

pending exhaustion. Not one new combination has been added since October 1971.

General HAYES. Furthermore, in regard to the Darvon, I think if we look at the overall picture, the usage of Darvon is moving downward. In the 12 months of fiscal 1971, we issued about 70 million doses of Darvon in various forms. During the 16 months since the last hearing, we only issued 20 million. That is a lot of Darvon still. But you have to compare that against the 400 billion doses of aspirin in the same period. And about 95 percent of the time, it would look as if now the prescribing is aspirin as the drug of choice.

Now, from the viewpoint of price, propoxyphene still is a significant amount of money. It cost us almost \$600,000. The 400 million doses of aspirin cost us \$800,000. Or if you put it on a cent per dose, it is 3 cents to two-tenths of a cent per dose.

Senator NELSON. I take it that part of the problem is that patients do not think you are giving them much of anything if they get aspirin, whereas if you give them a drug under another name, they feel the results are better?

General HAYES. Well, that is true. It is rather interesting that people do not understand the value of aspirin for a number of things. I have a hard time getting patients who have minor inflammatory problems in joints, getting them to understand that the aspirin not only helps the pain, but it also helps the inflammatory process, which is not helped by the other analgesics. They are analgesics only. But aspirin has a specific anti-inflammatory action. It is really superior to some other things for certain things.

Senator NELSON. I suppose the patients would probably feel they were getting better treatment if the doctor said we are giving you some acetylsalicylic acid.

General HAYES. Well, our patients are getting pretty sophisticated, and I think they would know that is aspirin.

Now, I think another thing, if we are going to be on Darvon a little bit. The patents run out on it this year and I expect the price will drop as competition comes into the picture.

Senator NELSON. I take it you are following the NAS/NRC recommendations on "ineffective," "possibly effective" or "probably effective" drugs?

General HAYES. That has been a matter of official policy since before the last hearings. I think if you will remember, just shortly before the last hearings, the recommendations came out and the DOD, our office in DOD put forth a directive that these recommendations were to be followed and that those items that were not effective were to be deleted, either by destruction or other disposal from the system, completely; that the effectives were to be monitored if there were changes in ratings by the Council recommendations, and the possibly and probably would be monitored again through the *Federal Register* and changed as advice came through the pages of the *Federal Register*. This has been followed very carefully.

Mr. GORDON. The Darvon Compound 65 that is referred to by the Council on Drugs of the AMA is a combination of Darvon with APC; that is, with phenacetin, caffeine, and aspirin. But the combination of Darvon and aspirin alone is not considered irrational according to the AMA's Drug Evaluations. I just want to clear that up.