version of a drug that is different from the brand name drug you originally prescribed. Primary care physicians are also more likely to say that a pharmacy benefit management company *frequently* encouraged them to prescribe a brand name drug that is different from the brand name drug they originally prescribed (45% v 22% of medical specialists). Medical specialists, on the other hand, are more likely to say pharmacy benefit management companies *rarely* encouraged them to prescribe a brand name drug that is different from the brand name drug they originally prescribed (24% v 11%).

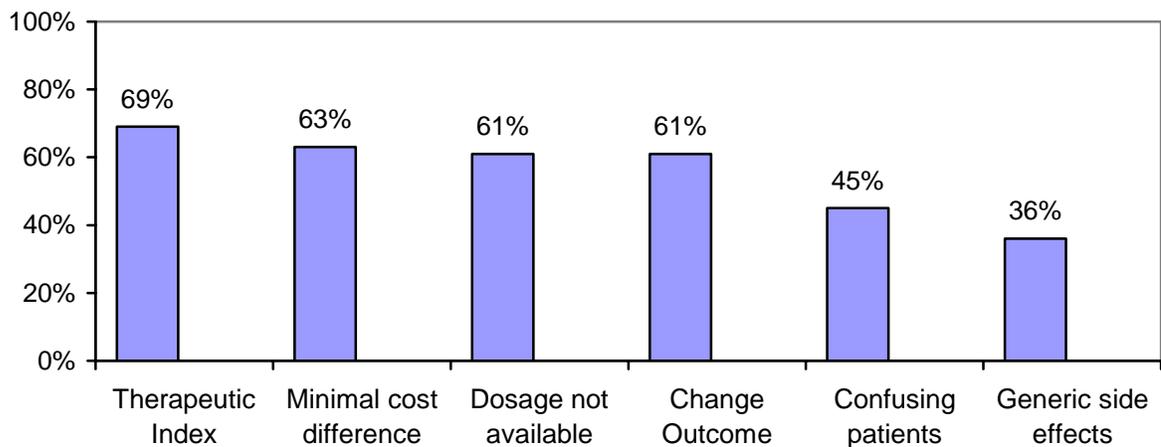
While most physicians say that the patient’s need for a medication with a narrow therapeutic range influences their choice to prescribe a brand name drug rather than a generic drug, primary care physicians (50%) are more likely to say this than medical specialists (31%).

Patient’s needs influence choice to prescribe brand over generic.

Almost seven in ten physicians say the patient’s need for a medication with a narrow therapeutic index influences their decision to select a brand name drug rather than a generic (Figure 8). Furthermore, three in four (75%) physicians *strongly* or *somewhat* agree that there are some drugs with therapeutic indices that should not be substituted even when required by third parties (Table 2 d, page 18).

Figure 8
Reasons Contributing to Physicians’ Selection of Brand Name Drugs
(proportion saying somewhat or a great deal)

Q 490 How much does each of the following reasons contribute to your decision to prescribe a brand name drug rather than a generic?



Source: Physicians’ Attitudes and Practices Regarding Generic Drugs, AARP, 2005.
Base: All physicians n = 425

Three in four physicians allow generic substitutes for brand name drugs.

Approximately half of the physicians in this study (51%) say they prescribe less than 100 prescriptions per week (mean = 158). Over the course of a typical month, the majority of physicians (76%) say they allow a pharmacy to substitute a generic for brand name drugs even though 63 percent say their prescription pad does not have a “dispense as generic” box. Nineteen percent of the prescriptions they write are specified as “dispense as written” for a brand name drug.

When we asked physicians how much they agree or disagree with fourteen statements, we found that at least eight in ten say they *strongly* or *somewhat agree* that health care plans are increasingly forcing physicians, pharmacists and “me” (specifically) to prescribe generic drugs. Approximately three in four *strongly* or *somewhat agree* there are some drugs with narrow therapeutic indices that should not be substituted even when required by third parties, and that most physicians support the use of generics today (Table 2).

Table 2
Proportion of Physicians Who Say They Strongly or Somewhat Agree
With Each Statement

Q 495 Please indicate your level of agreement or disagreement with each of the following statements.

a. Health care plans are increasingly forcing physicians to prescribe generic drugs	84%
b. Health care plans are increasingly pressuring me to prescribe generics	81%
c. Health care plans are increasingly forcing pharmacists to dispense generic drugs	80%
d. There are some drugs with narrow therapeutic indices that should not be substituted even when required by third parties	75%
e. Most physicians support the use of generics today	74%
f. The price difference between generic and brand name drugs is often so great I feel I must prescribe generic substitutes	73%
g. I willingly support generic substitution for brand name prescription products	68%
h. Most brand name drugs and their generic alternatives are equally effective	65%
i. Patients want me to prescribe generic drugs	61%
j. All products approved by the Food and Drug Administration as generic drugs can be considered therapeutically equivalent with brand name products	42%
k. Wider use of generic drugs will mean that less money will be used for research and development of new pharmaceuticals	38%
l. Therapeutic failures are a serious problem with generic products.	36%
m. Being required to prescribe generics for drugs with narrow therapeutic indices will increase my exposure to lawsuits.	34%
n. In order to keep patients, I have to support generic substitution.	27%

Source: Physicians’ Attitudes and Practices Regarding Generic Drugs, AARP, 2005.

Base: All physicians n = 425.

There are some differences in physician's opinions depending upon their type of practice. Physicians who say they practice in a single-specialty group (83%) or multi-specialty group (86%) are more likely than those in a solo practice (70%) to say they *strongly* or *somewhat agree* that health care plans are increasingly forcing pharmacists to dispense generic drugs.

Physicians in group practices are more likely to support generics than solo practitioners. For example, physicians in single-specialty (70%) and multi-specialty (72%) groups are more likely than solo practitioners (55%) to say they strongly or somewhat agree with the statement that "I willingly support generic substitution for brand name prescription products." Similarly physicians in a single-specialty (67%) and multi-specialty (70%) group are more likely than solo practitioners (49%) to *strongly* or *somewhat agree* "most brand name drugs and their generic equivalents are equally effective."

Middle-aged physicians (23% of those 55-64 years) are more likely than younger physicians (3% of those 25-34 and 8% of those 35-44 years) to *strongly* or *somewhat disagree* with the statement "I willing support generic substitution for brand name prescription products."

Physicians' Beliefs About Generics Differ From FDA Standards

Although the Food and Drug Administration states that generic drugs must be therapeutically equivalent with brand name drugs, only about four in ten (42%) physicians say they *strongly* or *somewhat agree* that this is true (see Table 2j).⁴ Over a third (36%) of the physicians in this study say they *strongly* or *somewhat agree* with the statement that "therapeutic failures are a serious problem with generic products." Yet, numerous studies have tried and failed to demonstrate such differences. The few exceptions usually occur among drugs that have a narrow therapeutic index – the difference between the amount that is needed to be effective and the amount that causes undesirable or toxic effects in the body.⁵ As we have seen, most physicians say they support the use of generic substitutes in most cases, except where there is a narrow therapeutic index. Theoretically, this situation should result in patients getting generics when they are appropriate for them, and brands when their condition warrants them. Nonetheless, about one in three (34%) physicians say they *strongly* or *somewhat agree* that "being required to prescribe generics for drugs with narrow therapeutic indices will increase my exposure to lawsuits."

It is also interesting to note that almost four in ten (38%) physicians in this study say they *strongly* or *somewhat agree* that the "Wider use of generic drugs will mean that less money will be used for research and development of new pharmaceuticals." Although

⁴ Bananhan and Kolassa also found a low percentage (17%) of physicians correctly identified the FDA's standards on bioequivalence.

⁵ Palo Alto Medical Foundation (PAMF), Summer 2001. Is the Brand Name Drug Really Better than the Generic? <http://www.pamf.org/health/toyourhealth/drug.html>

most brand name drugs cost more than their generic substitutes, the mark-up on generic drugs is generally more than that on brand name drugs (Gross, 2004; Sipkoff, 2005).

Primary care physicians are more likely than medical specialists to say they feel pressure from health care plans to prescribe generics and that there are times when such substitutions should not be made even when required by third parties (Table 3).

Primary care physicians are more likely than medical specialists to say their patients want them to prescribe generic drugs and that the price difference is often so great they feel they must prescribe generics (Table 3).

Table 3
Proportion of Primary Care and Medical Specialists Who Say They Strongly or Somewhat Agree With Statements About Generic Drugs

Q495 Please indicate your level of agreement or disagreement with each of the following statements.

	Primary Care	Medical Specialists
Health care plans are increasingly pressuring me to prescribe generics	88%	78%
There are some drugs with narrow therapeutic indices that should not be substituted even when required by third parties	84%	72%
The price difference between generic and brand name prescription drugs is often so great I feel I must prescribe generic substitutes	81%	70%
Patients want me to prescribe generic drugs	72%	58%

Source: Physicians' Attitudes and Practices Regarding Generic Drugs, AARP 2005

Base: All physicians n = 425

Primary care physicians (74%) are more likely than medical specialists (62%) to say their patients frequently want to talk with them about the cost of prescription drugs. Primary care physicians (61%) are also more likely than medical specialists (51%) to say their patients sometimes want to talk with them about their experiences with generic drugs.

Physicians say that almost all patients want to talk about the appropriate use of their medications and cost at least some of the time.

Nine out of ten times, physicians say their patients want to talk about the appropriate use of their prescription drugs and the potential side effects, as well as their cost at least some of the time (Table 4). About two out of three physicians say their patients want to talk about their experience with generic drugs at least some of the time.

Table 4
Proportion of Physicians Who Say Their Patients Want to Talk About
The Wise Use of Medications

Q 425 How often do your patients want to talk about the following?

	Frequently	Sometimes	Rarely	Never
The appropriate use and side effects of prescription drugs	56%	39%	5%	--
The cost of prescription drugs	66%	32%	2%	--
Their experience with generic drugs	13%	54%	32%	1%

Source: Physicians' Attitudes and Practices Regarding Generic Drugs, AARP, 2005.

Base: All physicians n = 425.

Summary and Conclusions

Physicians in this study support the use of generic substitutes for brand name drugs when they are available and appropriate for the patient. While they say there are some drugs with narrow therapeutic indices that should not be substituted even when required by a third party, they also report feeling pressure from patients, health care plans or insurance companies to prescribe generics. Pharmacy benefit management companies also encourage physicians to prescribe a generic version of a brand name or to change from one brand to another.

The picture is complicated by the fact that these physicians say they are nearly twice as likely to receive information about the availability of generic alternatives to brand name drugs from insurers or pharmacy benefit management companies than from any other source. At the same time, four out of five physicians say they, or their practice, is visited weekly by representatives from brand name drug manufacturers bearing samples. Based upon these data, it appears that physicians face multiple, and sometimes competing sources of pressure regarding the prescriptions they write.

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AARP

TITLE FOR INITIAL SURVEY PAGE:

Field Period: December 21, 2004-January 3, 2005

SUBJECTS FOR QUESTIONNAIRE:

Section 400+: Attitudes Toward and Experiences with Generic Drugs
Section 100: Standard Physician Demographics

Notes on reading the results

The percentage of respondents has been included for each item. An asterisk (*) signifies a value of less than one-half percent. A dash represents a value of zero. Percentages may not always add up to 100% because of computer rounding or the acceptance of multiple answers from respondents answering that question.

SECTION 350: SCREENER

BASE: ALL RESPONDENTS

Q350 Thank you for your interest in this survey. We'd like to get your views on and experiences with the use of generic drugs.

What is your primary medical specialty?

	<u>Total</u>
Primary Care Physicians	28
Specialists	72

BASE: ALL RESPONDENTS

Q360 Approximately what percentage of your time is spent in direct patient care, as opposed to a teaching capacity?
Please give us your best estimate.

Mean: 95%

SECTION 400: ATTITUDES TOWARD GENERIC DRUGS

BASE: ALL QUALIFIED RESPONDENTS

Q400 Please indicate which statement best expresses your general opinion of substituting generic medications for brand name drugs.

	<u>Total</u>
I support generic substitution for brand name drugs in all cases where a generic is available.	17
I support generic substitution for brand name drugs in most cases, but there are some situations where it is not appropriate.	78
I do not support generic substitution for brand name drugs.	5

BASE: ALL QUALIFIED RESPONDENTS

Q405 Over the course of a typical month, what percentage of the prescriptions you write specify “dispense as written” for a brand name drug?

Mean: 19%

BASE: ALL QUALIFIED RESPONDENTS

Q410 Over the course of a typical month, what percentage of the prescriptions you write allow a pharmacy to substitute a generic for brand name drugs?

Mean: 76%

BASE: ALL QUALIFIED RESPONDENTS

Q415 Does your prescription pad have a “dispense as generic” box?

	<u>Total</u>
Yes	37
No	63

BASE: ALL QUALIFIED RESPONDENTS

Q420 When it comes to generic substitutions for the drugs you commonly prescribe, do you feel you know enough about their bioequivalence to do the following?

Q421	<u>Yes</u>	<u>No</u>
Make an informed choice about allowing substitution of a generic drug for a brand name	90	10
Talk to my patients about the therapeutic value of a generic drug	86	14
Talk to my peers about the therapeutic value of a generic drug	68	32

BASE: ALL QUALIFIED RESPONDENTS

Q425 How often do your patients want to talk about the following?

Q426	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Frequently</u>
The appropriate use and side effects of prescription drugs	*	5	39	56
The cost of prescription drugs	*	2	32	66
Their experiences with generic drugs	1	32	54	13

BASE: ALL QUALIFIED RESPONDENTS

Q430 How do you normally find out about the availability of a generic alternative to a brand name drug? Please select all that apply.

	<u>Total</u>
Information from health insurers or pharmacy benefit managers	80
Drug manufacturer representatives	44
Medical journals	41
Drug company written information	29
From pharmacist/pharmacy	16
From patients	9
From doctors/colleagues/peers	4
Informational literature (PDR, newsletters, articles)	4
From Internet/websites/e-mails	2
From Epocrates	1
Meetings/conferences	1
Other	4

BASE: ALL QUALIFIED RESPONDENTS

Q435 How much would you say you know about the price differences between brand name drugs and generic drugs?

	<u>Total</u>
Nothing	*
Very little	13
Some	73
A lot	14

BASE: ALL QUALIFIED RESPONDENTS

Q440 How often are you or your practice visited by representatives of a generic drug manufacturer?

	<u>Total</u>
Never	74
Every six months	18
Monthly	8
Weekly	1

BASE: ALL QUALIFIED RESPONDENTS

Q445 Have you or has your practice ever received free samples of generic drugs?

	<u>Total</u>
Yes	24
No	76

BASE: ALL QUALIFIED RESPONDENTS

Q450 How often are you or is your practice visited by representatives of a brand name drug manufacturer?

	<u>Total</u>
Never	3
Every six months	4
Monthly	14
Weekly	80

BASE: ALL QUALIFIED RESPONDENTS

Q455 Have you or has your practice ever received free samples of brand name drugs?

	<u>Total</u>
Yes	96
No	4

BASE: ALL QUALIFIED RESPONDENTS

Q460 How often do you feel pressured by patients to prescribe brand name drugs?

	<u>Total</u>
Never	6
Rarely	38
Sometimes	49
Frequently	8

BASE: ALL QUALIFIED RESPONDENTS

Q465 How often do you feel pressured by patients to prescribe generic drugs?

	<u>Total</u>
Never	6
Rarely	25
Sometimes	46
Frequently	23

BASE: ALL QUALIFIED RESPONDENTS

Q470 How often would you say you feel pressured by health care plans or insurance companies to prescribe generic drugs?

	<u>Total</u>
Never	2
Rarely	7
Sometimes	26
Frequently	65

BASE: ALL QUALIFIED RESPONDENTS

Q475 How often has a manufacturer of a brand name drug discouraged you from prescribing a generic drug for a medication similar to its own?

	<u>Total</u>
Never	11
Rarely	28
Sometimes	43
Frequently	18

BASE: ALL QUALIFIED RESPONDENTS

Q480 How often has a pharmacy benefit management company encouraged you to prescribe a generic version of a drug that is different from the brand name drug you originally prescribed?

	<u>Total</u>
Never	3
Rarely	13
Sometimes	44
Frequently	40

BASE: ALL QUALIFIED RESPONDENTS

Q485 How often has a pharmacy benefit management company encouraged you to prescribe a brand name drug that is different from the brand name drug you originally prescribed?

	<u>Total</u>
Never	9
Rarely	20
Sometimes	42
Frequently	28

BASE: ALL QUALIFIED RESPONDENTS

Q490 How much does each of the following reasons contribute to your decision to prescribe a brand name drug rather than a generic?

Q491	<u>Not At All</u>	<u>Not Very Much</u>	<u>Somewhat</u>	<u>A Great Deal</u>
Switching a patient from a brand name to generics may change the outcome of the therapy.	9	30	38	23
The generic substitute for a brand name is not available in the desired dosage.	11	28	42	19
Patients may become confused by taking a pill that is a different size and color than what they are used to.	19	36	35	10
The patient requires medication with a narrow therapeutic index.	6	25	33	36
Concerns about side effects from generics	26	38	29	8
The cost difference between brand name drugs and generics may be minimal.	8	30	42	21

BASE: ALL QUALIFIED RESPONDENTS

Q495 Please indicate your level of agreement or disagreement with each of the following statements.

	<u>Total</u>
All products approved by the Food and Drug Administration as generic drugs can be considered therapeutically equivalent with brand name products.	
Strongly Disagree	15
Somewhat Disagree	27
Neither Agree nor Disagree	16
Somewhat Agree	34
Strongly Agree	8
Patients want me to prescribe generic drugs.	
Strongly Disagree	2
Somewhat Disagree	12
Neither Agree nor Disagree	25
Somewhat Agree	48
Strongly Agree	13
Wider use of generic drugs will mean that less money will be used for research and development of new pharmaceuticals.	
Strongly Disagree	10
Somewhat Disagree	23
Neither Agree nor Disagree	28
Somewhat Agree	27
Strongly Agree	11
Therapeutic failures are a serious problem with some generic products.	
Strongly Disagree	10
Somewhat Disagree	26
Neither Agree nor Disagree	28
Somewhat Agree	28
Strongly Agree	7
Health care plans are increasingly forcing pharmacists to dispense generic drugs.	
Strongly Disagree	2
Somewhat Disagree	4
Neither Agree nor Disagree	14
Somewhat Agree	37
Strongly Agree	44
Health care plans are increasingly forcing physicians to prescribe generic drugs.	
Strongly Disagree	1
Somewhat Disagree	3
Neither Agree nor Disagree	12
Somewhat Agree	37
Strongly Agree	47
I willingly support generic substitution for brand name prescription products.	
Strongly Disagree	4
Somewhat Disagree	10
Neither Agree nor Disagree	18
Somewhat Agree	48
Strongly Agree	20
In order to keep patients, I have to support generic substitution.	
Strongly Disagree	18
Somewhat Disagree	23
Neither Agree nor Disagree	33
Somewhat Agree	22
Strongly Agree	5

BASE: ALL QUALIFIED RESPONDENTS

Q495 Please indicate your level of agreement or disagreement with each of the following statements.

	<u>Total</u>
Being required to prescribe generics for drugs with narrow therapeutic indices will increase my exposure to lawsuits.	
Strongly Disagree	8
Somewhat Disagree	21
Neither Agree nor Disagree	37
Somewhat Agree	22
Strongly Agree	12
The price difference between generic and brand name drugs is often so great that I feel I must prescribe generic substitutes.	
Strongly Disagree	5
Somewhat Disagree	7
Neither Agree nor Disagree	15
Somewhat Agree	50
Strongly Agree	23
Most physicians support the use of generics today.	
Strongly Disagree	1
Somewhat Disagree	8
Neither Agree nor Disagree	18
Somewhat Agree	54
Strongly Agree	20
Most brand name drugs and their generic alternatives are equally effective.	
Strongly Disagree	3
Somewhat Disagree	14
Neither Agree nor Disagree	17
Somewhat Agree	48
Strongly Agree	18
There are some drugs with narrow therapeutic indices that should not be substituted even when required by third parties.	
Strongly Disagree	1
Somewhat Disagree	7
Neither Agree nor Disagree	17
Somewhat Agree	34
Strongly Agree	41
Health care plans are increasingly pressuring me to prescribe generics.	
Strongly Disagree	2
Somewhat Disagree	4
Neither Agree nor Disagree	13
Somewhat Agree	35
Strongly Agree	46

SECTION 100: STANDARD PHYSICIAN DEMOGRAPHICS

BASE: ALL RESPONDENTS

Are you...?

	<u>Total</u>
Male	75
Female	25

BASE: ALL RESPONDENTS

Mean Age: 49

BASE: ALL QUALIFIED RESPONDENTS

Q120 Which of the following best describes your medical practice?

	<u>Total</u>
Mostly office- or clinic-based	84
Mostly hospital- or lab-based	3
Exclusively hospital- or lab-based	4
Mostly long-term care facility-based	1
Mostly hospice-based	*
Equally hospital-based and office/clinic-based	8
Other	1

BASE: WORKS IN OFFICE OR CLINIC (Q120/1 OR 6)

Q125 How would you describe your office or clinic?

	<u>Total</u>
Solo practice	23
Single-specialty partnership or group (2 or more physicians)	46
Multi-specialty partnership or group (2 or more physicians)	31

BASE: ALL QUALIFIED RESPONDENTS

Q130 On average, how many patients do you see in a typical week? If you are not sure, your best estimate will do.

	<u>Total</u>
1 to 10	*
11 to 30	4
31 to 60	15
61 to 100	38
More than 100	44

BASE: ALL QUALIFIED RESPONDENTS

Q135 Which of the following best describes the ages of your patient population?

	<u>Total</u>
18 years or younger (pediatric)	10
19 years to 64 years (adult)	7
19 years and older (adult and geriatric)	44
65 years and older (geriatric)	5
All ages	34

BASE: ALL QUALIFIED RESPONDENTS

Q140 On average, about how many prescriptions do you write (or medications do you dispense) in a week? *If you are not sure, your best estimate will do.*

Mean: 158