instances of clinical nonequivalency have seldom been reported, and few of these have had significant therapeutic consequences.

Even though such cases are few, and others may well be reported in the future, these cannot be ignored, and the problem deserves careful consideration because of the medical and economic policies which are involved.

The interrelation of medical and economic factors is especially obvious in the case of two chemically equivalent products, both containing the same amount of the active ingredient and both meeting legal standards, but priced at different levels.

If the physician can be given reasonable assurance that two such competitive products will, in fact, give predictably equivalent clinical effects, then his choice between the two may well be based on relative costs. Under such conditions, there would be little justification for prescribing a relatively expensive brand of a drug when an equally effective counterpart is available at substantially lower cost. Similarly, there would be little justification for a Federal drug program to provide for reimbursement of such an expensive brand.