Senator Nelson. You select the 50 categories? You mean—

Dr. Goddard. Fifty different products for which the drug is available from more than one manufacturer. I am not saying we will necessarily do all 50 of those. With some of them it does not make sense to do the tests because nobody can prove that they are even effective.

Senator Nelson. When you say 50 categories, do you mean 50 cate-

gories of diseases?

Dr. Goddard. No. I mean 50 drugs in the top 200 in terms of most prescriptions written. There are 50 different drugs at least on this list for which more than one company manufactures the product.

Senator Nelson. It might cover just 10 or 15 diseases, is that correct? Dr. Goddard. It is hard to tell how many diseases. We have not

analyzed it that way, Senator.

Senator Nelson. How long do you estimate will it take you to carry out the first phase of clinical testing on 50 drugs?

Dr. Goddard. I think we can have the job done in 18 months if we

get cracking.

Senator Nelson. Well doctor, I think this will be one of the most dramatic contributions to the solution of this dispute about the matter of physicians and hospitals being able to trust the drug that they prescribe.

Dr. Goddard. I would agree, Senator. If they cannot trust them,

then we are not doing our job.

Senator Nelson. If this can be done we will have resolved a major problem in the drug field and the FDA will be entitled to great credit for it.

The committee counsel wanted to ask two or three more questions. I have to catch a plane for Denver, and must leave now.

Dr. Goddard. Thank you very much. Appreciate it.

Mr. Gordon. Dr. Goddard, about how many different private product names for prescription drugs are there today? Have you any idea?

Dr. Goddard. I have no idea. There are 22,000 drugs in the market-place, I am told, in this country. This is not quite as bad as Germany where there are 58,000.

Mr. Gordon. Do you think many physicians know all those names? Dr. Goddard. I would doubt if any physician knows all those names. Mr. Gordon. The ingredients in each and manufacturer of each?

Dr. Goddard. I would be amazed if anybody did.

Mr. Gordon. Some segments of the drug industry have stated that brand name products may differ significantly from generic name products in at least two dozen ways. They also say that these differences may seriously affect the patient's response to the drug and that the physician is the only person who can determine which product is best for the patient. I believe I am describing their position accurately.

Now, for several months we have been trying to pin down these alleged differences between brand names and generic names. One witness brought in a large number of package inserts—I believe it was Dr. Garb—and showed that no mention of such differences appears on the package insert. In my mind this raises a series of questions.

Does the law not require that any important ingredients in a medi-

cation be adequately described in the package and insert?

Dr. Goddard. Yes.

Mr. Gordon. If there is in fact, a difference in formulation of one brand of drug as compared to another, is not the manufacturer required to announce that difference?