theme, "The Most Effective Sequential", based on a comparison of pregnancy rates published in manufacturers' package inserts. The Food and Drug Administration has pointed out that such a comparison is invalid because there has been neither a direct comparative study of the efficacy of the three sequential oral contraceptives in the same population nor individual studies of the three products in population groups shown to be comparable. We are therefore discontinuing the promotional theme in question.

ORTHO PHARMACEUTICAL CORP.

Senator NELSON. Senator Javits did leave a question with the staff that he wanted me to ask.

He asks what is the feasibility of the Public Health Service establishing a formulary on a national or a regional basis that would be available for doctors to rely upon. I do not want to assume that he means a voluntary formulary, but that is probably what he does mean. Do you have any comment to make?

Dr. GODDARD. I am still a commissioned officer in the Public Health Service, but I would hate to assume the Surgeon General's prerogative in trying to answer that question.

Senator NELSON. Do you think it would be feasible for anybody to do it?

Dr. GODDARD. I do not see why it would not be, depending on how it is to be implemented. This would be the controlling factor, in my determination. There are many formularies in existence today. Hospitals quite commonly have formularies. It simply says to the doctor, when you operate in these confines, these are the drugs that are available; unless you have some good reason that your patient needs something special and beyond our formulary, you will prescribe those listed.

Now, if the Senator were referring to the medicare activities that are currently under review, again this would be more appropriate for the Department of Health, Education and Welfare to respond to. But as a physician, I could see where an appropriate formulary could be developed.

Senator NELSON. Thank you.

Dr. GODDARD. There seems to have been some improvement in pharmaceutical advertising during the past year, but this impression is based upon my own close observation and may well be colored by my hope for improvement.

But, Senator Nelson, we are speaking not only about the advertising and promotion of drugs approved since the passage of the Kefauver-Harris amendments in 1962. We are also responsible for watching the promotion of drugs that came into the marketplace between 1938 and 1962, about 3,000 drugs whose claims are now under scrutiny by 27 scientific panels at the National Academy of Sciences. When these scientific groups have studied the drugs they will state the therapeutic uses for which they believe the respective products may properly be offered. This widespread cooperative effort on the part of many of the Nation's medical leaders will furnish benchmarks for judging the promotion of those products that have not had to clear the efficacy review established by the 1962 amendments.

In order to further an honest promotional effort, our agency has supported the idea of an up to date, complete, free compendium of drug data for every health professional. This is because we anticipate the need of the medical community—doctors, pharmacists, nurses, medical schools, and hospital and clinical staffs—for a basic source of accurate prescribing information for all drugs in the marketplace. We have taken part in symposia on the matter.