

Dr. FURMAN. Again, I would hesitate to comment on that. It would depend on the manufacturing costs.

Senator BAUCUS. Since manufacturing costs would increase in your judgment although you are not sure to what degree, do you therefore expect the market price of the product to increase?

Dr. FURMAN. I would expect so.

Senator BAUCUS. It would be list price?

Dr. FURMAN. The actual retail price is not determined by us but determined by the retail pharmacist; and that, in turn, is determined by at least what he has to pay the distributor.

Senator BAUCUS. But you would expect the retail price to be higher?

Dr. FURMAN. Well, I cannot conceive of it going down. I guess it would go up.

Senator BAUCUS. Thank you, Mr. Chairman.

Senator NELSON. I certainly do not wish to prolong this, and when you testified and went through page 5 I did not raise the question, but later in a dialog with you Senator Weicker did, so I do not want it to go by without some comment for the record.

In reference to the sentence in your prepared testimony in which you state, "In the final analysis, the true measure of the therapeutic usefulness of a drug is determined in the field of clinical practice," I gather from the dialog between you and Senator Weicker that it was agreed between you that if a drug is widely used in the marketplace, that demonstrates its therapeutic value.

I only want to point out that we have had 12 years of hearings with testimony by distinguished national and internationally known clinicians who would strongly refute that proposition.

I would simply call your attention to the testimony on antibiotics. Even the Journal of the American Medical Association, which has been very careful over the years never to criticize the drug industry, which supports the publication of the magazine, did in 1957 and in subsequent editorials strongly urge doctors to quit prescribing combination antibiotics on the grounds it was a very bad clinical practice. The fact that use of combination antibiotics was widespread did not make it good medical practice.

To argue as so many do that if it is widely used in the marketplace, it must be a good drug is overwhelmingly refuted by the evidence.

Dr. FURMAN. May I respond, Mr. Chairman?

Senator NELSON. Certainly.

Dr. FURMAN. I think your concern and your distrust are understandable, in part justified; but let me point out there are notable exceptions in the antibiotic field. For example, in the treatment of strep fecalis infection and septicemia, combinations of penicillin and streptomycin are extremely effective.

One of the cost-effective anti-infective agents recently approved by the FDA, Bactrim and Septra, is a combination product. The combination of propoxyphene and salicylate makes a very justifiable pharmacologic union in view of the peripheral and centrally acting modalities of these compounds. The analgesia demonstrated in animal experiments—I know of no placebo responders among animals—plus clinical trials tend to make me feel that most physicians using propoxyphene really know what they are doing.