COMMUNITY FORMULARY—CHARLOTTESVILLE, VA.

A joint committee of physicians and pharmacists representing the Albemarle County Medical Society and the Charlottesville-Albemarle Pharmaceutical Association was appointed in 1967 to review problems of mutual interest with particular attention to be paid to generic prescribing.

The committee did not intend to prepare a formulary of drugs approved for use, but to prepare a list of drugs that could be prescribed and dispensed generically that would assure a quality product and savings to the patient. Most prescribed drugs were controlled by patents or were in the form of proprietary combinations.

A list of eleven drugs was prepared and approved that would offer a reasonable savings to the patient. These were oral buffered penicillin G, tetracycline; meprobamate; prednisone; dioctyl sodium sulfosuccinate; chloral hydrate; secobarbitol; phenobarbital; dextroamphetamine; reserpine; and rauwolfia.

The program was voluntary. The percentage of prescriptions written generically for the drugs on the list increased from 36.4 pecent before the study to 49.5 percent six months after the study began.

A report of the Charlottesville program was published in the New England Journal of Medicine, June 26, 1969. A copy of the article is enclosed.

[From the New England Journal of Medicine, June 26, 1969, pp. 1442–1446]

SPECIAL ARTICLE—A PHYSICIAN-PHARMACIST VOLUNTARY PROGRAM TO IMPROVE PRESCRIPTION PRACTICES*

(By Calvin M. Kunin, M.D., and J. Walter Dierks, M.B.A.)

Abstract.—A joint resolution prepared by a committee made up of physicians and pharmacists in Charlottesville-Albemarle County, Virginia, dealt with improvements in prescription writing, labeling of prescriptions and the use of generic drugs. Only eleven widely used generically available drugs were found to offer enough of a cost advantage to the patients to warrant inclusion in a list of recommended generic preparations. Nevertheless, it was demonstrated that when these were prescribed, pharmacists passed on savings to the consumer.

Prescribing of recommended generic drugs increased from 36.4 per cent before the study to 59.8 and 49.5 per cent three and six months later. This experience may serve as a prototype for similar voluntary programs and may be extended to a wide variety of drugs to achieve realistic analysis of differential costs of generic and brand-name preparations. If the physician and pharmacist are to use generic drugs, they must also be assured that these agents have a biologic availability equal to that of brand-name preparations.

The generic prescribing of pharmaceuticals is an issue that has gained increasing attention in recent years. The federal Government, since the passage of Medicare, has looked on generic prescribing as one approach toward reducing costs of administering present programs.[1] The problem is complex since it encompasses areas such as patient rights, established prescribing practices, quality and cost control and the economy of the pharmaceutical industry.[2] The practicing physician is particularly concerned with these problems

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[1] United States Department of Health, Education, and Welfare, Office of the Secretary, Task Force on Prescription Drugs, Third Interim Report, *Coverage of Drugs Under Medicine,* Washington, D.C.: Government Printing Office, December 31, 1968.

[2] Small Business, Select Committee on, Senate. *Competitive Problems in the Drug Industry: Hearings before Subcommittee on Monopoly, 90th Congress, 1st session, on present status of competition in pharmaceutical industry.* Part 3. Washington, D.C.: Government Printing Office, 1968.