

staff strongly feels that active drugs should be prescribed in amounts calculated to best serve the patient's needs; if two drugs are necessary, each should be specifically prescribed. In our experience, set combinations of two or more drugs in one pill or capsule tended to make the physician think in terms of one or two tablets of the combination rather than the amount of each drug the patient actually required.

After the drug has been accepted as a formulary item a drug bulletin is prepared and sent to the entire medical, nursing, and pharmacy staffs. This drug bulletin is an evaluation of the drug with specific instructions for use. (See exhibit A: Sample drug bulletin.¹)

This shows the type of evaluation we give to a drug, the blue page. I would like to point out that this drug bulletin is sent to our staff members, and we have almost 2,500 doctors in private practice. They get these. We have requests from seven or eight of the private hospitals in the Los Angeles area, they get these and put them in their library. Physicians call us and ask to be put on our mailing list, so there is an active interest in achieving information about drugs.

Senator NELSON. How often do you publish the bulletin?

Dr. McCARRON. About twice a month.

Senator NELSON. And is this just one drug?

Dr. McCARRON. This happens to be one drug. What we try to do is, one drug bulletin a month describes in detail a new drug, and this isn't to—

Senator NELSON. A new drug?

Dr. McCARRON. A new drug that we are adding to the formulary.

Senator NELSON. I see.

Dr. McCARRON. The next drug bulletin is on adverse drug reactions, and in this we use the experience in our hospital. The Therapeutic Committee coordinates the adverse drug reactions, and the information that we receive from the FDA and other sources in medical literature, so that one bulletin describes a drug and the next one reports adverse reactions, especially ones that have occurred in the hospital.

This has pretty wide circulation.

A modification of the information contained in the drug bulletin is then prepared for the hospital formulary. The formulary page is then sent to the wards for insertion into the formulary. (See exhibit B: Sample page from Los Angeles County General Hospital Formulary.²)

III. USE OF GENERIC NAMES

It is the policy at the Los Angeles County General Hospital to stock and dispense drugs only under their generic or official names. The attending staff has agreed to prescribe by generic or official name and has approved of the dispensing of a drug by its generic name even when the prescription is written with a proprietary or patented name.

The prescriptions used at this hospital are printed as follows: "RX—or USP, NF, NND, or generic equivalent." (See "Exhibit C: Los Angeles County General Hospital Prescription Form."³)

All drugs are purchased by generic name on a bid basis, with some exceptions. Certain critical drugs are specifically designated by manu-

¹ See p. 595.

² See p. 596.

³ See p. 598.