lary. Committee members raise questions as to the safety and efficacy of specific drugs and combine their knowledge to evaluate and select the best agent. Both staff physicians and fee basis physicians are expected to prescribe only those drugs in the station formulary. For our in-patient program, exceptions are made when the individual physician determines he will accept only the specific item prescribed. Physicians desiring to continue to use items not in station formularies are required to submit to the station committee their reasons, and to justify their inclusion in the station formulary or substitute the necessity for a continuing exception. This formulary system we currently use is the one which we feel most effectively meets the widespread and diverse VA needs.

Senator NELSON. Because of the time situation I want to be sure to raise one issue with you, which shocks me. It has nothing to do with VA, but with one of your suppliers, the Merck Co., and the drug is Aldomet, an anti-hypertensive. I raise this because it seems to me to be a very important policy question for the Government. As you know, Merck synthesized this drug in 1953 and secured a patent. They could find no use or value for the drug. The National Heart Institute (NHI) took the drug and did some experimenting and created the use for the drug at the expense to the taxpayer.

I shall read from the Senate Appropriations Committee hearings on HEW appropriations for 1965. It says here on page 1310 that:

> However, for several years after its synthesis in 1953, alpha-methyl DOPA (which is Aldomet), was of interest only as a research tool for studies on amine metabolisms, since neither it nor any of its chemical relatives demonstrated any effect whatsoever on blood pressure in animal studies. Despite evidence of any demonstrable blood-pressure effects in animals, the National Heart Institute scientists became interested in alpha-methyl DOPA in 1958. They felt that it might possibly be useful for the treatment of pheochromocytoma or malignant carcinoid. . . . So the NHI scientists cautiously tested the drug in some patients with pheochromocytoma or malignant carcinoid. Parallel biochemical studies were also undertaken in several patients with hypertension. . . . Had this drug not been tested in humans, it might even today be considered simply another research tool for studies in amine metabolism. Instead, under the trade name Aldonet, the drug has proved to be a valuable new addition to the physician's arsenal of drugs against hypertension.

Also, in hearings before the House Appropriations Committee for 1966 HEW appropriations, NHI testified that:

> It is probable that Aldomet would never have made the grade if NHI scientists had not tried it in human subjects despite its lack of hypertensive action when tested in laboratory animals. The near accidental discovery of its effectiveness in hypertensive patients resulted in a valuable new drug. In long-term clinical trials at NHI, Aldomet has effectively controlled blood pressure in about two-thirds of hypertensive patients in which it has been tried.

So the use of the drug was discovered and developed by scientists at the National Heart Institute. It is interesting to note that in 1970 the sales of this drug were $33,200,000. One year later in 1971 it had jumped to $42 million, which would make it one of the top-selling drugs in the country.

I also note, and correct me if I am wrong, that VA spends more money on this drug than on any other drug, is that correct?

Dr. LEE. We need to go back a little in history before we can answer that question.