

my impression that they were condensations of the package insert or that the requirement was that they conform and not conflict.

Dr. ROSENOW. I am not absolutely sure of that, either. I have been told that the PDR editors themselves are requiring this.

Senator NELSON. The committee counsel reminds me that there have been recent corrective "Dear Doctor" letters based on the advertising in the PDR which did not conform to FDA regulations in the last 2 years.

Dr. ROSENOW. I believe that is correct. I think my information on this is that it is only very recently that they are doing this.

Dr. POLLARD. I have the impression it was in the last 2 years.

Senator NELSON. We will check it. Please go ahead.

Dr. POLLARD. The AMA's Council on Drugs has announced a new publication, "AMA Drug Evaluation." When available, this should be a very useful reference book. We are impressed by the preliminary chapters which have been circulated.

Probably the most useful source of information is the advice and counsel of a physician's colleagues. Very few physicians prescribe a new drug for the first time without discussion with colleagues or having read about it in a first-class journal article, or having heard about it at a medical meeting.

Direct-mail advertising, journal advertising, exhibits at medical meetings, and the work of detail men are all important sources of information. It must be recognized, however, that the latter, though giving the doctor accurate information, are primarily directed to selling products. We believe our physicians accept advertising for what it is in our free enterprise system and judge it accordingly.

We would have no objection to a compendium, and certainly would approve the inclusion of generic and trade names. Probably the inclusion of the chemical name should also be included. We are not convinced that inclusion of prices would necessarily reduce the cost of drugs to the consumer.

Senator NELSON. Why do you think that?

Dr. POLLARD. I think largely because the actual pricing is out of the hands of these people—because the actual pricing is out of the hands of anything that is listed in the book.

Senator NELSON. I do not follow that.

Dr. POLLARD. It is not the responsibility of the book to dictate the final selling price.

Senator NELSON. But might it not make a difference if the price were stated, in other words, if the doctor had a choice between several companies, and the drug of one of them was a fraction of the price of the other, might that not affect the price to the consumer?

Dr. POLLARD. I can see where that should influence it, or it could influence it.

GENERAL PRESCRIBING

In general, our view would be that each physician should use his own judgment about how he prescribes a drug. It has never been shown that generic prescribing necessarily insures comparable quality or a lower price. The experience with chloramphenicol and Chloromycetin is an example much cited. A study in Chicago by the AMA indicated no relationship existed between prices of drugs ordered generically even in the same drugstore chain.