The DRB resolution, in addition, emphasizes accountability of the health professionals involved--the physician and the pharmacist--for their decisions. For the physician, he must be prepared to defend his decision to restrict the dispensed drug product to the specific brand named in his prescription, should he choose to require such a restriction. For the pharmacist, he must be prepared to defend his substitution of a cheaper drug product than a brand named in the prescription, should substitution be permitted by the physician.

The DRB is aware that it changed its position during the calendar year 1973, so that the final position is almost exactly opposite to that it initially considered taking on this issue. The main reasons for this change were (1) learning that amendment of antisubstitution laws does not mean removing from the physician the prerogative of requiring a particular brand; (2) becoming aware of the data on source manufacturer of a number of different brands of some chemical entities (e.g., tetracycline and chloral hydrate, as recorded in the "Hearings before the Subcommittee on Small Business of the U.S. Senate, 93rd Congress, Second Session, etc., etc.," Part 24, February 20, 21, March 5, and 6, 1974); (3) examining the relative laws recently passed by the states of Florida and Michigan. An important unstated aspect of this issue, however, is the conspicuous absence of data or information of any sort for use by the health professionals in making such decisions, other than cost data. As stated above, however, the DRB decided that, in the absence of data indicating inequivalence, cost would often be the deciding factor; and the pharmacist is often in the best position to make this final choice.

The resolution was passed unanimously by the members of the DRB with one abstention, that of J. Richard Crout, director, Bureau of Drugs, Food and Drug Administration, whose agency has not taken an official stand on the issue. Chairman of the DRB is Frederick E. Shideman, head, department of pharmacology, University of Minnesota. Other members are Daniel L. Azarnoff, professor of medicine and pharmacology, University of Kansas Medical Center; James A. Bain, director, division of basic health sciences, Emory University; Mitchell B. Balter, chief, special studies section, psychopharmacology research branch, National Institute of Mental Health; Allan D. Bass, associate dean for biomedical sciences, Vanderbilt University School of Medicine; Paul Calabresi, physician-in-chief, Roger Williams General Hospital, Brown University; J. Richard Crout, director, Bureau of Drugs, Food and Drug Administration; Victor A. Drill, director, scientific and professional affairs, G.D. Searle & Co., Skokie, Illinois; Robert M. Hodges, vice president, research and development, Parke, Davis & Company, Ann Arbor, Michigan; Hugh H. Hussey, editor emeritus, American Medical Association, Chicago, Illinois; Werner Kalow, chairman, department of pharmacology, University of Toronto; Thomas D. Kinney, professor of pathology, Duke University Medical Center; Kenneth G. Kohlstaedt, professor of medicine, Indiana