Is the switch from ethical to generic drugs safe and justified? Pro

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Numerous disease-modifying therapies (DMT are currently approved for the treatment of relapsing-remitting multiple scleroses (RRMS), and recently the first agent was approved for patients with primary-progressive MS (PPMS). Many of the recently approved molecules are the result of rationale drug design: They have a known molecular or cellular target, and their biological effects can be measured. Thus, generic versions of these agents can be tested for efficacy, safety, and other pharmacological properties. Another question is whether the benefits of individual DMTs justify their enormous cost, or whether less expensive alternatives should be thought. The United States (US) Census Bureau reported that US inflation-adjusted median household income was $51,939 in 2013. The number of medically-related personal bankruptcies in the US is well above 50% of all filings. Families with health insurance reported average out-of pocket medical expenses of $17,749, while uninsured individuals averaged $26,971. Patients with MS have the highest personal costs for medications of any chronic disorder assessed in a study funded by the Robert Wood Johnson Foundation: An average of $34,167 per annum in 2009, when the price of DMTs was between $22,272 and $33,804. Prices have doubled or even tripled for some agents since 2009. With the increase in the number of treatments, the economics of competition that we were taught in economics 101 certainly does not hold true. We are currently unable to evaluate the merits of a less expensive approved DMT for less severe disease, as nearly all agents are priced similarly.