

enable him to prescribe intelligently. This product brings in at least \$80 million annually to Lilly, and, as stated in the AMA Journal of August 10, 1970:

"It appears that factors other than intrinsic therapeutic value are responsible for the commercial success of propoxyphene (Darvon)."

Lilly's "Dear Doctor" letter quoted from Dr. Moertel's article that "the therapeutic credentials of propoxyphene—Darvon—must be classified as very equivocal." The letter leaves out some other very important information. In the Journal report the quoted sentence is followed by "In this study, neither (Darvon or Zactane) showed a significant advantage over placebo, and both were significantly inferior to aspirin. The dubious record of propoxyphene in controlled clinical trials has recently been reviewed by Miller et al. *This is the eighth published study in which propoxyphene has not shown any superiority over placebo.*" (Italics added.)

The "Dear Doctor" letter also avoids mention of the main point of the Moertel article that plain aspirin was by far superior to Darvon as an analgesic.

Since the Lilly letter brings up the comparative efficacy and side effects of Darvon and codeine, and also quotes from the NAS/NRC reports when convenient, it may be a good idea to see what this report says on this subject:

"Darvon appears to be less potent than codeine; the best available estimates of the relative potency of the two drugs indicate that dextro-propoxyphene (Darvon), is approximately one-half to two-thirds as potent as codeine. The side effects produced by the two drugs are qualitatively similar."

The consumer is again the loser. Aspirin can be purchased in the grocery store for as little as 13 cents per 100 tablets. Darvon, a prescription product, costs \$12 to \$14 per 100 tablets, or about 100 times the cost of aspirin. Then the cost of Darvon to the consumer in 1970 was about \$140 million—in the face of the scientific evidence that Darvon is significantly inferior to aspirin, and is little more effective than a placebo.

This is another classic example of the irresponsible promotion of a questionable, expensive drug when cheaper, more effective products are available.

I would be glad to have you comment on that in general. I also have some specific questions.

Dr. EDWARDS. Mr. Chairman, first, we are aware of the article that appeared in the New England Journal originating from the Mayo Clinic. We are also aware of the position, or the "Dear Doctor" letter that was issued by the Lilly Co. and the lack of balance that this particular communication revealed.

We are currently in the process of doing three things: first of all, preparing for our drug bulletin, which goes to all practicing physicians in the country.

We are preparing an article on the analgesics, trying to put this very difficult subject into proper perspective. In our view, there are very few things that are more difficult in pharmacology than evaluating the effectiveness of the analgesics. We do believe Darvon is an effective analgesic for mild to moderate pain, but no more so than aspirin.