

## Generic Drugs and Alzheimer's Disease

In Alzheimer's disease, as with any medical condition, physicians consider several factors before deciding which medications will be most beneficial to their patients. When a brand name drug prescribed by a physician becomes available in a generic form, physicians must continue to play a central role in deciding whether the patient should switch from the brand name drug to the generic. Four drugs to treat the symptoms of Alzheimer's are commonly prescribed:

<b><u>Generic name</u></b>	<b><u>Brand name</u></b>	<b><u>Drug class</u></b>
Galantamine	Razadyne™	Cholinesterase inhibitor
Rivastigmine	Exelon™	Cholinesterase inhibitor
Donepezil	Aricept™	Cholinesterase inhibitor
Memantine	Namenda™	NMDA receptor antagonist

Generic forms of some of these drugs are available, and as the patents expire on the remaining drugs, generic forms of them will also likely become available to consumers. Because generic drugs are less expensive than brand name drugs, consumers may question whether they can stop their current Alzheimer's disease medication and take the generic form instead. Medication changes should not be made without first consulting with your physician.

While the brand name forms of the three cholinesterase inhibitors vary little in effectiveness overall in studies involving large numbers of subjects, considerable variability may exist on an individual basis. Little information is available addressing the value and hazards of switching from one cholinesterase inhibitor to another, and such a change should only be made under a physician's supervision, with careful attention to the varying ways the body absorbs, processes and eliminates a drug (the "pharmacokinetics" of that drug). For more information on generic drugs, visit the U.S. Food and Drug Administration's Web site.

<http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/understandinggenericdrugs/ucm167991.htm>).

The generic form of a drug may be most appropriate for 1) individuals taking the brand name form of that drug, 2) those who cannot tolerate one drug in the same drug class (for example, taking the generic form of Razadyne — a cholinesterase inhibitor — when an individual cannot tolerate Aricept, also a cholinesterase inhibitor), or 3) individuals newly diagnosed with Alzheimer's who have not been treated with an Alzheimer drug. For individuals in the last group, generic drugs are an appropriate first-choice therapy. However, if the individual does not have a beneficial response, a brand name drug may be the next logical choice.

While generic drugs have the same active ingredients as brand name drugs, they are not always entirely identical in the way the body absorbs the active drug, and the patient may notice a difference in effectiveness with the generic drug. If, after consulting with one's physician, an individual switches to a generic drug, the individual and his or her family must be vigilant in noting any changes they observe and communicate these changes to one's physician as soon as

possible. Presented with this information, the physician may decide that the brand name drug is preferable to the generic drug.

Because the drug Namenda is in a different drug class than Razadyne, Exelon and Aricept, switching from it to any cholinesterase inhibitor — generic or brand name — has a higher likelihood of causing a noticeable change in symptoms. The decision to switch should be considered with caution and only after consulting with one's physician.

Two versions of Namenda are currently available. The “immediate release” version is typically taken twice a day and is available in generic form. The “extended release” version, called Namenda-XR, is used once a day, slowly releasing the drug over the day, but is not currently available in generic form. Immediate-release Namenda and Namenda-XR contain the same active ingredient. The decision of which form to use should be made after consulting with one's physician.

Historically, physicians have noted a variety of individual responses — both positive and negative — to generic drugs aimed at other health conditions. For this reason, it is critical that physicians and patients continue to have access to the full range of brand name drugs now available. It is inappropriate for prescription drug reimbursement plans to adopt generic drugs at the exclusion of brand name drugs.

— Alzheimer's Association Medical and Scientific Advisory Council, September 2015