the prescription number or to guess what the drug might be, from the shape or color of the pill or capsule. The Committee recognizes that in some instances, it may be desirable not to put the drug name on the label. Accordingly, the following procedure is recommended:

> All prescriptions will carry the drug name, unless the physician indicates otherwise by checking appropriate space on the prescription form.

III. Generic Drugs

Every drug has at least two names, the brand name, given by the manufacturer, and the generic name which identifies the drug regardless of the source of distribution. A usually more complex chemical name may also be given. Every drug has a generic name, but the brand name is reserved for use by the manufacturer or distributor. Protection by patent laws pemits only one manufacturer to market or license distribution by other companies using the generic name. In some instances, prescription of generic name drugs may result in substantial savings to the patient. The physician and pharmacist must, however, be assured that the quality and potency of a generic equivalent drug is as good as that sold by the prime manufacturer.

The Committee has attempted to resolve the problem of providing the patient with the cost advantage of generic equivalent drugs while assuring quality by the following mechanism:

> The pharmacists agree that these prescriptions will be honored with quality product from a well recognized manufacturer. This will be accomplished by continued discussion by subcommittees of this association and the Albemarle County Medical Society. In addition, review of the generic drugs currently in use by pharmacies in this community will be undertaken by the pharmacists. They will consult with the committee periodically concerning the best generics that can be purchased at a reasonable price.

A survey of differential costs to the patient using the new system will be conducted at intervals with cooperating pharmacies, and use of the system by physicians will be reviewed periodically to determine the efficacy of the program. Cooperating pharmacists agree to permit members of the Committee to undertake these surveys provided that no individual store or physician is identified.

This report will deal with the effect of this voluntary program on prescription practices in the community.

METHODS

Study Area

The city of Charlottesville is the county seat of Albemarle County, Virginia. The 1968 population of the city and county is estimated at 79,300, with an additional 8000 students at the University of Virginia. Geographically, the county is located in the center of the state, Charlottesville being 120 miles southwest of Washington, D.C., and 72 miles west of Richmond, Virginia. Approximately 100 physicians are engaged in the private practice of medicine in the area. There are 152 full-time attending staff physicians at the University Hospital and 222 house staff and clinical fellows. Ten retail pharmacies serve the community in addition to pharmacies located at the University and Martha Jefferson hospitals.

The Albemarle County Medical Society draws its membership from both the University and the private sector of practice. Monthly meetings are well attended and marked by warm personal friendship among all elements of the medical profession. So-called "town-gown" friction is virtually absent. Officers and committees are well integrated between the two groups. The Charlottesville-Albemarle Pharmaceutical Association is a relatively young organization, representing all retail pharmacies and hospital pharmacists. Meetings are held as the need arises, about three or four times a year, with attendance usually exceeding 75 per cent of the membership.