

**From:** [REDACTED]  
**To:** [VetsMI](#)  
**Subject:** Response to Issues Statement from the British Equine Veterinary Association (BEVA)  
**Date:** 29 July 2024 16:53:11  
**Attachments:** [image001.png](#)  
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To whom it may concern

**Please find below a response from the British Equine Veterinary Association (BEVA) with regards to the Issues Statement and referring to the “Cascade”:**

The Cascade was initially designed to ensure continuing access to many drugs for veterinary surgeons. However, the way it has been implemented and the practical application of it has had quite the opposite affect, particularly in equine practice. The CMA will be aware that the Cascade has recently been strengthened to make a failure to comply potentially a criminal offence. In view of this, and the complexity of the legislation, many veterinary surgeons are fearful to use the full scope of the Cascade.

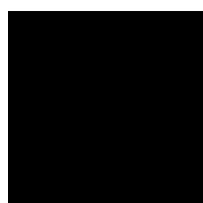
The Cascade has had a very anticompetitive effect and has resulted in unexpectedly high drug costs, about which the CMA have raised concerns. In 2014 Equisolon was licensed for use in horses. Equisolon was a preparation of prednisolone, a drug first approved for medical use in 1955. This was listed on the practice management system of [REDACTED] in 2014 at a cost (to the veterinary surgery) of £80, or £13.44 per gramme of active ingredient. Prednisolone tablets (5mg) were listed on the same practice management system at a cost of £1.60 per gramme. In 2010 Prascend was licensed for “Cushings Syndrome” in horses, a preparation of the drug pergolide. Using the practice management system of [REDACTED] this cost £150.49 for 160 1mg tablets, 94p per 1g tablet, while 1g tablets of generic Pergolide cost 35p.

There is a very simple solution to this issue. Veterinary Surgeons are specifically forbidden from using financial considerations when choosing a drug for use under the Cascade. It should be evident that this will often result in the demise of the horse - in almost all cases Veterinary Medicine is a resource limited discipline. This restriction on financial considerations should be lifted forthwith. This would allow a Veterinary Surgeon to present options to a client, exactly as the CMA is seeking. For instance, a Veterinary Surgeon would be able to offer a choice of a licensed preparation, with high standards of manufacture and testing, and some degree of security that the Drug Company might stand behind the product if there was an adverse reaction, or an unlicensed preparation at a lower cost, which might permit continued treatment of an animal when financial constraints were limiting treatment options. It should be evident that the public are already very familiar with this choice - everyone is used to choosing between, say, Weetabix or Tesco Wheat Biscuits Cereal.

Please do not hesitate to contact us if you have any further questions regarding this response.

Regards

Lucy



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[REDACTED]  
[REDACTED]

BEVA

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 [REDACTED]  
 [REDACTED]  
 [www.beva.org.uk](http://www.beva.org.uk)  
 Mulberry House, Ely, CB7 5LQ



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[REDACTED]