

MMA Urges Patient Education In IJN's Mandated Switch To Generics

By Boo Su-Lyn | 1 November 2024

MMA calls for patient education and obtaining the best quality generic medicines, after the government directed IJN to switch its public patients to generics. In cases where generic versions aren't available, MMA says originator drugs must still be given.



Malaysian Medical Association president Dr Kalwinder Singh Khaira speaks at the Industry Leadership Summit 2024 in Kuala Lumpur on October 10, 2024, organised by the Galen Centre for Health and Social Policy and supported by PMCare Sdn Bhd. Photo by Saw Siow Feng.

KUALA LUMPUR, Nov 1 — The Malaysian Medical Association (MMA) has urged caution in the government's mandate for the National Heart Institute (IJN) to switch its public patients to generic drugs.

MMA president Dr Kalwinder Singh Khaira said high quality generic medications must be procured and IJN's patients need to be educated on their change of treatment regimen to clear any doubts over safety and efficacy.

“Generic drugs are already being used in MOH (Ministry of Health) health care facilities and in private health care facilities as well. In private clinics, almost 70 to 80 percent of medications used are generic,” Dr Kalwinder told *CodeBlue*.

“It should also be noted that regular reviews of efficacy and feedback from clinicians are obtained to review the usage of generic drugs.

“We believe the MOH will look into this aspect and decide on obtaining the best quality of generic drugs available.”

IJN is a top cardiac centre owned by the Minister of Finance Incorporated (MOF Inc.), not a public hospital under the MOH. Drug makers supplying IJN have contracts with IJN itself, not with the government.

MOH is the payer for government patients, including pensioners and civil servants, at IJN. Last year, the MOH’s payments to Institut Jantung Negara Sdn Bhd (IJNSB) exceeded RM600 million.

[*CodeBlue* broke the story last Monday](#) on a directive by the MOH and the Ministry of Finance (MOF) to IJN to switch public patients from innovator to generic medicines to reduce the MOH’s cost burden. This followed the government’s decision to allow pensioners to continue their treatment at the top cardiovascular and thoracic care hospital.

Dr Kalwinder also acknowledged that some newer drugs with active patents do not have generic equivalents. “For such cases, the originator drugs will still need to be given.”

When asked if IJN should be allowed a more gradual transition to generics, instead of a seemingly blanket policy starting from 2025, Dr Kalwinder told the government to look at patient care and the quality of generic drugs as a “top priority”.

“We believe the process will take time as it will involve negotiating for the best value and terms with suppliers and all the necessary approvals.

“Also it will take time to re-educate patients on the changes and instill confidence in the generics. This is important to maintain compliance to treatment.”