General Stewart are interested in getting funds to start clinical equivalency studies of drug products. * * * (I'm sure this was not their thinking of a year ago.)

Pro-generic Senators Long and Montoya want to develop a compendium that would stress the "lowest cost" drugs of the best quality for federally sponsored medical programs.

Unfortunately true F.D.A.'s Goddard tells house committee when asked whether comparing drugs by generic name is like comparing a Model-T to a Cadillac.—Goddard was appearing before "get acquainted" hearings held by the Interstate Committee, when Representative Nelsen asked him: "It has come to my attention that, for example, to compare a drug by a generic name would be like comparing a Model-T to a Cadillac, and the effectiveness of a drug of a similar generic name may not be exactly the same." Nelsen continued his questions: "Then when you get into the prescribing of a drug, is it true or is it not true that there may be a variation as to the effectiveness of a drug of a similar generic name, ignoring trade or brand name?" "Yes," Goddard replied. "This is unfortunately true. I say unfortunately, because it means we are not performing our functions as well as we have to. We view our goal as being one where the physician can prescribe any drug that is in the market place on any basis he wishes in terms of whether he uses brand names or generic names, and be assured that those drugs are all effective and they are safe. This is not the case today and there is variation. The Defense Supply Agency in its procurement program for drugs has clearly demonstrated differences between brands and we have seen some of this."

Need I say more * * *?

Most physicians know very little about the formulation of drugs for clinical use. They assume that the Food and Drug Administration, the United States Pharmacopeia and the National Formulary exert the necessary controls and that therefore, when the product is ready for clinical use, it represents an accurate amount of drug which is clinically or therapeutically effective. This is, as we have seen, not always true.

It is obvious then, that there is a definite need for these agencies to enlarge their interest in the formulation of stable, safe and therapeutically active drug products.

Until this comes about, the public, the medical profession, pharmacy and the drug industry must seriously concern themselves with this problem of "cheap drugs".

I would like to conclude by saying that a *therapeutically inactive* drug product no matter how cheap, whether it be a generic or a brand name is an *expensive* drug for the patient be he on a privately or government sponsored health program.

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