Yes, we do have all the information as they publish it. For example, in preparing this testimony on Peritrate, we knew there had been a panel review on it but we had not seen anything published. I wanted to get the current information as to the relative efficacy.

They have not made their final determination and published it in the Federal Register. As soon as it is, then it will become information that is available to our agency.

Mr. GORDON. Can you tell us those drugs about which you have recently consulted with the FDA relative to putting a drug on one of your formularies?

Dr. WELLS. Normally I don't believe we do, Mr. Gordon.

Mr. GORDON. I don't mean taking off. I mean putting something on a formulary.

Dr. WELLS. We don't specifically consult with them. We use their publications. We use their generalized information, but our therapeutics committee in the central office actually executes this action to our stations. We don't consult with them relative to individual drugs. Is that correct?

Dr. CHASE. That is correct. We use the basis of their information where it is appropriate for us. If it is a question of therapeutic effectiveness we will go to the experts in the field who are actually involved with the controlled testing of these drugs. Either the literature or the individuals as persons.

Mr. GORDON. You do not consult with the FDA, then, on specific drugs, is that correct?

Dr. CHASE. Well, I personally do not, sir. As chairman of the committee.

Mr. GORDON. Does anybody in VA?

Mr. STATLER. We have continual contact on all these drugs you are talking about. Every one of these that was questioned during the testimony of the physicians during the fall months we have discussed with officials from FDA to find out drug efficacy study recommendations, and so forth. Yes, we try to get all available information that they have in their files that is made available to us, but I have to make it clear that they will not release anything that has not yet been published in the Federal Register. So information we get is also public knowledge.

Senator NELSON. Please continue.

Dr. WELLS. One of our most significant efforts to date has been the issuance of Department of Medicine and Surgery Circular 10–71–3, January 13, 1971, on rational drug use. This directive restates our long-standing policy of not rigidly restricting professional practice by administrative direction, but emphasizes that we want to assure that every effort is made to treat all Veterans' Administration patients with the most effective therapeutic agents, at the most favorable cost. It calls attention to previous major policy statements and reiterates the position that each hospital Therapeutic Agents and Pharmacy Reviews Committee should take necessary action in the context of agency policy to assure the rationality of drug use and to provide the most effective and economical treatment for the patient.