or any known allergies, so that every physician, every time the patient is seen, has a record of the drug therapy, and any complications to it.

Mr. GORDON. Dr. McCarron, you heard Dr. Cluff's statement before, did you not?

Dr. MCCARRON. Yes.

Mr. GORDON. Now, wouldn't you say that the example you just gave us about Esidrix, hydrocholorthiazide, and the other one, is a good example of how the use of brand names induces overmedication?

Dr. MCCARRON. Yes.

Mr. GORDON. Thank you.

Dr. MCCARRON. Well, these errors, and they are errors that shouldn't occur, are errors that do occur in a very large hospital where many doctors are taking care of a patient and a patient goes to various clinics.

We are trying to set up an administrative method to decrease that, but we have an added problem in that the names of the drug are not the same and the colors are not the same, and the patient gets confused. However, the patient could pick up some of these errors himself, if he knew what he was taking.

Senator NELSON. Is it also a problem of confusion to the physician?

Dr. MCCARRON. Yes.

Senator NELSON. Does he necessarily know all of the brand names?

Dr. MCCARRON. No; and the generic names have helped us tremendously this way.

The conversion to the new system was relatively easy because of the small number of items stocked in the pharmacy and the availability of the drug formulary. A pharmacist without prior training in computer techniques was able to type 500 labels in 1 day after 1 week's experience with the method. If the number of drugs available was not limited, a significant portion of her time would have been spent in nonproductive work inquiring the code name of the drug from the computer, with the hope that the computer had been programed for the item.

II. SELECTION OF DRUGS TO BE INCLUDED IN THE HOSPITAL FORMULARY

Requests to add a drug to the hospital formulary are submitted to the therapeutic committee by a staff physician with the approval of his department head. The therapeutic committee determines the acceptability of a drug on the basis of the following:

1. The drug should have specific pharmacological and beneficial actions.
2. The drug should have been adequately investigated, and well-documented clinical studies of the drug must be available.
3. The drug should have no serious untoward effects which would prohibit its use.
4. The cost of the drug must not be excessive as compared to the advantages over similar preparations.
5. If special packaging is involved, the committee evaluates whether the packaging constitutes enough of a saving in professional time and ease of administration to justify increased expense.
6. With few exceptions, all medications combining two or more active drugs in one dosage form are not acceptable. The hospital