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Original Article

The Insights of Indians on Branded and Generic Drugs: An Observational Study

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Abstract

Objective: This study investigates public awareness and utilization of generic and branded medicines, focusing on allopathic drugs and multivitamin tablets.

Methods: An observational survey was conducted using a questionnaire-based design. The research was conducted in two distinct settings: a medical camp organised by SWECHA Software Campus and generic/retail pharmacy stores in an urban area. The time period over which the data was collected is 6 mo. The aim was to collect data from 100 participants. However, the final sample size was 85, and after applying the inclusion and exclusion criteria, 50 participants were selected. The study comprised two main components: assessing general awareness of generic and branded drugs through a survey at a medical camp, and evaluating the utilisation of generic and branded multivitamin tablets among pharmacy visitors. Questionnaires collected sociodemographic data and responses about knowledge, attitudes, and usage patterns.

Results: The key findings of the study was more awareness is needed among the people regarding the branded and generic drug utilisation. The results indicated a generally significant level of awareness among participants. However, understanding and acceptance of generic drugs needs time, highlighting the need for enhanced public education. A significant portion of the population buys generic drugs due to cost-effectiveness.

Conclusion: The study highlights the need for greater public education to promote the use of affordable generic medicines and ensure rational drug prescribing.

Keywords: Generic medicines, Branded medicines, Public awareness, Drug utilisation, Multivitamin tablets

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Introduction

Drug discovery and drug development are very complex and expensive processes. The complete process involves scientists, pharmaceutical companies and academicians [1]. In the pharmaceutical market, both branded and generic medicines are available. The choice of the medicine impacts both healthcare expenditure and treatment outcomes [2].

Branded medicines are the original drug products developed by innovator pharmaceutical companies. These are usually higher in cost and are protected by patents, as they have to undergo clinical trials that are expensive [3]. Generic medicines are the drugs that are identical to the innovator drug product in terms of dosage form, safety, strength, route of administration, quality, performance, characteristics, and intended use [4].

The regulatory authorities approve marketing of generic formulations only if they are bioequivalent to the brand-name drugs in terms of safety, strength, and quality. The use of generic medicines, compared to their branded counterparts, can reduce expenditure on drugs for patients [5].

Although generic drugs offer several advantages, there are a few resistance factors, such as limited availability of generic drugs, reduced prescribing by medical practitioners, lack of knowledge among healthcare professionals, and lack of usage guidelines for consumers [6].

The stakeholders of pharmaceutical companies are against the usage of generic medicines, since there is little to no benefit in the sale of these medicines. For retailers, formulation with a higher MRP gives them a higher profit margin. Hence, retailers prefer to sell branded medicines when compared to generic medicines [7]. Although the generic medicines are bioequivalent to their innovator products, physicians are concerned about the quality of generic drugs and resist prescribing them [8]. Thus, there is a need for effective quality control measures, ensuring all drugs meet the prescribed standards. This helps to build trust in the regulatory system [9].

India is one of the largest producers and exporters of generic medicines. Still, not even half of the medicines are prescribed by their generic names in our country [10]. Patients' awareness of the type of medicines they are consuming varies according to literacy levels and dispensing attributes [11]. Generic drug usage is an important strategy to reduce the pharmaceutical expenditures of the public [12].

To improve access to generic medicines, the Indian Government had launched the Janaushadhi campaign in 2008 to provide quality generic medicines at affordable prices through generic medicine stores [13]. This program aimed to provide generic medicines at affordable prices to the entire population through special outlets known as Jan Aushadhi Kendras [14]. Currently, there are over 8012 functional Jan Aushadhi Kendra in India with 1451 types of medicines and 240 surgical items [15]. An important amendment was brought by the Medical Council of India in September 2016, stating that doctors should prescribe drugs with generic names written legibly and in block letters so as to ensure rational prescribing of drugs [16].

Extant literature has robustly established the bioequivalence and cost-effectiveness of generic medications compared to their branded counterparts. However, a significant utilisation gap persists, particularly regarding the 'longitudinal switching effect'—the clinical and psychological impact on patients who are moved between multiple different generic manufacturers over a long-term period.

Furthermore, existing research often overlooks the socio-behavioural drivers in developing economies, where brand loyalty often overrides economic logic due to a perceived 'price-quality' heuristic. Consequently, there remains a void in understanding how pharmacist-led substitution and patient

'nocebo' perceptions interact to affect long-term health outcomes. This study addresses these gaps by evaluating the real-world evidence of multi-generic switching and its impact on patient-reported outcomes in day-to-day health.

A drug utilisation study is performed to evaluate drugs used in clinical practice to make medical treatment more rational and cost-efficient [17]. The present study was conducted to evaluate public awareness of generic and branded medicines and to determine the utilisation patterns of multivitamin tablets. The study aims to provide insights regarding generic and branded medicines and support policies promoting the rational use of medicines.

Materials and Methods

Study design

The study was designed to analyse the awareness of generic and branded drugs among the public by two different methods. This study was reviewed by the institutional review board and deemed exempt from ethical approval due to its observational/non-interventional nature.

- Awareness survey – A cross-sectional, prospective, questionnaire-based study conducted at a medical camp.
- Utilisation survey – An observational study conducted at pharmacy stores.

Inclusion Criteria: All people who have an age above 18 y.

Exclusion Criteria: All people who are below 18 y of age.

People who don't understand the difference between generic and branded drugs.

Study setting

The study was carried out at two locations:

- A camp was organised at the SWECHA software office. It included participants from all socio-economic and occupational groups, as it is an open health camp for all local people. A team of skilled medical professionals were present. The camp helped individuals to receive timely doctor consultations, get appropriate treatment and undergo necessary diagnostic procedures.
- Generic and Retail Pharmacy store in an urban area. It included patients using multivitamin tablets.

Study population

Individuals attending the medical camp and patients visiting pharmacy stores in urban areas using multivitamin tablets were included. Participants aged below 18, with educational qualifications of less than 10^{th} standard and psychologically retarded participants were excluded from the study. As it is an observational study, no ethical approval was taken. Informed consent duly signed by the participants was obtained.

Collection of data

A questionnaire was used to collect the data. The full questionnaire is provided as a supplementary file.

Awareness survey

The questionnaire has 2 sections.

- Section I-Sociodemographic data of patients, such as name, age, gender, education, and occupation.
- Section-II-Questions related to awareness on Generic and Branded medicines

Utilisation survey

The questionnaire has 3 sections.

- Section I-Sociodemographic data of patients.
- Section-II-Data on Multivitamin Tablets usage.
- Section-III-Questions on Multivitamin Tablets-Generic vs. Branded.

Confidentiality was ensured throughout the study. The usage of the tablets by the participants was verified.

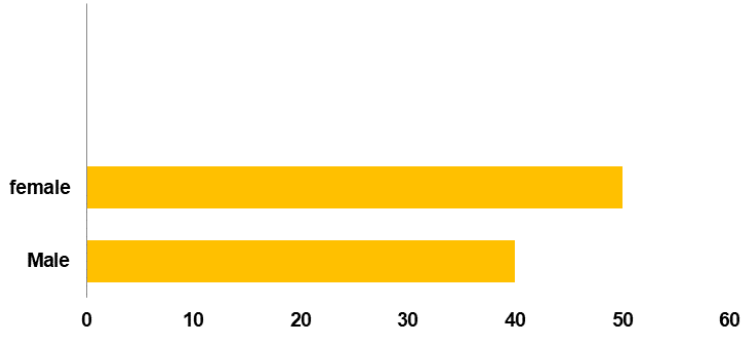
Analysis of data

Regression analysis was performed according to respondents' attitudes and general awareness of generic and branded drugs.

Results

Awareness survey

Section I-Sociodemographic data of patients



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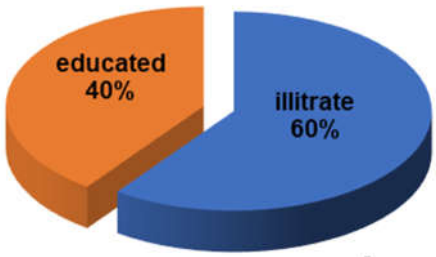

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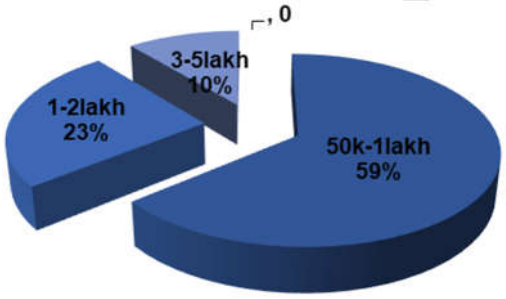

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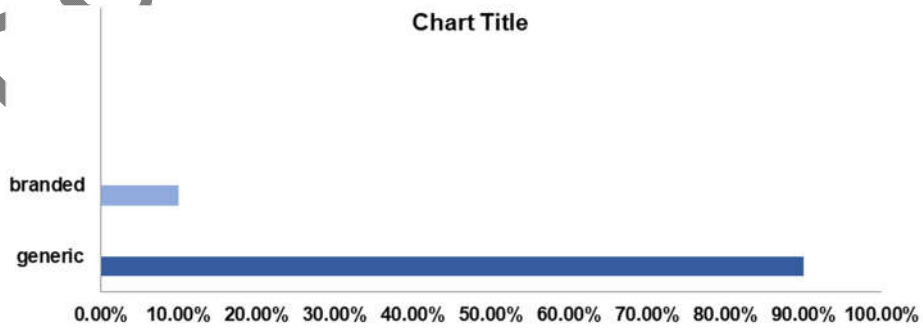
Fig. 1: (a) Age (b) Education (c) Annual household income in INR.

The study involves the population group comprising al the socioeconomic sections of the society. This is located in a software campus called SWECHA, but it is a free camp conducted for the general public. Fig. 1(a) represents the age distribution pattern of the respondents. Fig. 1(b) represents education background of the respondents. 40% of the respondents were well-educated, and the 60% of them were illiterate. Patient counselling is essential for people to educate them and help them make the right choices. Fig. 1(c) represents annual household income. 59% of the respondents earned 50k-1 lakh, 23% of respondents earned 1-2 lakh, and 10% of the respondents earned 3-5 lakhs.

Section II-Questions related to awareness on generic and branded medicines



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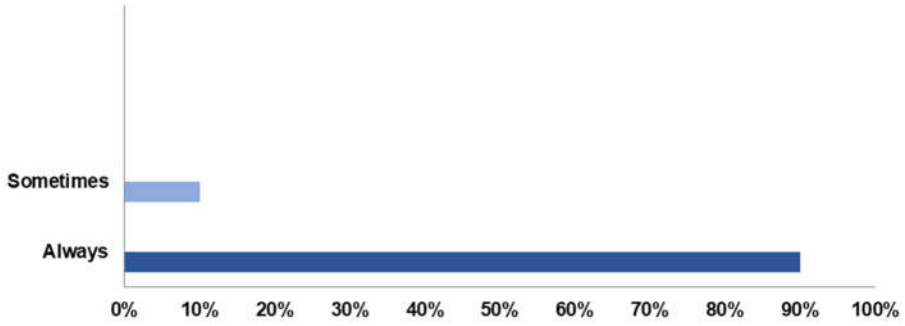

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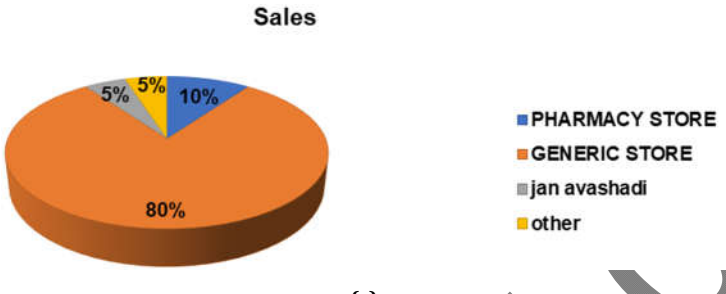

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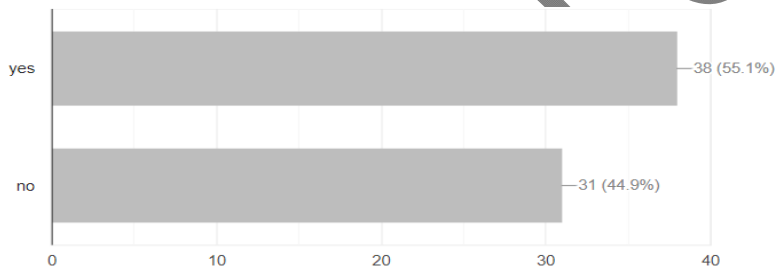
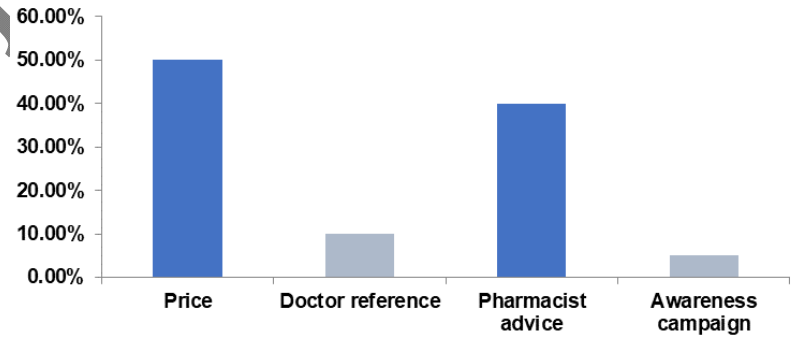


(d)

Fig. 2: (a) Type of medicines used-generic and branded (b) Frequency of generic medicine use among participants (c) Sources of purchase of medicines (d) Satisfaction with availability of medicines.

Fig. 2(a) shows the percentage of respondents who use generic and branded drugs. 90% of the respondents use generic drugs, and the remaining 10% use branded drugs. The majority of people prefer generic drugs over branded drugs. Fig. 2(b) shows the frequency of generic medicine usage. 90% of the respondents always use generic drugs, and 10% of the respondents use generic drugs occasionally. This shows that generic drugs are in high demand. Fig. 2(c) shows the sources from which the generic medicines are purchased. 80% of the respondents purchase it from generic stores, 10% of them purchase it from pharmacy stores, 5% from Jan Avashadi stores and the remaining 5% from other sources. Fig. 2(d) shows the percentage of respondents satisfied with the availability of medicines. 55.1% of the respondents are satisfied with the availability of medicines, and the remaining 44.9% respondents are not satisfied. This indicates that a greater number of stores should be easily accessible to the people.



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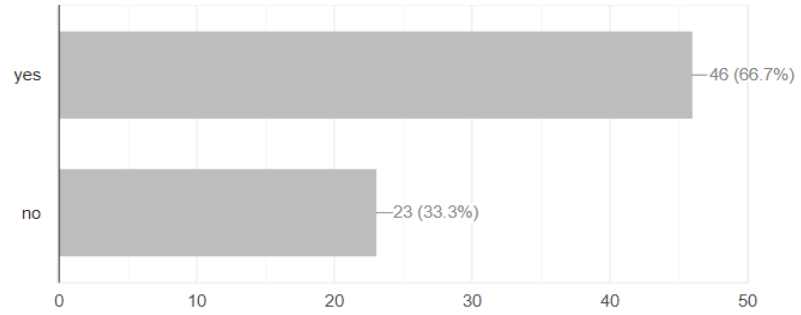

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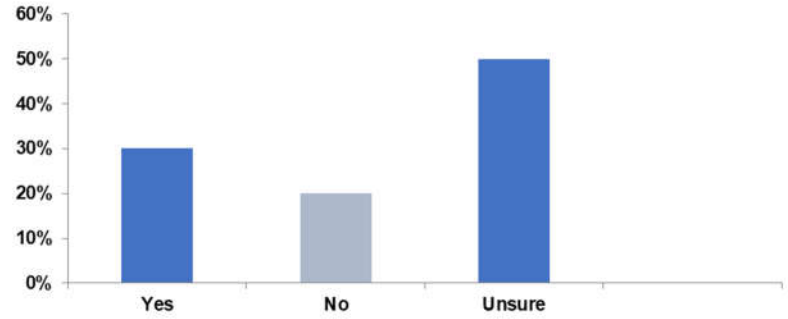

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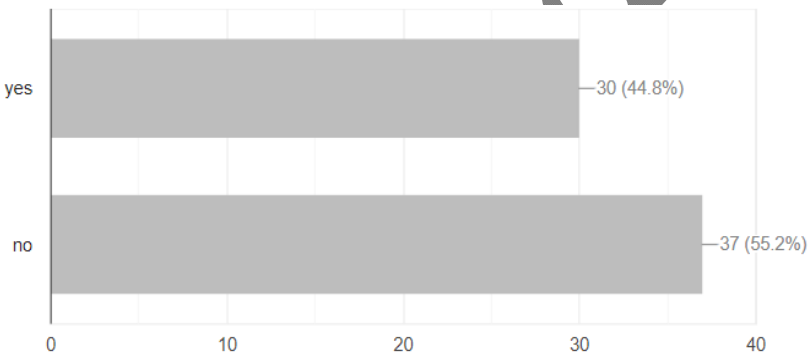


(d)

Fig. 3: (a) Factors influencing choice of medicines (b) Counselling received on generic and branded medicines (c) Effectiveness of generics compared to branded drugs (d) Perception of staff knowledge on generic and branded medicines.

Fig. 3(a) represents the percentage of different factors that influence the choice of medicines. The respondents were allowed to choose multiple options. 50% of respondents were influenced by medicine prices. 40% of respondents were influenced by the pharmacist's advice, 10% by the doctor's advice, and 5% by awareness campaigns. Fig. 3(b) represents the percentage of respondents who received counselling regarding generic and branded medicines. 66.7% of respondents received counselling, whereas 33.3% did not receive counselling. Fig. 3(c) shows the opinion of respondents about the effectiveness of generics compared to branded drugs. Only 30% of the respondents agree that generics are as effective as branded drugs. 20% of the respondents believe that generics are not effective, and the remaining 50% of the respondents are unsure. Fig. 3(d) shows the perception of staff knowledge on generic and branded drugs. 44.8% respondents believe that the staff are knowledgeable about the generic and branded drugs, whereas 55.2% respondents believe that the staff are not knowledgeable.

Utilisation survey

Section I-Sociodemographic data of patients

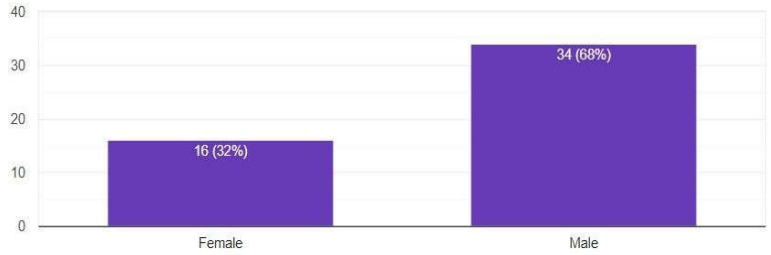
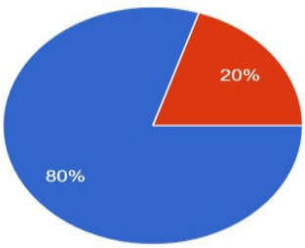


Fig. 4: Gender distribution of participants.

The fig. 4 represents the gender of the participants in the survey. 32% (16) of the participants were female, and 68% (34) of them were male.

Section II-Data on multivitamin tablets usage



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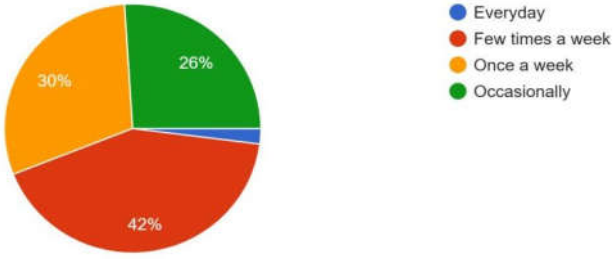

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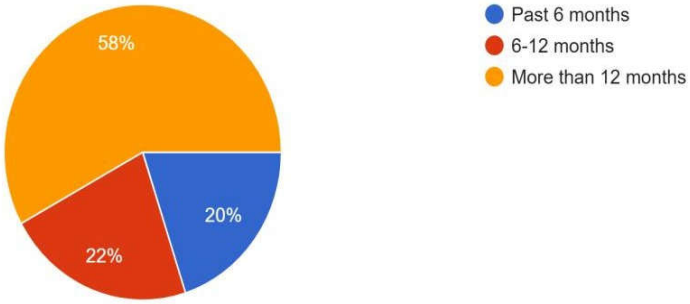
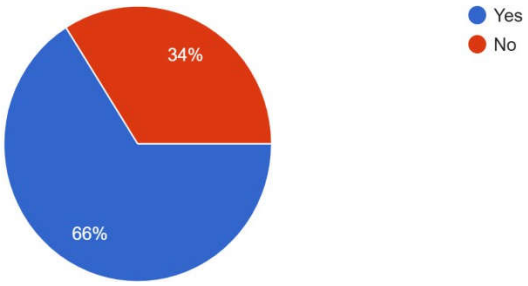


(c)

Fig. 5: (a) Regular use of multivitamins, (b) Multivitamin consumption frequency, (c) Multivitamin use duration.

Fig. 5(a) represents a pie chart regarding the regular use of multivitamins among the participants. 80% of the participants use multivitamins regularly, whereas the remaining 20% do not use them. Fig. 5(b) represents the frequency at which the participants consume the multivitamins. 42% of the participants use it a few times a week, 30% of the participants use it once a week, 26% of them use it occasionally, and only 2% of them use it on a daily basis. Fig. 5(c) represents the duration of multivitamin use. 58% of the participants have been using these tablets for more than a year, 22% of them have been using them between 6-12 mo, and 20% of them have been using them for the past 6 mo.

Section III-Questions on multivitamin tablets-generic vs branded



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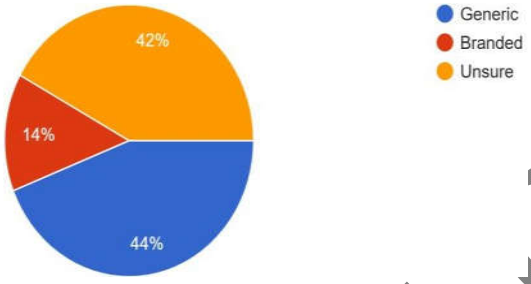

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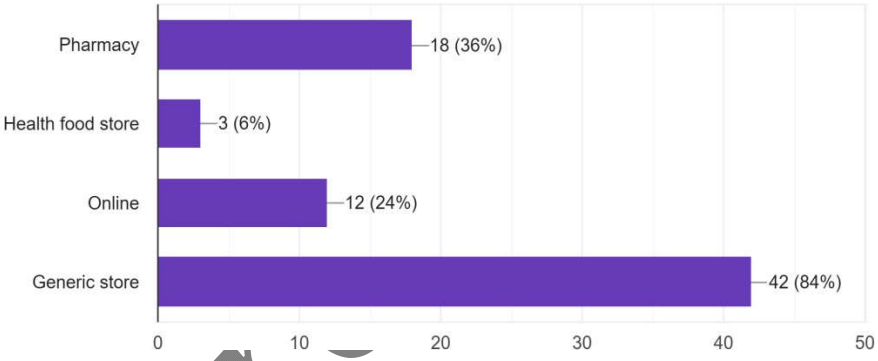
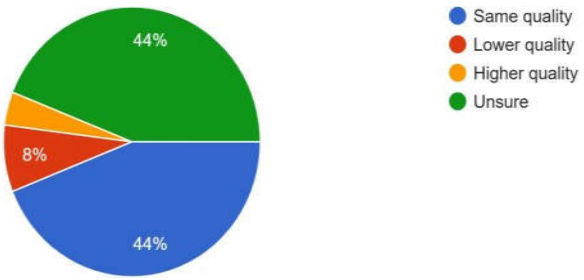


(c)

Fig. 6: (a) Awareness of generic vs branded multivitamins, (b) Type of multivitamins used, (c) Place of purchase of multivitamins.

The fig. is divided into three sections (a), (b), and (c). Fig. 6(a) represents the awareness of the participants regarding the use of generic vs branded multivitamins. 66% of the participants are aware of generic and branded multivitamins, and 34% of them are unaware. Fig. 6(b) represents the percentage of participants who are using generic and branded multivitamins. 44% of the participants are using generic multivitamins, 14% of them are using branded multivitamins, and 42% of them are unsure about the multivitamins taken by them. Fig. 6(c) represents the places where the participants purchase the multivitamins. 84% of the participants purchase the multivitamins from generic stores, 36% of them purchase from pharmacies, 24% from online and 6% of the participants from health food stores.



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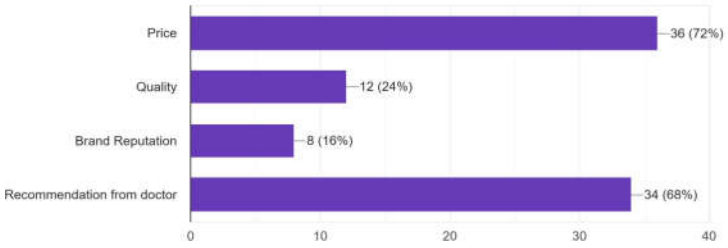

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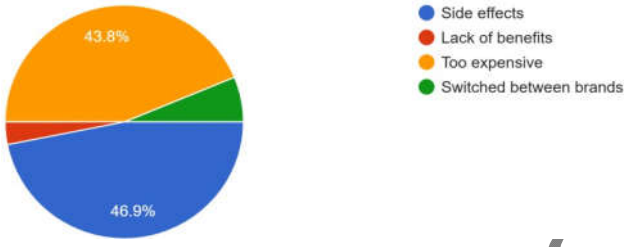

(c)

Fig. 7: (a) Quality of generic vs branded multivitamins, (b) Factors influencing choice of multivitamins, (c) Reasons for discontinuation of multivitamins.

Fig. 7(a) represents the participants' opinion on the quality of generic multivitamins compared to branded ones. 44% of the participants are sure that both multivitamins are of the same quality, whereas 44% of them are unsure. 8% of them think that generics are of lower quality compared to branded multivitamins, and the remaining 4% think that generics are of higher quality than branded multivitamins. Fig. 7(b) represents the factors that influenced the participants in choosing either branded or generic multivitamins. 72% of them were influenced by price, 68% of them followed the recommendation given by the doctors, 24% were influenced by quality, and 16% of the participants were influenced by the reputation of the brand. Fig. 7(c) is a pie chart representing the reasons for discontinuation of multivitamins. 46.9% of the participants have discontinued it due to side effects, 43.8% have discontinued due to the higher cost of the branded multivitamins, 7% of the participants have switched between the brands, and 2.3% of the participants discontinued due to a lack of benefits.

Discussion

Several studies have been done worldwide about consumer views on generic medicines. The acceptance of a generic medicine varies according to the condition for which the medicine is needed. The more serious the condition, the less likely the consumer is to accept generic medicine [18, 19]. The findings from this study provide an understanding of generic and branded medicines and the perception of the participants on these medicines. Various patterns were observed in the conducted survey.

However, there are a few limitations in the study, which include: Reliance on self-reported data, Potential recall bias, and small sample size. The focus on multivitamins may not generalise to prescription drugs for acute/chronic conditions.

From the awareness survey, it was reported that 90% of respondents are using generics, and they always prefer generic medicines. However, only 30% agreed that generics are as effective as branded medicines, and the rest were unsure. The main reason participants prefer generic medicines is due to their low economic value and not because they trust the quality and safety of generics. Counselling plays an important role in such cases. Yet only two-thirds of the participants had received counselling regarding generic vs branded medicines. The rest of the participants were unaware of the benefits of generic medicines. Also, more than half of the participants felt that the staff weren't very knowledgeable about generics. Availability of the medicines was also considered a major barrier, as nearly 45% participants reported that the availability of generics was limited.

From the utilisation survey, it was reported that although 80% of the participants were regularly using multivitamins, they were mostly unaware of the type of medicine they were consuming-branded or generic. This highlights the need for better understanding and transparency about the multivitamin products. Most of the adverse effects were linked with generic multivitamins compared to branded ones. While these reports are not necessarily always linked with safety, they can hurt generics. The data obtained on discontinuation of multivitamins expressed that a proportion of participants stopped using branded products due to high cost, and a proportion of participants stopped using generic products due to observed adverse effects. This indicates that branded products are considered a financial burden and generic products are raising safety concerns. Most participants were taking multivitamins due to a physician's advice. This implies that guidance is essential for shaping the beliefs of people.

The data from these surveys suggest that affordability alone is not enough to ensure long-term use and acceptance. Counselling regarding the benefits and availability of medicines is also equally important for ensuring sustainable consumer use.

Pharmaceutical care, as a fairly new practice, is still gaining acceptance as an integral part of health care. Lay expertise may influence this development as consumers continue to gain more knowledge through other nonprofessional sources. Our study documents the status of lay expertise on a common OTC medicine, which can help shape the role of the pharmacist in medicine purchase [20, 21].

Conclusion

From the two surveys, it was seen that participants had some level of knowledge regarding generic and branded medicines. However, there was less awareness regarding the therapeutic equivalence of generics to branded drugs. Many participants were unaware that both generic and branded medicines contain the same drug with the same therapeutic benefits. These gaps highlight the need for conducting awareness programs to promote generics. In recent years, people have shifted from consuming branded medicines to generic medicines. Generics are recognised as reliable alternatives. Certain measures, such as providing counselling, educating patients, ensuring easy availability of generics, and maintaining transparency

in labelling, should be implemented that can increase the use of generics among the people. Such measures are essential to support the rational use of medicines.

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AI Use Statement

We have not used any AI or AI-assisted tools in writing, for data or for the creation of fig. in this manuscript.

Authors Contributions

Design: Dr Sireesha Kalva, Work done: Pavan Machiraju, Raj Kumar Neelakanti, Editing: Neha Andhi.

Conflict of Interests

Conflict of interest declared none

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