

[From Time Magazine, May 26, 1961]

TOO MANY DRUGS

Prescription drugs would be cheaper and more effective if manufacturers would market fewer of them, says Dr. Walter Modell of Cornell University Medical College, one of America's foremost drug experts. He also believes that this is the way to bigger profits for the companies.

Writing of pharmaceutical chemists in *Clinical Pharmacology and Therapeutics*, Dr. Modell asked: "Will they realize that there are too many drugs for the patient, for the physician, and, surprisingly enough, for the pharmaceutical industry?" No fewer than 150,000 preparations are now in use, of which 90% did not exist 25 years ago, and 75% did not exist ten years ago. About 15,000 new mixtures and dosages hit the market each year, while about 12,000 die off.

These figures, says Dr. Modell, reflect the fact that new drugs are often introduced not because they are better than existing drugs or because there is a real need for them, but "to horn in on a market which has been created by someone else's discovery." He denounces as "structural roulette" the game of making a minor change in the molecule of a competitor's drug, to get around patent restrictions, and rushing the resultant analogue to market. He points to one manufacturer "who sells one drug entity in this country and a congener [close chemical relative] in another country," and argues that "each is the best for the same purpose. Since more than one drug cannot be the best for the same indication, we simply don't have enough diseases to go around. At the moment the most helpful contribution is the new drug to counteract the untoward effects of other new drugs; we now have several of these."

Dr. Modell recommends that manufacturers exercise self-restraint by making and marketing only the single best drug for each purpose, and cross-license one another to spread both risks and profits. One of the most successful of all U.S. companies, he says, introduces the smallest number of new drugs and does the least "molecule manipulation." The others, Dr. Modell suggests, should do the same—to their own advantage as well as that of bewildered doctors and patients.

Senator NELSON. Now, you comment in the next statement that there are many so-called new drugs coming to the market which represent duplications of existing drugs, combinations, and so forth.

Do you have some specific examples of these duplicative drugs and those resulting from molecule manipulation?

Dr. SCHIFFRIN. May I answer that question this way: The usual statistics cited on this come from the product survey put out by Paul de Haen. In this survey that he updates annually, he not only lists the total number of so-called new drugs coming to the market, but a breakdown as to those that represent duplicates of drugs existing on the market, those that represent combinations of drugs already on the market, and then how many of these are clearly new drugs—that is, items containing drugs that have not appeared on the market previously. The large majority of the total so-called new drugs come from the duplications and the combinations category. I would be glad to submit the data I have on the De Haen product survey along with this other material.

Senator NELSON. Please hand it to the reporter.