listing for several months prior to the official listing of November 1st which you all have. We had lists signed by knowledgeable officials from the FDA dated September 23d and prior to publication and release to our field stations, we were advised that there were several errors on that list. So drugs had to be deleted and some others had to be added. So rather than subject our physicians in the hospitals to erroneous listings and then causing a traumatic episode of having to change the information that went out, we are waiting for an official publication that we can stand behind.

Dr. WELLS. This is a very key point of decision, because there were a number of additions and deletions on that ineffective list. I think it was this experience, more than anything else, that made us feel that at this point in time we had best not go along with anything other than an officially declared listing of the possibly effectives.

Mr. GORDON. Dr. Wells, may I interrupt for just a moment. Mr. Statler just quoted Dr. Edwards, and I am going to quote Dr. Edwards again: "that we are the only reliable source which the practicing physicians should be able to look to to obtain some of this relative efficacy type of information."

Mr. Statler, do you agree with the Food and Drug Administration on this?

Mr. STATLER. I agree, Mr. Gordon, and any information that the FDA puts out relative to efficacy and comparative efficacy of drugs is furnished to all of our hospitals. In part of this testimony, appendix A, we list information that is provided to our therapeutic committees. We mention, for example, all FDA releases on drugs such as clinical experience abstracts, adverse reaction reports, FDA's current drug information circulars, their dear doctor letters, their new drug approvals, their weekly recall reports are all provided to everyone of our hospitals for continued guidance.

Mr. GORDON. Do you consult with them before you put a drug on your formulary?

Mr. STATLER. We certainly would know whether it was on one of the possibly effectives or ineffectives.

Mr. GORDON. This is in the negative sense. Do you ever ask FDA, for example, as to whether one drug is more effective or safer than another drug when both may be effective and safe?

Mr. STATLER. They haven't made such a determination available. They don't have the comparative information.

Mr. GORDON. Did you ever ask them?

Mr. STATLER. Yes. We have been in discussion with many of their people on that.

Mr. GORDON. The wording that Dr. Edwards used was this: "* * * be able to look to obtain some of this relative efficacy type information." Have you consulted with him at all on whether, before you put a drug on the formulary, that particular drug or another one should be put on?

Mr. STATLER. We are in close contact constantly with their drug efficacy study implementation group, called DESI. This is what Dr. Edwards was referring to, that they are the only reliable source of relative efficacy of drugs and they are talking about the classification as a result of the NAS–NRC reviews.