without equally heavy promotion and no one has come forward with suggestions for financing the gigantic promotion effort that would be required to make them familiar.

The USP is engaged in a promotion campaign of sorts for the nonproprietary names known as the United States Adopted Names. In cooperation with the American Medical Association and the American Pharmaceutical Association, we sponsor a program that is aimed at selecting and publicizing a nonproprietary name for every new drug substance. The Food and Drug Administration has recently joined the three original sponsors but does not contribute financial support. The program is now in its 6th year and, to date, some 600 names have been selected and made public. The Fifth Cumulative List of U.S. Adopted Names has just appeared in booklet form.

I would like to make this copy available for the committee's use.[2]

The cost of this entire program, including publication and distribution of the just-mentioned list, is probably less than the cost of the preparation and postage of a single direct mailing on any drug with a sales volume of upwards of $1 million annually. The three organizations that are concerned with publicizing the nonproprietary or generic names simply do not have the resources to compete with the promotion efforts of the pharmaceutical industry in this regard in any way.

The alternative has been suggested that some limitation be placed on the free choice of clapping a brand name on any drug product. Such a limit might be of the sort that the French have used; namely, only the firm that introduces a drug product may use a trademark name, and all who follow must market the same product under a common, nonproprietary name.

Others seem to advocate the elimination of all trademarks for drugs. The latter course would force greater use of institutional advertising such as one sees for aspirin. This nonproprietary name was once a U.S. trademark, and while it still has exclusive status in many countries, it is in the public domain here in the United States. Thus we see many "brands" of aspirin, each clearly labeled to show the maker, so that we have Bayer aspirin, St. Joseph's aspirin, and Squibb's aspirin, to name but three of the many sources. A casual check will reveal that the use of the common name has not served to prevent substantial price differences between the makers of aspirin tablets.

Such revolutionary changes in our trademark laws as we have mentioned would apply not just to drugs alone, I should suppose, but to all products, and would surely require long and careful study. All these considerations lead us to believe that tinkering with drug nomenclature is scarcely a promising way to reduce drug prices.

In summary, our position is that the USP and NF standards for drugs are not only unsurpassed but they are reliable measures of drug quality. The standards should not be cast out because of the rare findings that a drug product which meets them fails to produce the expected clinical effect. Finally, the way to lower drug prices, if such there is, will not be found in the thicket of drug nomenclature.

Thank you.

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[2] Retained in committee files.