

are brought to the therapeutic agents board and ultimately reported up through the adverse reaction system.

Senator NELSON. Let me just conclude by saying, General, that it strikes me that the Defense Department is approaching the whole problem very sensibly and that, all in all, it looks to me as if you have had a good record and it seems to me the procedures you have established for examining the whole question of rational prescribing, purchasing, and utilization of drugs is a sound approach.

Maybe a year from now when we have a record based upon your new approach to the problem, you may wish to make a report to the committee at that time.

General HAYES. We would be glad to, Mr. Chairman.

Senator NELSON. Thank you very much, gentlemen.

General HAYES. Thank you.

(Upon the direction of the chairman, information pertinent to the hearings follows:)

DEPARTMENT OF THE AIR FORCE,
HEADQUARTERS, U.S. AIR FORCE,
Washington, D.C., November 27, 1970.

Reply to

Attn of: SGPAC

Subject: Rational Prescribing of Drugs

To: AAC, ADC, AFSC, AFLC, AFCS, ATC, AU, AFRES, CINCPACAF, CINCUSAFE, HQ COMD USAF, MAC, CINCSAC, TAC, USAFA, USAFSS, USAFSS.

(Surgeon)

1. All Air Force Medical Service officers should, by now, be aware of the National Academy of Sciences/National Research Council drug efficacy study which was begun in 1966 at the request of the Food and Drug Administration. The goal of this study was to review all marketed drugs for therapeutic efficacy. Some of the findings of this study have already been released, and others will be forthcoming after the study is completed. To insure that these findings are available to every Air Force medical facility, listings of all findings will be reported initially in an ALMAJCOM letter and thereafter in Air Force Medical Materiel letters (AFMML) as they are released. Additionally, professional guidance, policies, and therapeutic notes will appear regularly in the *USAF Medical Service Digest*. It is the responsibility of each therapeutic committee to insure that the professional staff is advised of all such information and guidance.

2. Drugs that are found to be ineffective will be removed from the stock list and local purchase of such items will not be authorized.

3. In addition to those drugs determined to be ineffective, there is the matter of high cost drugs being prescribed when equally effective but much less expensive drugs are available. Many experts are convinced that Librium and Valium are vastly over-prescribed today. Similarly, Darvon probably has no greater analgesic effectiveness than aspirin and there are totally effective low cost alternates for Ornade. Therapeutic committees must regularly review their own drug consumption data to insure that formularies not only satisfy the needs of the staff but also accurately reflect the judgments of current medical literature and the harsh reality of austere finances. We cannot justify the purchase of high cost drugs when equally effective but less expensive preparations are available.

4. You are directed to take necessary action to insure that all medical service officers are aware of this guidance. Rational prescribing must become a matter of special interest to all of us in the future.

THOMAS H. CROUCH,
Major General, USAF MC,
For the Chief of Staff.

(Whereupon, at 11:35 a.m., the Subcommittee on Monopoly of the Select Committee on Small Business adjourned, to reconvene at the call of the Chair.)