factual information on how the drug products do in fact differ. Until now, this information has not been available.

All accredited hospitals must have pharmacy and therapeutics committees. The purpose of these committees is to constantly improve the quality of drug therapy. A byproduct of their activity is to keep the hospital pharmacy's inventory to the minimum by eliminating needless duplications, not by reducing the useful therapeutic agents available to the prescriber. Another byproduct is purchasing an acceptable quality drug product at the lowest possible cost. We believe that physicians and pharmacists can effectively introduce some of these same benefits for patients outside the hospital by developing a community formulary system.

Seven years ago a discussion started on how more complete and reliable information on prescription drug products could be made available and disseminated to the prescribing and dispensing professions. In 1960, we filed statements with the Department of Health, Education, and Welfare outlining our interest and making specific suggestions.

It was our position then that the increase of information on the package or package insert would not effectively provide the prescriber with the desired information. As we pointed out, the prescriber seldom sees the product or its packaged content. Moreover, we also pointed out that the package insert constitutes an inefficient and ineffective means of promptly communicating current information to pharmacists.

As an alternative to the proposals offered by the Food and Drug Administration at that time, we recommended a nine-point program involving the cooperative efforts of FDA, the pharmaceutical industry, and the health professions immediately involved. Copies of our 1960 statements are attached.

Since 1960, we have had discussions with FDA and members of the pharmaceutical industry on this subject. For example, we have pointed out that when there are supplements to, or modifications in, the package insert, there may be a considerable timelag before the information reaches the physician or the pharmacist. These practitioners have no obvious way of knowing if the package insert they have in their possession at a given moment is the most recent one approved by FDA.

In 1964, APhA considered publishing a compilation of the latest approved labeling for the 500 most frequently prescribed drugs. We were forced to abandon the project because at that time FDA was unable to provide us with the information we required.

Currently, we are participating in the discussions of the National Academy of Sciences/National Research Council on the possible alternatives for the current package insert system. Based on our experience the past 7 years, we can underscore the growing importance of a better means of communicating specific drug product information to the medical and pharmaceutical professions.

This need is not limited to prescription legend drugs. It extends to drug products available and utilized in self-medication. We believe that our association is making real progress in meeting this need. Three months ago, we published a "Handbook of Nonprescription Drugs"—the first such comprehensive reference in the world. It has