aspirin or codeine in terms of analgesic effect. Yet, the Defense Department and Public Health Service, continue acquiring and using the drug at a tremendous expense over and above the cost of aspirin or codeine.

The position of the Medical Letter was made known in the January 23, 1970 issue.

Propoxyphene hydrochloride is Darvon, as you know.

Dr. STEINFELD. Yes. Darvon. I thought that it did have some effectiveness. I agree with you there are other drugs that are much less expensive about which a great deal is known. However, if we have a patient who has pain and who has had a bleeding problem or a peptic ulcer, we would not want to put him on aspirin. We perhaps would not want to put him on codeine.

There is need—I do not want to get into the merits of propoxyphene—there is need for a nonaspirin analgesic. Aspirin is not the innocuous drug that we usually think of. It may cause bleeding from the stomach or even from other parts of the body, so there is need for another analgesic.

I think this one may be prescribed far out of proportion to the instances where it may be useful. But I think we should continue to search for other forms of analgesics.

Senator NELSON. If you have a reason for not prescribing aspirin, a reason for not prescribing codeine, in such cases propoxyphene hydrochloride might be the right one?

Dr. STEINFELD. There might be one of several others. There would still be several others.

Senator NELSON. The first sentence in the JAMA article says:

> More prescriptions for propoxyphene hydrochloride are dispensed in retail pharmacies in the United States than for any other drug.

Surely they are not all cases where one has an ulcer or for some reason aspirin or codeine should not be used. Darvon has become the popular drug to be used as an analgesic and it is promoted under the brand name. Yet the Medical Letter of January this year says:

> In the few studies which have been done, comparing dextropropoxyphene with aspirin or APC, dextropropoxyphene 32.5 to 65 milligrams has consistently proven inferior to aspirin or APC tablets. No evidence that has appeared since this review establishes the superiority of the 65 milligram doses of propoxyphene to two tablets of either aspirin or APC.

So you have a situation in which a drug that is very expensive, compared to APC or aspirin, becomes a large part of the purchases in not only the retail marketplace but in DOD and the Veterans' Administration. I do not know how much is bought by Public Health Service but to illustrate—DOD pays an average of $12.75 for 500 tablets versus aspirin which would cost 35 cents for 500. The Defense Department spent a total of $4,360,784 on Darvon. Comparable cost of aspirin would have been $172,380, more than $4 million less. What is more odd is that all the best expertise available says it is no better than aspirin and yet it becomes so widely prescribed.

Now, what evidence was submitted to any therapeutics committee that Darvon was, in fact, superior to the well-established analgesics in the marketplace?