Senator NELSON. Would you identify yourself?

Mr. EGGLESTON. My name is Max Eggleston. I am a community pharmacist from Waverly, Iowa, and president-elect of the American Pharmaceutical Association. In a community of 6,500 people it is a little easier to talk to physicians. But in the case of prednisone, when the price differential and the quality from a good manufacturer became available as the result of the expiration of patents, we let our physicians know that prednisone was available from a research-oriented pharmaceutical house and we were going to provide those if so desired. As a result we get no prescriptions for Meticorten and, as a matter of fact, I would say we never get them.

Senator NELSON. I can only say about that that the ordinary, hard-pressed little consumer having trouble meeting the grocery bill and paying the taxes ought to be shocked out of his shoes, and would be, if he knew that he is paying $17.90 plus a markup for a drug when right there in the marketplace there is an equivalent item, with scientific evidence to support its therapeutic value, at one-eighth the price, and one-tenth, and one-twentieth the price, as a matter of fact at $0.59. I don't care what price anybody charges, but what bothers me about this is that the public doesn't have the facts or have the opportunity to pay $0.59 and is reaching down into his piggy bank to come up with $17.90 plus a markup. This is a shocking business.

I don't know of any other area in the marketplace, unless there is a monopoly, where competing items are available, and where this kind of disparity would last 1 day. It wouldn't last a day in this case, either, if the consumer knew the whole story.

Dr. APPLE. Later on here, Mr. Chairman, we have explained some of the actions that we think pharmacists can take to help the public.

Senator HATFIELD. Mr. Chairman, and Dr. Apple, I quite agree with what our chairman said in this matter of the problem of the consumer in not having this information. And I appreciate what you said about the pharmacists informing the doctors about these price differentials, and even in larger communities than 6,500. I hope this can become a more general practice.

Let me ask you, is this not also the case, as it involves a multimillion-dollar business today known as vitamins that are not on the prescription requirement list, on which there are brand-name vitamins in a drugstore, where the average consumer goes, which are selling for a great deal higher price than, say, nonbrand names? And doesn't the pharmacist here have also a role to play in helping counsel in terms of what is equivalent and within the variation of price?

I have read articles, as I am sure you have read articles, about the vitamin industry today and what it does in terms of moneymaking, economic growth, and so forth, but isn't this something your association is also desperately involved in and concerned about as it relates to the consumer?

Mr. STEEVES. What you say is true in terms of, if you will, the private label versus the national brand, I guess, would be the best way to describe it. And I am sure you are also aware of the controversy over the rationale of daily supplementation of vitamins, the scientific controversy that is going on in this country in this area. We have to get the scientific desirability of supplementing and who gets supplemented settled as well. In other words, some people, no matter what the cost of