

GENERICICS

Overview

TERMINOLOGY

▶ **Generic drug**

- ▶ Product that is comparable to innovator drug product in dosage form, strength, route of administration, quality and efficacy, and intended use. Generic drug can only be marketed after patent & exclusivity protection ends.

▶ **Copy drug**

- ▶ Drug provided by third party manufacturers despite the drug is still patented

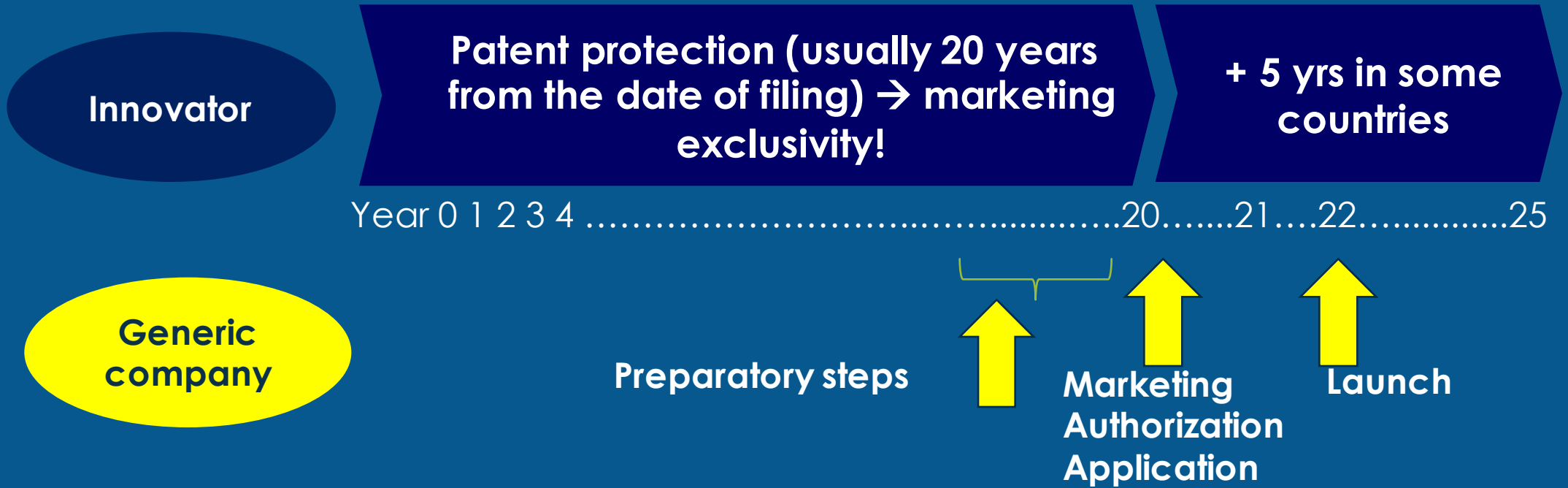
▶ **Substandard drug**

- ▶ A “genuine” drug product
- ▶ Does not meet quality specifications
- ▶ Due to difference in isoforms, isomers & impurities, may lead to lack of therapeutic equivalence

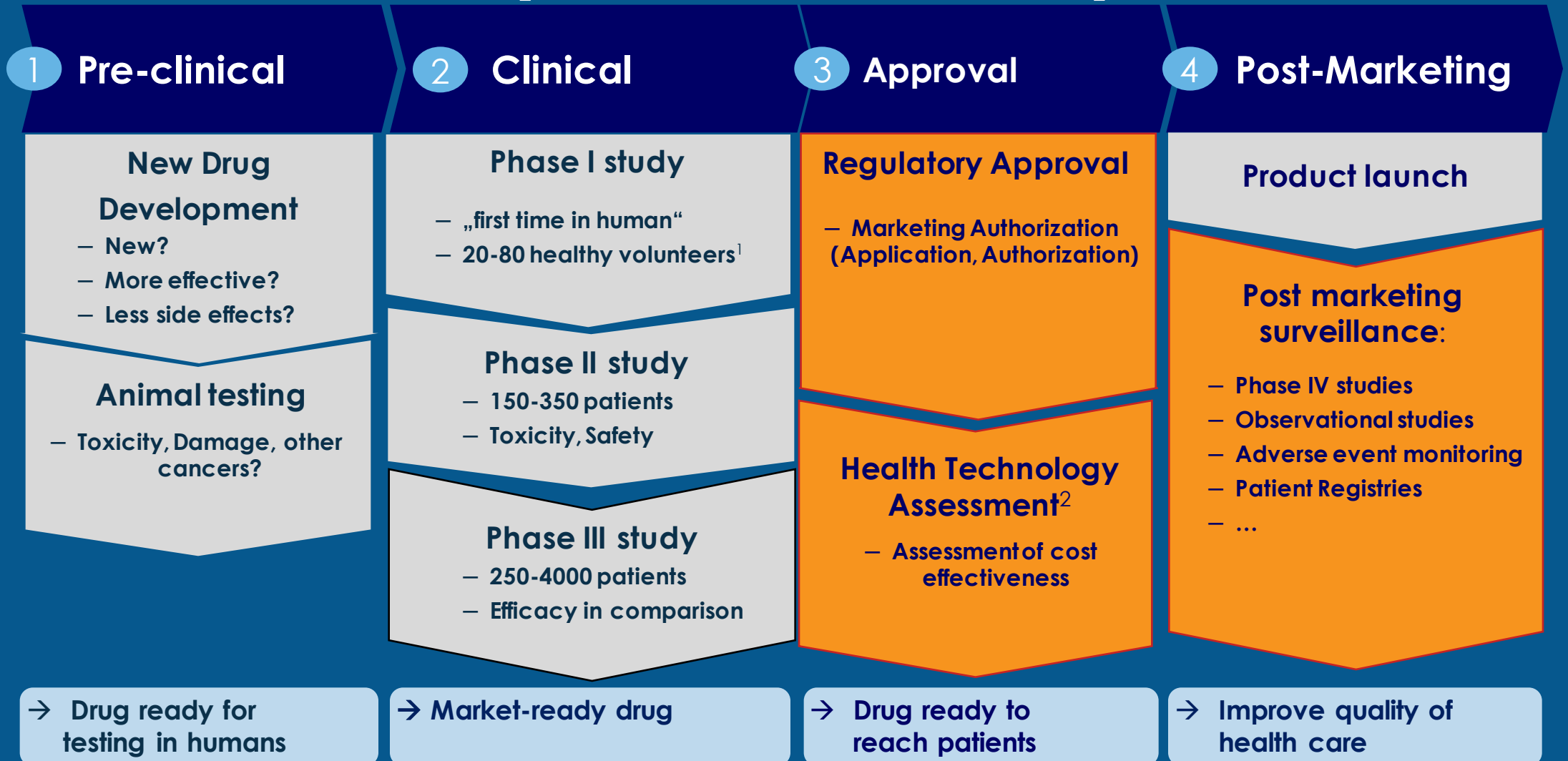
▶ **Counterfeit drug**

- ▶ Deliberately and fraudulently mislabeled
- ▶ Can apply to branded or generic drugs
- ▶ Includes products with correct or wrong ingredients, without active ingredients, with insufficient active ingredients, with fake packaging

WHEN & HOW DO GENERICS COME INTO PLAY?

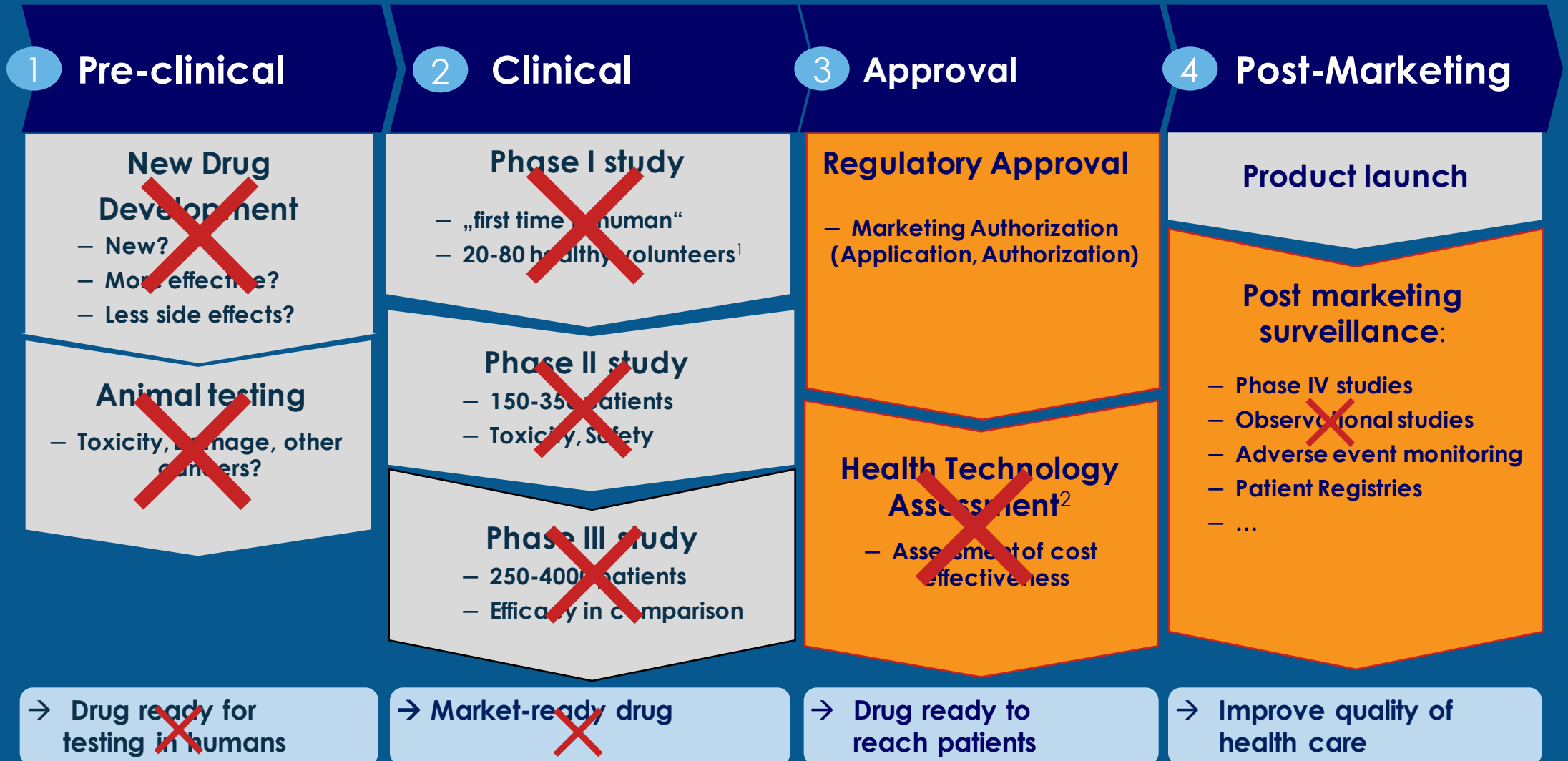


Drug Development and Approval Process (innovator product)



¹.Exception for cancer therapy: Late stage tumor patients included; ².Selected countries only

Generic Approval Process



¹Exception for cancer therapy: Late stage tumor patients included; ² Selected countries only

EQUIVALENCE OF GENERICS: REGULATORY ASSUMPTION



Exemption from long and expensive Phase III studies

SIMILARITIES & DIFFERENCES

In tightly regulated markets like EU or US, generic drugs are required to have:

- ▶ Same active ingredient, amount of active ingredient, purity
- ▶ Same pharmacokinetic & pharmacodynamic properties
- ▶ Same stability
- ▶ Same mechanism of action, safety & efficacy
- ▶ Same therapeutic indication & route of administration

What is allowed are...

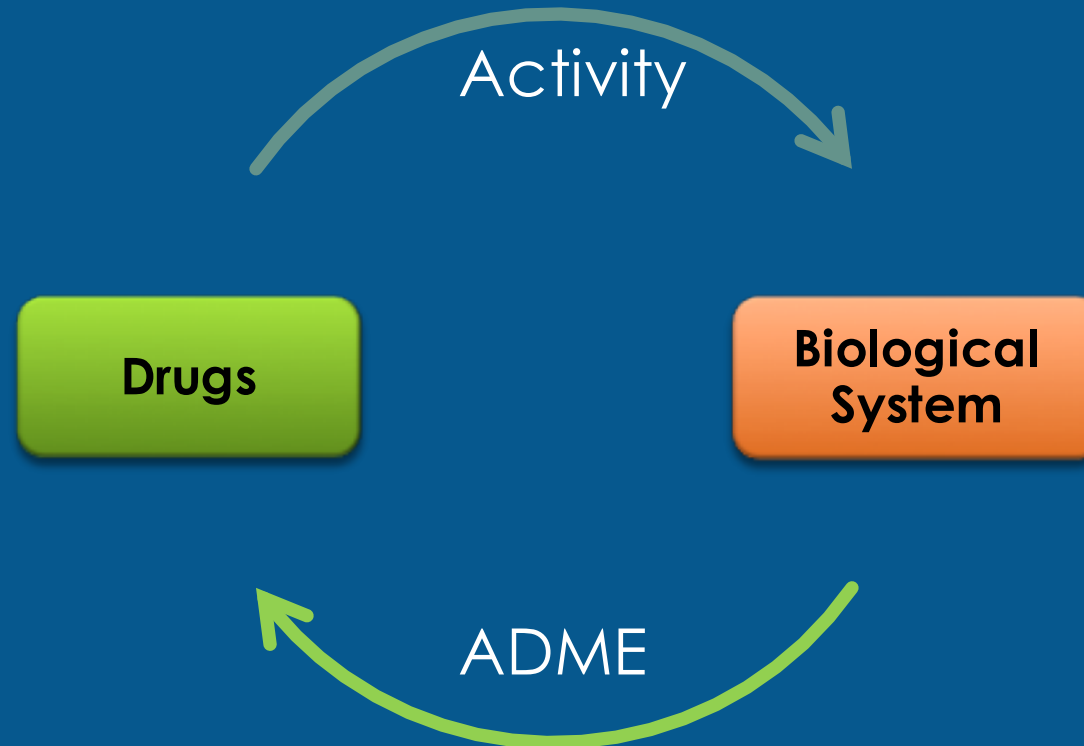
- ▶ Different salts
- ▶ Different excipients (colors, flavors, preservatives)
- ▶ Different shape, size and scoring
- ▶ Different product expiration
- ▶ Different manufacturing process
- ▶ Different product name & packaging

Note: For salts and excipients, unless they differ significantly in their safety and/or efficacy properties, the generic manufacturer has to submit further proof of efficacy and safety.

Pharmacokinetics – what the body does to the drug

Pharmacodynamics – what the drug does to the body

Pharmacodynamics



Pharmacokinetics

BIOAVAILABILITY AND BIOEQUIVALENCE

BIOAVAILABILITY

Is the fraction/amount of administered drug that reaches the systemic circulation.

- ▶ Theory Basis: IV administration = 100% bioavailability
- ▶ Example: if 100 mg of a drug is administered orally and 70 mg of this drug is absorbed unchanged, the bioavailability is 70%
- ▶ Determined by comparing plasma levels of a drug after a particular route of administration (ex. Oral) with plasma drug levels achieved by IV injection.

WHAT AFFECTS BIOAVAILABILITY?

Dosage-form related:

- ▶ Nature of the drug formulation
- ▶ Chemical instability
- ▶ Solubility of the drug
- ▶ First-pass hepatic metabolism

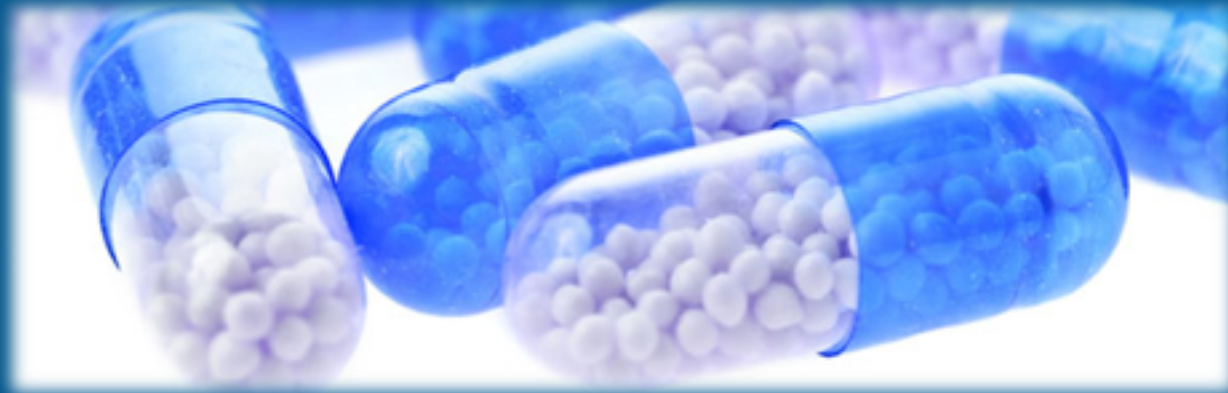
WHAT OTHER FACTORS THAT AFFECT BIOAVAILABILITY?

Patient Idiosyncrasy:

- ▶ Meals and timing
- ▶ Age
- ▶ Gender
- ▶ Disease
- ▶ Genetic traits
- ▶ GI physiology
- ▶ Others

BIOEQUIVALENCE

- ▶ Two related drugs are bioequivalent if they show comparable bioavailability and similar times to achieve peak blood concentrations.
- ▶ Bioequivalent products can be substituted for each other without any adjustment in dose or other additional therapeutic monitoring



HOW IS BIOEQUIVALENCE ASSESSED?

Bioequivalence studies are conducted in a small number of healthy (normal) adult volunteers.

Method: Single dose, two treatment, crossover designed pharmacokinetic study

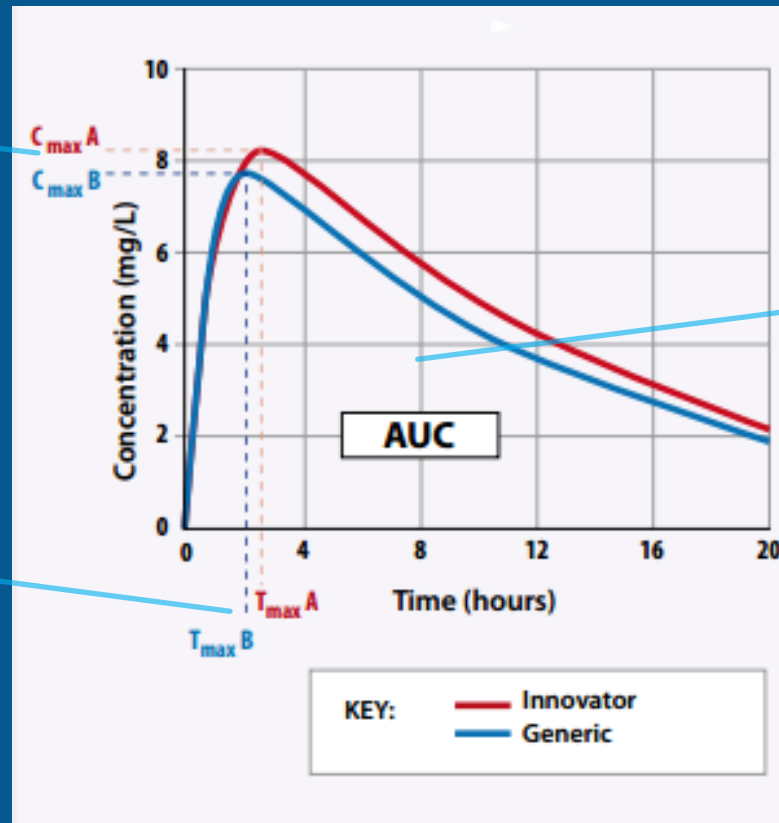
Study number:

- ▶ US: 24-36
- ▶ Canada: 12
- ▶ WHO: 12

BIOEQUIVALENCE STUDIES SHOW THAT ACTIVE INGREDIENT IN PATIENTS' BLOODSTREAM IS THE SAME IN GENERIC AND INNOVATOR PRODUCT

C_{max} - maximum plasma drug concentration

T_{max} - time required to reach maximum concentration

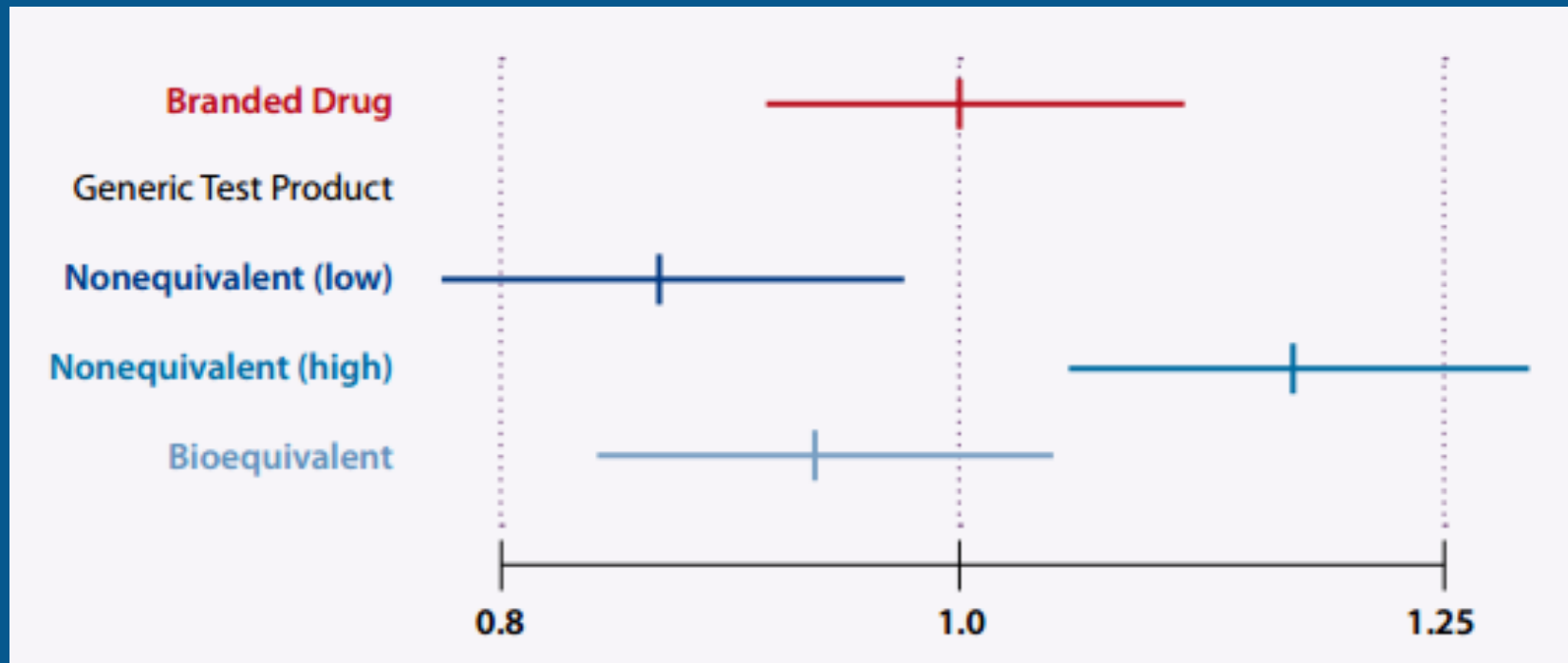


AUC - total area under the plasma drug concentration-time curve

No significant difference between both products in terms of blood levels and time

HOW IS BIOEQUIVALENCE ASSESSED?

Criteria for acceptance: 90% confidence interval of the ratios of AUC, Cmax and Tmax fall between 80-125% or .80 and 1.25 (log-transformed data)



GENERIC GENERAL GUIDELINES

- ▶ Other than the active ingredient, a generic may contain different binders and fillers (inactive ingredients).
 - ▶ Ask your pharmacist for the package insert or use a searchable database like [DailyMed](#)
- ▶ Identify the manufacturer for the generic drug and ask for the same one at refill for consistent benefit.
- ▶ Find out if an “authorized” generic exists for your drug.
 - ▶ [FDA Orange Book](#) (US only)
- ▶ When switching to a generic, monitor your condition carefully. Report adverse events to the FDA or equivalent authority if outside the United States.

Acknowledgement:

Thank you to Jan Geissler, Co-founder of
the CML Advocates Network

The Life Raft Group

liferaft@liferaftgroup.org

973-837-9092

