I think that is the point that he is making.

Dr. MOSER. Well, I am certainly not qualified to speak from the aspect of a physician in private practice because this is not my area, but it would seem quite logical that a physician who is working in a community would know what the prices are on the drugs that he uses and have some feel for competitive pricing. But again, I am speaking with lack of personal experience.

Senator NELSON. That really doesn't help the physician in private practice in many instances because brand name identification is such that the only drug being prescribed is the brand name version. To use the example of prednisone, the market is dominated by Meticorten and is usually the one that the doctor prescribes. The Medical Letter listed 22 versions of this drug which were tested and then using the advice of their clinicians around the country concluded that they were all equivalent.

The price range was from Meticorten at $17.90 a hundred tablets to the pharmacist to Paracort at $17.88 a hundred to Merck's $2.20 to $1.80 to others at 59 cents. But you very seldom find the lower priced drugs in the drugstore because no one writes that on the prescription. They write Meticorten.

That is the problem here. So the patient is paying up to $33 to $40 for 100 tablets when he ought to be getting it for maybe $2.

That is the kind of problem I think minority counsel was raising.

Dr. MOSER. Sir, if that physician was getting the Medical Letter, he would know that, you see.

Senator NELSON. That's one of the problems, of course. The Medical Letter, from all the expert testimony we have, is a superb source of information, but I think the circulation is about 35,000 out of over 300,000 physicians.

Dr. MOSER. That is true, and I am about to comment on this matter.

This column that I spoke of, details this program of continuing postgraduate medical education, which I would really like to stress. This may not be the proper platform for this particular discussion.

Senator NELSON. Yes, it is. We have had testimony along that line previously and it is the right forum.

Dr. MOSER. I think all of us interested in medical education feel very strongly about this. The subject of therapeutics simply cannot be divorced from the big picture. It is perhaps the most essential aspect, but it must be included in the broad concept of continuing postgraduate medical education, which represents the most significant problem facing medicine today.

Senator NELSON. The lack of it?

Dr. MOSER. Sir?

Senator NELSON. The lack of adequate postgraduate education.

Dr. MOSER. I think that continuing postgraduate medical education should be a prime concern of all American physicians and all educators.

Let's get back to the subject of what sources does the average physician have to find out about new drugs.

As I said before, it is my conviction that every physician who treats patients should subscribe to the Medical Letter.

For $14.50 a year—less for House officers—one can obtain current, unbiased, candid information on new drug efficacy and toxicity.

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