Senator NELSON. Go ahead, Doctor.

Dr. WELLS. As an example of the problem that arises in selecting drugs for central purchasing and in obtaining complete agreement as to their acceptability for use, we have noted that a substantial number of our local therapeutic committees have changed to the macrocrystalline form of nitrofurantoin from the microcrystalline form. The decisions were apparently based upon concern that the microcrystalline form produced more unfavorable side effects than did the macrocrystalline form. This view has been challenged and some hold that there is insufficient clinical evidence to support it. Our Executive Committee on Therapeutic Agents has been examining this question to determine whether the microcrystalline form available from a foreign supplier would be satisfactory. The minutes of the Executive Committee on Therapeutic Agents discussion was disseminated to all hospitals. One of our chiefs of urology expressed his concern about Veterans' Administration's possible action, stating that in his practice of clinical medicine there is evidence of a fivefold greater incidence of nausea and vomiting when using the microcrystalline form than when using the macrocrystalline form. While recognizing the value of controlled clinical studies, we cannot ignore substantial evidence developed in routine clinical practice. In any event, we have reached no conclusion on this problem, nor have we purchased further stocks of nitrofurantoin in either form since our previous appearance before this subcommittee.

Our current policy with respect to those drugs whose effectiveness has not been questioned, but whose costs are significantly higher than other products which some authorities feel are equally effective, is to restrict the quantities purchased while our local Therapeutics Agents and Pharmacy Review Committees consider what controls they might wish to establish to assure they are used where indicated and not on a widespread basis just because of their popularity. It is possible that we will continue to purchase propoxyphene where its use is indicated. We will determine to what extent it is being used when there is no specific indication for it and when an effective and safe substitute is available. I believe that most of the distinguished witnesses which have appeared before your subcommittee generally agreed that there was no rationale for the use of propoxyphene instead of aspirin except in specific cases. As I interpret what they said and what our own experts tell me, there is a use for such products as propoxyphene; the problem lies in the general use of such products when a substantially lower cost, effective alternate is available. Our local committees are already reviewing the widely publicized examples. As a part of our agencywide review our Executive Committee on Therapeutic Agents will review, with our Supply Service, agency records which highlight substantial use of the more costly drugs and will provide this information to our local committees so that they can review their own decision, to assure themselves that they have adequately controlled the use of these drugs.

As we promised this subcommittee, we have examined our previous policy on soliciting foreign sources for our drug requirements. Our efforts to obtain world market prices or cost information were unsuccessful. We solicited the assistance of the Department of State, Department of Commerce, and both domestic and foreign drug firms.