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No, using the INN system does not necessarily mean prescribing a generic

***Prescrire* has campaigned for the use of international nonproprietary names for many years. A French GP reports on his experience.**

A colleague recently asked me how she could prescribe a specific pharmaceutical formulation using the international non proprietary name (INN) system, when the formulation in question was sometimes only available as the original brand name product.

She said she had an elderly patient who needed lorazepam, and that she preferred prescribing a blister pack rather than a bottle of pills. The only option was to use the Temesta° brand. Yet the pharmacist had dispensed the generic in a bottle; since the prescription was written for "lorazepam", the pharmacy was required to dispense a generic.

There was a time when it was difficult to convince French pharmacists that lorazepam was equivalent to Temesta°, as they had a financial interest in dispensing the brand name product rather than the generic. Things have since changed, and pharmacists are encouraged to dispense generics. As with all new measures, however, excesses are inevitable.

If you prescribe using the INN system, you do not necessarily exclude the originator brand name product

Indeed, the INN system includes the originator brand name. Prescribing with the INN system helps to restore the dialogue between the prescriber, the patient and the pharmacist, as well as helping the patient to know what drug he or she is actually taking.

The pharmacist is not a simple shopkeeper but rather a key healthcare professional. If pharmacists place their financial interests (or rules and regulations) before their patients' best interests, and fail to change their practices despite a friendly phone call from a concerned colleague, then it is perfectly ethical to tell patients to go to a different pharmacy. Other pharmacists (at least those who read *Prescrire*!) understand how important and informative it is to use the INN system.

It is up to the patient to ask the pharmacist to dispense the product with which he or she is most comfortable: "*Sorry, this brand has an unpleasant taste, doesn't dissolve properly or is difficult to divide*".

It is up to the patient to establish a dialogue with their pharmacist, and up to the pharmacist, as a responsible healthcare professional, to try to comply with the patient's wishes (often no easy matter).

Patients first

If it is in patients' best interests that pharmacists dispense a particular pharmaceutical formulation, or a particular type of packaging, or even a particular shape of tablet, and if this requires the use of the originator brand name product, then so be it.

Take the following prescriptions for example:

– lorazepam 1-mg tablet in a blister pack; if this prescription is only available as a brand name product this is what should be dispensed;

– paracetamol oral solution; if a child prefers strawberry-flavoured medication, and if a strawberry-flavoured product is available, the pharmacist should dispense it;

– atenolol: some generic tablets are almost impossible to divide (they crumble) so, if a "solid" generic tablet is not available, the pharmacist should dispense Tenormine°;

– beclometasone 250 suspension (14 different products in France) for inhalation, or beclometasone 250 sold with a measuring device, because the patient knows how to use it.

Dispensing the same drug in a green box containing white capsules one month, and a pink box with yellow capsules the following month can cause confusion in some elderly patients. This can occur when generic suppliers' prices vary. In this case, it is better to stick with the same brand, even if this means dispensing the original brand name product, specifying that it should not be replaced by a generic.

But what is most important is to re-establish the dialogue between prescriber and pharmacist, and between patient and pharmacist. Sometimes a simple phone call is all it takes to persuade a recalcitrant pharmacist colleague.

Jacques Cogitore
General practitioner (France)

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