The American Pharmaceutical Association supports the right of any manufacturer to make and market prescription drugs just as enthusiastically as we support the right of any pharmacist to practice where he prefers. We don't expect the economic system of our country to guarantee either the manufacturers' or our practitioners' financial or professional success.

Just a manufacturers claim the right to put as many drugs on the market as they can, so do pharmacists have the right to attempt to eliminate needless duplication in the inventories they carry. For example, there are more than 70 sources for prednisone, but it would be inefficient and costly for every pharmacist to have a product from each on hand.

Mr. GORDON. Would it be correct to say that the widespread prescribing by official names would simplify the inventory problem for the pharmacists?

Dr. APPLE. It certainly would, in my opinion.

Mr. GORDON. Would you explain how.

Dr. APPLE. Well, as I have indicated, there are 70 sources of prednisone, there are endless sources for tetracycline, and many other drugs.

The pharmacist might, in consultation with the practitioners of medicine, he serves in his particular area, decide to stock two or three or four different ones depending on this consultation, but it would not result in the kind of a situation where whatever is called for he would have to produce, and, therefore, there is no limitation at the moment on the inventory he might have to carry.

Here we are just saying that the forces of the marketplace ought to work in terms of the pharmacist having the right to keep his inventory down.

If he can convince a group of physicians that they ought to prescribe a particular drug manufactured by a particular firm, that ought to be his prerogative, just as much as it is the manufacturer's prerogative on the other side of the coin.

Commissioner Goddard recently reported that our drug armamentarium currently includes about 7,000 single chemical entities and compounds sold under 21,000 different labels. This, in no small measure, is a blessing for our society, but at the same time it is a serious problem for both the practitioners who prescribe and dispense drugs.

In some instances we have many firms manufacturing the same therapeutic agent in the same dosage form. We have a number of firms producing slight variations of the basic ingredient and others producing essentially new products for the same therapeutic use.

We fully expect that pharmacists always will carry a representative inventory—an inventory from which prescribers may select an appropriate therapeutic agent of their choice to treat the symptom they diagnose. But, we sincerely hope that physicians and pharmacists, working together, can help bring some of the efficiency and economy in the community environment that they have been successful in implementing in the institutional environment.

Rational drug therapy can be achieved with a relatively small number of drugs. Evidence of this fact is that a mere 200 drug products—many representing different brands of the same therapeutic agent and others combinations of two or more ingredients—accounted