"While no attempt was made to determine proper utilization of these drugs, physicians and dentists who have studied these figures have raised the following questions:

" 'How many of those patients started on Valium or Librium for its tranquilizing properties could have benefited from the use of phenobarbital, a much less expensive product and effective tranquilizer?

" 'How many of the patients that were treated with Fiorinal as a pain reliever could have obtained the same relief from aspirin, APC, or codeine—all much less expensive and effective pain killers?' "

Now, this is the kind of educational process that is going on all the time. They are trying to get people to look at rational use of drugs which will accomplish an end at lower expense. But I can still not answer your question as to how much money we are going to save. And I cannot go to the point that we at the DOD level, and I think I can speak for the three Surgeons General, that their offices would not go and send a directive to Martin Army Hospital and say, you will not issue Fiorinal, Librium, or Valium. We cannot go that directive. But we certainly can educate, and this is going on.

Another example of it is the Air Force. This is from Wilford Hall Hospital at Lackland, in San Antonio. Their formulary, which as you see is a handy size, their formulary has listed in it opposite—I opened it at Dactinomycin—500 mcg, vial, one vial, $1.40. Every item in this thing has a price opposite it to inform prescribing physicians of what he is spending of his tax money and also the money that is allotted to the base for its overall use. Because the money that is overspent in the pharmacy is not spent for something else that somebody else might want. There is a limited budget.[1]

Now, Wilford Hall is not alone in this kind of thing, but I brought it along as an example of what the services are doing.

Senator NELSON. What hospital is that? Is this their own formulary developed within the hospital?

General HAYES. Yes.

Senator NELSON. What educational process has the DOD adopted from the top here? Have you provided any suggested formulary?

General HAYES. No, we have not, and actually, each hospital has its own formulary, because there are certain differences in the way things are done in the various services, both the services and the needs, so each hospital puts its own formulary together. We have not felt it is necessary to put together a DOD formulary because the services are doing a good job in their various installations.

Senator NELSON. Colonel, when you were talking about irrational combinations, whose definition were you using? For example, the AMA describes a number of drugs as irrational combinations. The NAS/NRC described a number as irrational combination, including, if my memory is correct, all fixed combination anti-infectives, did they not? Except the tuberculosis drugs. Whose definition are you following on irrational?

Colonel LINDSEY. I was responding to Mr. Gordon's question on irrational. I used the term once specifically in relation to Arfonad. I was using in that case the AMA definition.

Senator NELSON. Because the NAS/NRC did not conclude that all combinations were irrational. I think a number of those they did not describe as irrational were topicals, as well as certain tuberculosis drugs.

[1] See p. 8893.