

And then:

The State board of social welfare should make payment for the care of public charges to hospitals contingent upon the existence of effective drug formulary systems and generic prescribing programs in such hospitals.

Senator NELSON. Your educated guess a moment ago was that it is probably the smaller hospitals that don't have a formulary system. To respond to the suggestion made by the Governor's Committee of New York, would it be feasible for some of these smaller hospitals who may not have the adequate number of pharmacists or clinical experts to adopt the formulary of another hospital in the State?

Dr. CHERKASKY. I would think that that is really the way that it should be done, and a case in point, Montefiore had been very vigorous in this area, and when we became intimately related to the Albert Einstein College of Medicine, they were very much concerned about the drug problem. They turned to us and said, "We would like to use your formulary for our institutions," and now the formulary which started out as a formulary for Montefiore Hospital alone, with 700 beds, is the formulary for over 3,000 beds.

We have involved some of the physicians from the other institutions in our pharmacy committee, and thus have been able to serve a substantial part of the Borough of the Bronx. I think it will be necessary and advisable for groups of hospitals to get together and to create joint formularies.

Senator NELSON. Is your formulary available to any hospital that would like to use it?

Dr. CHERKASKY. Yes; it is.

Montefiore Hospital and Medical Center uses a joint formulary developed by a strong and active pharmacy committee. The committee has broad representation from full-time people and participating physicians, and represents all the important specialties in medicine.

We also have an adverse drug reaction committee. I guess in the last couple of years one of the things that has come to the forefront are that drugs are not only therapeutic and curative but can also produce illnesses of their own, and this requires a lot more attention than we have heretofore given, so that we have a very aggressive group following up drugs and drug reactions to find out why and how.

Senator NELSON. Later on in your statement you state that Montefiore publishes quarterly information on adverse drug reactions.

Dr. CHERKASKY. Right.

Senator NELSON. In a bulletin?

Dr. CHERKASKY. That is right, sir.

Senator NELSON. Is this information about adverse drug reactions available in any orderly fashion to the rest of the medical profession?

Dr. CHERKASKY. I am sure—now I am going to—may I turn my back to you for a moment and I will find the answer to that question.

Senator NELSON. Yes.

Dr. CHERKASKY. It is transmitted to the FDA. That was my pharmacist I talked with.

Senator NELSON. You may invite him to sit with you, if you would like.

Senator JAVITS. Dr. Cherkasky, if I may, Senator Nelson, while you are interrupted anyhow, may I ask you this question? I gather from your statement that hospitals are not too much the victims of these tre-