METHOD FOR SOLUTION

To reduce the large number of drugs currently available to a compact and effective therapeutic armamentarium, there has to be developed sound methods for discriminating in an objective fashion. The first step should be to list and then categorize the therapeutic needs to be met.

The broad therapeutic categories in "New and Non-Official Remedies" are most useful for this purpose.

With this as a structure of the broad therapeutic needs to be met, the next step is to develop appropriate criteria to use in selection of the actual agents to be included in each category and the necessary sub-categories. These criteria for selection of basic drugs within each of the therapeutic categories may be stated in many ways.

We suggest the following approach as an example:

(a) Be sure the drug's therapeutic efficacy is well established.
(b) Give preference to United States Pharmacopoeia, National Formulary, New Drugs and Accepted Dental Remedies Drugs.
(c) Avoid unnecessary duplication of action.
(d) Avoid consideration of drugs of secret composition.
(e) Avoid mixtures of drugs unless they provide a real advantage in combination.

The motto of the Pharmacy Committee might well be: "Prove all things; hold fast to that which is good." (For the patient.)

SUPPLEMENTS TO FORMULARY

New developments are constantly with us in this rapidly moving age in drug therapy. It is, therefore, essential that a pharmacy committee not only develop but also maintain a supplement to its formulary. Clinicians wishing to introduce the use of a non-formulary drug should propose the use of the drug to the pharmacy committee. The pharmacy committee should consider the proposed drug in the light of the evidence presented by the proposer, their collective knowledge of the drug, and the adequacy of drugs already listed in their formulary and the supplement to meet the need alleged. The pharmacy committee would add those new items which it accepts to the supplement of their formulary. Such new items added should be described in the same manner as used in the format of their formulary. The date of the addition to the supplement should be recorded. The committee should review the staff experience with drugs in the supplement to their formulary after an adequate trial period (six to twelve months) and on this basis decide whether to:

(a) Drop the drug,
(b) Retain it for further evaluation,
(c) Propose it be moved from the supplement to the formulary.