

Internet pharmacy — some words of warning from across the pond

By John Perrin, a member of the Royal Pharmaceutical Society resident in Florida

Obtaining drugs by e-mail is practised mostly for the wrong reasons in the US. Searching the web shows that there are hundreds of US-based on-line pharmacies that are usually independently owned. They are commonly used to obtain drugs without seeing a doctor. The patients decide which drug they want, filling in a diagnosis form, and the pharmacy provides a doctor, who signs a prescription. The drug is then mailed to the patient.

The patient is aided in making his diagnosis by the advertising of drugs by the pharmaceutical industry and the willingness of the physician, local to the pharmacy, to sign these prescriptions. Although the physician will be licensed, he is clearly not the “cream of the crop”. He may have malpractice problems or be compelled by greed. Some of these pharmacies are “off shore” in the Caribbean, the Far East and even Europe. NBC TV recently did a piece on such an arrangement in Holland. The physician, when challenged, showed no remorse or regret.

Some patients use this type of pharmacy to avoid embarrassment, for example, when they want Viagra. I know some British people obtain their Viagra in this manner from US pharmacies. The Viagra they receive may not be in a tablet, but in a capsule and the capsule may have been filled from bulk sildenafil. For a low-dose, larger tablets are broken up, sifted and divided.

This type of compounding is practised by 30 to 50 per cent of independent pharmacists in the US. There is no effective policing of pharmacy in the US because of the political protection that has been built up over the years by these small businessmen and their chief supply company based in a southern state. Other favourite products of the compounders are inhalation fluids, hormone replacement therapy products, pain products (intravenous and sustained release), flavouring for paediatric medicines and drugs unapproved in the US.

Such products will clearly not be made in the UK because of the model policing of pharmacy by the authorities. And to their credit the Australian authorities have moved to stamp out this compounding practice, centred around the same supply company, before it reaches the cult status it enjoys in the US.

The flavouring of paediatric medicines is also practised by some chains and compounding in general is practised by franchisees of a small chain. Some publicly traded companies, involved in specialised services such as home inhalation therapy and IV infusion, are also involved in compounding but demand prescriptions from the patient's physician, usually by e-mail.

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In a recent lawsuit filed in a federal court (*Med 4 Home v DLJ Pharmaceuticals [Radix]* and *Monte McDowell* US District Court for Western District of Missouri, August 2004), one large compounding company is suing another following illnesses due to contamination of inhalation fluids. About 19,000, mostly online customers had to be contacted. One of these compounders supplied the other with two million vials a month.

Prescriptions are usually shipped by normal mail from online pharmacies. This makes theft a possibility but such a problem has not been brought to my attention. However products can be exposed to extremes of temperature during shipping. (Some major pharmacy chains offer an ethical e-mail service as a convenience to their patients, with the prescription usually being picked up at the pharmacy.)

The online pharmacy programme accepted by the UK government is closer in design to US mail order pharmacy than US online pharmacy. In the US the chronically sick patient sends his doctor's prescription to the mail-order pharmacy and receives a three-month supply by ordinary mail. Such pharmacies are huge and are capable of handling enormous quantities of drugs. They are probably owned by the patient's insurer or are under contract to that insurer, ie, the patient has no choice of pharmacy.

This is ethical pharmacy and the drugs are genuine but even under this system, my concern is of shipped products being exposed to extremes of temperature. In the US mail is placed in the owner's mail box which may be close by but, in remote areas, may be several miles away from the residence and not collected on a daily basis. The UK mail system makes this less of a problem in temperate Britain — or does it? An article in the *Journal of the Royal Society of Medicine* (2004; 97:328–9) drew attention to the effect of

heat, after last summer's heat wave, to drugs carried in doctors' bags and stored in their car boots. This caused me to wonder if pharmacists in the UK warn mothers to take their newly reconstituted paediatric suspensions straight home and not to dally over lunch or shopping. I suspect not. A few hours in a hot car can significantly lower the concentration of clavulanic acid in Augmentin suspensions, for example. Obviously such products are not for the chronically sick and not appropriate for online pharmacies. The Royal Pharmaceutical Society will need to draw up a list of drugs that are unsuitable for online prescriptions.

Bulk buying by US pharmacies and the provision of three-month quantities to the patient results in significant savings to the insurers and the insured. Furthermore, distance is not an issue in mail order pharmacy in the US. Even if the patient lives next door to the pharmacy his medicine must still come in his mail. As I understand it, the UK online service is intended for the chronically ill who cannot easily reach a pharmacy, and shipping is by registered mail. Might it be an option to have a three-month supply delivered by a health worker who could evaluate the patient and possibly perform appropriate tests? Ultimately this might be less expensive, and require less policing than will be needed for online pharmacy.

A further problem is now arising from the US. Prompted by the bizarre pricing of drugs some US individuals, organisations and communities have started to purchase drugs from Canada, often online. The manufacturers are retaliating by stopping the supply to the Canadian pharmacies that offer such services. The manufacturers and the Food and Drug Administration say that counterfeit drugs are involved — and this in spite of the fact that the FDA is reluctant to stop the supply of millions of doses of counterfeit compounded drugs taken by Americans on a daily basis for fear of political reprisal. Even an ultra right wing politician has said: “Nonsense. Show me the dead Canadians!”

Recently the State of Illinois has said it is considering obtaining drugs from Ireland and the UK for its employees, no doubt online, and the FDA has already implied that such drugs could be counterfeit. The UK Government and the Royal Pharmaceutical Society need to have a plan to handle these proposals. Of course, were the US government to negotiate with the manufacturers over the price of drugs, these problems would be redundant — but that would be socialised medicine!