

Review Article

Brand Versus Generic Medicines in General Medicine: Hospital Management, Prescribing Behavior, and Economic Impact – A Narrative Review

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***Related declarations are provided in the final section of this article*

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Abstract

Background: Generic medicines are widely used because they are affordable and usually work as effectively as branded medicines. They meet the same safety and quality standards. However, in daily medical practice, the use of generic medicines is influenced by hospital management policies, doctors' prescribing habits, patient beliefs, and overall treatment costs. These factors can affect patient care and healthcare spending.

Purpose of the Review: The purpose of this narrative review was to compare branded and generic medicines used in general medicine, with special focus on hospital management practices, prescribing behavior of healthcare professionals, and economic impact on patients and healthcare systems.

Findings: Most studies showed that generic medicines are therapeutically equivalent to branded medicines in terms of safety and effectiveness. Despite this, many doctors still prefer branded drugs due to habit, confidence in brands, influence from pharmaceutical representatives, and patient expectations. Pharmacists generally showed greater trust in generic medicines and stronger support for generic substitution. Generic medicines often reduce drug costs, but total healthcare costs do not always decrease because of additional doctor visits, hospital admissions, or treatment changes. Patient beliefs and poor awareness sometimes reduce acceptance of generics, although government supply programs showed good outcomes at lower cost.

Inclusion Criteria: Studies published in English that compared branded and generic medicines, discussed prescribing behavior, hospital management or substitution policies, and reported clinical or economic outcomes in general medicine were included.

Exclusion Criteria: Editorials without data, conference abstracts, non-English articles, and studies not related to general medicine practice were excluded.

Keywords: Generic medicines; Branded medicines; Prescribing behavior; Hospital management; Economic impact

Introduction

In patient treatment, generic and branded medicines are usually equally effective, but treatment outcomes are also strongly influenced by hospital management and treatment costs. In many hospitals, doctors regularly meet medical representatives who promote new branded medicines. These promotions often focus on brand value rather than medicine price, and cost comparison is rarely discussed. As a result, more expensive branded drugs are commonly prescribed. Many patients do not fully understand their disease, treatment options, or the financial burden of long-term therapy. Hospital policies often require patients to purchase medicines only from hospital pharmacies, limiting their choice and forcing them to buy high-cost medicines. This increases the economic burden on patients and their families. Although generic medicines can provide the same therapeutic benefit at a lower cost, they are underused due to a lack of awareness, prescriber preference, and hospital policies. Improving education for doctors, pharmacists, and patients, along with better hospital policies, can help ensure effective, affordable, and patient-friendly treatment. [1]

Generic medicines are commonly used to reduce healthcare costs and are usually 30% to 60% cheaper than branded drugs. However, the effects of switching from branded to generic medicines involve more than just saving money. This change mainly affects patient behavior, treatment safety, and overall healthcare costs. Some patients feel confused or worried when their medicine is changed, especially if they were stable on a branded drug for a long time. This confusion can reduce medication adherence, meaning patients may skip doses or stop treatment. In certain drug groups, such as those used for long-term or sensitive conditions, switching medicines may affect treatment response or safety. Although generics reduce the cost of medicines, these savings may not always lower total healthcare expenses. In some cases, extra doctor visits, hospital admissions, or treatment failures can increase overall costs. Therefore, while generics are effective and safe in many situations, forced or sudden switching should be done carefully, keeping patient safety and clinical judgment in mind. [2]

The World Health Organization (WHO) uses core prescribing indicators to study how medicines are prescribed and to promote rational drug use. In this study, each prescription contained an average of 2.23 medicines, showing that many patients receive more than one drug at a time. However, only 23% of medicines were prescribed by generic name, which shows that doctors still prefer brand-name drugs. Antibiotics were used in 25% of prescriptions, while 31% included injections, which may not always be necessary. Only 57% of prescribed medicines were from the National List of Essential Medicines (NLEM), and just 22.4% of fixed-dose combinations

followed NLEM guidelines. These findings suggest continued polypharmacy and overuse of branded medicines, mainly due to fear and misunderstanding about generic drug quality. The study recommends regular prescription audits, better training, and a stronger focus on rational prescribing to improve patient safety, reduce errors, and increase the use of affordable generic medicines. [3]

Most doctors (96%) said they understand that generic medicines work as well as branded medicines, and 75% knew that generics cost less. This knowledge supports the use of generic medicines, and 79% of doctors agreed with generic substitution in general. However, in some clinical situations, many doctors still prefer branded drugs because of their clinical experience and caution. Doctors also reported frequent contact with pharmaceutical representatives who promote branded medicines, but they felt that patients rarely forced them to choose a brand or generic drug. Most doctors trusted the government system that checks the quality of locally produced generic medicines and supported policies that promote their use. Studies comparing branded and generic medicines found that in about two-thirds of cases, both showed similar treatment results, proving therapeutic equivalence. However, cost savings were not always clear, as increased doctor visits or hospital care sometimes raised overall healthcare costs. Therefore, while generics are effective, careful decision-making and further research are needed. [4,5]

Many doctors still prefer to prescribe brand-name medicines, even though generic medicines are cheaper and work in the same way. In a cross-sectional study involving 151 doctors, researchers found that knowing about the lower cost of generic medicines did not strongly change doctors' prescribing habits. This means that price alone is not the main reason doctors choose brand-name drugs. Other factors, such as beliefs about drug effectiveness, personal experience, routine habits, and confidence in certain brands, play a major role in decision-making. Some doctors may feel more comfortable prescribing familiar brands, especially in difficult clinical cases. The study shows a clear gap between scientific evidence and real-world prescribing practice. To reduce healthcare costs and improve access to treatment, doctors need better education and training about the safety, quality, and therapeutic value of generic medicines. Strengthening trust in generics can help promote more cost-effective and rational prescribing practices. [5]

Generic medicines are clinically the same as brand-name medicines in terms of active ingredients, safety, strength, and effectiveness. Before they are approved for use, generic drugs must pass the same regulatory tests as branded medicines. The main difference is cost. Generic medicines usually cost 80% to 85% less because manufacturers do not have to pay for expensive research, development, or marketing. Although generic medicines may look different in shape, color, or packaging, and may contain different inactive ingredients, they work in the same way inside the body. In most cases, switching from a branded medicine to a generic one is safe and appropriate. However, some medicines have a narrow therapeutic index, meaning small changes in dose can affect treatment. For such drugs, doctors should carefully monitor patients during switching to ensure stable and safe treatment outcomes. [6,7]

A study carried out in a tertiary care intensive care unit (ICU) compared the treatment results and costs of patients given generic meropenem and those given brand-name meropenem. The study found that patients treated with the generic form had a lower survival rate (38%) compared to

those receiving the branded drug (59%). Even after considering other illnesses, patients on the generic medicine had a higher risk of death. When treatment costs related to infection were compared, there was no major difference between the two groups. This means that the generic drug did not provide clear cost savings in this critical care setting. The study suggests that while generic medicines are usually effective, substituting branded antibiotics in seriously ill ICU patients requires caution. In critical cases, both clinical safety and patient survival should be carefully considered, not just drug cost. [8]

Patients often play an important role in influencing doctors' prescribing decisions. Studies show that when patients request a specific medicine, doctors are more likely to prescribe that drug, even if other treatment options may be available. This means that patient demand can sometimes affect prescribing choices beyond medical need alone. This situation highlights the complex communication between doctors and patients. Doctors must balance patient preferences with their own medical knowledge and clinical judgment. While respecting patient wishes is important, prescribing should still be based on safety, effectiveness, and clinical guidelines. The authors suggest that improving doctor–patient communication skills can help doctors explain treatment options more clearly and manage patient expectations. Better communication can support evidence-based prescribing, reduce unnecessary medicine use, and help patients understand why certain medicines, including generics, may be safer, effective, and more affordable. [9]

A cost analysis of medicines in the Indian market showed that branded drugs are usually much more expensive than unbranded generic medicines across many treatment areas. The biggest price differences were seen in medicines used for heart disease, breathing problems, and diabetes. Generic medicines provide important cost savings for patients and the healthcare system, but their prices can vary due to market factors. The study also highlighted the need for better research, stronger quality checks, and improved manufacturing standards to increase trust in generics in India. In certain complex conditions, such as Alcohol Dependence Syndrome (ADS), most prescriptions (72.6%) were still written for brand-name medicines, while only 27.4% were generics. Medicines like benzodiazepines and antidepressants, including sertraline and amitriptyline, showed large cost differences. The study also found multiple drug use and some drug interactions, showing that complex cases often lead to higher treatment costs despite cheaper generic options. [10,11,12]

Studies comparing generic and branded medicines across different treatment areas showed that, in most cases, generic medicines work just as well as branded drugs. This supports the idea of therapeutic equivalence, meaning both types provide similar health benefits to patients. When looking at costs, the results were not always simple. Many studies showed that generic medicines reduce the price of drugs, which helps patients save money. However, these lower medicine costs did not always reduce the total healthcare cost. In some situations, extra doctor visits, hospital stays, or changes in treatment increased overall expenses. These findings show that medicine substitution is not only about choosing a cheaper drug. Doctors and hospital managers must also consider patient follow-up, safety, and proper use of healthcare resources. Generic medicines are effective in most cases, but careful planning is needed to ensure both good patient care and real cost savings. [13,14]

Physicians and pharmacists generally understand that generic medicines help reduce treatment costs and improve access to healthcare. However, their attitudes toward generics vary depending on the healthcare system. In well-developed systems, healthcare professionals usually trust the quality of generic medicines and use them widely. In developing systems, there is often more doubt about the safety and effectiveness of generics because of weaker regulation and limited information. Pharmacists usually have better knowledge about bioequivalence than doctors, which makes them more confident in recommending generic medicines. In hospitals, doctors and pharmacists must follow hospital policies when prescribing and dispensing medicines. Even though clinical pharmacists guide proper treatment and counsel patients, they are required to follow hospital rules. In general medicine, simple cases are sometimes treated with high-cost medicines, increasing patient expenses. As a result, some patients leave the hospital with limited or less effective treatment options. Better education and balanced hospital policies can improve patient care and affordability. [15]

Studies show that many patients, doctors, and pharmacists still have negative opinions about generic medicines. They often believe that generics are less effective, lower in quality, or cause more side effects than branded medicines. These beliefs are strongest among patients, while doctors and pharmacists also share some safety and quality concerns. Over time, these views have changed very little, creating a constant barrier to wider use of generic medicines. However, research from a government fair price medicine shop showed different results. In this study, patients using generic medicines reported similar effectiveness (93%) compared to those using branded drugs (87%). Both groups experienced similar side effects and followed their treatment equally well. Importantly, generic medicines were much cheaper. These findings suggest that when generics are supplied through trusted government programs and proper policies, they can provide safe, effective, and affordable treatment and help reduce healthcare costs for patients. [16]

Methodology

This narrative review was carried out to collect and understand existing studies on branded and generic medicines used in general medicine. It mainly focuses on hospital management, doctors' prescribing behaviour, and treatment costs. A narrative approach was chosen to explore clinical, behavioural, and policy factors that are not easily explained using numbers alone. [17,18]

Literature search strategy

A detailed literature search was carried out using online databases such as PubMed, PubMed Central (PMC), Scopus, ScienceDirect, BMJ Open, and Google Scholar. In addition, hospital reports, academic dissertations, and health policy documents were reviewed to understand real-world prescribing patterns and hospital management practices. The search used simple keywords like generic medicines, branded drugs, prescribing behaviour, hospital policy, generic substitution, treatment cost, economic impact, and general medicine to identify relevant studies. [17,18,21]

Inclusion and exclusion criteria

Only studies written in English were included in this review. Studies were selected if they compared branded and generic medicines, discussed prescribing behaviour, hospital medicine policies, or reported clinical and cost outcomes. Research articles, reviews, audits, and policy reports were used. Editorials without data, conference abstracts, and unrelated studies were not included. [18,20,22]

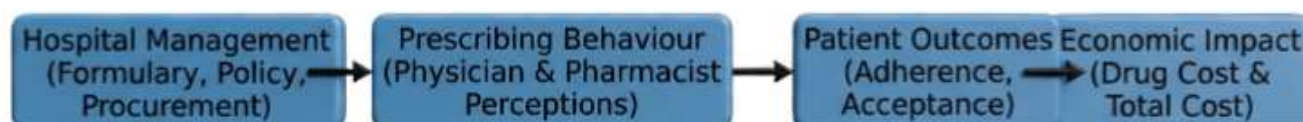
Data extraction and synthesis

Important information from each study was collected and summarized in a clear, descriptive way. Details such as study type, patient group, main results, and cost impact were noted. The findings were grouped into topics like prescribing behavior, hospital policies, clinical results, and economic effects, showing common patterns, differences, and real-world influences on medicine use. [17,19,22]

Ethical considerations

As this study was based exclusively on published literature and publicly available data, ethical approval was not required.

RESULT



Many studies have shown that generic medicines work as effectively as branded medicines in most medical conditions. However, how these medicines are prescribed and their overall cost effects vary widely. These differences are mainly caused by doctors' beliefs, hospital rules, and healthcare policies. Although most doctors and pharmacists agree that generic medicines are effective and less expensive, doctors often prefer branded drugs. This preference is influenced by habit, trust in certain brands, fear of quality differences, and patient expectations. Pharmacists generally show more confidence in generic medicines and support the idea of generic substitution, especially in hospital settings. They play an important role in guiding doctors and patients toward cost-effective treatment. From an economic point of view, generic medicines usually reduce the direct cost of medicines. However, some high-priced generics do not always offer major savings when compared with other therapeutic alternatives, making formulary review an important part of hospital management. Patient acceptance also affects medicine use. Some patients complain after switching medicines, often due to nocebo effects, where negative expectations cause discomfort rather than real clinical problems. Studies also show that financial incentives for medicine switching can help reduce costs for both patients and healthcare systems. In public healthcare settings, especially in rural areas and among low-income populations, generic medicines are in high demand. Government hospitals are often preferred because private

hospitals and branded medicine stores may not be affordable or easily available. Some hospitals focus on improving treatment quality, but this often comes with very high costs. Private hospitals usually provide better facilities and services, and some offer free consultations in general medicine. However, the medicines prescribed in these hospitals are often expensive, increasing the financial burden on patients. These findings show that balanced hospital policies, proper education, and patient-centered care are essential to ensure both effective treatment and affordable healthcare.

Table: Comparison of Branded and Generic Medicines in General Medicine
[\[1,2,5,16,17,18,19\]](#)

Domain	Key Aspect	Branded Medicines	Generic Medicines	Implications for Hospital Management & Patient Care
Therapeutic Effectiveness	Clinical efficacy and safety	Perceived as more reliable by physicians and patients	Clinically equivalent in most therapeutic classes; meet regulatory bioequivalence standards	Misconceptions drive brand preference despite equivalent outcomes in most cases
Prescribing Behaviour	Physician preference	Dominant preference in routine prescribing is influenced by habit and medical representatives.	Lower prescription rates (e.g., only ~23% generic prescribing in audits)	Indicates need for prescriber education and policy reinforcement
Hospital Policies	Drug availability and procurement	Often prioritised in hospital formularies due to industry influence	Limited availability despite cost advantages	Hospital management decisions significantly affect patient costs
WHO Prescribing Indicators	Rational drug use	Higher polypharmacy, injections, and non-NLEM drugs	Greater alignment with rational prescribing principles when used	Regular prescription audits are recommended to improve generic use
Patient Attitudes & Adherence	Acceptance and compliance	Familiar appearance increases patient confidence	Switching may confuse and reduce adherence in some patients	Patient education and counselling are critical during substitution
Economic Impact (Drug Cost)	Acquisition cost	Higher prices; increases patient out-of-pocket expenditure	Typically, 30–85% cheaper	Direct cost savings for patients and health systems

Economic Impact (Total Cost)	Overall healthcare expenditure	Sometimes associated with fewer follow-up visits	Savings are not always sustained due to increased visits or hospitalisations.	Cost evaluations must consider downstream healthcare utilisation.
Critical Care Settings	ICU outcomes (e.g., meropenem)	Higher survival in certain studies	Some studies show poorer outcomes and no cost benefit	Generic substitution in critical care requires cautious evaluation
Patient Demand	Influence on prescribing	Patients may request specific brands	Less frequently requested	Communication skills needed to balance patient preference and evidence-based care
Special Populations	Chronic disease, ADS	Higher use in complex cases; increased treatment cost	Underutilised despite availability	Complex cases tend to favour brands, increasing the economic burden
Healthcare Professional Views	Knowledge and confidence	Physicians are often less confident in generics	Pharmacists are more confident due to bioequivalence knowledge	Interprofessional collaboration can improve generic utilisation
Public Perception	Trust and quality beliefs	Viewed as higher quality	Often perceived as inferior	Persistent perception barriers reduce the economic benefit of generics
Government & Institutional Programs	Public sector supply (e.g., FPMS)	Retail pharmacy dominant	Comparable effectiveness at lower cost	Institutional supply improves affordability and adherence

Discussion

A study using healthcare claim records identified 45 generic medicines that were very expensive, even though cheaper treatment options with the same clinical effect were available. These high-cost generic drugs were found to be about 15.6 times more expensive than their lower-cost alternatives. By switching to these cheaper but equally effective medicines, total healthcare spending could be reduced by nearly 88%. This finding shows that not all generic medicines are automatically affordable. Careful medicine selection, regular formulary review, and proper substitution planning are important to achieve real cost savings for both patients and healthcare systems. [23]

Both doctors and pharmacists often receive complaints from patients about generic medicines, but doctors usually have more negative opinions than pharmacists. Almost 94% of doctors and 88% of pharmacists reported patient complaints related to generics. [24] Doctors were more likely to believe that generics are less effective and prefer branded medicines. However, both groups felt that many patient complaints were due to nocebo effects, not real medical problems. These negative beliefs can affect patient trust and acceptance of generics. Providing proper

education and training to healthcare professionals can improve confidence in generic medicines and encourage their wider use to reduce treatment costs. [25,26]

A study on generic medicines and substitution showed that 92.9% of healthcare professionals supported the idea of using generic medicines, and 68.2% said they would recommend generics instead of branded drugs. However, more than half still believed that generic medicines are not equal in quality, and 72.7% felt that substitution is not suitable in all medical cases. Hospital pharmacists were more willing to recommend generics than community pharmacists. Almost 99.4% supported giving pharmacists legal rights to substitute generics. These results show strong support for generics, but concerns about quality and clinical situations still limit wider use. [26]

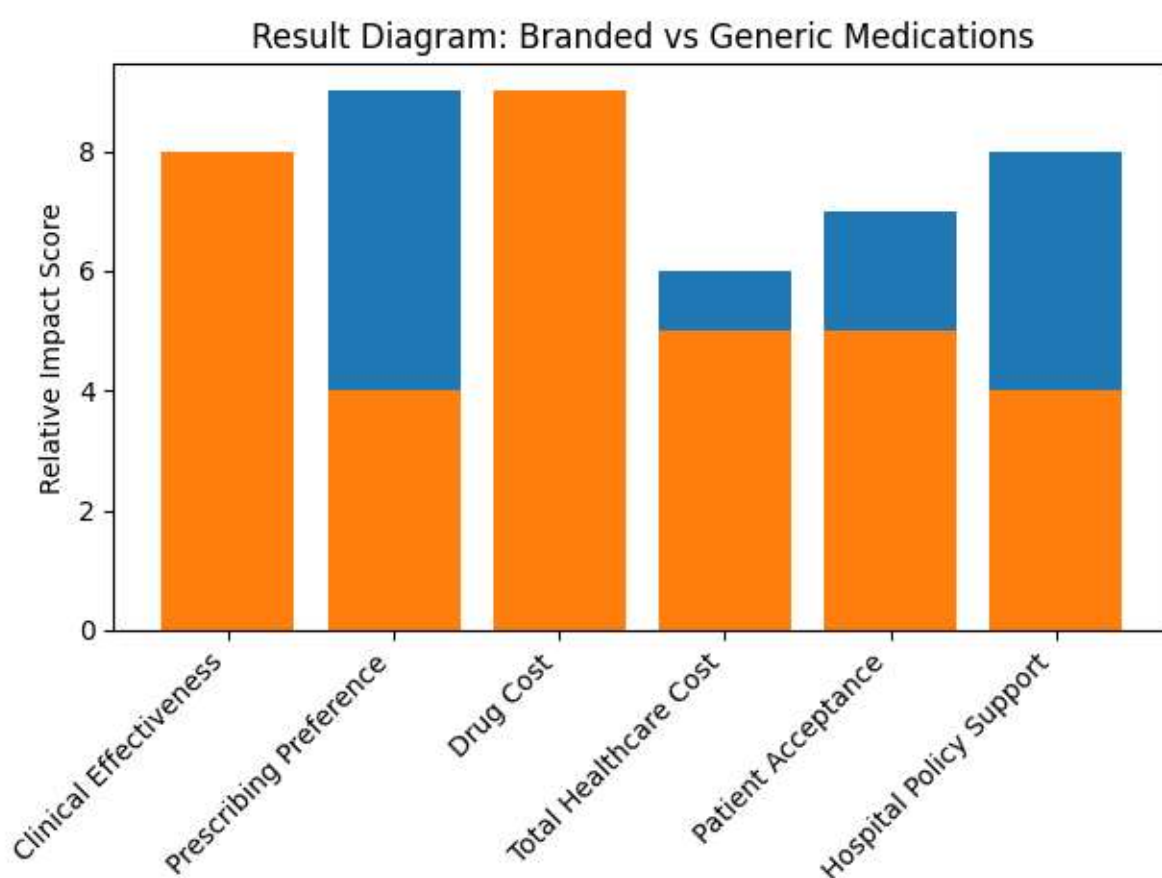
In a study, 87% of healthcare professionals believed that generic medicines work the same as branded drugs and are safe to substitute. However, many doctors (66.6%) still preferred prescribing branded medicines even when generic options were available. Many participants also felt that patients believe generic medicines are less effective. These findings show that although healthcare professionals generally trust generic medicines, brand preference and patient beliefs remain strong barriers. The study suggests that better education, clear prescribing policies, and patient awareness programs are needed to promote rational, cost-effective prescribing and increase the use of generic medicines. [26,27]

Studies on the use of branded and generic medicines show that most doctors know that generic medicines are effective and cheaper. However, many doctors still prefer to prescribe branded drugs and do not always inform patients about generic options. Their decisions are often influenced by worries about quality, patient expectations, and habitual prescribing. Pharmacists, on the other hand, are more willing to recommend generic medicines. Even though laws support generic substitution and generics can reduce costs, strong brand preference among doctors continues to limit savings. This shows the need to improve trust, awareness, and confidence in generic medicines. [28]

A study conducted in public and private hospitals and community pharmacies in Rawalpindi and Islamabad showed that most healthcare professionals had good knowledge (53.8%), positive attitudes (80.7%), and favourable views (62.3%) toward generic medicines. Those with positive attitudes were more likely to trust and accept generics. However, factors such as work setting, age, and remaining negative beliefs affected their willingness to prescribe or dispense generics. These findings highlight that even with good awareness, practical barriers remain. The study suggests that continuous education, training programs, and supportive health policies are needed to improve generic medicine use and achieve cost-effective patient care. [26,27,28]

Both doctors and pharmacists often face patient questions and concerns about generic medicines, but doctors usually have more negative opinions than pharmacists. Doctors are more likely to think that generic medicines are less effective and prefer to prescribe branded drugs. [29] Pharmacists, however, trust generic medicines more and feel comfortable recommending them to patients. These differences in opinion affect how medicines are prescribed and substituted in daily practice. Doctors' doubts can reduce the use of generics, even though studies show they work the same as branded drugs. The authors suggest that proper education and training can help improve confidence and support cost-effective prescribing. [29,30]

A study examined how financial rewards could encourage patients to switch from expensive branded medicines to cheaper treatment options within the same drug group, such as insulin or medicines for multiple sclerosis. The results showed that even small incentives motivated some patients to change medicines and save money. On average, patients saved about \$84 per year on insulin and over \$2,000 per year on multiple sclerosis medicines. Health insurance plans also benefited from these savings. The study suggests that policies that influence patient behaviour, not just doctors' prescribing habits, can help reduce medicine costs. However, patient safety and ethical issues must be carefully considered. [30]



Conclusion

This narrative review shows that generic medicines are usually as effective and safe as branded medicines for most medical conditions. They meet the same quality and regulatory standards and provide similar treatment benefits. However, the use of generic medicines in daily practice is strongly influenced by hospital management, doctor prescribing habits, patient beliefs, and healthcare policies, not only by scientific evidence. Many doctors understand that generic medicines work well and cost less, yet they still prefer branded medicines because of habit, confidence in brands, influence from medical representatives, and concern about patient acceptance. Pharmacists generally show more trust in generics and support generic substitution,

especially in hospital settings. However, hospital rules and formulary policies often limit their role in substitution decisions. From an economic point of view, generic medicines usually reduce drug costs, but they do not always reduce the total healthcare cost. In some situations, extra doctor visits, hospital stays, or treatment changes increase overall expenses. Certain high-cost generics may not provide major savings compared to other treatment options, showing the need for regular formulary review and proper substitution planning. In critical care settings, such as intensive care units, careful clinical judgment is required when substituting medicines, as patient safety and survival are the top priorities. Patient perception also plays a major role. Many patients believe generics are weaker or unsafe, which can reduce treatment adherence. However, studies from government medicine programs show that when generics are supplied through trusted systems, patients report similar effectiveness and better affordability. Overall, this review highlights that effective use of generic medicines requires a balanced approach. Better education for doctors, pharmacists, and patients, supportive hospital policies, strong regulatory systems, and patient-centered communication are essential. When these factors work together, generic medicines can improve access to treatment, reduce financial burden, and support safe, effective, and affordable healthcare.

Limitation of the study

This study has several limitations that should be considered while interpreting the findings. First, this is a narrative review, not a systematic review or meta-analysis. Therefore, the study may not include all available research, and the selection of articles may involve some subjective judgment. Second, only studies published in English were included, so relevant data published in other languages may have been missed. Third, the included studies were conducted in different countries and healthcare systems, which may limit direct comparison of results due to variations in hospital policies, drug regulations, and patient populations. Fourth, many findings are based on self-reported surveys of doctors, pharmacists, or patients, which may be affected by response bias or personal opinions. In addition, economic outcomes varied across studies, and not all studies assessed long-term healthcare costs. Finally, limited data were available for certain areas, such as rural healthcare settings and critical care substitution. These limitations suggest the need for more well-designed, large-scale, and context-specific studies in the future.

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Authors' contributions

Author read and approved the final manuscript.

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Data availability

No datasets were generated or analyzed during the current study.

Declarations

Ethics approval and consent to participate

The author declares that not applicable.

Consent for publication

The author declares that not applicable.

Competing interests

The author declares no competing interests.

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