I accept the results of the study and believe that the use of Sulfonylureas (Tolbutamide and Chlorpropamide) and the Biguanides (Phenformin) should be restricted because they appear to be hazardous to health and are far less effective and more expensive than insulin.

I suggest that we implement a form of control which would restrict the use of Sulfonylurea drugs (Tolbutamide and Chlorpropamide) and Phenformin with the following exceptions:

1. Patients who cannot administer insulin to themselves because of severe visual impairment or other physical handicaps such as neurologic disorders which impair use of arms and hands.

2. Patients who refuse to use insulin.

In order to accomplish such control the department of medicine would provide a list of physicians who could authorize the use of the drugs under discussion. Other services may wish to provide a similar mechanism.

In 1972, $30,000 were expended for Tolbutamide, Phenformin, and Chlorpropamide. Substitution of insulin would be less costly.

Sincerely yours,

Edward M. Chester, M.D.

The results of this educational reminder and form of control produced the results noted in Table I. Table II indirectly indicates that many of the patients previously receiving oral agents were started on insulin therapy. Continuous review of the use of the oral agents is in progress with the intent of further decreasing their use except under the circumstances noted in the letter of May 24, 1973. It is apparent that restriction of the use of these medications in a hospital can be accomplished by education of patients and physicians and by providing a method of control. The problem is unfortunately not as simple for a variety of reasons when one attempts to achieve similar results with patients who are under the care of private physicians. Among these reasons are: