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This is a history of generic drugs--from the unregulated period where you could pick up another company's brand name and just sell heroin, to attempts by the League of Nations to standardize patent and formulary law (and an ill-fated attempt to base drug names on Esperanto for world peace).

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The Unbranding of Modern Medicine. The turbulent history of generic pharmaceuticals raises powerful questions about

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similarity and difference in modern medicine. Generic drugs are now familiar objects in clinics, drugstores, and households around the world. We like to think of these tablets, capsules, patches, and ointments as interchangeable with their brand-name counterparts: why pay more for the same?

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Generic: The Unbranding of Modern Medicine : Piper Report "Generic: The Unbranding of Modern Medicine comes from a physician and historian who offers a history of not just the development of generic drugs, but how they differ from the original. Within his examination are important insights on how drugs are made, what parts of a pill really matter, issues of therapeutic similarity and difference, and more.

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and households around the world we like to think of

The first book to chronicle the social, political and cultural history of generic drugs in America narrates the evolution of the generic drug industry from a set of mid-twentieth-century "schlock houses" and "counterfeiters" into an agile and surprisingly powerful set of multinational corporations in the early twenty-first century.

Physician-historian Jeremy A. Greene examines the

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mechanisms by which drugs and chronic disease categories define one another within medical research, clinical practice, and pharmaceutical marketing, and he explores how this interaction has profoundly altered the experience, politics, ethics, and economy of health in late-twentieth-century America.

During much of the nineteenth century, physicians and pharmacists alike considered medical patenting and the use of trademarks by drug manufacturers unethical forms of monopoly; physicians who prescribed patented drugs could be, and were, ostracized from the medical community. In the decades following the Civil War, however, complex changes in patent and trademark law intersected with the changing sensibilities of both physicians and pharmacists to make intellectual property rights in drug manufacturing scientifically and ethically legitimate. By World War I, patented and trademarked drugs had become essential to the practice of good medicine, aiding in the rise of the American pharmaceutical industry and forever altering the course of medicine. Drawing on a wealth of previously unused archival material, *Medical Monopoly* combines legal, medical, and business history to offer a sweeping new interpretation of the origins of the complex and often troubling relationship between the pharmaceutical industry and medical practice today. Joseph M. Gabriel provides the first detailed history of patent and trademark law as it relates to the nineteenth-century pharmaceutical industry as well as a unique interpretation of medical ethics, therapeutic reform, and the efforts to regulate the market in pharmaceuticals before World War I. His book will be of interest not only to historians of medicine and science and intellectual property scholars but also to anyone following contemporary debates about the pharmaceutical industry, the patenting of scientific

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discoveries, and the role of advertising in the marketplace.

A NEW YORK TIMES BESTSELLER New York Times 100 Notable Books of 2019 New York Public Library Best Books of 2019 Kirkus Reviews Best Health and Science Books of 2019 Science Friday Best Books of 2019 New postscript by the author From an award-winning journalist, an explosive narrative investigation of the generic drug boom that reveals fraud and life-threatening dangers on a global scale—The Jungle for pharmaceuticals Many have hailed the widespread use of generic drugs as one of the most important public-health developments of the twenty-first century. Today, almost 90 percent of our pharmaceutical market is comprised of generics, the majority of which are manufactured overseas. We have been reassured by our doctors, our pharmacists and our regulators that generic drugs are identical to their brand-name counterparts, just less expensive. But is this really true? Katherine Eban 's Bottle of Lies exposes the deceit behind generic-drug manufacturing—and the attendant risks for global health. Drawing on exclusive accounts from whistleblowers and regulators, as well as thousands of pages of confidential FDA documents, Eban reveals an industry where fraud is rampant, companies routinely falsify data, and executives circumvent almost every principle of safe manufacturing to minimize cost and maximize profit, confident in their ability to fool inspectors. Meanwhile, patients unwittingly consume medicine with unpredictable and dangerous effects. The story of generic drugs is truly global. It connects middle America to China, India, sub-Saharan Africa and Brazil, and represents the ultimate litmus test of globalization: what are the risks of moving drug manufacturing offshore, and are they worth the savings? A decade-long investigation with international sweep, high-stakes brinkmanship and big

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money at its core, *Bottle of Lies* reveals how the world's greatest public-health innovation has become one of its most astonishing swindles.

While the shockingly high prices of prescription drugs continue to dominate the news, the strategies used by pharmaceutical companies to prevent generic competition are poorly understood, even by the lawmakers responsible for regulating them. In this groundbreaking work, Robin Feldman and Evan Frondorf illuminate the inner workings of the pharmaceutical market and show how drug companies twist health policy to achieve goals contrary to the public interest. In highly engaging prose, they offer specific examples of how generic competition has been stifled for years, with costs climbing into the billions and everyday consumers paying the price. *Drug Wars* is a guide to the current landscape, a roadmap for reform, and a warning of what is to come. It should be read by policymakers, academics, patients, and anyone else concerned with the soaring costs of prescription drugs.

This Sixth Edition of *The Generic Challenge* provides important new updates on current regulatory, legal and commercial issues affecting brand and generic pharmaceutical products, including new laws establishing generics for biologics, and changes brought about by the recently enacted America Invents Act. It explains clearly and understandably the roles of patents, FDA regulation of drugs and the Hatch Waxman Act in commercial drug development in light of generic challenges and how improvements in innovative drug products provide benefits to patients while extending the commercial lives of the drugs. There is simply no other book of its kind on this important subject.

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The first authoritative look at the history of the prescription itself, *Prescribed* is a groundbreaking book that subtly explores the politics of therapeutic authority and the relations between knowledge and practice in modern medicine.

The contemporary opioid crisis is widely seen as new and unprecedented. Not so. It is merely the latest in a long series of drug crises stretching back over a century. In *White Market Drugs*, David Herzberg explores these crises and the drugs that fueled them, from Bayer's Heroin to Purdue's OxyContin and all the drugs in between: barbiturate "goof balls," amphetamine "thrill pills," the "love drug" Quaalude, and more. As Herzberg argues, the vast majority of American experiences with drugs and addiction have taken place within what he calls "white markets," where legal drugs called medicines are sold to a largely white clientele. These markets are widely acknowledged but no one has explained how they became so central to the medical system in a nation famous for its "drug wars" —until now. Drawing from federal, state, industry, and medical archives alongside a wealth of published sources, Herzberg re-connects America's divided drug history, telling the whole story for the first time. He reveals that the driving question for policymakers has never been how to prohibit the use of addictive drugs, but how to ensure their availability in medical contexts, where profitability often outweighs public safety. Access to white markets was thus a double-edged sword for socially privileged consumers, even as communities of color faced exclusion and punitive drug prohibition. To counter this no-win setup, Herzberg advocates for a consumer protection approach that robustly regulates all drug markets to minimize risks while maintaining safe, reliable access (and treatment) for people

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with addiction. Accomplishing this requires rethinking a drug/medicine divide born a century ago that, unlike most policies of that racially segregated era, has somehow survived relatively unscathed into the twenty-first century. By showing how the twenty-first-century opioid crisis is only the most recent in a long history of similar crises of addiction to pharmaceuticals, Herzberg forces us to rethink our most basic ideas about drug policy and addiction itself—ideas that have been failing us catastrophically for over a century.

In 2008, the University of Pittsburgh Medical Centers (UPMC) hoisted its logo atop the U.S. Steel Building in downtown Pittsburgh, symbolically declaring that the era of big steel had been replaced by the era of big medicine for this once industrial city. More than 1,200 miles to the south, a similar sense of optimism pervaded the public discourse around the relationship between health care and the future of Houston's economy. While traditional Texas industries like oil and natural gas still played a critical role, the presence of the massive Texas Medical Center, billed as "the largest medical complex in the world," had helped to rebrand the city as a site for biomedical innovation and ensured its stability during the financial crisis of the mid-2000s. Taking Pittsburgh and Houston as case studies, *The Medical Metropolis* offers the first comparative, historical account of how big medicine transformed American cities in the postindustrial era. Andrew T. Simpson explores how the hospital-civic relationship, in which medical centers embraced a business-oriented model, remade the deindustrialized city into the "medical metropolis." From the 1940s to the present, the changing business of American health care reshaped American cities into sites for cutting-edge biomedical and clinical research, medical education,

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and innovative health business practices. This transformation relied on local policy and economic decisions as well as broad and homogenizing national forces, including HMOs, biotechnology programs, and hospital privatization. Today, the medical metropolis is considered by some as a triumph of innovation and revitalization and by others as a symbol of the excesses of capitalism and the inequality still pervading American society.

In its decades-long effort to assure the safety, efficacy, and security of medicines and other products, the Food and Drug Administration has struggled with issues of funding, proper associations with industry, and the balance between consumer choice and consumer protection. Today, these challenges are compounded by the pressures of globalization, the introduction of novel technologies, and fast-evolving threats to public health. With essays by leading scholars and government and private-industry experts, *FDA in the Twenty-First Century* addresses perennial and new problems and the improvements the agency can make to better serve the public good. The collection features essays on effective regulation in an era of globalization, consumer empowerment, and comparative effectiveness, as well as questions of data transparency, conflicts of interest, industry responsibility, and innovation policy, all with an emphasis on pharmaceuticals. The book also intervenes in the debate over off-label drug marketing and the proper role of the FDA before and after a drug goes on the market. Dealing honestly and thoroughly with the FDA's successes and failures, these essays rethink the structure, function, and future of the agency and the effect policy innovations may have on regulatory institutions abroad.

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