

rationally, although I think a better word might be, inappropriately. The Task Force on Prescription Drugs in our Department, which reported on a number of drug matters in February of last year, listed a number of kinds of irrational prescribing as follows:

The use of drugs without demonstrated efficacy;

The use of drugs with an inherent hazard not justified by the seriousness of the illness being treated;

The use of drugs in excessive amounts, or for excessive periods of time, or inadequate amounts for inadequate periods;

The use of a costly duplicative or "me-too" product when an equally effective but less expensive drug is available;

The use of a costly combination product when equally effective but less expensive drugs are available individually;

The simultaneous use of two or more drugs without appropriate consideration of their possible interaction;

Multiple prescribing, by one or several physicians for the same patient, of drugs which may be unnecessary, cumulative, interacting, needlessly expensive, or any combination of those;

There are a number of steps being taken within our Department which are designed to improve the use we make of drugs. Among these:

We distribute to the various drug purchasing stations the results of the National Academy of Sciences-National Research Council drug efficacy studies as they are released by the Food and Drug Administration. These reports go out by mail in most cases, but where there is a hazard to health, the messages will be forwarded by telephone. For example, the Food and Drug Administration's conclusion on Panalba and earlier conclusions with regard to chloramphenicol were telephoned to the purchasing offices.

Then we rely upon the clinicians and their associates at each hospital (or group of hospitals in the case of some smaller installations) to determine what drugs are required at each installation for good medical care. Each installation has a committee called the "pharmacy and therapeutics committee," whose function, among other things, is to select the drug products to be stocked at that installation and list them in a formulary which guides the purchasing agent as well as the prescribing physicians. In this way, we believe the best therapeutic agents available are secured and we are able to avoid unnecessary purchase of duplicate drugs having essentially the same pharmacological action. I attach Guidelines for the Pharmacy and Therapeutics Committees—they have been submitted—consistent with those recommended by the American Society of Hospital Pharmacists and the American Pharmaceutical Association.¹

Senator NELSON. May I ask a question, Doctor?

Dr. STEINFELD. Certainly.

Senator NELSON. At the bottom of page 5 is the sentence:

In this way, we believe the best therapeutic agents available are secured and we are able to avoid unnecessary purchase of duplicate drugs having essentially the same pharmacological action.

Are you talking about that multiplicity of drugs that were produced rapidly over the past several years to duplicate the function

¹ See information beginning at p. 7690.