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MD attacks arguments against MAC program

☐ This is in reply to your Feb. 3, 1975, editorial in which you criticize the implementation of the MAC (maximum allowable cost) program for the government-funded prescription drug costs.

First, why all the concern over quality of generic equivalents versus "brand-name drugs"? The only true example of an inferior generic equivalent I have heard of in the past few years is among the generic equivalents of "Lanoxin" (Burroughs-Wellcome & Co.), some of which have had lower bioavailability of digitalis. If there are other examples of truly inferior generic equivalents, I would certainly like to be informed of them.

Second, to suggest that doctors know the relative costs of the drugs they are prescribing, with the exception of a few popular drugs, is both ridiculous and naive. How can the average doctor possibly keep track of the rapidly escalating prices of a dozen different generic equivalents?

Third, to suggest that government is controlling the practice of medicine by trying to substitute the least expensive generic equivalent, and thereby trim health-care costs, is really just an excuse for making sure the physician prescribes brand-name drugs; thereby insuring high profits for the pharmaceutical manufacturers. Why in heaven's name do we need 10 different brands of tetracycline?

Last, and most important, I contend prescribing brand-name drugs actually is a waste of a physician's valuable time. For example, when a patient recently showed me an antibotic called "Panmycin" (Upjohn), which he was taking for a sore throat, I wasted approximately five minutes finding out it was just plain old tetracycline, a poor choice at best, anyhow.

Thus, I conclude there is no valid argument for being opposed to MAC or substitution laws, provided the physician retains the right to state "dispense as written" on his prescriptions, if he so chooses.

NORTON J. COOKSEY, MD
Southfield, Mich.