Veterinarians-Pharmacists

By
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Prescription Writing

Although the majority of prescriptions with which the pharmacist is confronted are written by physicians, a prescription is a legal document written by a licensed medical practitioner. Furthermore, a prescription in effect constitutes an order from a dentist, physician, or veterinarian directing a licensed pharmacist to prepare medication for a person or animal to be given at a specified time and in the prescribed manner. Since the pharmacist must interpret these requests of the medical practitioner as put forth in the prescription, it is appropriate that the typical form of a prescription be reviewed (see Figure 1).

Integral parts of any prescription are: 1) the patient's and/or client's *name* and address. Also, additional information such as the patient's species, sex, age, breed, etc. may be included, dependent on the particular discipline of the practitioner: 2) the *superscription* ℞ which is from the Latin meaning "take thou". Therefore, the superscription leaves the pharmacist no choice but to use the ingredients and quantities as listed in the body of the prescription; 3) the *inscription* or "body" of the prescription specifies the ingredients to be used as well as their amounts. Practically, the inscription of a complex prescription is comprised of three parts: a) the *base*, which contains the active constituents, b) the *adjuvant*, a substance which either enhances the activity of the base or alters undesirable side effects such as taste, and c) the *vehicle* which is usually an inert solid or liquid that facilitates the administration of the medicament. 4) the *subscription* consists of directions to the pharmacist from the medical practitioner. Usually the form and the number of doses is indicated herein. 5) the *signatura* consists of directions to the patient or client from the medical practitioner and it is intended that this information go on the label of the finished product. Rather specific directions are included to designate amounts to be taken, frequency of administration, and the manner of administration or application; 6) and finally, authentication of a prescription is achieved by the written *name of the prescriber*. While other parts of the prescription may be typed or printed, the author of the prescription must use his *written* signature or initials. In addition, if dangerous, habit forming, or narcotic ingredients are being prescribed, indelibility in writing of the entire prescription must be observed as well as a narcotics registration number.

Revised Prescription Legend

The purpose of the legend found on prescription veterinary drugs is to insure their *safe* and *effective* use under the supervision of a veterinarian. Upon the recommendations from the Advisory Committee on Veterinary Medicine of the Food and Drug Administration, an order was given by the FDA, effective February 4, 1970, that changed the existing wording of the prescription legend from "sale by" to "use by." The revised legend now reads, "Caution, federal law restricts this drug to *use by* or on the order of a licensed veterinarian." This action of the FDA was prompted by surveys and studies that revealed the

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sale of prescription veterinary drugs by veterinarians who did not have a personal knowledge of the diseased state for which the drugs were to be used. Therefore, the intended purpose of the prescription legend (vide supra) was not being observed. However, the Bureau of Veterinary Medicine of the FDA has been reported to say that the legend change should in no way effect the availability of veterinary prescription drugs, supposedly to include their sale! (For further reference to this as yet unclear situation, see "Iowa Pharmacist," March 1970.)

Professional Relations

A survey was recently conducted (October 1967) in Indiana with the purpose of evaluating the professional relationship between practicing veterinarians and licensed pharmacists. Questionnaires were submitted to all members of the Indiana Veterinary Medical Association and approximately 50% of all practitioners replied. This was considered a good sampling and the results which will be discussed may reflect in general on conditions in the midwest as a whole. Practitioners were divided into three groups. Group I consisted of those involved only in small animal (pets) practice, group II consisted of those involved in large animal (farm) practice, and group III included those veterinarians involved in a mixed practice (pets and farm animals).

In general, about 60% of all veterinarians knew pharmacists in their community and almost 90% of these felt that their relationship with the pharmacist was excellent. On the other hand, less than 10% of all the veterinarians knew the local pharmacists well, and less than 3% of these practitioners had poor relationships with the pharmacists. While the problem of diagnosis of animal diseases by pharmacists coupled with indiscriminate dispensing of animal medicaments was reported to exist, the extent varied from about 20% who diagnosed and dispensed frequently to about 50% who rarely did and about 18% who did not.

Of particular interest was the reply of all veterinarians to the questions regarding utilization of services offered by the pharmacy profession. Less than 10% of the veterinarians consulted with pharmacists when information on new or unfamiliar drugs was needed and more than 50% never consulted with pharmacists at all. Yet, about 80% of all veterinarians wrote prescriptions with a frequency of three or less per week while less than 2% wrote more than 30 per week. Moreover, in the category of small animal practice, about 88% of the practitioners wrote prescriptions and of these, 32% wrote three or less per week, 38% four to fifteen per week, and about 10% wrote more than fifteen per week.

Although some prescription writing was done by large animal practitioners (about 38%), the majority of prescriptions were prepared by the small animal practitioners while veterinarians with a mixed practice fell in between (59%). In addition, about 80% of the small animal practitioners had a narcotics license as compared to 51% of those with a mixed practice and about 17% of those with a large animal practice. In view of the location of small animal clinics and practices in urban areas and the current drug abuse problems associated with such veterinary products as phencyclidine, the barbiturates, amphetamine derivatives, morphine derivatives, phenothiazines, etc., it becomes increasingly apparent that professional relationships and services of the pharmacist should be more fully explored. Furthermore, 70% of the small animal practitioners used the physicians' desk reference (PDR); 70% wanted to know the symbols and abbreviations used in prescription writing; and greater than 90% felt that a handbook listing of generic names with cross references between human and veterinary products would be of value. With regard to the latter, Purdue University College of Pharmacy is preparing such a drug guide and hopes to have it available by late 1970 or early 1971. Also, most small animal practitioners (85%) were in close proximity to a pharmacy (less than one mile).

Reasons for not wanting to write prescriptions could be summarized as: 1) in-

convenience to the clients, 2) lack of knowledge of services available through the pharmacist, 3) dispensing by the practitioners, 4) cost and profit, 5) lack of knowledge on how to write a prescription, and 6) miscellaneous.

Finally, most of the veterinarians did want to know 1) what the pharmacist had to offer to him on a professional basis, 2) how to properly prepare a prescription, and 3) more knowledge of "human" drugs.

There are many situations which preclude the writing of prescriptions by veterinarians. In particular, large animal practitioners will not have the same opportunities to prescribe that exist for small animal practitioners. However, with current trends towards small animal work and group practices, as well as, towards consultation, diagnosis and contractural work, and with veterinary laboratory technicians and clients handling the more routine types of treatment (see Veterinary Economics, October 1969), dispensing may be handled more advantageously through the pharmacy.

Furthermore, current problems in the area of drug abuse, not to mention pollution by DDT etc., have prompted more rigid controls of drug use, storage and dispensing. It would seem reasonable that storage and dispensing of drugs could best be achieved in a well-stocked modern pharmacy under the direct supervision of a registered pharmacist. It must be emphasized that an essential first step in establishing better professional relationships must come through better communication between the practicing veterinarian and his local pharmacist.

A recent meeting (March 1970) of midwest representatives of the AVMA and the APhA was held in Chicago, Illinois, and was concerned with drugs of abuse. It became apparent that drug abuse problems existed in common for these two professional groups. It also was apparent that solutions to these problems and perhaps other related problems could best be approached by a common effort.

21 April 1970
Date

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VETERINARY CLINIC

Iowa State University — Ames, Iowa

Name Mrs. Robert Piepho

Address 2324 Terrace Road, DesMoines, Iowa

For Boston Terrier, Male, Age 4 yrs.

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Benzylbenzoate	25.0 %
Lindane	1.0 %

M. Emulsion

Sig. Apply thoroughly to affected areas daily every other week.

12246
Reg. No.

Thomas Sobotka, D.V.M.

Fig. 1 Prescription example