

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:

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

The patent on Razadyne has recently expired, making it the only commonly prescribed Alzheimer drug now available in its generic form, called galantamine. 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 galantamine instead. Medication changes should not be made without first consulting your physician.

While the cholinesterase inhibitors Razadyne, Exelon, and Aricept 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 pharmacokinetics (the way the body absorbs, processes and eliminates a drug) of the agents involved.

Generic galantamine may be most appropriate for those individuals currently taking Razadyne and for those who cannot tolerate other forms of cholinesterase inhibitors. While generic galantamine has the same active ingredients as Razadyne, it is not entirely identical to Razadyne, and the patient may notice a difference in effectiveness with the generic product. If, after consulting with one's physician, an individual switches to galantamine, the individual and his or her family must be vigilant in noting any changes they observe with the generic product and communicate these changes to one's physician as soon as possible. Presented with this information, the physician may decide that the brand name product is preferable to the generic product.

Another potential candidate for galantamine is the individual newly diagnosed with Alzheimer's who has no history of cholinesterase inhibitor use. The generic product, due to its reduced price, is an appropriate first-choice therapy. However, if the individual does not experience a beneficial response, a brand name cholinesterase inhibitor may be the next logical choice.

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. This decision should be considered with caution and only 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 cholinesterase inhibitors now available. Blanket adoption of galantamine over any other cholinesterase inhibitor by prescription drug reimbursement plans and programs is inappropriate.

— Adopted by the Alzheimer's Association Medical and Scientific Advisory Council, January 2009