

I asked him about that, he said he did not know the answer and he would have to ask the comptroller of the company. I said you ask him and write me. That is a year ago and I have not heard.

Dr. ALFANO. I do not believe the medical profession can answer these questions of cost and the differences, really. However, I have more faith in myself and my colleagues, that they will not knowingly write prescriptions for a high-priced drug when they know full well that there is an available drug that will do the job and cost a lot less.

Senator NELSON. I am confident of that. I think the medical profession is a profession of integrity, but they do not know these facts. That is the problem. So when the spokesmen of the medical profession say the drug companies do all these very fine things and the generic companies do not, therefore that shows the price differential—

Dr. ALFANO. It accounts for a proportion of that price. The price can't be equal when one is providing certain services and another is not. There have to be differences. What the difference is, I could not give you. That I do not know.

Senator NELSON. But to make this unqualified defense all the time of the industry, not being able to explain—as a matter of fact, not knowing—that the company they are defending is selling at one-twentieth the price to New York City and the Veterans' Administration, and one-quarter the price in Berne, Switzerland—I am just saying this argument does not hold water because they are charging a fraction of that price in other parts of the world and in the Defense Supply Agency.

I see I have a rollcall vote. I will try to be back in a couple of minutes.

(Short recess.)

Senator NELSON. Please forgive me, Doctor. Will you proceed?

Dr. ALFANO. A compendium which lists all prescription drugs under their generic names together with all the necessary prescribing information and a supplement of the brand names, the suppliers and the prices at which the drugs are available at first seems to be a laudable endeavor. As I understand it, the compendium would list 7,000 drugs with 21,000 dosage forms. This type of listing would not be practical since it could not be easily used by the prescribing physician. For example, the PDR contains about 600 drugs and is more than 2 inches thick; the compendium would contain almost eight times the number of drugs listed in PDR and would be at least 16 inches high. Even if special paper were used the book would be 15 inches high because it would contain 10,000 to 12,000 pages. The compendium would not be used and the PDR would continue to be used by the busy physician.

Why is it necessary to list all of the 7,000 prescription drugs when in reality physicians are in the habit of using a small number of drugs. When it becomes necessary to prescribe an infrequently used drug, the physician can obtain the required information from the appropriate reference material.

Mr. GORDON. May I ask you a question at this point, Doctor?

Dr. ALFANO. Yes.

Mr. GORDON. You are a surgeon?

Dr. ALFANO. Yes.

Mr. GORDON. Can you give us an idea of the number of drugs, on the average, the abdominal surgeon prescribes in a year?