

VA authorizes. Most of those are, of course, done in our own hospitals, and we do exercise a degree of control over these physicians in that we review the prescriptions which are mailed into us for filling in our own pharmacy.

The problem here is one in which we try to accord the greatest latitude of choice to the individual veteran and still exercise the highest degree of control over the kind of drugs these physicians use.

Senator NELSON. Well, what puzzles me a bit is that in your statement you say that the VA has therapeutic committees and is careful to make certain that they establish a good formulary. However, in looking at the drugs listed here it is apparent that the National Academy of Sciences-National Research Council and the Medical Letter, are very critical of a number of the drugs being purchased by your agency.

I will give you a few examples: One of them is Zactirin, a drug mixture of ethoheptazine citrate and aspirin used as an analgesic. Aspirin costs 70 cents a thousand. Zactirin, a trade name, is \$15.75 a thousand.

Now, the NAS-NRC report says Zactirin is "possibly effective" as an analgesic—but only because it contains aspirin. It is questionable whether the additional ingredient, ethoheptazine citrate, adds anything to this effect. NAS-NRC concludes:

This combination may be no more effective as an analgesic than the amount of aspirin present.

Now, anybody following the National Academy of Sciences-National Research Council would say "We are not going to allow in our formulary a drug costing \$15.75 a thousand when aspirin is available at 70 cents a thousand."

The National Academy of Sciences has come to this conclusion. How do you explain that this drug gets by your formulary committee?

Dr. WELLS. This is one of the many combination drugs that by policy we would discourage the use of. I think we could only say that our control is by no means perfect and we have many physicians who will ask for a drug and insist upon it, even though our policy is opposed to it.

Mr. STATLER. If I may just elucidate a second, our last purchase of that on the centralized purchase program was in April 1968. We have made copies of the NAS-NRC different efficacy studies and made it available to all our therapeutic committees, and they have taken this into their judgment. Obviously, they may be getting this on local purchases from time to time in response to prescriptions written by the outside, private physician, but as long as the drug is still legally on the market and the physicians are permitted to prescribe it, our pharmacists have to provide that medication to fill these prescriptions from time to time. But, it is not standardized for formulary use in very many of the facilities.

Dr. WELLS. The report I am looking at here right now, Mr. Chairman, indicates we bought none of this in the past year.

Senator NELSON. There is another one, an analgesic, Fiorinal. It is an APC plus butalbital as an analgesic. The last purchase of that