

best possible judgment we can in line with our basic goals which I think have been rather clearly stated.

Mr. GORDON. You say you are waiting for the FDA to bring together such a list? Is that it?

Dr. WELLS. Well, for the official publication of it, yes.

Mr. GORDON. Couldn't you put it together yourself since many have been published already in the Federal Register? I notice that you were waiting for the "possibly effective" list to be brought together by FDA. The Public Health Service drew up its own list. Could you have used the PHS list. Why do you have to wait?

Dr. WELLS. We are rather conservative about this.

Mr. STATLER. Mr. Gordon, we have been in close contact with FDA on this. The very first day we learned of the compilation of the listing by HEW of 159 drugs, we called FDA to find out if we could use this as the official listing, and they told us no, that there are errors on that list. We are not interested in having an erroneous list.

We also know Defense Department has a similar listing with more drugs on it than HEW has.

We asked in our letter to Dr. Edwards for the list of ineffective drugs, and in addition, advised him that we plan to also provide our hospitals with a list of drugs classified probably effective, possibly effective, and effective as a result of these panel reviews. We said we would appreciate receiving these lists of drugs considered officially by FDA in each of these four categories and an updating and subsequent listing of all drugs as they become available.

They are in the process of preparing such a listing. Just this morning in the green sheet I notice that FDA is, within the next 2 weeks, to publicize a new ineffective drug list which will have something like 400 on it rather than the original 359. So as you see, there is a continual review process.

One of the problems is they have new information—today in the Federal Register something may be listed as probably effective or possibly effective but additional information has been submitted by the manufacturers to FDA and they are making a different decision and putting it in a different classification. So something we take out of a Federal Register last year may not be current today in the eyes of FDA. That is why we are waiting for an official transmittal of the list to us.

Mr. GORDON. When you get the probably effective list what are you going to do?

Mr. STATLER. We will transmit it to all of our VA field stations so every therapeutic committee will have such a listing and as Dr. Wells indicated, we will make a drug-by-drug review to see if there should be any special action taken on any of the drugs on there.

Obviously if there is a drug on the possibly effective list and there are more effective drugs available and particularly at less cost, that information will be furnished to our hospitals for their use.

Mr. GORDON. What about the probably effective?

Mr. STATLER. It looks like the probably effective will eventually be put into the effective classification simply because of a change in certain claims of the manufacturer and they will then come out, be taken out, of the probably effective list.