had his pharmacy staff member and others; Mr. Oddis represented the American Society of Hospital Pharmacists; I represented the American Pharmaceutical Association; we had AMA at the executive vice president level, the general counsel, the director of their law division.

Mr. GORDON. Who was the general counsel at that time?

Dr. APPLE. Mr. Stetler was the person who participated in most of these meetings in 1963.

Mr. GORDON. And he was at that time in favor of the formulary system?

Dr. APPLE. I cannot answer that.

Mr. GORDON. At least he represented the AMA.

Dr. APPLE. He represented the AMA, and the statement that was finally worked out during these conferences was subsequently ratified by the boards of the four organizations, including the AMA Board of Trustees.

We have a copy of that statement appended to the record here of our testimony.

Mr. GORDON. Do I understand correctly that Mr. Stetler now is opposing the formulary system?

Dr. APPLE. I have no knowledge of this.

Mr. GORDON. I was just wondering.

Dr. APPLE. We think the formulary concept can be extended through communities with the cooperation of the medical and pharmaceutical professions and with the same beneficial effects. For lack of a better title, we refer to this as a community formulary. The antisubstitution laws would not pose any serious impediment and, in fact, would assure effective functioning of the community formulary.

The local medical and pharmaceutical societies would establish a pharmacy and therapeutics committee to develop a list of drugs to be utilized. This listing then would be circulated to all physicians and pharmacists in the area. Information included would be the scientific name of the drug and the acceptable suppliers chosen on the basis of the collective experience of the panel, literature reports, comparative product costs, therapy rationale—in much the same manner as is now done in hospitals.

When the prescriber wrote his prescription order, he would merely signify that he wished the pharmacist to use the "formulary equivalent," or he could prescribe by established name with the direction that a formulary-accepted product be utilized. If the pharmacist dispensed a product other than that listed in the formulary, he would, of course, have violated the antisubstitution law, just as if he had used one brand in place of another. Under this system, the physician would know that he was not receiving an "unknown" product of dubious quality.

Several pharmaceutical groups have indicated an interest in "testing" this concept in a number of States, and we plan to lend our every assistance to these efforts. We think that effective development of such a system would be consonant with the hallowed principles of medical and pharmaceutical practice and serve the public interest.

Much has been made of the need for pharmacists to know why two drug products may be different. But, if the pharmacist is going to be able to use this knowledge for the benefit of society, he must have the