

Interventions Promoting the Acceptance & Uptake of Generic Medicines: A Systematic Review.

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Background

Generic medicines play a critical role in promoting access to affordable treatment and reducing national healthcare expenditure. Despite their proven therapeutic equivalence and lower cost, their utilization remains inconsistent across many countries. This limited use is often influenced by a tendency among prescribers to favor brand-name drugs, limited awareness among patients, and insufficient regulatory support. Addressing these barriers requires a comprehensive approach that considers focuses on improving the acceptance, use, and uptake of generic medicines among key actors in the healthcare system. These include prescribers, dispensers, users, and healthcare stakeholders. Understanding which types of interventions are most effective in influencing these groups is essential for designing sustainable, evidence-informed strategies to enhance generic medicine use (1).

Objectives

- To systematically identify and evaluate interventional studies aimed at increasing the acceptance and uptake of generic medicines.
- To identify and categorize intervention strategies designed to promote the acceptance and use of generic medicines.
- To assess the effectiveness of these interventions in improving generic medicine uptake among patients, healthcare providers, and policymakers.
- To highlight evidence-informed strategies that can be integrated into practice or policy to improve generic medicine utilization.

Methodology

A systematic review was conducted per the PRISMA 2020 guidelines (2) for reporting. An extensive search was conducted in three databases, including PubMed, EMBASE, and Scopus, utilizing PICO-guided phrases such as “generic medicine,” “intervention,” “acceptance,” and “uptake” with the appropriate Boolean operators (AND/OR). Consequently, titles, abstracts, and full-text screening were performed by three independent reviewers in line with the inclusion and exclusion criteria. The flow of the literature search is seen in Figure 1 below. Thus, data extraction comprised the study design, intervention type, target population, and country. Due to the study outcomes heterogeneity, a narrative thematic analysis was performed. Finally, the quality of the studies was evaluated using suitable tools depending on the research study, such as ROBINS-I, Cochrane EPOC, or JBI checklists.

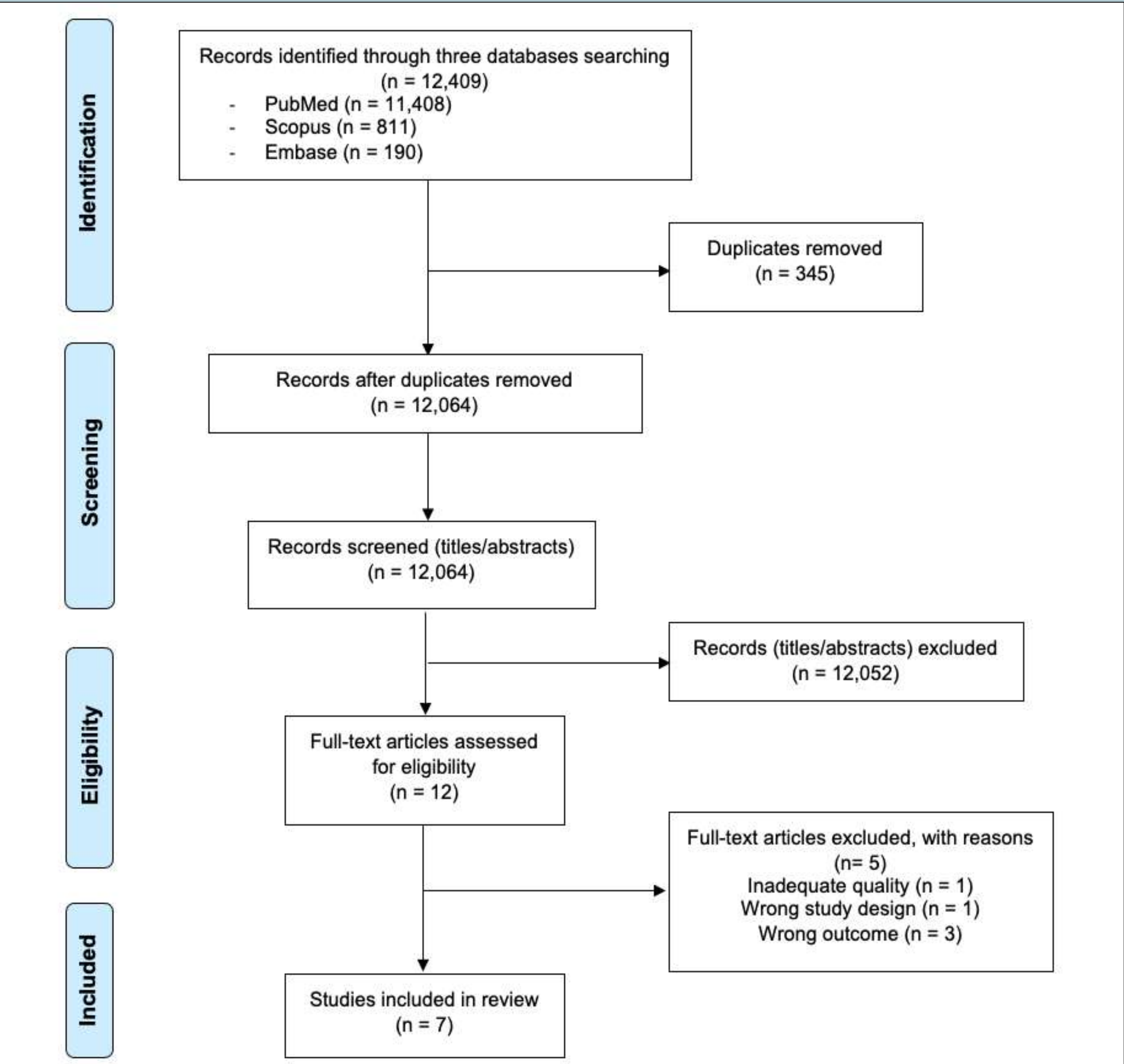


Fig 1. PRISMA chart of the literature search

Results

Seven studies were included and grouped into three main intervention types: educational, electronic prescription interface modification, and policy introduction. The table below summarizes each study’s country, design, intervention, and key outcomes.

Table 1. Overview of Included Studies and Their Impact on Generic Medicine Uptake

Authors	Country	Intervention	Target	Description	Key Outcomes
Hassali et al. (2014)	Malaysia	Educational	Physicians	Booklet, lecture	↑ Knowledge but no change in generic prescribing
Patel et al. (2014)	USA	Interface redesign	Physicians	Generics only	↑ Prescribing rate across drug classes
Leopold et al. (2014)	Finland & Portugal	Policy	Nationwide	Cost policies, delisting	↑ Market share (up to 33.6%)
Gray et al. (2016)	South Africa	Policy	Pharmacists	Mandatory substitution	↑ Generic use across drug classes
Malhotra et al. (2016)	USA	Interface redesign	Physicians	Default to generic	↑ Prescribing rate 40% to 96%
Dalawari et al (2018)	USA	Educational	Patients	Info on GDDPs	70% of patients switched to GDDP pharmacies
Wang et al. (2022)	China	Policy	Nationwide	Procurement policy	↑ Generic use significantly

Limitations

Despite important findings, the review is subject to several limitations that may affect generalizability and interpretation.

- Exclusion of grey literature and Non-English articles:** This review did not include grey literature or non-English articles, which may have led to publication or language bias. As a result, relevant findings from non-indexed sources or studies published in other languages may have been overlooked.

Conclusions

This review identified seven studies to evaluate interventions aiming at increasing generic uptake. The interventions were divided into policy implementations, educational initiatives, and electronic interface alterations. Most of the interventions showed a favorable increase in generic prescribing; however, the magnitude of the influence was variable between interventions. System-level policy introductions and changes to electronic systems had the most profound effect, with educational programs making less of an impact. The included studies varied from moderate to high quality. Collectively reviewing the evidence shows that multi-component targeted intervention strategies are essential in the healthcare setting to reduce pharmaceutical costs.

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