at least, the specifications drawn were specifications that only one brand name manufacturer could, in fact, meet. Is that not correct?

Colonel LINDSEY. Sir, I do not think this is the case. When a new drug hits the market, a new brand, a patented product or a new trademark mixture hits the market and it is the sole item of that type, the source of the information, both for us in our specifications and for the Compendia in developing their monographs, is the guide of mixture for the product itself. So we develop our purpose description, the specifications from that. But as soon as we find out anything in it that is not essential to quality and which is restrictive as to source, we change it. I think our specifications are sound and not restrictive of anything except insuring that the Government gets what it pays for with public money.

Senator NELSON. Please proceed.

General HAYES. To continue the prepared statement, each of the services has continued to stress the importance of the pharmacy and therapeutic drug committees as teaching organizations. A little later, I have some examples of these for you.

Two additional measures contribute to a concentrated effort to continue the education of pharmacists in the optimum management of drug therapeutics. Articles on pharmacological subjects now appear regularly in service medical publications. Service pharmacy officers are revising their role in the patient care team and with increasing frequency are participating in what has come to be called "clinical pharmacy." This involves direct first person assistance to ward and clinic medical officers in selecting from alternative chemotherapeutic approaches.

These proposals are not radical departures. They simply reflect the increasing interest of military physicians and military pharmacists in rational and economical usage of drug products. We have been heartened by the sober deliberative efforts of our therapeutic agents committees, by the number of our stations which are publishing "How Much Does It Cost?" data, and by the awareness of our physicians of drug alternatives and options. We have seen several examples of highly touted "new" drugs having marginal, if any, advantage over older products being sharply limited in use for only special situations.

Senator NELSON. Do you have any specific examples of that?

General HAYES. One good example is that of the macrocrystalline form of Meticorten. In some cases, it appears to have a marginal advantage over the tablet form, so we carry both in the catalog, but with a price differential of 250 percent for the macrocrystals, it pays the hospital to restrict usage to selected patients. Typically, this is only on the approval of the chief of urology.

Similarly, the use of the newer topical steroids such as triamcinolone and fluocinolone is controlled by the chief of dermatology. Levodopa is controlled by the neurologist.

Chiefs of service set restrictions on the use of gentamicin, carbenicillin, antibiotics resistant to staphyllococyl, penicillinase.

Perhaps one of the most significant advantages in the past year has been the development of a reorganization proposal by DPSC to the Defense Supply Agency which will integrate the separate procurement function at the Defense Personnel Support Center with the med-