

End pharmacists' monopoly on selling certain drugs, argues expert

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Evidence is lacking that having a category of drugs He points out that in the UK in the past four years that can be sold only by pharmacists or under their just three drugs were switched from prescriptionsupervision ("pharmacy medicines") has benefits, writes a pharmacy professor in *The BMJ* this week. pharmacy medicines were switched to general

only control to pharmacy medicine status, but 12 retail sale.

Professor Paul Rutter at the School of Pharmacy, University of Wolverhampton, calls for an end to pharmacists' monopoly on selling some drugs and thinks that a two tier system of prescription or nonprescription drugs, like in the US, would be simpler.

Without credible evidence to support the pharmacy medicines monopoly - namely, that pharmacy intervention improves patient outcomes - "it is only a matter of time before a two tier system of prescription or non-prescription drugs becomes the standard model, as in the US," argues Rutter.

He mentions the recent case of the painkiller, oral diclofenac, that used to be available as a nonprescription drug sold exclusively under the direction of a pharmacist. In January 2015, the UK drugs regulator (MRHA) announced that it would revert to a prescription-only drug "because of a small but notably increased risk of cardiovascular side effects."

Such a system, he concludes, is easy to understand: access to medicines is obtained either with a prescription or from any retail outlet. "This is less confusing for consumers and increases accessibility, but it still allows pharmacies to sell drugs and gives them a chance to demonstrate their worth."

This implies that, even with this system of restricted availability, "doubt exists that pharmacists (and their staff) can supervise sales to consumers appropriately," writes Rutter.

More information: End pharmacists' monopoly on selling certain drugs, The BMJ, www.bmj.com/cgi/doi/10.1136/bmj.h3415

Given this decision, should any drugs still be restricted to sale only with a pharmacist's supervision, he asks?

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Some may argue that the pharmacy medicines category helps pharmacists in the community to help patients care for themselves, thereby reducing doctors' workloads, adds Rutter. "But does their four to six years of drug training mean that they should have a monopoly on selling some drugs?" he writes.

Furthermore, if pharmacy is to hold a monopoly on selling some medicines it needs to show value to consumers in terms of health outcomes, when compared with consumers purchasing these drugs without restriction, he argues.



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