Their second reason was they did not have NDA's to market and sell the product in the United States. We suggested they might perhaps apply. So far none have, so we cannot purchase the drug unless they hold some type of NDA for its marketing in the United States.

Mr. GORDON. Well, they can get an NDA if it is worth their while.

Mr. COOK. If they wish.

Mr. GORDON. But it is the patent problem that is troubling you.

Mr. COOK. Probably.

Mr. GORDON. How about pentaerithratol tetranitrate? You can buy that domestically at a much lesser price. How come you are paying such high prices for it? You paid $9.44 under direct purchase; $27.41 from FSS; and a high of $27 and a low of $24.65 through local purchase. You could get it in Canada for a much, much lower price, and even in the United States for as low as $1.65 under its generic name.

Mr. HARDING. May I respond?

This happens to be one of those drugs which is on the "possibly effective" list on which we are awaiting the final decision of the NAS–NRC studies.

Senator NELSON. I thought you had removed everything on the "possibly effective" list.

Mr. HARDING. No, sir. If there is nothing in the higher categories that the doctor is sure will work then we will still maintain that "possibly effective." We don't have too many of those left, but a few. This is true of all the Government agencies, not only the VA.

But the reason that we have had to do this, this is a drug where many patients became upset when they heard this drug was going to be removed from the market. This is still under study and until studies are completed we are holding——

Senator NELSON. Do I understand correctly that you do continue to stock drugs classified by the National Academy of Sciences-National Research Council as "possibly effective," and "probably effective"?

Mr. HARDING. We do not stock those classified "ineffective." The others we stock only if there is nothing appropriate in a higher category.

Mr. COOK. To put that in perspective, Senator, there are less than three dozen "possibly effectives" our people have identified where no drug of greater effectiveness than this classification on the market.

Mr. GORDON. But you are paying $9.44 for a thousand tablets of 10 milligram pentaerithratol tablets, is that correct?

Mr. HARDING. That happens to be one of those very well marked items and a heart patient is not very happy to have his drugs switched around. As long as there is a study—I have stood at the window many, many times and tried to tell someone the other drug was the same thing, but with that type of patient I am very reluctant to do that. So we have kept that drug for that reason.

Mr. GORDON. You mean the patient demands the higher priced drug?