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GPs call for “One Switch per Script”

ADGP Chair, Dr Rob Walters, today argued that the danger of consumers overdosing on different versions of the same drug could be largely avoided through a simple change to prescribing regulations.

“Confusion about multiple versions of the same drug could be dramatically reduced if pharmacists were only able to substitute one brand of medication for the life of each script,” Dr Walters said.

“Doctors are able to authorise pharmacists to substitute an equivalent or “generic” product for the brand prescribed. This can save consumers money through avoiding the additional premiums charged for some brand products, without compromising safety and quality.

“However, consumers can become confused if their brand of medication is changed every time their prescription is filled, as each brand of a medication has a different name, packaging, size, shape and colour. In fact the different versions of each drug are often unrecognisable to consumers as being the same medicine.

“Currently, pharmacists are able to change brands every time a consumer gets a repeat prescription filled, if the doctor has authorised brand substitution on the script. For patients who have a script with five repeats this can mean receiving six different versions of the same drug over the life of the script.

“This can increase consumers’ confusion about their medication, particularly for people taking multiple medications which may all change brand every time they fill a repeat prescription.

“If the pharmacist was only entitled to make one substitution per script it would greatly reduce the likelihood that people will confuse their medication, resulting in overdoses and other potentially serious adverse events,” Dr Walters said.

Dr Walters stressed the importance of giving consumers the option of switching to a generic drug, if their doctor advises that this is clinically appropriate for them.

“If doctors are confident that the potential for confusion has been minimised, by only allowing one brand switch per script, they will probably be more likely to authorise substitution by pharmacists,” he said.

“ADGP would like to see the upcoming changes to prescribing software, which will prevent the system from being set to default to particular brands, accompanied by a restriction on the number of substitutions pharmacists can make during the life of a script. We also recognise the need for consumer education about generic medicines and support Government efforts to educate the community about this issue.

“ADGP encourages consumers to ask their doctor about their medication options. GPs make prescribing decisions based on the best method of management for their patients and are happy to discuss these decisions with them,” Dr Walters said.

For comment:

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