

since he must have assurance that his generic prescriptions will be filled with a high-quality product and that the savings in cost will be passed on to his patient. The pharmacist is concerned because he is responsible for selection of a generic preparation ensuring both quality and savings to the patient and yet yielding a reasonable income to himself.

A joint committee of physicians and pharmacists, representing the Albemarle (Virginia) County Medical Society and the Charlottesville-Albemarle Pharmaceutical Association, was appointed in September, 1967, to review problems of mutual interest with particular attention to be paid to generic prescribing. It soon became evident that only a few commonly used drugs could be considered. Most agents were still controlled by patents, or were in the form of proprietary combinations. The cost differential of most was minimum in relation to frequency of use of the generic or brand preparations. Eleven drugs that appeared to offer a reasonable price differential to the patient were recommended: penicillin G, oral buffered; tetracycline; meprobamate; prednisone; dioctyl sodium sulfosuccinate; chloral hydrate; secobarbital; phenobarbital; dextroamphetamine; reserpine; and rauwolfia.

The joint resolution was adopted by the Albemarle County Medical Society on May 2, 1968, and a slightly modified version was approved by the Charlottesville-Albemarle Pharmaceutical Association on February 19, 1969. The resolution is as follows:

RESOLUTION

Introduction

The physicians and pharmacists of this region reaffirm their dedication to serve the public by prescribing and providing the very best drugs and biological agents at the lowest possible cost. The increasing complexity of modern day medicine has stimulated a review of problems of mutual concern to physician and pharmacist which affect the public interest. A Committee of these organizations has met to resolve these issues within the framework of the voluntary free enterprise system. Agreement has been reached on the following items:

1. Improvements in prescription writing
2. Labeling of prescriptions
3. The use of generic drugs

Other issues discussed, but not resolved, include fixed fee schedules by pharmacists.

It is hoped that these recommendations will improve the practice of medicine and pharmacy and that communication between physician and pharmacist will continue to be productive.

I. The Prescription Blank

The Committee has agreed to the following principles:

1. Prescription blanks should not be marked with names of pharmacies or appliance dealers (such as optometrists).
2. Prescription blanks shall not be accepted from drug house representatives that are prewritten with brand name drugs. Stamped prescription blanks prepared by physicians for routinely used drugs may, however, be used.
3. Physicians are urged to adopt a prescription form containing information on refill, size labeling, and expiration notices. It is recommended that the form be purchased by physicians from local printers without financial assistance from pharmacists.
4. Multiple prescriptions should not be written on a single blank.

II. Labeling of the Prescription

The Committee recommends that prescriptions given patients be labeled with the name of the drug unless the prescriber specifies otherwise. This practice will be helpful in emergency situations such as poisoning and treatment of acute episodes at the hospital. It is not uncommon for physicians to have patients bring in medicine prescribed by another doctor. It is time consuming and often frustrating to have to call the pharmacy to look up