

tolbutamide, a drug taken by mouth to control diabetes rather than injections of insulin, had been purchased in large quantities by virtue of its price. It was the low priced generic drug purchased. Subsequently many physicians who were using this drug in government hospitals and in that area began to have patients go into diabetic coma or show other evidences that their diabetes was not controlled. Subsequent investigation found and traced the trouble to the generically purchased drug, tolbutamide. Chemical examination proved that the tolbutamide was in fact what it was supposed to be; it was tolbutamide. However, in putting it together, the manufacturer who supplied it compressed it in such a way that it was not properly absorbed. It was not properly utilized.

Senator NELSON. We had testimony—

Dr. ANNIS. May I continue? I was waiting to see whom you were going to listen to, because this is an important point.

The drug was not absorbed. Many people passed it out of their intestinal tract in the same state they took it in. It was a good drug. They got what they bought. But it did not have the quality of absorption so the patient would get the result desired by the physician.

About a year and a half ago I had an opportunity to speak in Toronto before a drug trade meeting. On that occasion I raised this question: I said:

It is the first time I have been in Canada and I read this a year or two ago. I would like to know more about what really happened.

The president of the association said:

Gee whiz, I wish you hadn't asked me. I was the main supplier for the drug.

He went on to say that when they purchased it, it was purchased by virtue of its price from a supplier, and the chemical ingredient was exactly what it was supposed to be. It did not have the other built-in changes which would come from a quality product of those who had made longer examinations as to its ability to be absorbed and properly utilized.

I think this is why a number of physicians feel in prescribing many drugs that they will prescribe it with the brand name with reference to a particular manufacturer. I know this is true of many of my physician colleagues who treat diabetes. They will not just depend on one, but they will prescribe tolbutamide and then put two—either one or the other of two producers. What they want is to be certain that the pharmacist can supply it from whichever source is the cheaper of three or four sources.

The main thing the physician wants is that whatever the source that produces it generically, it comes from a source that also can assure a product that has the other necessary qualities which will make it absorbable and usable by the patient.

Senator NELSON. We had testimony on that exact case, and the record will speak for itself. I am simply going by memory. This case was discussed on pages 1340 and 1341 of part 4 of our hearings—

Dr. ANNIS. There were a number involved.

Senator NELSON (continuing). That is not valid to prove the particular point, because, as I recall it, it did not meet Canadian standards. Whether they use U.S.P. I am not sure.

Dr. ANNIS. It was generically equivalent. I would not say whether