

February 12, 1986

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Dear Bob,

I am writing with regard to the story, "Psychiatrists Challenge FDA" which appeared this month in Psychiatric Times. If the story represents your views, then I support the questions which you raise with the FDA. Our interest is not with regard to the bioequivalence of generics for thioridazine, but a similar question regarding diazepam.

Last year, my former co-worker Turan Itil assessed the CNS patterns of Valium and some generic formulations of diazepam, finding differences in quantitative EEG measures. I was asked by physicians at Hoffmann-La Roche to review his data. I was impressed that his findings were probably real. They require replication, of course. When the petition was made to the FDA for an elaboration of the regulations, to include the requirement that similar studies be done for generics to demonstrate CNS bioequivalence, the FDA answers given were, as you noted, vague and indefinite; the petition was denied; and manufacturers of generic formulations of diazepam were licensed to market their products.

Since Itil's methods are very advanced, we have decided to tool up to replicate his studies. Our interest is not in the legal issues or in the methodology, but in applying his methods to other problems. Nevertheless, I am upset that the FDA gave so little credence to these data.

I recently published a summary of my EEG experiences with different formulations of psychoactive compounds (Integrative Psychiatry 3(Supplement): 12S-19S, 1985). In it I note some clinical experiences, similar to those reported by others, which could have resulted from variations in dosage, perhaps occasioned by differences in formulations.

I encourage your efforts in getting the FDA to provide meaningful guidelines and recording requirements for generic formulations of psychoactive substances. Let me know if I can be of any help.

My regards.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry