

SB 235-MDH-FIN- LOS.pdf

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Position: FAV



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

January 24, 2024

The Honorable Senator Pamela Beidle
Chair, Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

RE: SB 235 – Prescription Drug Monitoring Program – Dispensers - Veterinarians – Letter of Support

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support for SB 235 – Prescription Drug Monitoring Program – Dispensers - Veterinarians.

The Prescription Drug Monitoring Program (PDMP) was established under law in order to assist prescribers, pharmacists, and public health professionals in the identification and prevention of prescription drug abuse and the identification and investigation of unlawful prescription drug diversion. The PDMP carries out this mission by monitoring the prescribing and dispensing of all Schedule II-V controlled dangerous substances. The PDMP is currently unable to carry out this mission as a critical source of controlled dangerous substance prescription information is missing from the PDMP. To help address the opioid epidemic, SB 235 addresses a reporting gap of controlled dangerous substances dispensed by veterinarians in Maryland.

The PDMP requires Maryland pharmacies and dispensing practitioners to report data on controlled dangerous substances that are dispensed to patients. The Program partners with the Chesapeake Regional Information System for our Patients (CRISP) to allow access to prescription monitoring data for certain enumerated purposes, to include: supporting medical care, supporting existing bona fide individual investigations, and facilitating public health surveillance and research. The PDMP monitors the controlled dangerous substances dispensed in Maryland and serves as a tool for clinical care coordination to reduce drug-related overdoses due to opioids and other controlled substances.

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SB 235 proposes to add a requirement for veterinarians who dispense controlled dangerous substances to report prescription information to the PDMP in alignment with every other dispenser of controlled dangerous substances in the state. Currently, pharmacies and Maryland physicians, dentists, podiatrists, nurse midwives, and nurse practitioners are required to report prescription monitoring data for the controlled dangerous substances they dispense. The bill will require veterinarians who dispense controlled dangerous substances from their office or clinic to report prescription monitoring data for the controlled dangerous substances they dispense in the same system, format, and frequency as other dispensers in Maryland. PDMPs in seventeen other states and the District of Columbia require veterinarians to report controlled dangerous substances dispensing data to the PDMP.

Access to veterinarian prescription data will help the Program carry out its mission to monitor all Schedule II-V drugs dispensed in Maryland. MDH respectfully requests this Committee to approve SB 235 as a necessary measure to address the opioid epidemic and to tighten the existing reporting gap among dispensers.

This bill will not have a fiscal impact on MDH. If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs, at sarah.case-herron@maryland.gov or (410) 260-3190.

Sincerely,

A handwritten signature in blue ink, appearing to read "Laura Herrera Scott".

Laura Herrera Scott, M.D., M.P.H.
Secretary

SB 235 - FIN - MACHO - LOS.pdf

Uploaded by: State of Maryland (MD)

Position: FAV



**2024 SESSION
POSITION PAPER**

BILL: SB 235 – Prescription Drug Monitoring Program – Dispensers – Veterinarians
COMMITTEE: Senate Finance Committee
POSITION: Letter of Support
BILL ANALYSIS: SB 235 alters the definition of “dispenser” for purposes of the Prescription Drug Monitoring Program to include certain licensed veterinarians when dispensing controlled substances in the usual course of providing professional services.

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) is in support of SB 235. This bill closes an important loophole in the state’s reporting mechanisms to the Prescription Drug Monitoring Program. Currently, veterinarians who dispense opioids and other controlled substances to pet owners for the treatment of their animals are not required to report these transactions. This omission in PDMP requirements sets up several scenarios that can lead to the diversion of opioids and other controlled substances into our communities.

A 2018 study published in the American Journal of Public Health¹ found that:

- 13% of surveyed veterinarians were aware that an **animal owner had intentionally made an animal ill, injured an animal, or made an animal seem ill or injured to obtain opioid medications**
- 44% were aware of **opioid abuse or misuse by either a client or a veterinary practice staff member**
- 12% were aware of **veterinary staff opioid abuse and diversion**

The knowledge that certain people willfully injure animals to obtain narcotics because they know that this is an avenue to obtain drugs they cannot get elsewhere should be sufficient reason to require greater accountability of opioid dispensing at veterinarian offices. SB 235 will also prevent pet owners from going to multiple practices to obtain large quantities of controlled substances. New PDMP reporting requirements will also provide greater external oversight of the volume of controlled substances being issued from each veterinary practice. This may help identify situations where staff are inappropriately diverting dangerous medications.

SB 235 brings veterinary practices into alignment with pharmacies that dispense controlled substances. With more than 100,000 Americans continuing to die each year as the result of drug overdoses, we need to continue to look for ways to limit diversion of prescription opioids into our communities. SB 235 will protect public health and reduce harm to animals.

For these reasons, the Maryland Association of County Health Officers submits this letter of support for SB 235. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaiora1@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*

¹<https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2018.304603>

PDMP FWA (1.17.24).pdf

Uploaded by: Marisa Francis

Position: FWA



Position of the Maryland Veterinary Medical Association (MDVMA) - Favorable with Amendments

RE: SB0235 Prescription Drug Monitoring Program - Dispensers - Veterinarians

For the past 10 months the Maryland Veterinary Medical Association has worked with representatives of the Maryland Department of Health to develop a practical approach to including veterinarians in the PDMP. After much discussion the MDVMA cannot support the current proposal as written. The MDVMA believes it is in the best interest of public health and state regulatory officials to maintain the veterinary exemption from the PDMP. We recognize the Maryland Department of Health's obligation to fulfill the statutes within the PDMP and protect public health. As veterinarians with a sworn oath to protect the health of the public we take seriously our commitments to the same. We disagree that the statute requires inclusion of veterinarians within the PDMP to be effective and after much review we do not believe veterinary exclusion was either an oversight or unintentional.

The MDVMA supports objectives that help address the national opioid epidemic and it is why we spent a significant amount of time working toward a joint resolution with MDH following the 2023 proposed legislation to include veterinarians. What we have determined, however, is the exemption of veterinarians from the start was purposeful and for good reason.

The PDMP System is Designed for Humans, Not Animals

The PDMP system is not designed to record drug dispensation for animals, it is a system designed to report and detect inappropriate drug use among humans. While we appreciate the MDH has excluded in its proposal an obligation of veterinarians to access HIPPA protected, human healthcare information (like prior controlled substance prescriptions) veterinarians don't treat human patients. The information that veterinarians submit to the PDMP as proposed by MDH will be misleading and inaccurate to state regulatory officials seeking to identify misuse of controlled substances. Animals, unlike people, do NOT have unique identifiers (like a social security number) therefore tracking usage of medications for animals is inaccurate, especially if an individual is intentionally seeking drugs for illicit use. Veterinary reporting to the PDMP system using human information does not circumvent this inherent limitation. Multiple individuals may present animals to a veterinarian for care. Reporting the usage under various names (animals often have many owners or care providers) will not allow the PDMP to identify abuse if it were to occur.

Inclusion in the PDMP system will constitute a disproportionate burden on veterinary practitioners and small business owners. Veterinary clinics do not have access to the standardized reporting systems available to human healthcare providers. The MDVMA discussed with MDH these limitations and after significant inquiry it is our assessment that any belief that standardized reporting systems do exist or are available is incorrect.

After surveying all major veterinary point-of-care software providers none of them indicated an intention to integrate these systems with the PDMP. We appreciate the efforts of the MDH to create a platform that would

reduce the time of reporting by veterinarians if mandated but the system still requires a considerable amount of input for each patient and the platform created does not align with the applicable DEA standards applied to veterinarians in our state creating even more confusion and potentially additional regulatory burden for DEA and state officials already struggling with limited financial resources for enforcement. It's an additional burden to veterinarians already struggling to provide enough access to their care.

Data Shows Veterinarians Do Not Contribute to the Controlled Substance Diversion and Abuse

We have received no data to indicate reporting is necessary. Most states (35) specifically exempt veterinarians from PDMP requirements. Eleven (11) states including: Alabama, Alaska, Arizona, Idaho, Illinois, Kansas, Kentucky, Louisiana, New Mexico, West Virginia, and Wyoming formerly mandated veterinarian inclusion in the PDMP and have since repealed that legislation because it created reporting and enforcement problems and because there was no identified benefit to inclusion of veterinarians within the system. Kentucky law enforcement officials went even further to indicate veterinary medicine was an insignificant source of abuse or drug diversion and veterinarian inclusion created so many regulatory issues for the state it was preventing them from allocating enforcement measures to appropriate areas.

The findings of veterinarians being an unlikely contributor to controlled substance diversion and abuse was further substantiated by a 2014 publication in the Journal of Anim. Environmental Law which identified less than 10 veterinary drug shoppers nationwide. The PDMP statute requires that de minimus sources of controlled substances should not be monitored, and these findings substantiate the claim that the entire veterinary profession is a de minimus source of controlled substance in the state of Maryland and nationwide. In 2019, only **0.34% of the total opioid prescriptions were prescribed by veterinarians.**

As spending levels at veterinary clinics increase annually, purchases of opioids by veterinary hospitals have declined. The opioid epidemic remains unabated despite the PDMP mandates and the inclusion of veterinarians within it shows no promise of improving the situation and may even make enforcement more difficult. It is impractical to assume the street value of medications commonly dispensed by veterinarians would exceed the cost of obtaining the medication-assuming the individual seeking it were even successful. Furthermore, it is impractical to assume that someone seeking medication for their animal would have the time to effectively shop at multiple veterinarians to procure enough medication to fulfill the needs of a human addict.

Veterinarian Exclusion Does Not Endanger Public Health

We believe the Maryland State Assembly got it right the first time in aligning with the majority of states deciding to exclude veterinarians from the PDMP at its implementation. With eleven (11) states now having formally repealed the legislative mandate to include veterinarians in their state it seems Maryland did the right thing to avoid costly implementation of a system that simply does not work for veterinary providers. We believe Maryland should continue to count itself among the majority of states that specifically exempt

veterinarians from PDMP reporting requirements. It is important to maintain the efficiency of the PDMP reporting, tracking and enforcement program so it can be used for its intended purpose-to protect public health.

Maintaining the exclusion of veterinary prescribers from the PDMP in Maryland will not endanger public health or reduce the judicious use of controlled substances already practiced by veterinarians. Use of controlled substances by veterinarians will continue to be monitored by the DEA which prevents diversion and requires strict standards for recordation, storage and accountability. Additionally, the distributors veterinarians purchase scheduled substances from still have platforms and obligations to monitor and report suspicious use by veterinary providers through the "Suspicious Order Monitoring System" which not only tracks usage at individual hospitals but has the ability to detect anomalies across practice cohorts.

Veterinarian Use of Controlled Substance Occurs Within the Clinical Setting and Rarely Dispensed

Almost all opioid usage in veterinary medicine occurs within the clinical setting to manage perioperative pain and the drugs contributing most to the opioid epidemic in our nation are rarely used at all in veterinary medicine because they have no medically acceptable purpose to veterinarians.

When Maryland veterinarians do dispense it is for a limited period of time and for the majority of instances where controlled substances for longer periods may be required these medications are most commonly prescribed to the patient and filled through reporting pharmacies. The MDVMA did propose to MDH our support of legislation limiting the dispensation of controlled substances to that which would be used within 72 hours' time and our request was denied.

Concerns for Rural Emergency Veterinary Care

The inaccessibility of veterinary care within the state of Maryland has been a topic of discussion during numerous legislative sessions. We are very concerned, especially for rural practitioners attempting to offer emergency veterinary care to their patients, that reporting requirements will detract from the individualized care they are providing. Practices without staff or infrastructure to manage this burdensome reporting requirement will be forced with the decision to stop dispensing altogether which means pain management in emergency settings will be unavailable to many patients or until pharmacies are open to provide the prescription.

Alternatively, during holidays, nights, and weekends when pharmacies are closed, individuals with animals requiring emergency pain management will need to be referred to the already overwhelmed veterinary emergency centers, many of which are likely to be hours away. For smaller hospitals to dispense, it will require updating their computer systems and hiring additional staff to manage the reporting. Increased referrals and increased staffing burdens will increase the cost of care.

We cannot support a reporting requirement that will further limit veterinary care to those who need it, hurt patients, and inhibit appropriate, individualized care when there is no evidence that the reporting requirement is even helpful to abating the opioid epidemic plaguing our communities.

For all the above reasons we feel veterinarians should be exempt from the PDMP reporting requirements, but if the assembly intends to implement PDMP reporting for veterinarians, we urge at least these two following amendments:

1. A permanent exemption for veterinarians who elect not to dispense.
2. A 72-hour exemption for emergency dispensing.

Sincerely,

Ashley I. Nicols, DVM
President

Matthew Weeman, DVM, MS
Legislative Committee Chair

MD SB235:HB57 PMP.pdf

Uploaded by: Loren Breen

Position: UNF

Dear Committee Members,

Animal Policy Group (APG) represents the animal health community, providing a voice to over 90,000 veterinary professionals. I am writing in regard to MD SB235, scheduled for a hearing with your committee 1/24/24. **We respectfully ask that this bill not be passed as written.**

We appreciate the work Maryland, and all states, are doing to address the opioid epidemic. The creation of a prescription drug monitoring program (PDMP/PMP) was a significant step in addressing opioid abuses.

States are still struggling to get the PMPs fully implemented and continue to encounter issues on the human health side. **The majority of states elected not to include veterinarians in their PMP requirements, and a handful of states have recently removed veterinarians from their PMP.** Alabama and Louisiana removed veterinarians in 2018, Illinois in 2019, West Virginia in 2021, and Alaska in 2023. No state has added veterinarians to the PMP since adoption of a system.

The chance of humans abusing animal drugs is rather low and there have been no recent reports of such activity. **The veterinary profession faces its own struggles complying with the PMP requirements, most notably veterinary medical systems are not tied to human health systems.** Many states have faced the same struggles in implementing a veterinary PMP system, and we encourage the legislature to follow suit by excluding veterinarians from the PMP until there is a more appropriate time for their inclusion.

We thank you for your time on this issue and please do not hesitate to contact us with any questions.

Best,

Loren Breen

Director of Policy, Research, and Government Relations

loren@animalpolicygroup.com

Opposition SB235 Prescription Drug Monitoring Prog

Uploaded by: Tyler Hough

Position: UNF



Maryland Farm Bureau

3358 Davidsonville Road | Davidsonville, MD 21035
410-922-3426 | www.mdfarmbureau.com

January 23, 2024

To: Senate Finance Committee

From: Maryland Farm Bureau, Inc

Re: **Opposition to SB0235 - Prescription Drug Monitoring Program - Dispensers – Veterinarians**

On behalf of our nearly 9,500 Farm Bureau families in Maryland, I submit this written testimony in opposition to SB0235. This bill alters the definition of "dispenser" for purposes of the Prescription Drug Monitoring Program to include certain licensed veterinarians when dispensing controlled substances for animals in the usual course of providing professional service.

The burden on rural practitioners-reporting systems do not integrate with the Prescription Drug Monitoring Program. Many of the rural practices do not have the staff needed to properly comply with the requirements of the PDMP. If veterinarians cannot prescribe during emergency hours, the patients cannot get medications until pharmacies open. The Prescription Drug Monitoring Program is not a system designed for veterinarians; it is designed for human healthcare professionals. The animal patients do not come with unique identifiers to track. The largest concern of the unintended consequences of this bill is that rural veterinarians that cannot comply with mandates may stop practicing altogether, heightening the shortage of veterinary care to rural areas and agriculture.

MDFB Policy: We oppose any initiatives, referendums, or legislation that create standards beyond sound veterinary science and best management practices in regard to raising, marketing, handling, feeding, housing, or transporting of livestock and poultry.

Maryland Farm Bureau Respectfully Opposes SB0235

A handwritten signature in black ink, appearing to read 'Tyler Hough', written over a horizontal line.

Tyler Hough
Director of Government Relations

Please reach out to Tyler Hough at (443) 878-4045 with any questions

MDVMA 2024 Opioids Summary

Uploaded by: Marisa Francis, CAE

Position: INFO



Survey Results

Controlled Substance Abuse in Maryland Animal Hospitals

ANALYSIS

The Maryland Veterinary Medical Association (MDVMA) conducted a survey of 2,242 practicing veterinarians licensed in the state of Maryland. Responses totaled 561 (25%) of licensed veterinarians in our state representing all 24 counties.

There are three ways for veterinarians to provide medication to their patients:

1

Administer: this occurs in the hospital environment. The veterinarian gives the medication directly to the patient. The most common reason veterinarians would administer controlled substances to a patient would be for perioperative pain management, sedation, anesthesia or seizure control. Administered controlled substances are regulated by the DEA and additional oversight provided by the Suspicious Order Monitoring System

2

Dispense: The veterinarian fills the prescribed medication from within hospital medication stock and the animal owner is given the medicine to take home and administer to the patient. There is no prescription or pharmacy involvement. Dispensing of controlled substances are regulated by the DEA and additional oversight provided by the Suspicious Order Monitoring System

3

Prescribe: The veterinarian gives the animal owner a prescription to be filled at a local pharmacy. Pet owners do not receive the medications directly from the the animal hospital. Controlled substances prescribed by pharmacies are already subject to PDMP reporting.

The results of our study of licensed veterinarians in Maryland found that 91% of respondents administer controlled substances and when necessary 76% of respondents prescribe controlled substances. 66% of respondents DISPENSE controlled substances.

Schedule II Medications: High Potential for Abuse or Addiction

The most commonly dispensed type of Schedule II Medication is Hydrocodone a medication commonly used to reduce coughing in dogs and commonly combined with Homatropine Bromide which reduces diversion and abuse potential by humans. This combination will cause the patient to get sleepy which reduces the ability for humans to abuse it.

The most common duration of a dispensed controlled substance is 4 to 7 days. Of the 561 respondents to our survey, ONLY 27% dispense any Schedule II medications listed on the survey.

Schedule III Medications: Moderate to Low Potential for Dependence

The most commonly dispensed type of Schedule III Medication is Buprenorphine. Of the 561 respondents to our survey, 56% dispense any Schedule III medications listed on the survey. Like Schedule II medications, the most common duration of a Schedule III medications is 4 to 7 days.

Schedule IV Medications: Low Potential for Abuse and/or Dependence

The most commonly dispensed Schedule IV Medication is Phenobarbital (used to control seizures). This is the only schedule of controlled substance medication on the list that a majority of survey respondents report dispensing with a duration of 8 or more days.

Of the 561 respondents to our survey, 56% dispense any Schedule IV medications listed on the survey. This group of medications is most commonly used for chronic conditions and is the medication class of the least abuse potential for humans.

Inventory Control Measures

All respondents have some inventory control measures in place, including locked medication safes, controlled substance logs, bottle counting, and surveillance cameras.

Abuse of Animal or Animal's Medications

In the past 5 years, 96% of respondents reported no suspicion of a client hurting their animal in order to get a controlled substance, 60% of respondents have never had a suspicion of a client using their animal's controlled substance for themselves.

We believe the response shows Maryland Veterinarians take seriously the concern of diversion and are cognizant of abuse potential.

This data demonstrates that Maryland veterinarians are cautious and responsible when dispensing controlled substances, especially Schedule II Medications with the highest potential for addiction (Schedule I substances are not used).

Controlled substance inventory is well-managed with multi-layered internal systems and monitored access. All controlled substance use either dispensed, administered or prescribed is regulated by the DEA and the Suspicious Order Monitoring System.

Our survey findings align with national survey data that shows veterinary prescribing to be a de minimus source of scheduled medications.

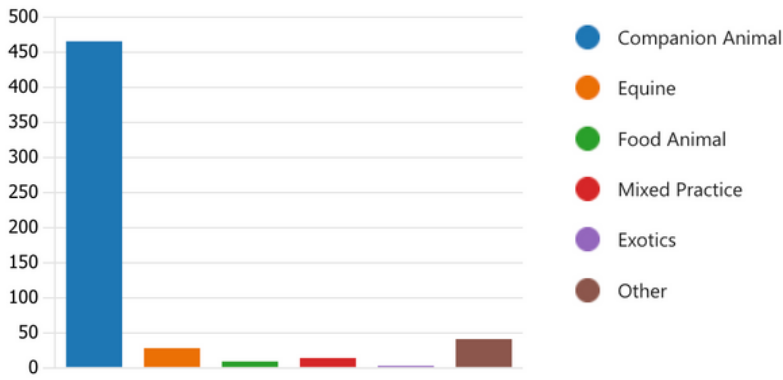
MDVMA feels the exemption provided to veterinarians from PDMP reporting makes sense and aligns Maryland with the majority (35 states) that have specifically exempted veterinarians from PDMP.

Eleven (11) of the thirty-five (35) states that presently exempt veterinarians originally required reporting of veterinarians and later requested that veterinarians be removed from the PDMP reporting requirement.



CONCLUSION

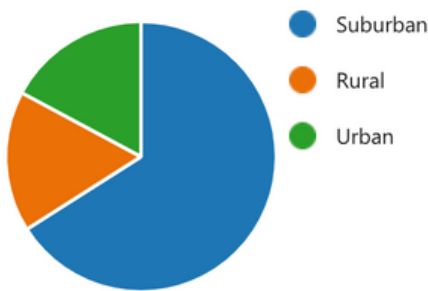
Primary area of veterinary practice:



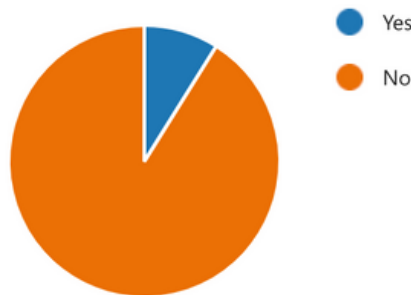
Implemented inventory control measures (most common to least common):

- Controlled substance logs
- Locked drug safe
- Bottle counting
- Bottles/vials reconciled when new one is opened
- Staff education
- Surveillance cameras
- Locked doors
- Daily to weekly inventory counts
- Buddy system required for access
- Background checks
- Automated pharmacy dispenser with fingerprint access
- Drug testing employees
- Other control measures in place

Practice setting:



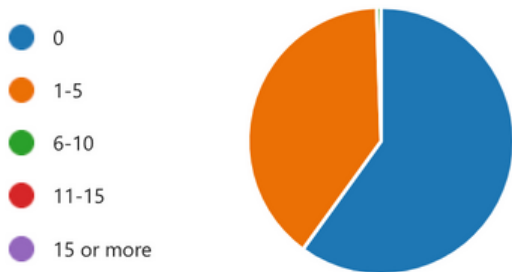
Discrepancies in controlled substance inventory:



ZERO respondents have no control measure in place.

Number of cases in the last 5 years where client suspected of misusing pet's controlled substance for themselves or diversion:

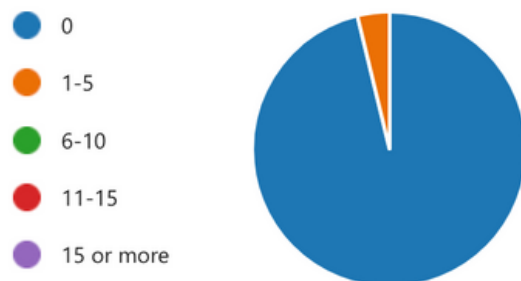
Examples are: seeking prescriptions for multiple pets for a very specific but uncommon problem, claiming a specific illness without the presence of any symptoms, requesting specific medication by name, insisting on refills without a recheck, repetitive "vet shopping."



Who has access to the controlled substance inventory?

- 37% of veterinarians report that only veterinarians have access to controlled substances in their practices.
- 63% report that techs, CVTs, RVTs, hospital managers, surgical assistants, etc. also have access to controlled substances.

Number of cases in the last 5 years where a suspected client has intentionally harmed their animal to obtain controlled substances:



DEA Schedule II – High Potential for Abuse or Addiction.

Answer Choices:	Hydrocodone*	Hydromorphone	Fentanyl
Administer only	26%	45%	21%
Prescribe	55%	2%	5%
Dispense	35%	1%	4%

Dispensing Duration:

14% of respondents who dispense Schedule II medications do so for 1-3 days

29% of respondents who dispense Schedule II medications do so for 4-7 days

17.5% of respondents who dispense Schedule II medications do so for 8 or more days.

39.5% do not dispense Schedule II medications.

Hydrocodone An opioid with minimal proof/use as a pain medication in veterinary patients. Predominantly used in combination with homatropine to prevent abuse. Given this and being more potent for coughing/collapsing trachea in dogs than codeine, it is predominantly prescribed or dispensed. Can be a chronic use medication in certain situations.

Plumb DC. Hydrocodone. [Plumb's Veterinary Drugs](#). Monograph updated May 2022. Accessed January 26, 2024

DEA Schedule III – Pharmaceuticals with much less potential for abuse and addiction.

Answer Choices:	Buprenorphine*	Codeine
Administer only	79%	15%
Prescribe	44%	27%
Dispense	52%	15%

Dispensing Duration:

39.5% of respondents who dispense Schedule III medications do so for 1-3 days

41% of respondents who dispense Schedule III medications do so for 4-7 days

4.5% of respondents who dispense Schedule III medications do for 8 or more days.

15% of respondents do not dispense Schedule III medications.

Buprenorphine: An opioid used as an injectable and oral pain medication, predominantly in cats. It is for short term use, following surgery or injury. Newer forms have been FDA approved for one-time topical administration in cats for post-surgery pain control. Further reducing current and future dispensing in favor of in-hospital administration. This is more practical as it removes the owner from having to give pain medication at home. Anecdotally, prescribing for picking up through a pharmacy has been difficult for most veterinary prescribers due to human use and DEA regulations.

Plumb DC. Buprenorphine. [Plumb's Veterinary Drugs](#). Monograph updated February 2022. Accessed January 26, 2024

“Zorbium® (Buprenorphine Transdermal Solution) for Cats.” [Zorbium® \(Buprenorphine Transdermal Solution\) for Cats](#), Accessed 26 Jan. 2024.

DEA Schedule IV – Therapeutic substances with an even lower potential for abuse, with a wide variety of therapeutic use.

Answer Choices:	Butorphenol*	Tramadol	Phenobarbital*	Diazepam*	Alprazolam*
Administer only	42%	32%	43%	54%	17%
Prescribe	5%	37%	61%	17%	33%
Dispense	3%	32%	38%	12%	15%

Dispensing Duration:

- 6% of respondents who dispense Schedule IV medications do so for 1-3 days.
- 12% of respondents who dispense Schedule IV medications do so for 4-7 days.
- 60% of respondents who dispense Schedule IV medications do so for 8 or more days.
- 22% of respondents do not dispense Schedule IV medications.

Butorphenol is a commonly used medication in veterinary medicine for the relief of mild to moderate pain in companion animals, exotics, zoo animals, horses, birds and other wildlife. Also used as an injection in cattle to provide analgesia, sedation and restraint for safe handling. Federal regulations require a 3 day milk withdrawal and a 5 day meat withdrawal. Tramadol is a narcotic-like, oral medication used to relieve mild, chronic pain in dogs, cats, horses, birds and exotics. It may also be used for epidural analgesia in standing surgery in cattle. All use of Tramadol is “extra-label,” meaning that the medication is approved for use in humans only, with no specific directives on the label for non- human use or dosing. The practice of extra-label use is common and legal in the practice of veterinary medicine under US Federal Law.

Phenobarbital A barbiturate, and the most common antiseizure medication utilized. Available for in hospital administration and predominantly a chronic use medication for continued antiseizure controlled. Plumb DC. Phenobarbital.

Plumb's Veterinary Drugs. Monograph updated December 2023. Accessed January 26, 2024

Schedule IV benzodiazepines are used to treat anxiety, the tremors associated with toxicity/poisoning, but most commonly for pre-operative sedation and intubation in conjunction with Ketamine or another dissociative. Diazepam, or Valium, and Alprazolam are by far the mostly commonly used by our respondents. Diazepam is available as a tablet and as an injectable, which likely accounts for ease and frequency of use. On the other hand, some of the other human benzodiazepines, such as Lorazepam, Clonazepam and Temazepam are only used by 0-5% of our respondents, and are prescribed, not dispensed.