

nificance to the patient. It varies from tablets selling at \$17.90 a hundred to the pharmacist, to as low as 59 cents a hundred supplied by the Wolins Pharmacal Corp. That is an incredible difference in price, with the Medical Letter saying that there is no clinical evidence to support any conclusion that one is therapeutically more effective than the other.

Now, based on this conclusion by the Medical Letter, and the testimony by the president of the Schering Corp. that he has no clinical evidence that Meticorten is better, would you have any hesitation in following the recommendations of the Medical Letter in prescribing a lower priced prednisone?

Dr. CHERKASKY. No. As a matter of fact, we do. We don't buy Schering's Meticorten, and I think that what the president of Schering was saying is a bunch of nonsense.

This is part of the problem, Senator. I think that doctors and the public have been intimidated. They have been made fearful by that sort of statement, and as I said earlier, I think someplace along the line we must once and for all deal with this particular problem. I will note further on in my testimony that in many instances we use the generic equivalent, feeling very secure that we are providing for our patients the best possible drug that is available.

Senator NELSON. I think the FDA itself, and Dr. Goddard, will be testifying on Thursday, states that chemical and clinical testing ought to be expanded. Would it be your view that one of the problems here is that from the standpoint of a prescribing physician, you don't feel absolutely certain that if the drug is on the market and it meets USP standards that it is therapeutically equivalent, or that enough evidence has been developed to either prove or refute it?

Dr. CHERKASKY. I don't think there is any question about that, Senator. I think that where charges have been raised that Meticorten is better than prednisone, there are testing mechanisms available to pharmacologists and physicians that can definitively settle this issue, and I think that when some of these things are dealt with definitively, we are going to have a new climate which is going to enable us to take much better advantage of inexpensive but just as potent and just as pure drugs in the future. I think this is a medical and an economic consideration of great importance.

Senator NELSON. Thank you.

Mr. GORDON. May I ask one question here?

Dr. CHERKASKY. Yes, Mr. Gordon.

Mr. GORDON. Isn't it to the economic advantage of the large drug manufacturers to create this climate of fear?

Dr. CHERKASKY. I think, like most other groups, they do things which they see to be in their interests, and it is clearly in the interests of the major drug houses who have brand names to make people feel more secure with their brand name than with the chemical equivalent which may be therapeutically equivalent. There is no question about this in my mind. This document which I showed to you before is just that kind of document.

Any physician reading the various items in this booklet would quiver when he ordered prednisone, or any other generic drug, and this is obviously the objective.

Senator NELSON. Is there any place in that document where they