

Mr. GORDON. When a comparable generic product would cost \$6 a 1,000.

Dr. WILLIAMS. Yes.

Mr. GORDON. Which drug do you have in mind?

Dr. WILLIAMS. I would like to change the word "comparable generic" to comparably therapeutic product here in this particularly instance, although I could have used another product. Actually the \$167 per 1,000 was methylprednisolone.

Mr. GORDON. Methylprednisolone?

Dr. WILLIAMS. Or Medrol, and we went over to prednisone, which is therapeutically equivalent but is really not the same generic drug.

Mr. GORDON. Concerning the hospital formulary, do you have any sustained release drugs on it?

Dr. WILLIAMS. We have some sustained release Thorazine or chlorpromazine, because by peculiarities of drug marketing, a sustained release preparation is cheaper to us than the equivalent tablet. This is the only sustained release preparation we have.

Mr. GORDON. How about drug combinations? Do you have any on your formulary?

Dr. WILLIAMS. We have a few drug combinations of the old-fashioned type like elixir of phenobarbital and belladonna, which are in general used for their placebo effect, but none of the newer combinations are available. This is for several reasons.

One, using combinations pushes the price up because the combination even of the generic drugs can be peculiar to a certain trade-named item. This is one reason. But the chief reason as we feel, and the medical department feels very strong on this, that the use of drug combinations is medically unwise, because for each patient with some very rare exceptions the dose of each drug should be adjusted individually according to the patient's tolerance for the drug and the patient's need, so that we do not have combination drugs except these minor things that I have mentioned.

Mr. GORDON. You referred to new drugs which are minor molecular modifications of established drugs with no clear-cut therapeutic advantages. Will you give us some specific drugs which fall into this category?

Dr. WILLIAMS. Oh, some of them are annoying. Schering's patent on chlortrimeton ran out in 10 years instead of 17 years because they had been taken over by the alien property custodian. Chlortrimeton was a big seller. It is an excellent potent antihistamine.

Faced with no patentable product, and with the price of generic chlortrimeton down in the range of a couple of dollars a 1,000, they separated the D and L isomers of chlortrimeton in the chlortrimeton fraction—chlortrimeton is a salt that contains two isomers of the drug, two chemically related forms of the drug. Only one of the chemical forms is active, the D form, so they eliminated the L form, cutting the dose from 4 milligrams to 2 milligrams, came out with an advertising statement which said "Schering eliminates the molecular dross," and attempted to charge many, many times the cost of the original product for this product which didn't even result in a molecular modification.

Roche has for 17 years sold one of the better sulfa drugs, Gantrisin Sulfisoxazole, an excellent drug, and they have been able to charge full price on this drug with no serious competition over a 17-year