

September 11, 2012

Federal Trade Commission / Office of the Secretary
600 Pennsylvania Avenue, N.W.
Room H-113 (Annex X)
Washington, DC 20580

Dear Secretary,

The Oregon Veterinary Medical Association believes that veterinarians are uniquely trained to provide the best professional guidance and education to pet owners when dispensing prescription products.

We also acknowledge that pet owners should have the ability to obtain a veterinary prescription from his or her veterinarian to be filled at a retail pharmacy of the client's choosing. In fact, we believe this is already occurring across the country, with market forces ensuring that consumers have access to such medications fairly and without the need of federal legislation.

While we recognize that retail pharmacies are filling prescriptions issued by veterinarians upon the request of their clients, we expect this to be conducted in accordance with state laws and administrative rules of boards of pharmacies. Regrettably, this has not always happened in Oregon – and it has caused serious concerns among our member veterinarians.

Examples of where pharmacists have overstepped their bounds

Since late February we have monitored this issue and documented specific examples where retail pharmacists have changed dosages of drugs prescribed by veterinarians and even dispensed an entirely different drug to the veterinary client. This has been done without consulting the veterinarian and receiving his or her authorization.

Case 1: A client brought her cat to a practice in to be trained to administer insulin, as her cat had been diagnosed with diabetes. The attending veterinarian prescribed Glargine (Lantus) insulin for the patient, and, at the client's request, wrote a prescription for her to have it filled at a local pharmacy. When the client went to pick up the medication at the pharmacy, the pharmacist told her that Humulin-N was an equivalent product and cost less than Glargine. At the recommendation of the pharmacist, the client purchased Humulin-N for her diabetic cat.

It is true that Humulin-N is less expensive than Glargine, but the two types of insulin *are not* interchangeable. As a result of the pharmacist's counseling and switch to the incorrect insulin, the cat continued to suffer from its diabetes.

Fortunately, upon a re-check with the cat two weeks later, the veterinarian caught the problem and corrected the insulin to the appropriate product for her patient.

Case 2: A veterinarian was treating her patient for an immune-mediated disease, and the dog was experiencing alopecia. While at her local pharmacy the client mentioned the hair loss to the pharmacist, and he recommended that the client purchase Rogaine to restore the hair loss. What the pharmacist did not understand is that Minoxidil is the key ingredient in Rogaine and can cause cardiomyopathy in dogs.

It is important that retail pharmacists fully understand that cats and dogs are not little people, and that animals have different physiological responses to drugs – both animal and human – and that pets often can process much higher dosages of drugs than what pharmacists expect and see in people. Under no circumstance should a retail pharmacist change a veterinarian's prescription without first receiving that practitioner's authorization.

We raise this issue to illustrate our initial point – that veterinarians are the best individuals to inform and educate consumers about prescription drugs for animals. That some retail pharmacists are outside their scope of practice when counseling veterinary clients is a prime challenge with the issue of veterinary prescriptions.

Other concerns with H.R. 1406

The OVMA believes that the Fairness to Pet Owners Act of 2011 is redundant and would unnecessarily place burdens on veterinary practices. It does not make sense to require a written notification to the client that the prescription may be filled elsewhere, regardless of whether or not the client is having the prescription filled by the practice. The provision that requires an electronic verification of prescriptions is cumbersome and places the veterinarian in a dilemma while possibly placing the consumer at risk.

Comparing apples with oranges

It is our understanding that one of the panel discussions at the upcoming Federal Trade Commission workshop in Washington, DC, will address similar issues between H.R. 1406 and the Fairness to Contact Lens Consumers Act. However, the OVMA does not believe there are similarities between the two "Acts."

Contact lenses are a single commodity and with a limited number of conditions that might require treatment. In veterinary medicine there is a far greater breadth of conditions, illnesses and diseases that may require treatment using one of the many hundreds of veterinary-specific drugs or the many hundreds of human drugs that are commonly prescribed. The average pharmacist is not trained in veterinary medicine and is not likely able to counsel veterinary clients on the correct dosages, contraindications, side effects, and drug interactions.

Summary

The OVMA believes that if enacted the requirements of H.R. 1406 would place undue regulatory burdens on Oregon veterinarians. We also are confident that the current marketplace is a fair barometer that ensures the consumer reasonable choice and access to veterinary prescriptions and keeping their pets healthy and safe.

Thank you for your consideration.

Sincerely,

Glenn M. Kolb
Executive Director
Oregon Veterinary Medical Association