

Veterinary Prescriptions & Retail Pharmacies Summary – Membership Survey

**Oregon Veterinary Medical Association
(Prepared by Glenn Kolb, Executive Director)**

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Overview

The survey was conducted to document a broader range of experiences veterinarians have encountered with on-line and brick and mortar pharmacies. Results indicate a mix of both good and bad news.

First – the good news.

Veterinary clients in Oregon – for the most part – have good access to obtain medications for their pets at their outlet of choice, whether that is a veterinary practice, an on-line business or a retail pharmacy. According to the practices that responded to the survey, a significant majority of them will, at the client's request, write a prescription to be filled outside of the practice. In addition, most veterinary practices DO NOT charge a prescription fee for this service.

When a retail pharmacist has a concern about a prescription issued by a veterinarian, a majority will contact the veterinarian to discuss the issue. In some instances, veterinarians have established a good business relationship with a local pharmacist, and together they work hand-in-hand to meet the needs of the client and the best interests of the patient.

Second – the bad news.

Regrettably, respondents to the survey have noted too many instances where retail pharmacies or on-line outlets have overstepped their bounds with regard to the health and safety of the veterinary patient. This has included changing the prescribed dose of a medication or switching to a different product – both without contacting the attending veterinarian and obtaining his or her

authorization. Other times a pharmacy will dispense the properly prescribed product by the veterinarian, but the pharmacist will counsel the client to reduce the dosage – often in half, especially for thyroid medications or Phenobarbital to control seizures in an epileptic patient.

When this occurs, the retail pharmacist steps outside of his or her scope of practice, and the patient receives sub-therapeutic treatment for its condition. Retail pharmacists do not have the training or experience in veterinary pharmacology and are ill-equipped to counsel veterinary clients on the appropriate doses of medications, contraindications, side effects, and drug interactions.

It is important that retail pharmacists understand that cats and dogs are not little people. If a pharmacist has a concern about a drug prescribed by a veterinarian, it is paramount that he or she call the veterinarian and ask for clarification about the prescription. A pharmacist should only change a veterinarian's prescription after having fully discussed the issue and obtaining the veterinarian's authorization.

The Survey

Oregon has approximately 525 veterinary practices. We received a response from 21% of the practices across the state.

1. Do you honor a client's request to have a prescription filled outside of the veterinary practice?

Yes – 95%

No – 5%

2. Do you charge a fee when a client fills the prescriptions outside of the veterinary practice?

Yes – 7%

No – 93%

3. Have you experienced an instance where a retail pharmacy or an on-line outlet changed a prescribed dosage or medication for your patient without your authorization?

Yes – 35%

No – 65%

4. Has a patient experienced an adverse event that can be related to a change in dosage or type of medication from your prescription as dispensed by an on-line outlet or a brick and mortar retail pharmacy?

Yes – 16.5%

No – 83.5%

5. Has a retail pharmacy or on-line outlet ever contacted you to discuss concerns with a prescribed dosage or type of medication for your client?

Yes – 57%

No – 43%

Case Examples

- Many respondents indicated they have encountered instances where retail pharmacists have changed a prescribed insulin product to a lesser expensive insulin, believing that the two products were interchangeable, when, in fact, they were not.

In one example, the patient suffered serious complications, i.e. diabetic ketoacidosis. In other instances, the patients received sub-therapeutic treatment for their diabetes until a re-check with their veterinarians caught the problem.

- A number of retail pharmacies lower the dosage of thyroid medications for companion animals without contacting the attending veterinarian. Evidently, the retail pharmacists are equating an animal's ability to absorb and metabolize the medication in the same manner as a human. There are distinct differences.

- A veterinarian diagnosed an older dog with epilepsy and prescribed 15 mg of Phenobarbital twice daily. When the client arrived at the pharmacy to pick up the prescription, the pharmacist told her that the dosage was too high and that she should reduce it in half. With the sub-therapeutic treatment, the dog continued to suffer from seizures, until several weeks later when the veterinarian discovered the problem upon a re-check. The dog was euthanized.
- A veterinarian prescribed Itraconazole (Sporanox) to treat ringworm in a cat. However, the retail pharmacy did not carry Sporanox but dispensed a compounded product that is unreliable and poorly absorbed in cats. The client elected to continue using the compounded product, but experienced a treatment failure. The patient's ringworm subsequently responded to Terbinafine.
- A practitioner was treating a patient with a collapsed trachea and issued a prescription for a cough suppressant. The Rx was written for Hycodan tablets (Hydrocodone Bitartrate and Homatropine). The pharmacy did not carry this product and instead substituted a product with Hydrocodone and Acetaminophen without consulting the veterinarian.

Fortunately, the prescription was for a dog and NOT a cat. Acetaminophen generally is not recommended for treatment in dogs, as high dosages can cause irreversible liver damage. There are NO safe dosages for cats.

In a separate instance, a veterinary technician mentioned to a pharmacist that her senior dog had arthritis and asked what he would recommend to help relieve the animal's discomfort and pain. The pharmacist suggested high doses of Tylenol (active ingredient – acetaminophen).

- A retail pharmacist dispensed Advantix (which is labeled for use ONLY in dogs) to a cat owner. Even if the product were approved for cats, the dispensed dosage would have been incorrect.
- A veterinarian wrote a prescription for Azithromycin 50 mg PO BID, but the retail pharmacist sent the client home with Azathioprine instead. After one

week the cat had severe bone marrow suppression and ultimately died. The veterinarian believes this was an honest mistake.

- A veterinarian prescribed propylene glycol for a hyperkeratotic nose problem in a Labrador Retriever. The dog's owner declined having the prescription filled when the retail pharmacist told her that the veterinarian had prescribed anti-freeze which would kill the dog. (Ethylene glycol is in anti-freeze, not propylene glycol). The veterinarian learned of this when she called the client for a progress report on the dog.
- A dog with an auto-immune disease was to be treated with the chemotherapy drug, Azathioprene. Instead, the retail pharmacist dispensed the anti-biotic Azithromycin. The patient relapsed and had to be euthanized.

The same veterinarian was treating a patient for an auto-immune condition, and the dog was experiencing some hair loss. The client happened to be at a local pharmacy and mentioned the loss of hair to the pharmacist who suggested that she purchase Rogaine to treat the alopecia. Minoxidil is the active ingredient in Rogaine and can cause cardiomyopathy in dogs – something the pharmacist did not know.

- A veterinarian diagnosed atypical mycobacterium in a cat and prescribed a liquid antibiotic for the client to have filled at a nearby pharmacy. The dilution instructions by the retail pharmacist were significantly incorrect. As a result, the patient relapsed and was euthanized.
- At the request of his client, a veterinarian called in a prescription to a local pharmacy. However, the pharmacist filled the prescription at 10 times the original dose. Several refills were called in to the pharmacy, and each time the medication that was dispensed was 10 times the correct dose. Because the medication was dispensed by a third party, the veterinarian never had an opportunity to see the prescription label and did not know the medication was being dispensed incorrectly. While the patient was on the incorrect dose, other medical and behavioral problems arose. The veterinarian conducted many tests on the patient before discovering it had

received excessive doses of the drug. The owner incurred significant medical costs as a result.

- Over-the-counter products are also prescribed by veterinarians to treat patients with various conditions and illnesses. In one case, the veterinarian prescribed a high dosage of Vitamin K for a dog. When the client went to pick up the product at her nearby pharmacy, she mentioned the dose to her pharmacist who said that high amount of Vitamin K would kill the dog. This simply is untrue.

Other Concerns

- A number of respondents to the survey indicated that some retail pharmacists have changed dosages or changed medications even when the prescription noted “No Substitution.”
- Veterinarians have also had problems with some pharmacists who fax the practice a “refill authorization” but with incorrect or incomplete instructions. When the veterinarian “hand corrects” the authorization and returns the prescription by fax to the pharmacy, the pharmacist tends to NOT correct the label.
- Many practices have had clients not fill a prescription issued to be dispensed by a pharmacy, because the pharmacist explained to the client about human side effects with a particular drug. This has scared some clients from obtaining the necessary drug for their animal – even though the noted side effects do not occur in animal patients.
- It also is fairly common for both on-line outlets and brick and mortar pharmacies to switch a prescribed product for another product because they happen to be out of the prescribed product.