peutic effect. Such practice reflects the fact that for many drugs there is a wide margin between the concentration of the drug in the body fluids needed to produce the desired therapeutic result, and the concentration in which undesirable toxic effects began to appear. Thus the standard dose is usually one that will produce in the vast majority of patients a concentration in the blood well above the levels needed for the therapeutic effect without reaching unacceptable levels of toxicity. Clearly under such circumstances a wide range in bioavailability could be tolerated without hazard of therapeutic failure.

Mr. STETLER. We don't disagree with that statement. But we just say, you can't go from that point to an across-the-board assumption of equal competence of all manufacturers and assume the equivalency of their products.

Mr. GORDON. Mr. Stetler just mentioned that the Pharmaceutical Manufacturers Association is sending out a summary of the OTA report to those who request it. I have a copy of the summary right here. Included in your summary is table 1 of which the title is: "Four Lists of Drug Products With Bioequivalence Problems Compiled by Government Agencies."

Mr. STETLER. Before you go into that too far, we decided not to issue that summary. Everybody that wrote in got the full report.

Mr. GORDON. I want to mention to you that there is an inaccuracy in this. You quoted inaccurately from the Report of the Task Force on Prescription Drugs.

Mr. STETLER. I will, of course, go into that with you, but for the purposes of this discussion, the summary was not distributed.

Mr. GORDON. You stated that the task force report considered these drugs as presenting bioequivalence problems. Now, in the table that you referred to, and which appears on page 33 of the task force final report they say no such thing. So here again you are misrepresenting.

Mr. STETLER. Not again, but on that point—and I haven't got what you are referring to before me—I would like to look at it, and then I will agree or disagree that it is misstated.

Mr. GORDON. The record will speak for itself.

The CHAIRMAN. Go ahead, Mr. Stetler.

Mr. STETLER. We are in the middle of page 2.

It proposes, that is, the MAC regulation, in the absence of published bioavailability regulations, to allow an MAC determination to be made entirely on the assumption that products covered are satisfactory, even if some formulations of those products are marketed without the knowledge or approval of FDA. Put another way, HEW proposes that unless there is proof of inequivalency, equivalency will be assumed—a totally unscientific approach. The MAC determination would be without the knowledge of the ability of the supplier to conform to current standards of quality control, or assurance of a capability to recall defective products from the marketplace. Under such circumstances, it is clearly oversanguine for FDA to offer equivalency assurances.

There may be disagreement on the dimensions of the equivalency problem, Mr. Chairman, but I believe that no one should accept the casually defined and plainly superficial standards for assumed equivalency which these regulations propose. There are, in our opinion, more than a dozen factors that should be examined and made available for public inspection prior to an MAC decision.