Identifying Message to PROmote Value & Education (IMPROVE) of Generic Oral Contraceptive Prescribing

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Introduction

- Generic drug prescribing is an underutilized method to improve the value of care and increase patient access to medicines .
- In national surveys,1 in 3 providers report skepticisms towards generic drugs.[1]
- In the U.S., Oral Contraceptives (OCs) are the most frequently used contraceptives methods in women of reproductive age.
- Despite FDA approval requiring that generics are therapeutically equivalent to their brand name counterpart, patients and providers have expressed concerns about the effectiveness of generic OCs.
- In 2013, 22% of OCs prescribed were brand-name; 98% had an available generic alternative.[2]
- Eliciting perspectives from key OCs prescribers Primary Care Physicians (PCPs) and Nurse Practitioner (NPs) could improve interventions promoting generic drug prescribing.

Objectives

- Identify barriers to prescribing of generic OCs
- Understand facilitators of generic OCs prescribing
- Propose potential solutions to increasing prescribing of generic OCs among key prescribers (PCP's and NP's)

Methods

- Focus group scripts developed, pilot-tested, and revised using a 4-D model of appreciative inquiry (Fig. 1).

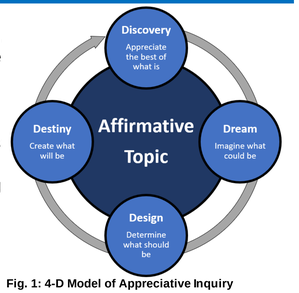

Fig. 1: 4-D Model of Appreciative Inquiry

Discovery & Dream
- What is your understanding of FDA standards for approving generic drug?
- What has your experience been substituting generic for branded drugs?
- What factors influence you prescribing OCs?

Design
- How do you think the prescribing rates of generic OCs can be improved?
- What messages would help motivate your peers to increase the rate of generic OCs prescribing? Who should deliver these messages?
- What information can FDA provide to improve your perception?
- Conducted two 60-minute focus group sessions, one each at the American College of Physicians (ACP) Internal Medicine, and American Association of Nurse Practitioners (AANP) Annual Meetings.

Focus Group (FG) Screening Criteria
- Age between 35-65 years old
- Prescribed OCs
- Clinically practice (>50% time) in an outpatient-based setting
- Unaffiliated with the FDA or pharmaceutical industry

Transcripts were analyzed qualitatively via Atlas.ti software.

Results

Table 1: Demographics of Participants in OCs Focus Groups

	Female	Non-Hispanic White	Black/ African American
PCP (n=12)	9 (75%)	7 (58%)	2 (17%)
NP (n=12)	11 (92%)	10 (83%)	2 (17 %)

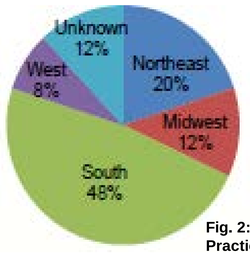

Fig. 2: PCP and NP Practice Geography

Table 2: Barriers and Facilitators of Generic OCs Prescribing

Health Systems Factors	Workflow Factors	Provider Factors	Patient Factors
• State Generic Substitution Laws • Availability of Samples • Insurance Companies • Availability of Generics • Performance Metrics	• Practice Disruption • Default to Generic • Pharmacy • Insurance • Formulary • Generic Nomenclature • Point of Care IT Tools • Multiple Generic Brands	• Attitude Towards Generics • Lack of Trusted Sources • Reluctance to Switch Patient Medication • Level of Knowledge About Generics • Accessibility to Info About Generics • Specialists	• Cost • Preference • Prior Experience • Side Effects • Direct-to-Consumer Advertising • Pill and Packaging

Table 3: Example Barriers (Representative quotes on select barriers to generic OCs prescribing amongst PCP's and NP's)

Theme	Subtheme (PCP, NP)	Examples
Health System	**Availability of samples (6,3)**	We used to use lots of samples of all the different pills. We don't have that anymore.
Workflow	**Confusion about generic naming (8,3)**	If you're going to generically prescribing an oral contraceptive … you're going to have to go in there and be savvy enough to be able to ask for that drug based on the generic drug equivalents that are in it.
	Multiple generic brands (3,8)	When you have ten different brands of the same two ingredients of a birth control, it kind of doesn't make sense and its causes confusion.
Provider	**Lack of trusted sources (5,8)**	Insurance companies are not trusted by the public, or by us.
	Knowledge about generics (6,2)	My understanding is that there's no additional testing...before a generic can be put out...
Patient	**Preference (13,3)**	I actually have a different problem in that my patients will sometimes come complaining that they're getting the generic.
	DTC advertising (2,4)	…[S]o, I think some of it [patient preference] is the direct result of marketing.
	Pill and package (2,1)	…[A]ll of a sudden today it [the OCs] is blue, she's not comfortable taking that.

Table 4: Example Facilitators (Representative quotes on select barriers to generic OCs prescribing amongst PCP's and NP's)

Theme	Subtheme (PCP, NP)	Examples
Health system	**Availability of samples (5,6)**	Texas law has it printed on the prescriptions, it's generic unless you specify otherwise
	Insurance companies (7,9)	Insurance companies will sometimes—If I order a brand...fill a 30-day (courtesy) supply and then send a letter to the patient...and they'll give them a list of what's covered generically.
Workflow	**Default to generic (13,9)**	My Electronic Health Records (EHR) defaults to generic.
	Point of care IT tools (4,6)	One of the things I think would be helpful to insure more generic prescriptions is when a patient is loaded in to my Electronic Medical Records (EMR), automatically a certain formulary is loaded
Provider	**Lack of trusted sources (5,8)**	Insurance companies are not trusted by the public, or by us.
Patient	**Cost (10,12)**	I think it's patient complaints about cost She readily went back to a generic when she realized how expensive it was

Conclusions

Limitations
- Small sample size of PCPs and NPs.
- Inter-rater reliability data have not yet been completed.
- Practice and prescribing setting data for FG participants was lacking.

Conclusions
- Providers' knowledge of FDA bioequivalence standards was low.
- Negative attitudes and accessibility of information about generic options were frequency cited as barriers.
- For OCs specifically, complicated generic nomenclature was a barrier.
- Participants identified **13 solutions** to increase generic OCs prescribing that aligned with the four identified themes.

Fig. 3: Example Solutions to Increase Prescribing Identified by Providers

Health System: Simplify generic nomenclature

Workflow: Point of care IT tools integrated with EMR

Provider: Evidence based messaging for providers from trusted sources (i.e. Professional Societies)

Patient: Public service style advertising of generic OC's to patients

Next Steps
- Develop evidence-based messaging for providers about generic OCs is an opportunity to increase generic OCs prescribing.
- Survey to test messaging was recently completed through ACP and AANP:
  -Surveyed approximately 500 NPs and 400 PCPs
  -Knowledge and vignette-style questions focused on OCs and antidepressant prescribing strategies.

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