EDITORIALS

Generic Equivalence or Non-Equivalence, or "Few Facts and Much Fancy"

The current flood of medical writing is being strained within the dykes of sweet reason by discussion, written and verbal, on the topic whether brand name products are superior to generic ones. Two editorials in this issue by Drs. Schor and Weston offer substantial evidence of the confusion which further obscures the issues before us.

A few simple facts appear worth repeating.

1) Generic equivalents are usually cheaper to purchase by a patient than their equivalent brand name compounds.

2) In the absence of a comprehensive and reasonably egalitarian insurance scheme for the majority of our patients, the cost of drugs, particularly for chronic disease, is an important factor, or perhaps should be, in determining physicians' prescribing habits.

3) There are a number of striking examples recently publicized where different formulations of the identical chemical substance resulted in important differences in blood levels. One instance was a widely over-utilized antibiotic. The generic equivalent was produced in such a way as to delay absorption of the active principle and lead to insufficient blood levels. There was another case where the branded drug was prepared in such a way as to be absorbed very rapidly, and led to toxic effects, whereas the generic equivalent was absorbed more slowly, and able to exert its beneficial effect without undue side effects.

4) Very few examples of the type mentioned in (3) are at present known, but increasing attention is being focused on problems of formulation, physical methods of producing tablets and capsules, and how all these factors might influence absorption, disintegration, and body utilization of the active principle.

At the same time, pharmacologists and physicians are becoming more aware of the need to study interaction between drugs and the important effect this may have on the activity and metabolism of an active drug. It seems, therefore, to this observer that a substantial effort is required on the side of both pharmaceutical and academic pharmacologists and biochemists to throw light into an area which has not hitherto been investigated in depth. The results no doubt will point out differences in blood levels between different batches of compounds containing the same chemical ingredients but prepared in a different manner.

Other studies may suggest that these differences in absorption may have therapeutic import or may have no import. In the meantime, it seems quite unwarranted and inappropriate for scientists to draw conclusions one way or another. Dr. Weston's suggestion that the doctor will always know best may be appropriate with a few drugs such as antibiotics, where the result of therapy will become quite obvious in a short period of time. The same cannot be said for the majority of drugs at present prescribed, where individual judgment as to preference of one drug against another can be termed nothing but prejudicial and unwise.

This brings up a further point. It seems often considered that the possession of a medical degree gives the possessor some type of infallibility or certain supernatural powers of decision. Evidence from numerous sources makes it clear that the rational physician will have to go by the trials of all new drugs, and compare such studies as reported in independent publications such as the Medical Letter of Drugs and Therapeutics. It may be easy to persuade the public that the doctors always know best, but among physicians, such assertion must cause a slight smile of wonderment as to the self-delusion of homo-sapiens medicus.

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