Dr. KUNIN. That is right.

Senator NELSON. Then isn't it likely that he stocks what the doctors are prescribing and that it is not the pharmacist's fault at all if a patient receives a high priced drug; it is the doctor's fault?

Dr. KUNIN. Well, I would like to offer my own personal solution to this problem. I believe that this is particularly suitable in an area such as ours, which is more rural, and perhaps does not have the large hospitals playing such an important role, I propose here that there be a meeting by a subcommittee of each medical society, each county medical society, with a similar group of pharmacists in the locality, and that these individuals go over the problem of what the physicians are prescribing in their area, and what the pharmacist's problem is in terms of his inventory, and that together they can prepare a formulary which would be perhaps somewhat broader than the ones that one would see in a more restricted hospital pharmacy, but would in such a way meet the needs of the patient, and that this be accompanied by a price list for that locality for the physician in the area.

Now, I started at this point because I believe that one should also always try to give the individuals in a free enterprise situation the opportunity to get together and to try to work out something that is reasonable for their locality, and so I suggest this particular mechanism.

I am not aware of this ever having been tried, but I think that it ought to be.

Senator NELSON. Is it your feeling that the county medical society, particularly in places where there isn't a hospital with a good formulary, could itself with the pharmacists develop a formulary of the most commonly prescribed drugs in the practice in that area?

Dr. KUNIN. That is right. They can, of course, model from the formulary of large institutions. This would be very valuable to them but it would be good to have a dialog between the physicians and the pharmacists so that, for example, if the physicians in the area feel that all prescriptions should have the generic name on the label, unless stated otherwise in the prescription, this could be an agreed to arrangement. They could also decide when they say generic prednisone, this is what they mean.

When they say prednisone, they mean generic drug, so that there is some meaning here across the board, so that the physician doesn't have to sit down with a large reference text or the Medical Letter. He knows that he has confidence in the subcommittee that have worked this out for him.

Senator NELSON. It sounds like a very creative suggestion, but the pharmacist has no control over what the doctor is going to prescribe, and if the doctor prescribes the generic name, the pharmacist may in some 40 States substitute a brand name?

Dr. KUNIN. That is right.

Senator NELSON. I would guess that often when a doctor prescribes a lower priced generic, since he is one of the rare doctors who does so, the pharmacist doesn't stock the drug generically and has to give the patient a brand name.

Dr. KUNIN. That is right.

Senator NELSON. So if they if they got together and it was understood that among these most commonly used drugs covering 80 or