all the problems—far and away the major problems that occur with respect to drug quality and quality control—are with generic drugs, and, therefore, everybody is out to prescribe brand names. I do not think the evidence we have been gathering support that assertion. I do not know that it would support an assertion either way.

Mr. STETLER. The last paragraph on page 12 in my statement is right on that point.

Let me state emphatically that we do not claim that all drug products marketed by brand name are high quality or that all products marketed generically are low quality. Many PMA member companies market some of their drugs under generic rather than brand names. We do claim that two drug products containing a specified amount of the same active ingredient may, depending on manufacturer capability and quality control know-how, vary in quality and therapeutic effect, and that this can be so whether one or both products are marketed by brand or generic name, and whether one or both manufacturers are members or nonmembers of PMA.

Senator NELSON. I do not think anybody will argue with that statement. It is true. That isn't the test of whether or not the drug meets a proper standard.

Mr. STETLER. May I go on?

Senator NELSON. Yes.

Mr. STETLER. On pages 13 and 14 we talk about various surveys, and the experience of the Department of Defense—all relating—for the next two or three pages, through 15—to really what we think are available or not available to the doctor in his actual prescribing.

Senator NELSON. I have read that, and I do not have a question on it.

Mr. STETLER. On the bottom of page 15 I would pick up and say, in summary on this point, that I do not presume to speak for the medical profession, but I cannot imagine there would be any substantial dissent within that body from the following propositions:

(1) A physician should consider first the known therapeutic effect and known quality of each drug product available to meet the particular needs of his patient.

(2) If a choice is available among effective drug products of satisfactory quality, the physician should take price as well as therapeutic effect and quality into consideration when prescribing.

(3) Unless the physician is satisfied that all drug products of the generic class he decides to prescribe are substantially therapeutically equivalent and of high quality, he should identify the source of the drug product on his prescription that he wants his patient to receive.

As we have said, we believe the doctor's most reliable guarantee of quality is his prior experience with the product of a particular manufacturer. Nevertheless, recognizing the importance of price, we would support effective methods of informing physicians, dentists, and other practitioners more fully than they already are about the comparative prices of different drug products containing substantially the same active ingredients.

Senator NELSON. What kind of idea do you have for supporting a more effective method of informing the physician?

Mr. STETLER. I was able this morning to talk about price in connection with the compendium. And I say that with a full realization