to be important. One example is the drug Griseofulvin which is an antibiotic. It is available in two forms, tablets made of what are called large crystals, and tablets made of microcrystals. The tablets of large crystals require a dose of twice as much as of the small crystals. In other words, the small crystals are more completely absorbed than the large crystals.

In view of that, the USP recognizes only the small crystal Griseofulvin, whereas FDA continues to certify both the large crystal and the small crystal product. We think that, and it couldn't have been done within the law so that FDA is not lax in that respect, it is a pity that the large crystals continued on the market once it was discovered that the small crystals did the job better. We have been asked recently why the USP can't recognize the large crystal. Our experts think that that would be a medical mistake. There is no reason to give 500 milligrams when only 250 milligrams will do the job.

Senator NELSON. Have you found in your experience that if the drugs meet the potency standards, meet the standards established by the USP, that these drugs are also clinically equivalent?

Dr. MILLER. By and large, as I say, there are not more than a dozen examples where the difficulty has been discovered, and it is not generally true even for all of them. I don't know whether you want to get into examples. There are experts you can call upon to do that. It is a technical matter. But we feel that for the most part the problem has been met by the dissemination of information, the scientific information that has been developed on these examples, and no one is making those mistakes now.

Senator NELSON. Are there drugs that go into the Pharmacopeia for which you set standards, on which you do not have clinical tests?

Dr. MILLER. No, I do not think—by the time our physicians will vote its admission to the USP, a drug has to be pretty well established, and so I think that there are very few instances of USP drugs in which any question exists on clinical equivalency.

Mr. GORDON. Although these tablets vary within the bottle?

Dr. MILLER. Excuse me; well, all right.

Senator NELSON. They vary within the bottle, they still meet the USP standards. They are not identical, but as I understand it, they are therapeutically effective, isn't that correct?

Dr. MILLER. I didn't mean to give the impression that this was an intra-bottle variation.

Senator NELSON. Or intra-batch.

Dr. MILLER. We have a very good test that rules out the differences from tablets within a given bottle. No, the problem generally is a variation that exists between all the bottles of one batch and as contrasted with all the bottles of tablets in another batch.

Senator NELSON. I am talking about prednisone. Now, here you have tablet variation within a bottle. They all meet USP standards. Now, obviously they are not identical. According to you as I understand it, they are therapeutically effective, is that correct?

Dr. MILLER. Well, there are two things that happen to prednisolone.

Mr. GORDON. I am talking about prednisone.

Dr. MILLER. I will try to cover both of them, so that the record will show——