Effective but: with an appropriate qualification. This difficult group is under reconsideration by NAS/NRC and FDA.

Each drug received a rating. FDA was given the first rating report in October 1967; the last report in May 1969.

SIGNIFICANCE TO THE PHYSICIAN

The Efficacy Study revealed that about 60% of all therapeutic claims reviewed lacked adequate evidence of efficacy under the law. Overall, the NAS experts reported a "deplorable situation" in the generally poor quality of labeling and of evidence submitted in support of efficacy claims.

Many efficacy presentations submitted by manufacturers consisted of reports of uncontrolled observations and testimonial-type endorsements. There was a "conspicuous" lack of substantial evidence based on well-controlled investigations by experienced investigators.

The panels specifically criticized the labeling of about two-thirds of the drugs they evaluated. They found too many package inserts to be "poorly organized, repetitive, out-of-date, evasive and promotionally oriented." The majority were found to fail in their purpose of providing the physician and the pharmacist with authoritative and objective guides to prescribing or dispensing the drugs in question. This point takes on added significance because official labeling sets the boundaries for permissible advertising and other promotion.

THE FDA RESPONSE

In each case, the FDA's conclusions, based on the NAS/NRC recommendations, are published in the *Federal Register,* a daily official journal of the Federal Government. As soon as the FDA judgment is published, manufacturers of drugs with claims rated less than effective have several options open to them short of product withdrawal. They may choose:

- to develop necessary scientific data to substantiate current claims;
- to eliminate or modify questionable claims, or
- to reformulate the product.

When the choice is to develop additional data, the manufacturers have six months for "possibly effective" claims and twelve months for "probably effective" claims. During these periods, manufacturers may request extension of time based on development of a satisfactory protocol for study of disputed claims. The drug may remain on the market in the interim if there are no questions of safety. FDA is well aware that the studies will take time and will not insist on unreasonable time limits in any case.

Overall, the Agency is determined to better meet the need to reach practicing physicians and other professionals with all pertinent information on what is being proposed and accomplished under the Drug Efficacy program. Furthermore, the law requires that the labeling of prescription drugs bear full disclosure of all material facts to the prescribing physician. On the basis of this double incentive, FDA is issuing regulations requiring that all labeling and all promotional material carry a prominently placed "box" characterizing the claims for any given drug which have been judged "probably" or "possibly" effective.

FDA recognizes that drugs of questioned efficacy will be available by prescription while evidence of effectiveness is still incomplete. Such a status will be temporary, and drugs in this category either will become "effective" as soon as appropriate evidence permits, or removed from the market if this evidence is not forthcoming.

CONCLUSION

The Drug Efficacy Study has been the most thorough review ever attempted of drugs available to the physician. When the study is fully implemented, the physician should be able to prescribe any marketed drug secure in the knowledge that its efficacy has been judged on the basis of acceptable scientific evidence.