VETERANS' ADMINISTRATION,
DEPARTMENT OF MEDICINE AND SURGERY,
Washington, D.C., June 19, 1972.

Professional services letter.

To: Directors of hospitals, domiciliary, outpatient clinics and regional offices with outpatient clinics and manager, marketing center.

Subject: FDA interim index to evaluations published in Federal Register for NAS/NRC reviewed drugs.

1. Three copies of Index to Evaluations, Volume II, December 31, 1971, have been forwarded to you in accordance with DM&S Circular 10–70–237, paragraph 3. Distribution should be made as follows: Chief of Staff or Chairman, Therapeutic Agents and Pharmacy Reviews Committee (1); Chief, Pharmacy Service (1) and Chief, Supply Service (1).

2. Pages 3–25 of the Index lists drug products classified by Food and Drug Administration as "Lacking Substantial Evidence of Efficacy" (Category 1). In accordance with DM&S Circular 10–72–92, VA funds may not be expended for drugs classified no higher than Category 1, except those for investigational use for which a protocol has been submitted to and approved by the Executive Committee on Therapeutic Agents and in accordance with FDA Regulations.

3. Category 2 drugs, classified by Food and Drug Administration as "Possibly Effective" are listed on pages 26–42 of the Index. In accordance with DM&S Circular 10–72–92, VA funds should not be expended for drug products in Category 2, with the following exceptions:

a. Investigational Drugs—Submission of protocol and approval by Executive Committee on Therapeutic Agents is required.

b. Drug products for which there is no appropriate alternate drug therapy available in Category 3 or 4, "Probably Effective" or "Effective". (Approval by the Chief of Staff or local Therapeutic Agents and Pharmacy Reviews Committee is required.)

4. Drug products in Category 3, classified by Food and Drug Administration as "Probably Effective" should be used only if, in the opinion of the prescribing physician, there is no appropriate alternate drug therapy available in Category 4, classified "Effective".

5. The attachment lists all drug products in the three categories, which were classified less than "Effective" in the Index to Evaluations. This list may be duplicated locally for distribution to fee-basis physicians. If prescriptions are to be filled at Veterans Administration expense, drugs prescribed by fee-basis physicians should be limited to those in the highest catgory which, in the opinion of the prescribing physician, will meet the treatment needs of the patient.

6. It is our desire to permit physicians as much professional freedom as possible in the treatment of veteran patients. Attention again is invited, however, to IL 11–71–44, paragraph 7: "Federal funds should be expended only to purchase the most effective drug product available for a given condition. Therapeutic committees must, therefore, assure themselves that sound professional reasons govern their selection of drugs."

LYNDON E. LEE, Jr., M.D.

Enclosure.

1. LACKS SUBSTANTIAL EVIDENCE OF EFFICACY

	Company	Type
Achrocidin	Lederle	Tab.
Do	do	Syr.
Achromycin Loz 15 mg	do	Loz.
Achromycin Sv	do	Cap.
Achromycin Troches	do	Trh.
Achromycin/Phenylephhc	do	Sus Nasal.
Achrostatin V	do	Pwr.
Do	do	Cap.
Aclor 5 gr	Cole	Cap.
Acromicina Sv	Lederle	Cap.
Acticort	Wilson Labs	Sol.
Actilamide	Broemmel	Mwh.
Do	do	Sol Nasal.
Actol	Massengill	Sol.
Afrodrin	BW Co	Sol Nasal.
Aerodrin	do	Spy Nasal.
Albamycin	Upjohn	Dis Diag.
Albamycin G U	do	Tab.