until final FDA regulatory action is directed. We contemplate few problems with the "probably effective" category, but here, too, we have established controls.

Senator NELSON. May I interrupt a moment, General?

General HAYES. Certainly.

Senator NELSON. What is the exception to the "possibly effective" drugs?

General HAYES. That is where no other drug for this purpose exists at this time, similar to the HEW Public Health Service position.

Senator NELSON. When there is no other drug that treats the condition which the "possibly effective" drug purports to treat. Is that what you are saying?

General HAYES. That is correct.

Senator NELSON. You say you have established controls for the "probably effective" drugs. What kind of controls? What do you mean by that?

General HAYES. Well, much the same as with the possibly effectives.

Senator NELSON. Pardon?

General HAYES. Much the same as with the possibly effective. Limited procurement here rather than total nonprocurement, directing a very careful evaluation of the utilization of the items both by the individual prescriber himself, by the Pharmacy and the Therapeutic Agents Board.

Senator NELSON. So you are saying again that if there is a drug that is effective for treating a particular condition, that you will not authorize the use of a "possibly" or "probably" effective drug for the same condition?

General HAYES. That is correct. I could read, after I finish the whole statement, or here at your pleasure, the memo that Dr. Rousselot sent to the three Services which really outlines this pretty well.

Senator NELSON. How long a memo is it?

General HAYES. Page and a quarter.

Senator NELSON. Why don't you read that at the end of your statement.

General HAYES. Pending a decision on ultimate classifications, we are reducing our stock levels of these products to the minimum, and continually monitoring developments in FDA.

Also as a result of the study, Dr. Rousselot has appointed a study group to review our entire stock list of drugs, and make recommendations for their retention or deletion. The group is chaired by the staff director, DMMB, and has the advice and assistance of the professional consultants to the Surgeons General. The review is now in progress.

In addition to the actions generated by the study, DOD has directed the Surgeons General to emphasize the use of the most cost-effective medications whenever professionally appropriate.

DMMB has established an effective liaison with FDA which, for the first time, will ensure that our file of FDA actions is complete and accurate. This liaison has enabled DMMB to provide to the Services identical and validated data on the Study of Drug Effectiveness. The DMMB procedures eliminate duplication of effort by the Services, and insure that all Services will have all the information.