Senator NELSON. Then do I understand you to say that it would be preferable if the name used on a prescription was the established name and if the doctor wished to name the company that he should do that on his prescription?

Dr. APPLE. Prednisone Schering would have given Schering as much protection for its research as any other nomenclature system.

Senator NELSON. We have had previous testimony, too, that endorses this position and I am interested to see that you, as a representative of the National Organization of Pharmacists, also endorse this position.

I would like to have you just proceed with your statement. I have to leave shortly. The reason you didn't get farther in your statement is that I occupied most of the time in questioning, but in any event I do have a commitment to keep.

Senator Hatfield hopes that he will be able to get back around 1:30. If he doesn't, Mr. Gordon and the minority counsel will listen to the testimony and ask questions. I assume you have no objection to that.

Dr. APPLE. Certainly not, Senator.

We firmly believe that pharmacists, in community and institutional practice, will contribute an ever-increasing amount of the drug therapy information to physicians. This aspect of the practice of the profession of pharmacy will be enhanced when more prescription orders are written in nonproprietary terms. The whole emphasis in drug education will be shared more equally by the physician and the pharmacist, as we think it should be. The pharmacist will then have the opportunity of serving the medical profession as a therapeutic consultant more frequently and effectively than at present.

This is logical because the pharmacist is more readily available when the decision for a particular patient is being made than is the manufacturer's representative, and the pharmacist has a knowledge of all available drugs on the market, not just those of a particular firm.

There are economic benefits which also will be realized by wider use of established names. In the case of prescription drugs, the one who orders does not pay and may have little knowledge about the cost of his order or the cost of alternatives. We do not criticize company salesmen for not presenting these alternatives to the physician. We do not criticize physicians for not having an independent knowledge of comparative drug costs. After all, this is the pharmacist's area of expertise and we think society will be better off when the physician makes better use of the pharmacist's knowledge.

With any ordinary consumer commodity, the consumer makes the choice on how much a given branded article is worth to him. He can examine the relative merits and costs of alternatives and arrive at his own decision. The Congress has enacted legislation to assist the consumer in making some of these decisions more intelligently.

Presciption drugs are not ordinary consumer commodities. Our laws do not treat prescriptions as ordinary consumer commodities. With prescription drugs, the consumer cannot weigh the alternatives, so others must do it for him. We fail to see how brand names for prescription drugs help either the physician or the pharmacist weigh the alternatives. And, we think this important distinction itself suggests