at all but really more expensive and the delay in obtaining the desired result might be harmful to the patient. Naturally, no prescribing physician should have any secondary financial gain in prescribing one drug or one brand as compared with another. He should always be guided by what he believes to be best for his patient.

Senator NELSON. In what way does the sole practitioner decide to prescribe one drug at a certain price and not another which may be equivalent?

Dr. LONG. In the final analysis, Senator, it is not the advertising or the claims of the pharmaceutical houses that determine what we prescribe. Myself and all the physicians whom I know, and have known over the years, decide what kind of a drug to prescribe and which drug, based upon our examining our patient, and talking with our patient, and prescribing for the patient, and then reexaminating, reevaluating, and assessing the results obtained.

When we start out initially to prescribe a new drug for the very first time, this, of course, happens. Then we depend upon information we have obtained about this drug from reading in the scientific medical literature, from hearing about it at medical meetings as previously described this morning by Dr. Pollard, or by talking with our colleagues formally and informally as we meet together.

Senator NELSON. What I was getting at, if you have a cheaper drug which would not accomplish the desired result, then obviously it is not cheaper at all?

Dr. LONG. Yes.

Senator NELSON. To use the example I have used here before because it is based on the medical letter on prednisone, the price to pharmacies is $17.90 for Meticorten and $17.80 for Paracort. It drops down to $2.45 for Merck, and then to $1.80 and 50 cents for Wolins. And then the Letter said that the laboratory testing was done for them and all met USP standards, and that in their consulting with clinicians they found they were equivalent. On what ground would the doctor, the sole practicing physician, decide that, say, Meticorten, at $17.90 to the pharmacist, was better than Merck's Deltasone at $2.20? How does a physician practicing on his own make that decision?

Dr. LONG. A practitioner practicing alone makes a decision based on his results and his experience with the drug. And if he prescribes a certain drug, and in his hands it works well, and in his hands he can predict with reasonable accuracy how his patients will respond to it to given dosage levels, and can predict with reasonable accuracy, when, at what levels, and what periods of time he may be in trouble with side effects or complications or unwanted effects from the drugs, if he becomes, then, thoroughly familiar, I think it is understandable that he might be hesitant to change on the basis of price alone, unless and until the time comes that someone—and this does come to all of us in some instances—and I think prednisone is a good example—unless and until it can be shown and demonstrated to him on the basis of the experience of people in whom he has confidence, on the basis of reports in medical journals in which he has confidence, if then it can be demonstrated that an equivalent product at a lower price is in fact therapeutically equivalent, not just USP, which does not really mean much.

Senator NELSON. Pardon?