

Senator NELSON. Well, are you referring to the list of drugs that the NAS-NRC evaluated for the FDA?

Dr. WELLS. Yes.

Senator NELSON. And what exactly does your regulation do? Are you saying that you are ordering that no drugs found to be ineffective by NAS-NRC be included in any formulary?

Dr. WELLS. Yes, sir. May I read from the circular specifying that each therapeutic committee will review the formulary drugs in use at that activity:

If any drugs classified by FDA as ineffective are present they will be removed from the hospital formulary and therefore will be unavailable for prescribing by VA staff physicians and dispensing by VA pharmacists.

Senator NELSON. What about the "possibly effective" drugs?

Mr. STATLER. Senator, we are aware of the list of 159 possibly effective drugs that was put out by HEW, that Dr. Steinfeld mentioned yesterday. We have screened this listing, which is unofficial, since it was not put out by the FDA. We have been in contact with FDA asking for such a list. In fact, on November 2d, 1970, our Chief Medical Director wrote to Dr. Edwards asking for a listing of not only the ineffective but the possibly, the probably, and the effective drugs and said we would make such information available to our hospitals. To date there has not been an official release of other than the ineffective. We understand they have been published in the Federal Register and we are aware of the listing by HEW—we have obtained that and furnished it to our Marketing Center on Drugs to be sure that no drugs on the list are procured on Central Procurement.

As of now the list has not gone out to our therapeutic committees and hospitals because we are advised that FDA is preparing an official listing which is expected to come out within a 2-week period.

Senator NELSON. What do you expect?

Mr. STATLER. That the list will be sent to our committees for prescribing guidance and appropriate action.

Senator NELSON. What does that mean?

Mr. STATLER. Whatever action they deem necessary. If, for example, a drug is on the possibly effective list and there is a drug on the effective list that can be used, certainly they would change over. If there is a drug on the possibly effective list of which there is no substitute for good therapeutic management of the patient, they will be faced with the decision whether to continue to use it because it is not officially off the market yet and is needed.

Senator NELSON. I don't know whether that list would show the drugs I am familiar with as I read the list. For all of them that I can recall there was an alternative, effective drug, at least for all the fixed combination anti-infectives. Is that correct?

Mr. STATLER. Generally that is right.

Senator NELSON. Now, of course, they have all been labeled ineffective anyway, so you don't allow any of them to be used.

Mr. STATLER. Ineffective we are not using, right.