

To the FTC:

I am writing because I am very concerned about proposals for increased government regulations concerning veterinary pharmaceutical dispensing. I believe that while this investigation is well-intentioned, thoughtful consideration reveals that the outcome of additional regulations will be less helpful than a cursory evaluation might suggest, and probably will lead to much confusion amongst pet owners and pharmacists and much less cost savings than might be hoped for. I offer several factors for your consideration:

- 1) Pharmacists don't learn about animal physiology, pharmacology, or diseases in their routine education unless they seek out specialized training. At this time, very few practicing pharmacists have any training in veterinary pharmacy. This lack of education may lead to confusion about dosages and drug forms, and other errors. They are also not able to give pet owners the type of counseling that they can for human patients. As an example, I recently had a situation where a pharmacist told the owner of a patient that was having seizures to give a lower dose of phenobarbital (anti-seizure medication) than the dose I had prescribed because the pharmacist thought the dose I had prescribed was too high. I had great difficulty figuring out why the dog continued having seizures until the owner advised me that the pharmacist had changed the dose without calling me for clarification. Once I corrected the pharmacist's error and put the dog on the correct dose, the seizures were controlled. Harm to the patient is a real possibility when the pharmacist is uneducated about animal physiology and pharmacology, and "human" pharmacists should not be allowed to dispense medications for animals until they have been thoroughly trained in the field of veterinary pharmacology. This is the single most important aspect of this discussion.
- 2) Many medications that are prescribed for animals are veterinary-specific and have no human-label counterparts. This means that pet owners will not be able to go to local "human" pharmacies for these drugs because they're not available there. Pharmacies will be left on their own to decide which drugs they will stock, and may gravitate toward stocking mostly human label medications and not stock the low-volume veterinary drugs that veterinary practices routinely stock for their patients.
- 3) If veterinary-labeled drugs are not available in local pharmacies, pet owners will have to order them from "internet" or "mail-order" sources if they don't buy them from their local veterinarian. This may lead to a delay in treatment of up to several days, which may not be in the pet's best interest.
- 4) Because the veterinary pharmaceutical market is so small compared to the human market and veterinary patients and diseases are so diverse, compounding is frequently needed to produce medications that are not commercially available. Most human pharmacies no longer compound for their patients and those that do usually don't have the ingredients that are needed for veterinary patients, whereas veterinary practices that prescribe these medications are frequently set up to produce them in-house so the patient's treatment can begin immediately.
- 5) The confusion created by the factors listed above will cause veterinarians and their staffs to have to increase the time they spend counseling owners and pharmacists about pets' medication, interfering with the operation of veterinary practices as they are now run. This might even be severe enough to cause veterinary practices to have to hire additional staff to deal with telephone calls from owners and pharmacists, fax requests from pharmacies, etc. The only way to pay for the additional time and staff expenses will be to increase other professional fees to offset the expenses.
- 6) The business model that general veterinary practices in the USA follow uses pharmacy income to help pay for general overhead, such as staff salaries, utilities, rent, etc. This allows veterinarians to charge less for their professional services. If veterinarians lose a significant part of their pharmacy income while at the same time having to work through the decrease in productivity that will result from the amount of time spent counseling pharmacists about medications and responding to the increased numbers of phone calls and faxes from pharmacies, they will be forced to raise their fees for services to be able to continue to provide the same level of care that their clients have come to expect. This will reduce or eliminate any cost savings that might come from buying drugs through another channel.

The frequent advertisements on television for Pet Med Express and other pet pharmacies, postings in stores such as Wal Mart and other local pharmacies advising pet owners they can have veterinary prescriptions filled there, and newspaper ads from local pharmacies advertising the availability of pet prescriptions already make clients aware that they can go elsewhere than the veterinarian's office for their prescriptions. I, and all the veterinarians I know, already provide written prescriptions any time a client asks for them and routinely prescribe out some medications that I don't stock, and don't charge anything for doing it.

My veterinary practice and the vast majority of general veterinary practices in the USA are independent small businesses. While small businesses make up a very large portion of this nation's economy, each one of them struggles constantly to maintain themselves as a going concern and keep their employees working. Government regulations require a significant amount of time and resources to comply with, and additional regulation from the FTC is an unnecessary layer of "red tape."

As I stated earlier, I believe that while the intentions of this investigation are good, in the real world it will lead to much confusion and wasted time and effort, and won't result in the savings that are hoped for.

Sincerely,  
Greg McGrath, DVM  
Cedar Lake Pet Hospital