Mr. STAATS. Can you answer that, Mr. Crowther?

Mr. CROWTHER. We do not have any information on a specific analysis of that. We know that the VA requires that in the event a fee-basis physician prescribes a drug that is to be filled, particularly in a VA pharmacy, and it is in the ineffective or possibly effective category, then they are required to question that specific prescription. We know that the instructions have been issued by VA and there are means to attempt to control requests for such drugs, but we do not know of any summary report made to determine how well the instructions have been carried out.

Senator NELSON. We raised the question of the procurement, direct Government procurement of Darvon with the Defense Supply Agency, the Veterans' Administration—I think with all of them. Was that one of the seven items for which lower cost equivalent drugs are available in the supply system?

Mr. STAATS. I believe that is correct. We included references to it because it is one of the FDA's listed drugs as "ineffective," but it is still on the Federal Supply Schedule.

Senator NELSON. No, Darvon is not listed as "ineffective."

Mr. AHART. Darvon is not one of the seven items which were referenced in the Comptroller General's statement which were deleted——

Senator NELSON. Was not or was deleted?

Mr. AHART. It was not one of the items deleted.

Mr. GORDON. Incidentally, I notice, Mr. Staats, that the 32-milligram dose of Darvon was being bought for the "initial treatment of seriously underweight geriatric patients." None of the medical sources I looked into gave such an indication. How could they be buying it for this particular purpose? And the National Academy of Sciences said that the 32-milligram dosage is no more effective than a placebo.

Senator NELSON. That is, as an analgesic!

Mr. GORDON. But that is the only indication—as an analgesic.

Senator NELSON. What do you want to say to that, Mr. Staats?

Mr. STAATS. I do not think I am qualified to answer your question.

Senator NELSON. I think we should raise that question when the appropriate Federal agency comes up who handles the procurement. I do not expect you to be informed on that.

Mr. STAATS. The VA policy for "possibly effective" drugs is that consideration should be given to using alternative products having a higher FDA effectiveness classification. The VA purchased seven "ineffective" drugs for central stock after FDA pronouncements appeared in the *Federal Register*. Procurement of six of the seven items was discontinued after the VA policy was issued on December 4, 1970. The other item was purchased for over 2 years after the FDA pronouncement because it was inadvertently excluded from the list of "ineffective" drugs issued on December 4, 1970. I believe this is what you may have had reference to; that is Darvon. The VA Marketing Center has now been instructed to suspend issuance of all "ineffective" drugs and to negotiate with manufacturers for return of existing stocks for credit.

The VA continues to purchase "possibly effective" drugs, apparently because of its philosophy that it should not take actions that would unduly restrict the prescribing practices of physicians.