Generic medicines literacy — minimising the potential for patient confusion
Linda V Graudins and Michael J Dooley

To The Editor: Prescribing and dispensing generic medicines is an option to reduce costs in the community and is also common practice in public hospitals. In addition to the issues discussed by McLachlan,1 we have noted a concerning trend in the “branding” of many new generic medicines that has the potential to add to the confusion for patients, prescribers and pharmacists.

Medicines with special release properties are branded with suffixes as a reminder of their longer duration of action, such as Sustained Release (eg, Tramal SR, CSL Limited) or eXtended Release (eg, Effexor-XR, Wyeth Australia). Different formulations may also use a suffix to indicate distinguishing properties, such as “dispersible” in Rulide D (Sanofi-Aventis) or “osmotic release oral system” in Adalat OROS (Bayer Schering). However, these suffixes, while meaningful, can be a source of misunderstanding about dosing intervals and length of action, leading to errors.2 A standard nomenclature does not exist, even for formulation descriptors.

Adding to this confusion, generic medicine manufacturers are now marketing products with prefixes or suffixes, not to denote a modified formulation but to place their “brand” on the medicine. Ascent Pharmaceuticals has three different suffixes/prefixes for its generic products, reflecting the names of previous manufacturers (eg, Quinapril-GA, GN-Carvedilol), and two suffixes for simvastatin (GA and DP). Spirit Pharmaceuticals adds its name to some products (eg, Simvastatin-Spirit). Taking an oral medication history becomes challenging when patients state they use “Spirit” medication for their cholesterol, “GN” tablets for their heart and “GA” tablets for their high blood pressure. With the many generic “brands” now available (eg, 22 simvastatin products), packs with similar labelling lined up on the pharmacy or patient’s shelves increase the risk of wrong selection.

Although no reports have been published to date, similarities in brand prefixes may cause medication errors in electronic prescribing and dispensing systems, when an incorrect medication is selected from a dropdown menu. Entering “Apo” in some systems selects more than 40 products manufactured by Apotex, which uses a naming pattern of the generic drug prefixed by Apo (eg, Apo-Alendronate), as well as APO-go (Hospira), which is apomorphine (and does not contain “go”). This situation could be avoided in future if the National E-Health Transition Authority’s Australian Medicines Terminology and its editorial principles are adopted in systems. These rules require that all medicines are represented by descriptions that list the generic name first, with the sponsor’s name following in parentheses (Paul Frosdick, Chief Terminologist, National E-Health Transition Authority, personal communication, 25 August 2010).

The Food and Drug Administration in the United States and the Therapeutic Goods Administration in Australia have developed documents outlining approved medicines terminology, but there are no official lists of approved suffixes or prefixes. The Institute for Safe Medication Practices, a non-profit US-certified patient safety organisation internationally regarded as an expert in medication safety, has recognised this problem and maintains a list of products with drug name suffixes and their meanings.4 With more generic options available, good communication between medical and pharmacy clinicians and patients is essential to clarify the indication, along with the specific name, of medications prescribed. Pharmaceutical manufacturers need to consider the impact of meaningless prefixes and suffixes, which add to the confusion and potentially contribute to medication errors. National authorities should improve overall governance of labelling of generic medicines, to prevent errors reaching patients.

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