as the information becomes available and the patterns evolve, then we decide to drop drug X. And as our success in education on some of these items that we admit are irrational but are, as Colonel Lindsey says, bread and butter items in practice—as the educational process cuts down the demand, then we will be in a position to drop it. It is hard to answer, it is impossible to answer, the question you have asked, really. It is just that our goal is to eliminate the unessential just as we have eliminated the ineffective.

Mr. GORDON. All right. Those that you have already dropped, what kind of savings are you making on that?

Colonel LINDSEY. Relatively little. We drop things that people switch to other things for. The place where we are going to save money is in switching from brand name combinations which are limited for one gimmick or another, to equivalent combinations which are made readily available, nonpatented, generic drugs. For example, if we have to have a cold tablet, a mixture of ingredients to make the patient feel better—quit sneezing, quit sniffling, dry his nose up—if we could go out and buy that on a generic basis, I would say on cold tablets alone, we would save $750,000 per annum.

Now, I mentioned earlier, we have already dropped about a third of the fixed combination drugs in our catalog since October of last year.

Mr. GORDON. How much did you save on that?

Colonel LINDSEY. I do not think we saved anything. People switched their volume to other drugs.

General HAYES. Maybe I can give you an idea of the situation as to how they are going at this by quoting from a Pharmacy Newsletter. This one is from Martin Army Hospital at Fort Benning, Ga. This is the January 1972 edition. As you can gather, it is volume 12, No. 1, so this kind of educational process has been going on for some time.

It says from the Department of Clinics. This is on page 1. I will number it with a "3" for the record.[1]

"The Department of Clinics is engaged in a program of reducing the number and amounts prescribed of drugs subject to abuse or addiction." This is what they are covering at the moment. "Statistics generated out of this program reveals aspects of drug utilization which should be of interest to all personnel. During the year ending in October 1971, a review of utilization of 10 commonly prescribed drugs disclosed the following: Amytal, 4,500 units for a value of $24.30."

I am going to the middle. I am not going to take all 10 of these. Meprobamate, 8,500 units for $448.80; and at the bottom, Fiorinal, Librium, and Valium, 287,000 for the first for $2,600—I am rounding off now when we get up to these numbers; Librium 419,000 units for $12,000; and Valium, 727,000 units for $28,200. "It should be noted that the bulk of funds expended on these types of drugs is attributable to only three drugs, the latter three. These three drugs accounted for a total of 1,433,000 units at a cost of $42,892. The significance of these figures can better be evaluated when comparison is made to the other drugs stocked and used in MEDDAC. A total of 1,100 drug products are authorized for use in our activities. The cost per line on a monthly basis of these 1,100 items is $59, while for each one of the aforementioned three drugs, it is $1,194.

[1] See p. 8891.