

Veterinary medicines — a challenge for the pharmacy profession to meet

By **Andrew Cairns**, community pharmacist and chairman of the Veterinary Pharmacists Group

Pharmacists are gradually becoming aware that veterinary medicines may be an integral part of their professional activity in the future.

Such has been the evolution of the market in the distribution of veterinary medicines over the past two decades that the number of pharmacy products can be counted on two hands. Most non-prescription veterinary medicines are in the Pharmaceutical Merchant List (PML) category, which can be supplied by pharmacists and by merchants under the supervision of a suitably qualified person (SQP), without the need for a prescription.

To obtain the maximum volume of sales for their products, manufacturers have been inclined to seek PML status in the case of food chain animals and general sale list status in the case of companion animals. There is a sense, therefore, that classifications have been determined by available routes to market rather than quality, safety and efficacy, which are now being pursued as the defining criteria.

The current lack of pharmacy involvement is regrettable but explicable. Are pharmacists being greedy? Will they not put an effort behind products unless they are pharmacy only? More likely, in the absence of a robust pharmacy category of veterinary medicines, it is comparison with the large number of human products supplied over the counter that makes pharmacists assume that they are not expected to participate. This seems incongruous.

So, what is different about veterinary products? In professional terms, very little! Yes, there are competency issues requiring attention but this is also true with human medicines.

The Marsh report and the Competition Commission (*PJ*, 4 May 2002, p601) recommendations challenge pharmacy to demonstrate added value in its involvement. This is because there is an implied assumption that veterinary prescriptions, which veterinary surgeons will now be required to offer to their clients, will start flowing to pharmacies. Why are pharmacists being asked to become more involved in an activity that they appear to have spurned for a generation? To answer this, the legislative and professional changes currently taking place need to be considered.

The European Commission in its "Review 2001" ruled in December 2003 that all medicines for food producing animals will be prescription only. Such prescriptions will be written by suitably qualified professionals. The Department for Environment Food and Rural Affairs (DEFRA) will require this to be implemented in the UK by 1 January 2006. Conversely, the Marsh report and the Competition Commission's inspection of monopolies in the veterinary medicines market now seek to increase the availability of these medicines. The Veterinary Surgeons Act is in the course of being redrafted.

Perhaps pharmacy can play a part by offering greater competition alongside increased professional control. There are 12,000 pharmacies on the high streets of Britain — an attractive proposition for any manufacturer, for the public and, if it so chooses, the Veterinary Medicines Directorate (the regulatory authority for veterinary medicines). Many of these pharmacies have so far taken little interest in pet medicines, the most appropriate part of the veterinary market for them to get involved in. It is appropriate because it is a professional activity that can reside comfortably as a section in most community pharmacies and because pharmacists have a basic training suitable for upgrading to the level of competence required.

It is exciting and timely that the new textbook 'Veterinary pharmacy', edited by Jepson and Kayne, is published this month and the diploma in veterinary pharmacy is to be re-launched by the Royal Pharmaceutical Society.

In addition, negotiations are ongoing between the National Pharmaceutical Association and the Animal Medicines Training Regulatory Authority to provide material suitable for training pharmacy staff.

Perhaps most significant of all is the Society's dialogue with the VMD. It is discussing the merits of a pharmacy classification for veterinary medicines. UK authorities have made it clear that when the "Review 2001" requirements come into place, Marsh recommendation 14 will be used to guide veterinary medicines classification. That is, POM veterinary medicines will be divided into POM(A), POM(B) and POM(C). As currently proposed, medicines in POM(A) and (B) will require a veterinary prescription. A pharmacist or a merchant under certain circumstances may prescribe medicines in POM(C). Items now classified as pharmacy only would go into POM(B) and henceforth need a prescription signed by a vet.

The Society is proposing that POM(B) is considered as a category from which pharmacists may prescribe. Models now being used in human medicines have been discussed with the VMD as potential mechanisms for pharmacists to prescribe veterinary medicines. These include supplementary prescribing, patient group directions, minor ailments services and repeat prescribing.

In addition, the Society's Council has agreed a list of medicines that it believes could be placed in such a category. These re-classifications would initially have to be to the existing pharmacy category, with the assumption that this will become POM(B) in 2006. The products proposed are almost entirely prophylactics and emphasise pharmacists' understanding of vaccines and zoonoses.

It will undoubtedly be necessary for pharmacists to develop closer working relationships with vets. The Society is currently talking to vets and other stakeholders, and investigating ways in which pharmacists can integrate to the best advantage of the veterinary industry.

How pharmacists could "add value"

- Certain sheep vaccines are significantly underused. Abortion in sheep is a problem that can readily be vaccinated against. However, at best, 33 per cent of ewes are protected by vaccination. Not only are there issues of animal welfare and farm efficiency but a public health issue also exists — pregnant women should be neither near these sheep nor should they handle the vaccine. Pharmacists could contribute significantly to the proper control of this and other similar conditions and their risks.
- It is well known that the dog worm *Toxocara canis* can cause blindness in children. Less than 50 per cent of pets are wormed routinely. If pharmacists were involved in the supply of pet medicines, the public would visit pharmacies about their pets regularly and would receive this type of advice routinely.

Further educational support publications and courses

- Certificate in companion animal health care (Royal Pharmaceutical Society)
- 'Veterinary formulary', 5th edition, edited by Yolande Bishop (2005 edition under preparation) (Pharmaceutical Press)
- 'Zoonoses', by Martin Shakespeare (Pharmaceutical Press)
- The NOAH Compendium of Data Sheets for Veterinary Products, published annually by the National Office of Animal Health, the manufacturers' trade organisation