

So the problem continues, and the drug companies have been very persuasive in trying to make sure that generics are not trusted by much of the medical profession. However, we have had a number of distinguished witnesses who simply say that they prescribe by generic name—that if the drug meets USP standards, there is no evidence, of any consequence, that they are not therapeutically equivalent.

First, let me ask you about the question of labeling which you referred to in the latter part of your statement. You recommend that the doctor use the generic name in prescribing, I believe, is that correct?

Dr. ANNIS. My recommendation, Senator, is that a physician be given the opportunity to prescribe generically as he will do in some instances.

Senator NELSON. I was referring to labeling; I am sorry.

Dr. ANNIS. But if he so prescribes, or by brand name, if he feels that he is a little more certain. The recommendation for labeling is one that has come as a result of long discussion by many of the able members on our council on drugs, supported by many others in the profession. With the growth of new drugs with the expanding names, whether they are generic and hard to decipher, to spell, or to pronounce; or whether a simple brand name, it is increasingly difficult, with the tremendous mobility of our population—people moving around—to know what they are taking. So the recommendation for labeling is that in most instances, except for a few where for psychological reasons it is not good for a patient to realize what you are giving him is acetylsalicylic acid—plain aspirin—when they think they need an exotic one—except in those rare instances—for the most part the physician would be wise and it would be safer, and therefore better for the patient who is moving around, and better for another doctor, should they be traveling or should they move, to know exactly what they are getting.

So that if, for example, you write a prescription for a tolbutamide for a diabetic, you might write "Tolbutamide" with the name of a producer. You might write it, as I often do, one or the other producer, whichever the pharmacist may have on hand. But label it so that it will say tolbutamide, whatever company. I do not treat diabetes, but if I did, the patient would know the drug.

Then if they are visiting on a weekend, or if they have a reaction—because they ate inadequately, or because of an upset stomach and their diabetes the effect of the medicine to control their diabetes is too great and they have a reaction from the drug, any doctor can take a look at it and know what the patient is getting. This is a protection for the patient. It gives more information. They know what they are treating, they know what drug is being used and it helps immeasurably.

I have many patients from out of town, who come down to Miami. They will come in and bring two or three bottles with them, with a prescription number. Not infrequently, I have had my secretary call various parts of the country to find out from the druggist what the prescription for Mrs. Jones is. Then I will know.

For some people, you can't tell them what they are taking. They will not only think it is good for them, but they will prescribe it for Aunt Lillie when she is visiting.

We think it is good practice, it gives greater information and shares with the patient a little of the responsibility in their own care and it will give tremendous aid for our increasingly mobile population in being immediately able to let the doctor know what they are taking,