[RESPONDENT]
Response to Working paper - Competition In The Supply of Veterinary Medicines Dated 6 February 2025

Introduction

1. [RESPONDENT] is grateful for the opportunity to respond to the CMA's Working Paper "Competition in the Supply of Veterinary Medicines" published on 6 February 2025 (**Medicines Working Paper**).

2. This response should be read in conjunction with previous submissions made by [RESPONDENT] and is not intended to be exhaustive and includes high level observations on the Medicines Working Paper.

3. Expressions defined in the CMA's Working Papers and used in this response have the meaning set out in the CMA's Working Papers unless otherwise defined.

Role of List Prices

4. [RESPONDENT] notes that within the Medicines Working Paper, reference is made to manufacturers setting "*a list price for their veterinary medicines, which is the retail price suggested by manufacturers and is used as a reference point in negotiations on rebates and discounts….*"[1] Whilst [RESPONDENT] cannot comment on behalf of other manufacturers, [RESPONDENT] does not communicate or use the list price as a recommended or suggested retail price. As the CMA has recognised, the list price is used as a reference point in negotiations and is the price before any discounts or rebates are applied. Stating that [RESPONDENT] (or other manufacturers if that is the case) sets or provides recommended or suggested retail prices for POM-V medicines is misleading.

[1] Paragraph 2.27 of the Medicines Working Paper (the same point is made at paragraph 3.7(a) of the Medicines Working Paper).

[RESPONDENT]
Response to Working paper – Regulatory Framework for Veterinary Professionals and Veterinary Services Dated 6 February 2025

Introduction

1. [RESPONDENT] is grateful for the opportunity to respond to the CMA's Working Paper "Regulatory Framework for Veterinary Professionals and Veterinary Services" published on 6 February 2025 (**Regulatory Working Paper**).

2. This response should be read in conjunction with previous submissions made by [RESPONDENT] and is not intended to be exhaustive and includes high level observations on the Regulatory Working Paper.

3. Expressions defined in the CMA's Working Papers and used in this response have the meaning set out in the CMA's Working Papers unless otherwise defined.

Restrictions on Veterinary Medicines

4. [RESPONDENT] notes that one of the concerns expressed by the CMA in the Regulatory Working Paper is that some of the regulatory restrictions that apply to veterinary medicines may be narrowing pet owners' access to medicines and preventing them from having "*good, relevant and timely information on price, quality and treatment options*".[2] [RESPONDENT] considers that it would be helpful for the CMA to review certain aspects of the VMRs that may help explain, to some extent, the lack of information about veterinary medicines available to pet owners. In particular, we would draw the CMA's attention to Section 11 of the VMRs (*Advertising of prescription products and products containing psychotropic drugs or narcotics*). Amendments to the VMRs could address some concerns around information asymmetries experienced in this market, enabling pet owners to have access to more information about veterinary medicines and therefore enable more in-depth and informed conversations between veterinary surgeons and pet owners when considering different veterinary medicines. [RESPONDENT] notes that any change to the VMRs would also require the adaptation of the relevant aspects of the NOAH Code, which reflect and where appropriate, add further context to the requirements set out in the VMRs.

Under Care

5. [RESPONDENT] would welcome a review of the RCVS's interpretation of the VMRs requirement that an animal be "under care" of the veterinary professional who prescribes a Prescribed Veterinary Medicine. Particular reference should be made to how the RCVS's interpretation relates to parasiticides where a physical examination before prescribing (as the CMA notes) "*relatively routine parasiticides*", is now required[3] (even in instances where pets remain on the same treatment). The benefit of this specific requirement is questionable, particularly where the proposed treatment is part of a preventative regime and thus an examination is unlikely to aid the prescriber. [RESPONDENT] suspects that this requirement is leading to increased costs for pet owners, including consultation costs and time, and reduced choice; [RESPONDENT] has seen a reduced desire for FOPs to change veterinary pet parasiticide treatments since the introduction of this guideline. [RESPONDENT] supports an appropriate under care requirement and recognises the importance of a veterinary surgeon having the opportunity to examine a patient for either specific conditions or as part of its general care, but it considers that veterinary surgeons should be able to exercise appropriate autonomy and judgement in relation to when they examine animals. However, [RESPONDENT] questions whether mandated physical examinations in all circumstances benefit pets or their owners.

[2] Paragraph 11(b) of the Regulatory Working Paper (Summary section).
[3] Paragraph 6.52 of the Regulatory Working Paper.

(Re-)Classification

6. [RESPONDENT] considers there is an opportunity to clarify and improve the re-classification process when an MA holder proposes a change in product classification. [RESPONDENT] refers the CMA to the work and published guidance in human medicine switching, including guidance on process, criteria for switching and benefit risk assessment which may provide a useful reference point for comparison:

   - Guidance on the process and criteria for switching Medicines: reclassify your product - GOV.UK
   - Proactive encouragement to switch and drive accessibility New opportunities to reclassify medicines: what you need to know – Department of Health and Social Care Media Centre
   - Utilisation of tools such as a benefit risk assessment tool (BRA) that is used across many aspects of the human pharmaceutical industry Methodological guidelines and publications of benefit–risk assessment for health technology assessment: a scoping review protocol | BMJ Open and which importantly enables MA holders to evaluate the incremental risk to switching a product from being dispensed by a vet (for example) versus dispensed by an SQP outside of the veterinary practice.

   [RESPONDENT] notes that there is significant disparity between products that are available *over the counter* for young children versus pets where short term use could be/is used until there is a need to see a medical professional. It would appear that the general population are confident in the short term relief provided by over the counter products for young children (who also cannot articulate themselves) and that these products have been safely and effectively used to provide short term relief for the patient until a professional opinion can be sought where needed. If the equivalent applied in the pet sector, this may reduce the need to attend an out of hours veterinary clinic and the associated cost of that, other than when required in real immediate emergencies.

   In respect of the governance for the current switching process, [RESPONDENT] is of the strong opinion that there is merit in having pet owner representation in the switch evaluation process that is currently carried out by the VMD when an application is made, as i) an active member of the Veterinary Products Committee that evaluates new ingredients the first time they switch; and ii) in terms of utilising pet owner research when evaluating switching.