Mr. STETLER. What I have done on my copy is bracket out paragraphs. I am going to be skipping through. If you want me to answer a question just refer to the page——

Senator NELSON. If you do, just let me know. I may have some questions.

Mr. STETLER. Should I proceed, Mr. Chairman?

Senator NELSON. Go ahead.

Mr. STETLER. We also believe that, in prescribing, doctors should supplement their medical judgments and decisions regarding drug quality and effectiveness with considerations of cost to the patient. If the doctor believes that two manufacturers market drug products of substantially identical therapeutic effectiveness and quality, he should, of course, prescribe the less expensive one for his patient.

I would like to say a further word on the subject of prescribing by using the generic name of the drug. While we favor the right of the doctor to prescribe as he wishes, we emphatically disagree with the assumptions and statements advanced by certain earlier witnesses before your subcommittee that generic and therapeutic equivalency go hand in hand.

Senator NELSON. What do you mean by that?

Mr. STETLER. You can have equivalency in terms of equal content of the drug, and you may have chemical equivalency, but that is not the whole problem. You have to determine whether or not the drugs act the same way in the patient, and that is how we refer to therapeutic equivalency.

Senator NELSON. All right.

Mr. STETLER. As has been pointed out in papers by a number of leading physicians and pharmacologists in the previous testimony before this subcommittee, the term "generic equivalent" refers only to the name of a drug product and does not necessarily connote its safety or therapeutic effectiveness. Although two drug products may contain, or are supposed to contain, the same amount of the same active ingredient, this provides no assurance that both products will produce the same clinical effect in any particular patient.

Senator NELSON. Are you going to give some examples where two drugs did in fact meet USP standards and they were not therapeutically equivalent?

Mr. STETLER. Yes, sir. That is the thing we talked about this morning, and the thing I really am alluding to in this next paragraph. Two of our witnesses scheduled for today—Dr. Slesser, who is supposed to follow me, has an extensive indication of published data in this regard—and then Dr. Lueck who has submitted the supplemental statement, has the results of some very specific testing on the product Chloramphenacol. Between those two presentations I think we will have provided you with a considerable amount of evidence in that field.

Senator NELSON. My memory is that Dr. Miller, Director of the USP, took the position that there are only about a dozen examples of drugs which meet USP standards and are not equivalent.

Mr. STETLER. Dr. Goddard made that statement in his testimony—yes, sir.

Senator NELSON. In testimony before this subcommittee, Dr. Miller stated: