Division of Dockets Management (HFA-305)

Food and Drug Administration

5630 Fishers Lane, rm. 1061

Rockville, MD 20852

Date

Re: Docket No. FDA-2015-N-0045 for International Drug Scheduling; Convention on Psychotropic Substances; Single Convention on Narcotic Drugs; Ketamine; Phenazepam; Etizolam; 1-cyclohexyl-4-(1,2-diphenylethyl)-piperazine (MT-45); N-(1-Phenethylpiperidin-4-yl)-N-phenylacetamide (Acetylfentanyl); α-Pyrrolidinovalerophenone (α-PVP); 4-Fluoroamphetamine (4-FA); para-Methyl-4-methylaminorex (4,4’-DMAR); para-Methoxymethylamphetamine (PMMA); 2-(ethylamino)-2-(3-methoxyphenyl)-cyclohexanone (Methoxetamine or MXE); Request for Comments

To Whom It May Concern:

I am writing today to let you know of my strong objections to any attempt to change international regulation of ketamine that would result in this drug being more difficult, if not impossible, to obtain by licensed veterinarians for authorized treatment of animals. In the United States, ketamine is currently a Schedule III drug under the Controlled Substance Act, and strict regulations and safeguards are in place to help prevent its illegal use. While I understand ketamine is not controlled internationally under either the Psychotropic Convention or the Single Convention on Narcotic Drugs, I am seriously concerned for the health and welfare of veterinary patients across the nation if international regulations elevate the schedule placement of ketamine such that it cannot be accessed by veterinarians.

I am a veterinarian, [practicing (companion animal, equine, food animal, mixed animal, shelter) medicine] [conducting research] [teaching] in [City, State]. In my work, I regularly use ketamine in accordance with all current regulations to provide appropriate sedation and analgesia to the animals under my care. For proper medical care of these animals, ketamine is a particularly useful drug for [list three to five specific examples]. Elevating ketamine to a Schedule 1 drug is not needed and would result in unacceptable negative impacts on animal health and welfare by removing a key component of essential anesthesia.

Thank you for the opportunity to provide the FDA with these comments ahead of the World Health Organization’s 36th Expert Committee on Drug Dependence (ECDD), which will meet in Geneva Nov. 16-20, 2015.

Sincerely,

Dr. XXXXXXXXX

Mailing address

Email address