The P and T Committee obviously wants to include those drugs in the formulary that will be adequate for the prescribing physicians, and, of course, the P and T Committee is composed generally of the directors of the professional services as well as the chief pharmacist and hopefully they have a complete comprehensive listing.

Senator NELSON. Well, of course, you could have a comprehensive listing by just having one compound that is effective for each one of the problem situations that confronts the physician. On the other hand, you could also have a comprehensive one by having every brand name of all the same compounds that do the same thing, could you not?

Mr. CROWTHER. Yes.

Senator NELSON. That is what you are saying.

Mr. CROWTHER. Yes, sir.

Senator NELSON. You say they have hundreds of drugs on the formulary. For example, if they have an anti-inflammatory drug, you are saying they will have several anti-inflammatories, perhaps versions of the same compound, all doing the same thing, or of different compounds or combinations doing the same thing, with the same therapeutic result. Is that what you are saying?

Mr. CROWTHER. That is correct, yes, sir.

Senator NELSON. Then I just would like to know how the formulary is determined. We had testimony here that I'm sure you are familiar with. In the case of both the Veterans' Administration and Department of Defense (but again the record will speak for itself), and when I raised the question about formularies, the witness said, well, "we cannot tell the doctors at a local hospital what should go on the formulary. They come to us as physicians in practice on their own. They are with us 2, 3, 4 years. They are not going to be dictated to about what particular drug should go on the formulary. Or they come here out of medical school and do not want to be dictated to." I gathered from all the testimony that in the circumstances where you did not have strong leadership at the local level, what you really had was a formulary made up of every drug that most of the doctors suggest they would like to use.

Is that what you found out?

Mr. CROWTHER. Well, essentially, that is the way the drugs get on the formulary. There are exceptions; for example, information received from the Food and Drug Administration on ineffective drugs. These drugs will be removed from the formulary. So the P and T Committee does have some voice, but at the same time, they try to make the formularies as comprehensive as they can to be able to be within the prescribing habits of their physicians.

Now, that is not to suggest there is no peer review at the Veterans' Administration or the Defense Personnel Support Center supported hospitals, because they do concern themselves with the drugs that go into the formulary.

I guess our concern stems from the fact that the formularies are so lengthy. There are just so many drugs included. It raises the question of the need for all the drugs in the formularies.

Mr. GORDON. Amongst the sources of information that you list here you do not include the Food and Drug Administration as a source of information. Is that the way it is supposed to be?