Mr. GORDON. So we actually come down from the 501 to one?

Dr. SILVERMAN. No, there are two. There are differences which are statistically obvious.

Mr. GORDON. But therapeutically, clinically——

Dr. SILVERMAN. There is one. There was a third which is in a kind of gray zone, and I wouldn't care to state whether this does or does not belong in this category.

Mr. GROSSMAN. One last question: I take it that you have not come to any conclusions yet as to what type—or whether there is a need for a drug formulary, and the relative cost. You talk about costs here sometimes when we were talking about the compendium. I take it that that is separate.

Dr. LEE. That is a separate matter that is still under study and evaluation. When we make the final report to the Secretary as it relates to coverage of prescription drugs under medicare out of the hospital, we will make our final recommendations, as it relates to the formulary.

Mr. GROSSMAN. Do you anticipate that you will make a decision as to a recommendation between the approach taken by Senator Long for a national formulary and that taken in another bill introduced by the minority members of this committee on regional and State formularies?

Dr. LEE. I think we are examining the alternatives with respect to formularies, and the results of ongoing programs using formularies, trying to get as much data as we can on this issue, and the potential cost savings. We will make specific recommendations that will deal with this.

Mr. GROSSMAN. But you weren't implying that the costs would be included in the compendium?

Dr. LEE. The costs, yes, sir; relative costs should be either in the compendium or as a companion publication brought up to date on a regular basis, so that the physician has that information available.

Mr. GROSSMAN. But that is not what you mean by a formulary?

Dr. LEE. No; definitely not.

Mr. GROSSMAN. Thank you.

Senator NELSON. Thank you very much, gentlemen, for your appearance this morning.

Dr. LEE. Thank you very much, Mr. Chairman.

(The Task Force on Prescription Drugs Report previously referred to follows:)