

exorbitant amounts because the physician decided. He has never tried the other 30. He has never made any clinical tests. He has never had any experience with it, and yet you are saying the taxpayer should pay unless they can prove the physician is wrong.

Now, is that not really nonsense?

Mr. TRYGSTAD. Well, I do not think——

The CHAIRMAN. Well, answer my example. What is your answer to it? The taxpayer is stuck forever with that physician's example?

I talked to a good physician friend of mine who is a fine internist after we had the prednisone hearings, and he said that he had never heard of the prices. But he said that the drug first came out under the brand name Meticorten. He got used to prescribing it under this name, and he said: "I suppose I will prescribe it the rest of my life."

Fine, but should we pay for it?

Mr. TRYGSTAD. I do not think that the Government in its programs should pay any more than it has to for equivalent drugs. I do not think that in dealing with the medical profession you are dealing predominantly with physicians 1 day out of medical school. I think that the vast majority of physicians practicing are quite conscious of costs and quality, and what they expect the drugs they are prescribing to do for their patients.

The CHAIRMAN. Well, answer this. My father practiced medicine for more than half a century. He dispensed his own drugs because there was no drugstore when he started practicing in this little town. He would be the first one to tell you that he was not in any position to judge that Meticorten at \$17.90 was better than Paracort at \$17.88 or Merck's Deltra at \$2.25 or Wolin's at 60 cents.

And I cannot defend on any stand a judgment based upon a testimonial that Wolin's at 60 cents or Merck's Deltra at \$2.50 or Schering's Meticorten at \$17.90 is better, and neither could you nor any other scientist. He could say, "I use it. It has been successful." But unless he ran a controlled study, how could he make that judgment?

Mr. TRYGSTAD. Well, he makes his decision and others make their decisions. You observe how the drug works on your patient.

The CHAIRMAN. Yes, he is prescribing Meticorten for years. He has never tried Wolin's; he has never tried Merck's; he has never tried any one of the others; and there happens to be 22 of them.

Now, are you saying that in any scientific examination the doctor, who has used one and used it successfully, can testify that the other 21 are not as good?

Mr. TRYGSTAD. No, sir.

The CHAIRMAN. Well, then, what are you saying to the committee? I am puzzled.

Mr. TRYGSTAD. I have said, among other things, I have said that if the Government is going to enforce a limit on reimbursement for drugs that the physician can prescribe, thereby removing his ability to prescribe what he feels is best for his patient, then there should be reasonable assurances given that what he gets in place of what he would have prescribed will do as well.

The CHAIRMAN. Do you not think it ought to be the other way