WHEREAS, The pharmacist may, in some situations, have greater knowledge of drug products than other health professionals, including knowledge of both quality and costs, and

WHEREAS, It is appropriate that decisions with regard to the choice of drug products be made by the health professional possessing the greatest amount of information involved in the particular selection in question, with the attendant accountability, therefore be it

RESOLVED, That the physician, having selected the chemical entity to be used for therapy, should be required to delegate to the pharmacist, or explicitly to retain to himself, selection of the particular drug product to be dispensed and received by the patient.

Background Statement

Early in 1973, the DRB became interested in the question of the appropriateness of existing drug antisubstitution legislation and its relation to the final application of knowledge concerning drugs. Initially, the DRB considered that the antisubstitution laws which have existed in almost all of the states for several decades remain appropriate at the present time and protect the consumer from inferior products. At that time (early 1973), a resolution strongly endorsing continuation of antisubstitution legislation was considered by the DRB. However, subsequent meetings with representatives of various groups, especially the American Pharmaceutical Association (APhA), brought out important facts with which the DRB had not previously been familiar and which it believes most of the American public and American physicians are not aware of.

Perhaps most important is the fact that it is currently illegal for a pharmacist, often the last health professional to have contact with a patient prior to the latter's taking a prescribed drug, to substitute one brand of a given chemical entity for another (e.g., on the basis of lesser cost to the patient) even if both brands were manufactured in the same laboratory, when only the former brand is specified by the physician on the prescription. The DRB discussions concentrated on the knowledge or information, which goes into such decisions; and many of the discussions focused on how one is to deal with an absence of data on bioavailability and bioequivalence. The DRB did not consider that the cheaper of two drug products of the same chemical entity is necessarily the more desirable. However, in the absence of information to the contrary, it is unreasonable to assume that the less expensive is less desirable. In essence, the resolution finally adopted unanimously by the DRB asserts that, in the absence of data to the contrary, there is no inherent reason for choosing the more expensive drug product simply because of the familiarity of the physician or pharmacist with the brand name. It further asserts that the pharmacist may be the health professional most familiar with the details of cost, the one who has to deal with inventory and similar problems, and because of these, the physician should either delegate to the pharmacist the right to make the choice or explicitly reserve that right for himself.