

# Physician Perceptions About Generic Drugs

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Annual prescription drug spending in the US topped \$300 billion in 2008, prompting calls for greater use of generic drugs to reduce costs without sacrificing quality.<sup>1,2</sup> Studies evaluating the clinical equivalence of generic medications have been reassuring,<sup>3,4</sup> yet generics remain underused. One nationally representative study found that switching prescriptions from branded medications to molecularly identical generics could lead to an 11% reduction in overall drug costs in the US.<sup>5</sup> Another found that prescribing in accordance with established national guidelines for the treatment of hypertension (seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure) can lead to greater generic drug use and substantial prescription drug cost savings.<sup>6</sup> In addition to reducing the overall cost of health care, use of generics can reduce patients' out-of-pocket costs and has been shown to improve adherence.<sup>7</sup>

Prior research indicates that while patients generally have favorable views about the quality, cost, and value of generics, the majority do not prefer their use.<sup>8</sup> Although patient perceptions may play an important role in medication selection, patients frequently do not communicate with their physicians about out-of-pocket costs of medications and medication choices,<sup>9,10</sup> leaving the prescribing physician with substantial influence over medication selection.

**BACKGROUND:** With constrained health-care resources, there is a need to understand barriers to cost-effective medication use.

**OBJECTIVE:** To study physician perceptions about generic medications.

**METHODS:** Physicians used 5-point Likert scales to report perceptions about cost-related medication nonadherence, the efficacy and quality of generic medications, preferences for generic use, and the implications of dispensing medication samples. Descriptive statistics were used to assess physician perceptions and logistic regression models were used to evaluate predictors of physician perceptions.

**RESULTS:** Among the invited sample, 839 (30.4%) responded and 506 (18.3%) were eligible and included in the final study population. Over 23% of physicians surveyed expressed negative perceptions about efficacy of generic drugs, almost 50% reported negative perceptions about quality of generic medications, and more than one quarter do not prefer to use generics as first-line medications for themselves or for their family. Physicians over the age of 55 years were 3.3 times more likely to report negative perceptions about generic quality, 5.8 times more likely to report that they would not use generics themselves, and 7.5 times more likely to state that they would not recommend generics for family members ( $p < 0.05$  for all). Physicians reported that pharmaceutical company representatives are the most common (75%) source of information about market entry of a generic medication. Almost half of the respondents expressed concern that free samples may adversely affect subsequent affordability, yet two thirds of respondents provide free samples.

**CONCLUSIONS:** A meaningful proportion of physicians expressed negative perceptions about generic medications, representing a potential barrier to generic use. Payors and policymakers trying to encourage generic use may consider educational campaigns targeting older physicians.

**KEY WORDS:** generic medications, physician perception.

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Understanding physicians' perceptions about the quality and efficacy of generics may help identify potential barriers to greater generic medication use. Additionally, identifying physician characteristics associated with negative perceptions about generics may help insurers and policymakers to target educational interventions or more restrictive policies. Accordingly, we surveyed a sample of US

physicians to evaluate their perceptions about generic drugs and potential barriers to generic use.

## Methods

We conducted a cross-sectional survey of practicing physicians, including primary care physicians (family practice and internal medicine) and specialists in the fields of obstetrics/gynecology, cardiology, endocrinology, and orthopedics. The study was approved by the Brigham and Women's and Partners Healthcare Institutional Review Board.

### IDENTIFICATION AND SELECTION OF PHYSICIANS

Physicians were identified and recruited from 2 sources: the e-Rewards Physician Panel<sup>11</sup> and the American Medical Association (AMA) Physician Master file. The e-Rewards panel includes approximately 120,000 physicians, originally recruited from the AMA Physician Master file, who volunteer to participate in health-care market research. The AMA file includes contact and related information for approximately 940,000 physicians in the US and contains the overwhelming majority of physicians in the US.<sup>12</sup>

From this sampling frame, a stratified random sample of 2764 physicians was invited to participate, with strata representing physician specialty. We sought to survey physicians from a broad range of specialties who may have varying perceptions about medication choices, including surgical subspecialists as well as medical subspecialists with both procedural and knowledge-based practices. Based on anticipated response and eligibility rates, 2348 primary care physicians, 159 cardiologists, 121 orthopedic surgeons, 70 obstetrics and gynecology specialists, and 66 endocrinologists were invited to participate via a single email invitation sent between July 10 and July 15, 2009. Sufficient time was provided for response to allow over 500 responses, an a priori goal set to assure sufficient sample size to facilitate multivariable analyses. Physicians were asked to visit a Web site to participate in the survey, where they were screened for additional eligibility criteria: 25 years of age or older, an office-based practice in the US, at least 2 years post-residency, saw 20 or more patients per week, and prescribed at least 1 prescription medication per day. Participating physicians were reimbursed for participation with e-Rewards "currency" that is redeemable for products and services. Only complete responses were included in analyses, and safeguards were used to ensure that no participants responded more than once. All data used in this analysis came from survey responses, and none were procured from the e-Rewards database.

### SURVEY INSTRUMENT

The survey instrument assessed demographic and practice characteristics, perceptions about generic medications,

sources of information about generics, and perceptions about medication samples. With regard to physician characteristics, we assessed physician demographics (age, sex, geographic region) and practice size and patterns (rate of e-prescribing, pharmacy and medical insurance coverage status of patients, patient visit rate, and prescribing rate). With regard to generic medications, we assessed physicians' perception of and attitudes toward cost, quality, and effectiveness; personal and family use; and prescribing practices and preferences. Further, we assessed physician understanding of patient sensitivity to cost and behaviors to accommodate medication costs (eg, skipping doses, spending less on other necessities). We also explored physician perceptions about medication samples and their effect on patient medication costs. Response options to questions about perceptions used a 5-point Likert scale of "strongly agree" to "strongly disagree." All responses were either numerical or multiple choice. The results reported here reflect 1 segment of a longer survey, available upon request. The survey was piloted with 14 practicing clinicians to solicit feedback and assess face validity.

### Analysis

We used descriptive statistics to examine characteristics of the respondents and their responses to survey items and to compare respondents' characteristics to those of national physicians.<sup>13,14</sup> Characteristics predictive of attitudes toward generics were assessed using logistic regression. Physician responses toward efficacy ("believe that generic medications are as effective as branded medications"), quality ("concerned about the quality of generic medications"), personal use ("when taking medications myself, I prefer to use generic drugs"), and family use ("when advising my family members, I recommend they use generics first") were dichotomized such that the "strongly" or "somewhat" (dis)agree responses were combined. In each case, the dependent variables were constructed to predict a negative attitude toward generics, and the "neither agree nor disagree" category was combined with positive responses. We conducted sensitivity analyses, dropping any respondent with a response of "neither agree nor disagree."

We descriptively compared characteristics of survey responders and nonresponders. We identified practice specialty characteristics for all nonresponders; we compared age, sex, and geographic region between responders and nonresponders for whom we could access these data.

## Results

Of the 2764 physicians invited to participate, 839 (30.4%) responded to the invitation by visiting the Web site. Of these, 27 (3.2%) opted not to participate and 70 (8.3%) responded after the survey was closed to further

participation. Of the remaining 742 participants, 201 (27.1%) were deemed ineligible because they did not have an office-based practice (170), were younger than 25 years or were fewer than 2 years post-residency (20), saw too few patients/wrote too few prescriptions (8), or specialized in pediatrics (3). An additional 35 were eligible to participate but failed to complete the full questionnaire.

A total of 506 eligible physicians completed the survey and were included in the analysis. Overall, 18.3% (506/2764) of those originally invited were included in our final results (ie, they responded and were eligible to participate). After excluding those who responded to the Web survey and were ineligible to participate, 20.8% (506/2431) of those contacted and potentially eligible were included in this study. Physician characteristics are presented in Table 1. Over 60% were aged 35-54 years, and about 30% were 55 years or older. Over three quarters were generalists (45% family physician and 33% internal medicine), while 3-7% were specialists in endocrinology, orthopedics, obstetrics/gynecology, or cardiology. Respondents represented a broad range of years in practice, practice size, and geographic location.

Response rates differed by physician specialty. We invited 2348 primary care physicians and 395 (16.8%) were included among the 506 prescribers included in the final analysis. Among the other specialties, in decreasing order of participation, 20 (28.6%) of the 70 invited obstetrics/gynecology physicians participated, 33 (27.3%) of 121 orthopedic surgeons participated, 17 (25.8%) of the 66 endocrinologists participated, and 19 (11.9%) of the 159 cardiologists participated. We assessed sex, age, and geographic characteristics for 1198 of the nonresponders (1198/2264). The youngest physicians (aged 25-34 years) were less likely to respond to the survey, and those older than 55 years were more likely to respond. Nonresponders were disproportionately female and from the Midwest, while responders were disproportionately from the Northeast. When compared to national averages of physician characteristics, our sample had fewer in the youngest and oldest categories, and overrepresented the Northeast. Our sampling approach also largely oversampled generalist physicians.

Physicians reported that a substantial proportion of their patients have difficulties with prescription drug costs. Fifty-one percent reported that their patients talk to them about how to save money on their medications. In addition, physicians believe that 25% of their patients have not filled a prescription due to cost, 22% skip doses to make prescriptions last longer, 19% take smaller doses than prescribed due to cost, and 13% sometimes spend less on food, heat, or other basic needs to afford their medications. In addition, over 50% of physicians said the current economic downturn has "somewhat" or "very much" affected their patients.

Approximately one quarter of respondents reported that they strongly (6.5%) or somewhat (17%) disagree with the statement, "I believe that generic medications are as effective as brand-name medications."

Characteristics	Respondents, %	National Data, % <sup>27,28</sup>
<b>Age, y</b>		
25-34	8.7	16.4
35-54	60.7	53.8
55-64	27.5	18.1
≥65	3.2	11.7
<b>Specialty</b>		
family medicine	44.7	16.7
internal medicine	33.4	17.0
obstetrics/gynecology	4.0	6.4
orthopedics	6.5	3.2
cardiology	3.8	3.5
endocrinology	3.4	
other	4.0	
<b>Years in practice</b>		
<10	24.1	
10-15	23.5	
16-24	27.3	
≥25	24.7	
missing	0.4	
<b>Practice size, n (total providers)</b>		
1	25.3	
2-3	25.3	
4-7	22.3	
≥8	22.7	
missing	4.3	
<b>Geographic region</b>		
Northeast	30.4	23.4
Southeast	20.8	23.5
Midwest	18.6	21.0
South central	12.1	9.2
West	16.2	21.7
missing	2.0	
Insured patients—medical benefit	83.7 (SE 0.66)	
Insured patients—pharmacy benefit	73.6 (SE 0.75)	
<b>ePrescribing</b>		
always	20.2	
sometimes	35.0	
never	44.9	
Prescriptions per day, n	51.7 (SE 2.74)	
<b>Patients per week, n</b>		
<95	24.9	
95-110	26.3	
111-149	22.1	
≥150	25.5	
missing	1.2	

<sup>a</sup>N = 506.

tive as branded medications,” while 67% somewhat or strongly agreed (Figure 1). More physicians expressed concern about the quality of generics. Approximately half of respondents strongly (17%) or somewhat (33%) agreed with the statement, “I am concerned about the quality of generic medications.” When asked if they prefer to take generic medications themselves, 11% strongly and 18% somewhat disagreed, while about half agreed. Similarly, approximately 10% strongly and 14% somewhat disagreed with the statement, “When advising my family, I recommend they use generics first,” while about half agreed.

We found little relationship between physicians’ perceptions of patient cost burden and their perceptions of generic medications. Approximately 23% of physicians who indicated that less than 10% of their patients have difficulty paying for their medications reported negative perceptions about the efficacy of generics, not significantly different than the 22.3% of physicians who reported negative perceptions about generics and indicated that over 33% of their patients had difficulty paying for medications ( $p = 0.90$ ). There were no consistent trends in the relationship between perceptions of patient cost burden and physician perceptions about the quality of generics, their likelihood of using generics themselves, or recommending generics for their family ( $p > 0.70$  for all). Similarly, there was no statistically significant relationship between physician awareness of the potential cost-savings from generic medications and their perceptions about the efficacy or quality of generic medications, the likelihood of generic use themselves, or recommendations for their family ( $p > 0.05$  for all).

When asked how they are informed about generic market entry, the most common source (75%) was a pharma-

ceutical representative. Physicians also reported that they became aware of generic availability from medical journals (42%), colleagues (40%), and pharmaceutical mailings or literature (38%).

Approximately two thirds of physicians reported that patients receive free samples from them. However, almost half (34% somewhat and 13% strongly) agreed that they are “concerned that providing free samples...may make it harder for my patients to afford their medications.” Physicians who reported concern about the affordability of free samples were 11.8% more likely to somewhat or strongly agree that generic medications are equally effective ( $p = 0.002$ ), 7.4% more likely to use generics themselves ( $p = 0.07$ ), and 12.1% more likely to recommend generics for their family ( $p = 0.002$ ).

In multivariate analyses, the youngest physicians, those under the age of 35 years, were significantly less likely to have negative views about the quality of generics and were more likely to report that they prefer to take generics themselves or recommend generics for their family (Table 2). Physicians over the age of 55 years were 3.3 times more likely to report concern about generic quality, were 5.8 times more likely to report that they would not use generics themselves, and were 7.5 times more likely to state that they would not recommend generics for family members. Physicians in larger practices were more likely to report that they prefer to use generics or recommend them for family. Other predictors such as physician sex, specialty, use of electronic prescribing, provision of medication samples, and proportion of patients with prescription drug coverage were not significantly associated with physician perceptions. Sensitivity analyses dropping respondents who

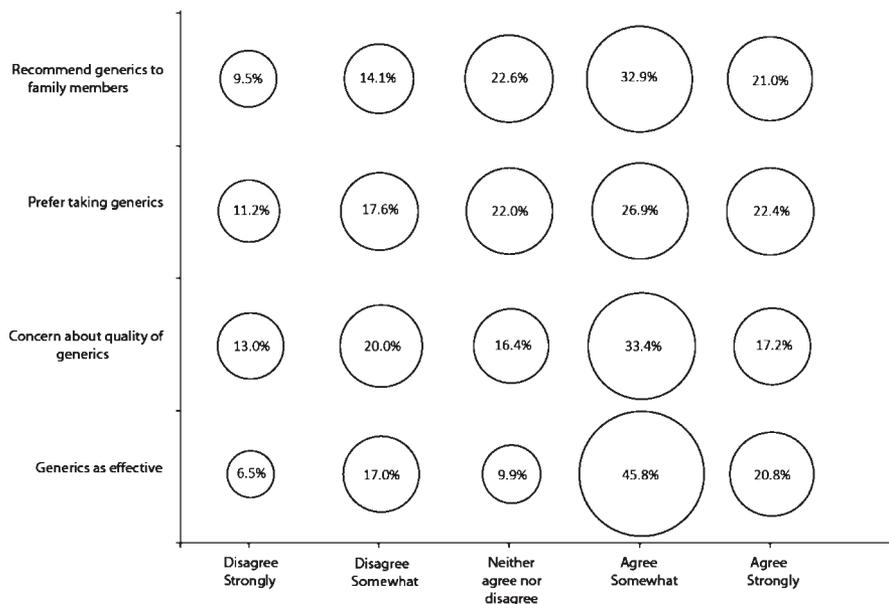


Figure 1. Physician (N = 506) perceptions about generic medications (unadjusted results).

replied that they neither agree nor disagree were qualitatively unchanged.

## Discussion

As we strive to provide high-quality health care in a time of limited resources, increased use of generic medications, when clinically appropriate, can reduce costs without reducing quality. However, physician perceptions about generic medications may represent an important barrier to greater generic use. Approximately one quarter of physicians we surveyed expressed concerns about efficacy, almost half reported concerns about quality, and approximately one quarter do not prefer to use generics as first-line medications for themselves or for their family. Because of the vast cost differences between generic and brand-name drugs, these negative beliefs could have important implications for national health-care expenditures. As numerous “blockbuster” medications such as atorvastatin and clopidogrel near patent expiration,<sup>15</sup> barriers to generic use may have an even greater effect on health-care costs.

In this survey, we assessed general perceptions about generic medications to better understand barriers to generic

use for commonly used medications. Previous surveys have evaluated physician perceptions about specific classes of drugs that have narrow therapeutic windows, such as antiepileptics and anticoagulants,<sup>16-18</sup> have surveyed specific physician populations in which the prescribing culture may be very different,<sup>19-22</sup> or were conducted at a period in time when perceptions may have been different or did not explore broader concerns about cost-related nonadherence.<sup>23,24</sup> Had we explored perceptions of specific drugs that have narrow therapeutic windows, perceptions may have been more negative.

The high level of concern about the quality of generics should prompt the Food and Drug Administration to further promote the science of bioequivalence to either identify meaningful differences between generic and branded therapies or to eliminate such concerns. While the existing scientific evidence is reassuring,<sup>3,4</sup> stories in the lay press about poor-quality generics may have even greater influence on physician beliefs.<sup>25</sup> Further promotion of evidence highlighting the similarity of generic and branded therapies may assist in reducing these concerns.<sup>26</sup>

It is interesting that the physicians surveyed did appreciate that a meaningful proportion of their patients are struggling with prescription drug costs and many do not fill pre-

**Table 2.** Results of Logistic Regression Assessing the Relationship Between Physician Characteristics and the Odds of Reporting Negative Perceptions About Generic Medications

Variable	OR (95% CI)			
	Generics Have the Same Efficacy as Branded Drugs	Generics Are the Same Quality as Branded Drugs	I Prefer to Take Generics	I Recommend Generics to My Family
Age, y <sup>a</sup>				
35-54	2.42 (0.81 to 7.25)	2.33 (1.12 to 4.84) <sup>b</sup>	3.50 (1.16 to 10.50) <sup>b</sup>	5.50 (1.25 to 24.12) <sup>b</sup>
≥55	2.68 (0.85 to 8.41)	3.26 (1.48 to 7.19) <sup>b</sup>	5.81 (1.86 to 18.14) <sup>b</sup>	7.49 (1.65 to 33.96) <sup>b</sup>
Male	0.96 (0.56 to 1.65)	0.75 (0.47 to 1.19)	0.70 (0.42 to 1.15)	0.93 (0.53 to 1.61)
Practice specialty <sup>c</sup>				
internal medicine or family practice	1.00 (0.60 to 1.66)	1.25 (0.81 to 1.91)	0.94 (0.58 to 1.53)	0.72 (0.43 to 1.22)
other specified	1.56 (0.86 to 2.86)	1.16 (0.68 to 1.97)	1.18 (0.65 to 2.13)	1.27 (0.68 to 2.35)
ePrescribing <sup>d</sup>				
always	0.59 (0.31 to 1.12)	0.63 (0.37 to 1.05)	0.79 (0.44 to 1.45)	0.87 (0.46 to 1.67)
some	0.87 (0.53 to 1.42)	1.24 (0.81 to 1.90)	1.12 (0.69 to 1.80)	1.27 (0.76 to 2.10)
Prescriptions per day (<60)	1.80 (1.11 to 2.92) <sup>b</sup>	1.25 (0.81 to 1.94)	1.33 (0.82 to 2.14)	1.62 (0.99 to 2.66)
Provide free samples <sup>e</sup>	1.32 (0.80 to 2.17)	1.50 (0.97 to 2.32)	1.41 (0.87 to 2.29)	1.63 (0.98 to 2.69)
Practice size	0.76 (0.48 to 1.23)	0.94 (0.62 to 1.43)	0.50 (0.32 to 0.79) <sup>b</sup>	0.50 (0.31 to 0.81) <sup>b</sup>
% of Patients with pharmacy benefits <sup>f</sup>				
65-75	0.78 (0.39 to 1.58)	1.11 (0.61 to 1.99)	0.89 (0.46 to 1.72)	0.76 (0.37 to 1.56)
75-85	0.79 (0.42 to 1.49)	1.08 (0.63 to 1.83)	0.62 (0.33 to 1.16)	0.61 (0.31 to 1.18)
>85	1.27 (0.69 to 2.32)	1.68 (0.99 to 2.88)	1.62 (0.90 to 2.90)	1.60 (0.87 to 2.96)

<sup>a</sup>Age <35 years is referent category.

<sup>b</sup>Significant at  $p < 0.05$ .

<sup>c</sup>Specialists comprise the referent category.

<sup>d</sup>Never e-prescribes is referent category.

<sup>e</sup>Physicians who provide no samples is referent category.

<sup>f</sup>Physicians who report that <65% of their patients have pharmacy benefits is referent category.

scriptions due to cost. Surprisingly, we did not find a relationship between perceptions of cost burden and perceptions of generic medications. In addition, about half of the physicians surveyed believe that samples may exacerbate the problem of medication affordability for some patients; however, two thirds report that they make samples available to their patients. Our findings indicate that a sizeable number of physicians who recognized that samples may adversely affect affordability continue to dispense samples. While some physicians may provide branded samples due to concerns about the quality and efficacy of generic medications, they also should be aware that medications do not work if patients cannot afford to purchase them and do not adhere to therapy. Efforts to reduce brand-name sample availability or to more carefully target sample receipt may improve medication affordability.<sup>27</sup>

Older physicians exhibited demonstrably worse perceptions of generics than did younger physicians. Physicians over the age of 55 years reported 3-7.5 times more negative responses about generics than did physicians under 35 years. These results suggest that we are training a culture of physicians who are more receptive to generics and may be more aware of patients' drug formularies and out-of-pocket costs. These beliefs may be due to the fact that younger physicians are training in an atmosphere where generics are used at increasing rates, or may be related to perceptions of improved generic manufacturing processes. However, the fact that most physicians learn about generic availability from pharmaceutical manufacturer representatives raises important questions and suggests that new approaches to physician education that are likely to be less biased and more objective may enhance cost-effective medication use.

Our study is limited by the sample we surveyed. While our sample was drawn from a large group of physicians (120,000) that was originally selected from a national sample, the source includes physicians who expressed a willingness to participate in surveys, and may differ from the overall population. Similarly, the responding population limits generalizability due to our poor response rate. Younger physicians and female physicians were less likely to respond, and the Midwest was underrepresented. Considering that our sample overrepresented physicians in the 55- to 64-year-old age group, we may overrepresent negative perceptions about generics, influencing the interpretability of the absolute values presented here. We did not capture the number of incorrect addresses, leading to a conservative estimate of our usable response rate. These findings should be considered exploratory and hypothesis-generating; further studies should be conducted in a more representative sample.

Social desirability bias may have played a role, particularly as physicians received reimbursement for participation, and physicians may have responded in a way that is more consistent with the needs of the health-care system, which would lead to conservative estimates about levels of concern

about generics. Additionally, many of the survey questions used in this study were not formally tested for construct validity, but they were pilot-tested for face validity.

Overall, we found that the majority of physicians are comfortable with the efficacy of generic medications and are comfortable using generics themselves. However, there is a meaningful proportion who express concerns about generics, and older physicians are far more likely to express these concerns. These beliefs could represent an important barrier to greater generic use and could contribute to elevated prescription drug costs for patients, insurance providers, and society. Payors and policymakers attempting to stimulate cost-effective medication use should consider educating physicians, particularly older ones, to improve their comfort with generic use. Efforts to provide physicians with unbiased information about generic availability and bioequivalence and real-time decision support tools to assist in reducing these barriers may increase generic use.<sup>28,29</sup> Considering how little we know about what interventions influence physician prescribing behavior, any such approach should be studied rigorously to build an evidence base for interventions to encourage rational prescribing.

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## Percepciones de los Médicos Sobre los Medicamentos Genéricos

WH Shrank, JN Liberman, MA Fischer, C Girdish, TA Brennan, y NK Choudhry

*Ann Pharmacother* 2011;45:31-8.

### EXTRACTO

**INTRODUCCIÓN:** Con recursos sanitarios limitados, es necesario comprender las barreras al uso coste-efectivo de los medicamentos.

**OBJETIVO:** Estudiar las percepciones de los médicos sobre los medicamentos genéricos.

**MÉTODOS:** Los médicos utilizan escalas Likert de 5 puntos para registrar percepciones sobre falta de adherencia al tratamiento relacionada con el coste, la eficacia y calidad de los medicamentos genéricos, las preferencias sobre el uso de genéricos y las implicaciones de entregar muestras de medicamentos. Se utilizó la estadística descriptiva para evaluar las percepciones de los médicos y los modelos de regresión logística para evaluar los predictores de dichas percepciones.

**RESULTADOS:** Respondieron 839 de los contactados (30.4%) y 506 (18.3%) fueron elegibles y se incluyeron en la población de estudio final. Mas del 23% de los médicos encuestados expresaron percepciones negativas sobre la eficacia, casi el 50% expresaron percepciones negativas sobre la calidad, y aproximadamente un cuarto reconocieron que prefieren no utilizar genéricos como tratamiento de primera elección para ellos o sus familias. Los médicos de más de 55 años fueron 3.3 veces más propensos a mostrar percepciones negativas sobre la calidad de los genéricos, 5.8 veces más a reconocer que no utilizarían genéricos para si mismos, y 7.5 veces más a afirmar que no recomendarían genéricos a sus familiares ( $p < 0.05$  en todos ellos). Los médicos informaron que los representantes de las compañías farmacéuticas son la fuente más habitual de información (75%) sobre la comercialización de genéricos. La mitad de los que respondieron expresaron su preocupación de que las muestras gratuitas puedan afectar de manera adversa a la posterior asequibilidad, aunque 2/3 de ellos entregaban muestras gratuitas.

**CONCLUSIONES:** Una alta proporción de médicos expresa percepciones negativas sobre los medicamentos genéricos, por lo que representan una barrera potencial para su uso. Los pagadores y los responsables de las políticas sanitarias que intentan fomentar el uso de genéricos deberían considerar la necesidad de realizar campañas educativas dirigidas a los médicos de mayor edad.

Traducido por Juan del Arco

### Les Perceptions des Médecins au Sujet des Médicaments Génériques

WH Shrank, JN Liberman, MA Fischer, C Girdish, TA Brennan, et NK Choudhry

*Ann Pharmacother* 2011;45:31-8.

### RÉSUMÉ

**GÉNÉRALITÉS:** Avec des ressources de soins médicaux limitées, il y a un besoin de comprendre les barrières d'usage des médicaments moins coûteux.

**OBJECTIF:** Étudier les perceptions des médecins au sujet de médicaments génériques.

**MÉTHODES:** Les docteurs ont utilisé une échelle de Likert de 5 points pour rapporter des perceptions au sujet du non-respect des médicaments lié au coût, de l'efficacité et la qualité des médicaments génériques, des préférences pour l'usage générique et des implications de dispenser des

échantillons du médicament. Les statistiques descriptives ont été utilisées pour évaluer les perceptions des médecins et des modèles de régression logistique ont été utilisés pour évaluer les éléments prédictifs des perceptions du médecin.

**RÉSULTATS:** Parmi l'échantillon sollicité, 839 ont répondu (30.4%) et 506 (18.3%) étaient éligibles et furent inclus dans la population finale de l'étude. Plus de 23% des médecins que nous avons sondés ont exprimé des perceptions négatives au sujet de l'efficacité. Environ 50% ont rapporté des perceptions négatives au sujet de la qualité et approximativement un quart ne préfèrent pas utiliser des génériques comme médicaments de première ligne pour eux-mêmes ou pour leurs familles. Les médecins âgés de plus de 55 ans avaient 3.3 fois plus de chance de rapporter des perceptions négatives au sujet de la qualité générique. De plus, ils avaient 5.8 fois plus de chance de rapporter qu'ils n'utiliseraient pas eux-mêmes des génériques et ils avaient 7.5 fois plus

de chance de déclarer qu'ils ne recommanderaient pas des génériques pour les membres de leurs familles. ( $p < 0.05$  pour tout) Les Médecins ont rapporté les visiteurs médicaux sont la source la plus commune (75%) d'information au sujet d'entrée de marché d'un médicament générique. La moitié des répondants ont exprimé l'inquiétude que les échantillons gratuits peuvent affecter l'accessibilité subséquente de façon défavorable, cependant 2/3 des répondants fournissent des échantillons gratuits.

**CONCLUSIONS:** Une proportion significative de médecins expriment des perceptions négatives au sujet des médicaments génériques, représentant ainsi une barrière potentielle à l'usage générique. Les payeurs et les responsables politiques qui essaient d'encourager l'usage générique peuvent considérer des campagnes éducatives visant les docteurs âgés.

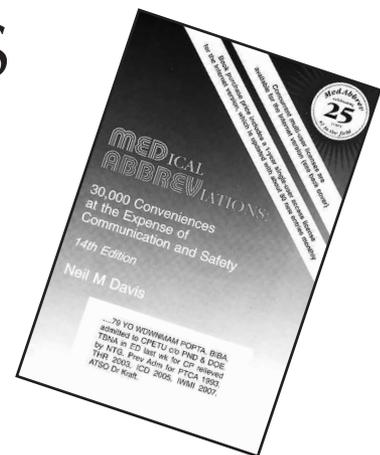
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