



**Ontario College of Pharmacists:
Public Consultation on the Draft Providing
Pharmacy Services for Animals Policy**

**OPA Submission
October 23, 2026**

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Executive Summary

The Ontario Pharmacists Association (OPA) supports the College's intent to establish clear expectations for pharmacy professionals providing pharmacy services to animals. These expectations will support the regulatory exemption under the *Veterinary Professionals Act, 2024*, which will enable pharmacy professionals to continue compounding and dispensing veterinary prescriptions for animals and selling veterinary medicines for animals. Following a thorough review of the draft Providing Pharmacy Services for Animals Policy, OPA has identified several areas that require further consideration to ensure the final expectations are clear, reasonable, and achievable, without creating unintended consequences or reducing access to care.

Key Risks and Implications

- **Delays in care and added workflow burden:** Requiring veterinarian approval for any prescription change, including brand selection, could delay treatment, especially during shortages or backorders, and increase administrative demands on both pharmacy and veterinary professionals.
- **Reduced affordability and client choice:** Restricting product selection and prioritizing drugs approved for veterinary use under the extra-label drug use (ELDU) cascade may require clients to purchase higher-cost veterinary products even where a clinically equivalent, lower-cost human-use drug is available.
- **Unclear division of responsibilities:** Expecting pharmacy professionals to apply the ELDU cascade and assess office-use orders may duplicate or conflict with the veterinarian's prescribing responsibility, creating uncertainty about accountability.
- **Inconsistent interpretation and compliance:** Undefined terms such as "not available" and "not possible", and unclear minimum requirements for veterinary references may lead to inconsistent application across practice settings and challenges for the College in assessing compliance.
- **Misalignment with other policies and regulations:** Provisions that do not reflect the new Controlled Substances Regulations (CSR), and expectations that different from those of veterinarians may cause confusion related to compliance requirements.
- **Operational and financial pressures:** New documentation, labelling and compounding requirements may require pharmacy management system (PMS) modifications, manual workarounds, and additional training, which can increase costs. Insufficient transition timelines may also create operational disruptions and compliance challenges, and combined may discourage pharmacy participation.
- **Restrictions on fee-setting flexibility:** Limiting pharmacies to their usual and customary fees may prevent appropriate compensation for the additional time, expertise and resources required to provide pharmacy services for animal patients, affecting long-term sustainability.
- **Gaps in professional guidance:** Absence of guidance on the obligations of pharmacy professionals who do not offer animal services, and whether cross-jurisdictional animal pharmacy services are permitted, may lead to inconsistent practice and gaps in continuity of care.

Recommendations

- 1) **Preserve professional judgment in dispensing:** Enable pharmacists to dispense therapeutically equivalent alternatives without veterinarian authorization where the active ingredient, strength, dosage form and dose are unchanged, and any differences in inactive ingredients are appropriate for the animal patient. Provide guidance on prescriptions that do not specify a brand and on situations where a veterinarian cannot be reached for clarification.
- 2) **Clearly delineate roles and responsibilities:** Distinguish the dispensing responsibilities of pharmacy professionals from the prescribing responsibilities of veterinarians, including whether an ELDU assessment is required for every prescription, what is expected when a veterinarian prescribes a human-use drug despite a veterinary product being available, and confirmation that responsibility for the quantity and use of office-use orders rests with the veterinarian.
- 3) **Define key terms and minimum requirements:** Clarify the meaning of “not available” and “not possible”, confirm that preparations may be compounded pursuant to an office-use order, and specify the minimum veterinary references and resources pharmacies are expected to maintain.
- 4) **Ensure alignment with current regulations and veterinary standards:** Update the draft Policy and Supplemental Guidance to reflect the new CSR and collaborate with the College of Veterinarians of Ontario (CVO) to ensure expectations of pharmacy professionals are consistent with those of veterinary professionals.
- 5) **Minimize operational burden and support implementation:** Consult with PMS vendors before implementation, confirm whether a single dispensing record may be used for a group of animals, and establish an appropriate implementation period supported by joint communications and resources with CVO.
- 6) **Support sustainable and fair compensation:** Clarify that pharmacies may charge a fee different from their usual and customary and professional service fees where they are fair, reasonable and communicated to the client in advance.
- 7) **Address gaps in professional guidance:** Set out expectations for pharmacy professionals who do not provide animal services, and clarify whether prescriptions from veterinarians licensed outside of Ontario may be accepted.

OPA is committed to collaborating with the College, and with CVO as appropriate, to ensure the final Policy includes clear, reasonable, achievable, and comprehensive expectations that maintain access to safe, effective and affordable care for animal patients. OPA will also continue to advocate for solutions to broader barriers to care, including prescription portability, access to veterinary drug supply, and closed preferred provider networks and patients steering.

Introduction

The Ontario Pharmacists Association ('OPA', the 'Association') is pleased to provide its comments and recommendations to the Ontario College of Pharmacists ('OCP', the 'College') on the draft Providing Pharmacy Services for Animals Policy (the 'Policy') that aims to articulate the expectations of pharmacy professionals when providing pharmacy services for animals, in accordance with the relevant legislation and Standards.

OPA is committed to evolving the pharmacy profession and advocating for excellence in practice and patient care. With more than 8,500 members, OPA is Canada's largest pharmacy-based advocacy organization and continuing professional development provider for pharmacy professionals. By leveraging the unique expertise of pharmacy professionals, enabling them to practice to their fullest potential, and making them more accessible to patients, OPA is working to improve the efficiency and effectiveness of the health care system.

OPA is supportive of the College's intent to establish clear expectations for pharmacy professionals providing pharmacy services to animals to support the regulatory exemption under the *Veterinary Professionals Act, 2024* (VPA), which is expected to come into force in the near future. As noted in OPA's [previous submission](#) to the College of Veterinarians of Ontario (CVO), OPA supported CVO's initiative to propose regulatory concepts to modernize the regulation of veterinary medicine in Ontario to formally recognize animal care as a system where both veterinary and non-veterinary animal care providers work together to provide care to animals. The exemption under the VPA that will enable pharmacy professionals to continue to compound and dispense veterinary prescriptions for animals and sell veterinary medicines for animals is important to ensure that pharmacy professionals can continue providing these services. This is critical to maintaining access to care for animal patients and to encouraging fair competition in the sector, which helps control costs for animal owners (the 'client').

However, it is important that policy expectations for pharmacy professionals are clear, reasonable and achievable to support successful implementation without creating unnecessary administrative, operational or financial barriers. The policy must also be comprehensive to minimize risks to both pharmacy practice and animal health. This balanced approach will help ensure animal owners continue to have safe, affordable access to care for their animals through pharmacies.

Feedback on Providing Pharmacy Services for Animals Policy

Policy Section: Selling or Dispensing to Clients (Lines 46 to 49)

Overall, OPA supports the College's direction of specifying in the draft Policy and Supplemental Guidance that pharmacy professionals selling or dispensing medications for animals must practice within the limits of their knowledge, skills and judgment, and not requiring a particular course or certification to dispense, compound or sell drugs for animals. As regulated healthcare professionals, pharmacy professionals are required to practice in accordance with all applicable Standards of Practice, Code of Ethics, policies, guidelines, and legislative requirements relevant to practice. A cornerstone of this is the obligation for pharmacists to recognize and practice within the limits of their competence per the Standards of Practice.¹ Therefore, any pharmacist providing pharmacy services to animals is already professionally mandated to self-assess and ensure they have the required training and knowledge prior to delivering care. Furthermore, because the proposed regulatory exemptions align with activities that are already part of practice for some pharmacy professionals, the College's approach appropriately recognizes that some individuals may already possess the knowledge and skills required to provide these services safely. For those interested in providing these services but who identify gaps in their knowledge or skills, suitable learning resources can be accessed to support competence and safe practice.

OPA also supports the expectation that pharmacy professionals who choose to provide care to animal patients have access to appropriate veterinary references and resources as an important measure to support the safe provision of pharmacy services. However, OPA recommends that the College clarify the minimum resources and references that pharmacies are expected to maintain. This would support consistent interpretation and application of the requirement across practice settings. While the College has provided examples of veterinary-related references in the accompanying draft Supplemental Guidance, since this expectation is set out in the Policy itself, it warrants greater clarity regarding what is required to demonstrate compliance. This is particularly important given that veterinary-specific training is not necessarily required when pharmacists dispense within the limits of their knowledge and expertise. Additionally, it is noted in the College's Board briefing note that responsibility for determining the appropriateness of the prescription, providing patient education, and making any modifications to therapy ultimately rests with the veterinarian. Greater clarity regarding expectations of pharmacy professionals will help ensure they have access to suitable resources to support the safe delivery of care to animal patients, while minimizing unnecessary operational costs related to procuring and maintaining additional reference materials.

¹ National Association of Pharmacy Regulatory Authorities. Model Standards of Practice for Canadian Pharmacists. Ontario College of Pharmacists. Published March 2009. Accessed October 6, 2026. <https://ocpinfo.com/wp-content/uploads/2025/05/NAPRA-Model-Standards-of-Practice-for-Pharmacists.pdf>

Policy Section: Selling or Dispensing to Clients (Lines 50 to 56)

OPA agrees with the College that human and animal physiology differ in important ways and changes to a prescription must be made thoughtfully to minimize risk to an animal. As such, changes that may result in clinically important impacts warrant consultation with the veterinarian to protect animal safety. However, an all-encompassing requirement as included in lines 50 to 56 of the draft Policy preventing any modifications to a prescription, including something like the brand of the drug, could have unintended consequences on access to care and pharmacy workflow. For example, if an interchangeable product is available that contains the same active ingredients and is provided in the same strength and dosage form as the prescribed brand, pharmacy professionals should have the flexibility to dispense either product without unnecessary restrictions. OPA contends that selecting an interchangeable product is distinct from assessing the clinical appropriateness of the prescribed therapy or modifying that therapy. Where the active ingredient, strength, dosage form and dose remain unchanged, and the pharmacist has assessed that any differences in inactive ingredients are appropriate for the animal patient, product selection falls within the pharmacist's dispensing expertise and should not require veterinarian authorization.

Requiring approval simply to change manufacturers could create unnecessary delays, particularly when a product is unavailable or backordered. As currently proposed in the draft Policy, a pharmacy professional would still need to contact the veterinarian for approval before dispensing even where they have identified a safe and suitable alternative using their knowledge and professional judgment. This not only creates additional administrative burden for both pharmacy professionals and veterinarians, including the time required to discuss and document the change, but also delays access to care for the animal patient. It may also confuse clients since the Notice to Patients sign that pharmacies must display informs them of their right to request an interchangeable product but does not specify whether this right applies only to human patients or to animal patients as well.²

In addition, even where the prescribed veterinary brand is available, the expectation as currently written would prevent the dispensing of a therapeutically equivalent alternative, potentially limiting client choice and access to more cost-effective treatment options. For example, requiring the dispensing of a drug approved for veterinary use where a lower-cost and clinically equivalent drug approved for human use is available could restrict client choice and reduce access to care by increasing financial barriers for clients without providing a corresponding clinical benefit.

OPA also seeks additional clarification from the College on how pharmacy professionals should manage situations where the brand is not specified on the prescription, e.g., if only the chemical

² Government of Ontario. R.R.O. 1990, Regulation 936: Notice to Patients under the *Drug Interchangeability and Dispensing Fee Act*. Published May 27, 1996. Accessed October 22, 2026. <https://www.ontario.ca/laws/regulation/900936>

name is provided. It would be important to clarify whether pharmacy professionals can use their professional judgment, either based on their knowledge and training and/or the decision-making cascade described in lines 57 to 64 of the proposed Policy, to select a drug brand or if they would be expected to contact the veterinarian for clarification. The latter expectation could result in significant workflow interruptions to pharmacies and potential delays to care. It is important to note that a veterinary prescription is only required to specify the drug name, strength, and quantity.³ As such, veterinarians may not routinely indicate a specific brand on the prescription. If the College proceeds with this expectation that a brand name is always required for dispensing, OPA recommends that the College collaborate with CVO to ensure that prescribing requirements for veterinarians align with the proposed expectation by requiring the brand name to be included on all prescriptions.

Additionally, OPA recommends that the College provide guidance on the options available to pharmacists if a veterinarian cannot be reached and the pharmacist is not permitted to use their professional judgment to modify a prescription as they can for human patients. In some cases, delaying therapy could result in harm to the animal patient. However, under the proposed Policy, pharmacy professionals would be restricted from providing care despite having the requisite knowledge and expertise along with access to clinically appropriate equivalent medications. This limitation may create tension with their ethical obligations to act in the best interest of patients and facilitate access to appropriate care.

Finally, OPA recommends that the College clearly articulate which technical and cognitive components of the dispensing process remain the responsibility of pharmacy professionals when providing services to animal patients. The College's Board briefing note from June 2026 states that *"the technical and cognitive components of dispensing, as articulated in the Dispensing Components Included in the Usual and Customary Fee Guideline, are to be understood through a collaborative practice model where the veterinarian retains responsibility over determining the appropriateness of the prescription, patient education about the prescription, and any modifications"*. If, as indicated, the veterinarian retains these responsibilities and pharmacy professionals are not expected to perform them, this should be explicitly reflected in the Policy. Clear delineation of responsibilities will help ensure that pharmacy professionals understand their obligations and can consistently apply the expectations in practice.

Policy Section: Selling or Dispensing to Clients (Lines 57 to 64)

While OPA appreciates that the decision-making cascade is an important tool for determining when the use of a drug for extra-label drug use (ELDU) may be appropriate, OPA questions whether pharmacy professionals should be expected to apply it to every animal prescription. As indicated in

³ College of Veterinarians of Ontario. Prescribing a Drug. Published August 2018. Last Updated June 2022. Accessed October 15, 2026. <https://www.cvo.org/standards/prescribing-a-drug>

the draft Policy, veterinarians are required to follow the same prescribing cascade, and the expectations in lines 50 to 56 require pharmacy professionals to dispense or sell the drug exactly as prescribed. Consequently, this section on ELDU appears to duplicate or conflict with those requirements, as the veterinarian has already selected the drug, brand, strength, dosage form, and dose in accordance with the prescribing cascade. As noted above, the College's Board briefing note confirms that the veterinarian retains responsibility for determining the appropriateness of the prescription, making a separate ELDU assessment by the pharmacy professional redundant. OPA therefore recommends that the College provide clear delineation of the pharmacy professional's dispensing responsibility from the veterinary professional's prescribing responsibility to ensure that the Policy does not require pharmacy professionals to reassess prescribing decisions that have already been made.

Restricting the dispensing or selling of a drug for ELDU using the proposed decision-making cascade may also impact client affordability and access. According to Health Canada, the decision to use ELDU in animals may include *"a potential lack of efficacy of approved products, lack of approved products to address specific needs and economic considerations"*.⁴ Furthermore, Competition Bureau Canada has indicated that allowing pharmacists to dispense pet medications *"has the potential to reduce costs, increase convenience and give pet owners more choice at competitive prices all while ensuring that pet health and safety remain a top priority"*.⁵ In current practice, clients may choose to fill a veterinary prescription at a community pharmacy because a Health Canada-approved drug for human use can be significantly less expensive than the equivalent veterinary-use only product. However, the proposed ELDU cascade in the draft Policy appears to prioritize drugs approved for veterinary use, permitting the use of a drug approved for human use only when a veterinary product is unavailable. If "available" is interpreted to mean that a veterinary product must be used whenever one exists or can be sourced, animal owners may be required to purchase a more costly veterinary product even when a human-use alternative would be clinically appropriate. This could create unnecessary financial barriers and adversely affect access to treatment.

If lines 57 to 64 are retained in the final Policy, OPA recommends that the College provide clear guidance on the pharmacy professional's responsibility when a veterinarian prescribes a drug approved for human use despite the availability of a drug approved for veterinary use, based on considerations including clinical appropriateness, cost and access for the client. As per CVO's Guide to the Professional Standard – Extra-Label Drug Use, in response to the question, *"Must I always prescribe a drug approved for veterinary use over a drug approved for human use (and an approved drug over a compounded drug)?"*, the answer states that *"When determining which drug*

⁴ Health Canada. Extra-Label Drug Use (ELDU) in Animals. Government of Canada. Last Updated May 4, 2017. Accessed October 11, 2026. <https://www.canada.ca/en/health-canada/services/drugs-health-products/veterinary-drugs/extra-label-drug-use.html>

⁵ Competition Bureau Canada. Pets, vets and meds: The case for more competition. Government of Canada. Published October 30, 2024. Accessed October 8, 2026. <https://competition-bureau.canada.ca/en/how-we-foster-competition/education-and-outreach/pets-vets-and-meds-case-more-competition>

*to prescribe, a veterinarian uses their clinical judgment to recommend the most appropriate course of treatment for an animal(s) or group of animals, taking into consideration the following: the availability of any approved veterinary drugs for the species in question and condition (on-label use); the availability of veterinary drugs or approved human drugs (extra-label use); the need for a compounded drug where no approved drug exists, and a therapeutic need is established; current research and evidence of available treatments; and considerations such as side effects, risks, and benefits”.*⁶ OPA interprets this as recognizing that veterinarians are not required to prescribe a veterinary-approved drug in every circumstance where one is available. If the availability of a veterinary-approved product establishes a preference only, rather than a requirement, the proposed expectations in the College’s draft Policy would contradict the expectations and practice of veterinarians. Further clarification is therefore needed on whether pharmacy professionals are expected to reassess or question the veterinarian’s prescribing decision in these circumstances. Without such guidance, the Policy could create uncertainty for pharmacy professionals and may result in higher-cost treatment options, delays in care, or reduced access to treatment for animal owners.

Furthermore, if this requirement is retained, OPA recommends that the College provide greater clarity on the meaning of “not available”. This term could be interpreted in several ways, including where no drug approved for veterinary use exists, where a drug approved for veterinary use exists but is subject to a drug shortage, or where a drug exists but cannot be accessed through a pharmacy’s usual distribution channels. Without a clear definition, pharmacy professionals may interpret the requirement inconsistently, creating uncertainty regarding compliance expectations and challenges for the College in assessing compliance.

Policy Section: Selling to Veterinarians (Lines 66 to 70)

Regarding the sale of drugs to veterinarians, the requirement that pharmacy professionals ensure that the quantity of drug sold must be in an amount and occur at a frequency that is reasonable for the veterinarian-client-patient relationship may be challenging to operationalize. Pharmacy professionals often do not have access to information about the underlying veterinarian-client-patient relationship and, as a result, may be unable to independently assess whether this requirement has been met. As written, the expectation would require pharmacy professionals to verify this information for each office-use prescription, creating additional administrative burden and demands on time and resources. It may also place pharmacy professionals in a difficult position if a veterinarian is unwilling or unable to share the information needed to support such an assessment.

⁶ College of Veterinarians of Ontario. Guide - Extra-Label Drug Use. Published August 2018. Accessed October 11, 2026. <https://www.cvo.org/standards/guide-extra-label-drug-use>

In addition, lines 156 to 157 of the draft Supplemental Guidance regarding pharmacy professionals' responsibilities when providing drugs or compounded preparations for office use states that "*pharmacists should take the necessary steps to be satisfied that the requested preparation is going to be used in a manner that is safe and therapeutically appropriate for its intended purpose*". OPA recommends that the College clarify the scope of this expectation, and the actions pharmacy professionals are required to take to meet it. While it may be reasonable for pharmacists to undertake appropriate due diligence to assess the intended use of a compounded preparation before dispensing, the guidance should clearly state that responsibility for the safe and therapeutically appropriate use of the preparation ultimately rests with the veterinarian. Otherwise, the current wording could be interpreted as requiring pharmacists to assume responsibility for how preparations are subsequently used after they have been dispensed, which is outside of the control of pharmacists.

OPA also seeks clarification from the College regarding the requirement in line 66 of the draft Policy that drugs can only be sold to veterinarians for the purposes of administering or dispensing to a client within their practice pursuant to a *written order*. Specifically, with respect to the sale of controlled substances to a practitioner, while in most situations this must be pursuant to a written order, under the new Controlled Substances Regulations (CSR), in the case of an emergency, either a written order or a verbal order is permitted.⁷ To ensure clarity, OPA recommends that the Policy be revised to include both options.

Furthermore, lines 131 to 141 of the draft Supplemental Guidance refer to federal regulations regarding the requirements for selling controlled substances to a veterinarian to use in their practice, however, the guidance is divided by the type of controlled substance. As of October 1, 2026, the CSR has come into force and the requirements for the sale of controlled substances to a veterinarian are the same for narcotics, controlled drugs and benzodiazepines or other targeted substances. Therefore, OPA recommends that this section be updated to reflect the new CSR to ensure consistency.

Policy Section: Compounding (Lines 73 to 81)

Line 76 of the draft Policy states that compounding a preparation must be "*pursuant to a prescription*". OPA recommends that the College clarify that a preparation can also be compounded pursuant to a prescription or an order from a veterinarian for office use. As per lines 32 to 33 of the draft Policy, a prescription is defined as "*A direction from a veterinarian directing the dispensing of any drug or mixture of drugs to a designated animal or group of animals*", which does not appear to include office use orders. However, line 145 of the draft Supplemental Guidance refers to providing drugs or compounded preparations for office use, suggesting that this practice would be allowed. As such, the expectation as currently written in the draft Policy would contradict the draft

⁷ Government of Canada. Controlled Substances Regulations (SOR/2025-242). Published November 28, 2025. Last Updated September 21, 2026. Accessed October 8, 2026. <https://laws.justice.gc.ca/eng/regulations/SOR-2025-242/FullText.html>

Supplemental Guidance and may result in unintended restrictions to practice and access to compounded preparations.

Similar to the above section regarding ELDU, OPA also recommends that the College provide further clarity on the meaning of “not possible” in relation to the expectation included in lines 76 to 78 of the draft Policy. The term lacks sufficient clarity and could encompass several scenarios, including the absence of a drug approved for veterinary use, temporary supply disruptions affecting the availability of an approved product, or limitations in access through a pharmacy’s usual distribution network. It could also include situations where using an existing approved drug is not operationally feasible. For example, where a large quantity of active ingredient is required, compounding directly from an active pharmaceutical ingredient may be more practical than using an approved drug product as the compounding source. As currently drafted, it is unclear whether “not possible” refers to clinical appropriateness, market availability, wholesaler availability, operational feasibility, or other factors. This ambiguity may result in inconsistent interpretation and application of the requirement, creating challenges for pharmacy professionals in understanding and meeting the expectation, as well as for the College in evaluating compliance.

Policy Section: Prescription Requirements (Lines 83 to 92)

While OPA recognizes that dispensing medications to animal patients may involve additional record-keeping components, such as the client information in addition to that of the animal(s), the expectations included in lines 83 to 92 introduce new documentation and labelling requirements that many existing pharmacy management systems (PMS) may not currently support. For example, the requirements to document the animal species, group size and withholding time provided by the veterinarian may not align with existing PMS fields. Consequently, if approved, these requirements may require manual documentation processes, creation of auxiliary labels or software modifications, increasing the time and resources required to dispense a prescription for an animal patient. This, in turn, may hinder pharmacy participation and reduce access to care. To help minimize manual processes and workarounds, OPA recommends that the College consult and collaborate with PMS software vendors prior to implementation to ensure their systems can support the proposed requirements in the draft Policy.

With respect to lines 84 to 86, OPA seeks clarification on whether this provision would mean that, when dispensing medications intended for a group of animals, pharmacies would not be required to create a separate dispensing record for each individual animal. The ability to maintain one dispensing record would streamline workflow and reduce administrative burden for pharmacies providing medications to groups of animals. If this is the intent, OPA recommends that the College explicitly state this within the Policy to promote consistent understanding and implementation in practice.

Regarding line 87 of the draft Policy, OPA questions the need for the requirement to include the client’s name on the prescription label for targeted substances. This expectation appears to be based on the Benzodiazepines and Other Targeted Substances Regulations, however, those

regulations were repealed and replaced by the new CSR, effective October 1, 2026.^{7,8} As the CSR does not prescribe specific labelling requirements for targeted substances,⁸ OPA recommends that the College reassess whether this expectation remains necessary and, if so, identify the regulatory authority supporting its inclusion.

Policy Section: Prescription Requirements (Lines 93 to 97)

OPA seeks clarification from the College on whether lines 94 to 95 of the draft Policy are intended to prevent pharmacies from charging more than their usual and customary dispensing fee and fee for other professional services in all situations involving care provided to animal patients. As per R.R.O. 1990, Regulation 935 General under the *Drug Interchangeability and Dispensing Fee Act*, subsection 5, a pharmacy professional may charge more than the usual and customary dispensing fee for a product that is supplied pursuant to a prescription if the pharmacy professional explains why a fee in excess of the usual and customary fee is being charged prior to the dispensing of the prescription and the charging of the additional fee.⁹ As such, the draft Policy should make clear that while in most cases, the expectation would be to charge in accordance with the pharmacy's usual fees, a different fee may be charged as long as it is fair and reasonable and is communicated to the client in advance so they can provide consent. This approach will support greater transparency, ensure fairness and protect client choice by enabling them to decline receiving the service if they choose.

Pharmacy professionals have a professional obligation to charge fair and reasonable fees. The recommended clarification will also help ensure pharmacies are appropriately compensated for the time, expertise, and resources required to provide these services, supporting their ongoing sustainability. When setting the pharmacy's usual and customary dispensing fee, consideration is often given to the cost of dispensing a prescription for human use. The proposed requirements in the draft Policy introduce additional costs and resources that should also be considered including:

- **Training and competency:** Providing care to animal patients in accordance with the proposed expectations may require pharmacy professionals to dedicate additional time and resources to veterinary-specific education and continuing professional development, in addition to investing in relevant reference materials for the pharmacy.
- **Inventory procurement and management:** The proposed ELDU expectation to prioritize drugs approved for veterinary use may create operational and financial challenges for pharmacies, including the need to carry additional low-turnover inventory and absorb associated carrying costs and expiry risks. Furthermore, where these products are not routinely available through standard pharmacy wholesalers, pharmacies may need to dedicate additional time and resources to source the medications through veterinary-specific distribution channels.

⁸ Government of Canada. Benzodiazepines and Other Targeted Substances Regulations (SOR/2000-217). Published March 22, 2006. Last Updated September 21, 2026. Accessed October 10, 2026. <https://laws-lois.justice.gc.ca/eng/regulations/SOR-2000-217/FullText.html>

⁹ Government of Ontario. R.R.O. 1990, Regulation 935 General under the *Drug Interchangeability and Dispensing Fee Act*. Published September 4, 2003. Last Updated March 7, 2024. Accessed October 10, 2026. <https://www.ontario.ca/laws/regulation/900935>

- **Compounding:** Meeting the proposed compounding requirements may necessitate additional formulation research, ingredient procurement, quality assurance measures, and staff training, particularly where less common veterinary preparations are involved.
- **Workflow and administrative burden:** Additional labour costs are associated with meeting the proposed requirements including but not limited to consultations with veterinarians for prescription changes, verifying orders for office use, completing ELDU assessments and documentation. Dispensing each prescription may also take longer, since pharmacists not only need to confirm that the formulation and dosage form are safe and appropriate for the animal species, but for animals that may enter the food chain, they would also need to research and confirm whether every ingredient is safe for people who may later consume products from that animal.
- **Technology and system modifications:** The proposed requirements related to record-keeping and labelling may require PMS enhancements to capture the veterinary-specific data elements, and these vendor costs may be passed to pharmacies through increased licensing, maintenance or service fees.

Sustainable access to pharmacy services for animal patients requires pharmacies to have the flexibility to implement transparent fee structures that appropriately account for the professional, operational and resource requirements of providing these services.

Other Considerations

Similar to other professional services, such as minor ailment and injection administration services, having the legislated authority to compound, dispense and sell drugs for animal patients does not mean that all pharmacy professionals must provide this service. Pharmacy professionals are responsible for determining whether they can safely provide these services in their practices, including self-assessing their competence and ensuring that their practice environment is suitable for the safe and appropriate provision of these pharmacy services. As such, not all pharmacies may offer pharmacy services for animals. To ensure greater clarity on the pharmacy professional's obligation if they cannot provide services to animals, OPA recommends that the College include an additional section within the draft Policy to outline its expectations in these scenarios. In typical situations where a pharmacy professional is unable to provide a requested service, they are expected to make reasonable efforts to ensure continuity of patient care, such as referral to another pharmacist or practitioner. However, this may be challenging if there is limited pharmacy participation in animal care services, especially in rural or remote parts of the province. Clearly articulating the expectations in the final version of the Policy and including additional case scenarios in the Supplemental Guidance will help ensure pharmacy professionals understand their obligations and responsibilities and can apply the requirements consistently in practice.

OPA also seeks additional clarity from the College on whether pharmacy professionals can accept prescriptions from veterinarians who are licensed outside of Ontario. Articulating whether the provision of cross-jurisdictional animal pharmacy services is permitted, along with any associated expectations and requirements, within the draft Policy will help ensure consistent practice, support regulatory compliance, and provide clarity for both veterinary and pharmacy professionals.

While OPA understands that the Policy would not be implemented until the applicable regulatory exemptions are in place, given the potential impact the proposed draft Policy may have on pharmacy practice, including but not limited to workflow modifications, pharmacy library investments and technology changes, OPA urges the College to establish an appropriate implementation period should the draft Policy be approved. Providing pharmacies with sufficient time to plan, budget and adapt operational workflows and processes would help mitigate unintended consequences, including disruptions to pharmacy services and reduced access to care that may result from a pharmacy's inability to comply within a shorter implementation timeline.

Additionally, OPA recommends that the College collaborate with CVO to ensure that the expectations outlined in the draft Policy are aligned with the standards, policies and practice expectations applicable to veterinary professionals. It will also be important to develop joint communications and supporting resources to help ensure that both veterinary and pharmacy professionals are aware of the changes and understand their respective roles, responsibilities and the resulting impacts on practice. OPA would be pleased to work with the College and CVO, as appropriate, to support the development and dissemination of educational resources and communications that facilitate implementation of the proposed changes.

To ensure clarity and consistency, OPA also recommends correcting a grammatical error on line 110 of the draft Supplemental Guidance. The text should read “Overseen **by the** Minister of the Environment, Conservation and Parks”.

Finally, it is important to note that while this Policy will support pharmacy professionals in understanding their authority and responsibilities when providing services to animals, other barriers to care must also be addressed to achieve the intended goal of a collaborative practice approach to animal healthcare. This includes but is not limited to, enabling prescription portability, ensuring pharmacies can procure veterinary drugs if they choose to provide care to animals and prohibiting closed preferred provider networks (PPNs) and patient steering. OPA will continue to advocate for solutions to these barriers to help ensure animals and their owners have timely, affordable access to needed care through pharmacies.

Conclusion

The Ontario Pharmacists Association appreciates the opportunity to participate in this consultation on behalf of Ontario's pharmacy professionals. We are committed to helping ensure that the final version of the Providing Pharmacy Services for Animals Policy includes expectations that are clear, reasonable, achievable and comprehensive, supporting pharmacy practice while ensuring that the care provided to animals remains safe and effective.

Overall, OPA supports the College's intent to articulate through a new policy the expectations of pharmacy professionals when providing pharmacy services for animals. However, it is imperative that the expectations and guidance provided facilitate consistent implementation of the policy; preserve appropriate professional judgment; and clearly delineate the roles, responsibilities, and accountabilities of pharmacy professionals and veterinarians involved in the care of animal patients. The requirements should also avoid unnecessary administrative, operational and financial burdens that could delay treatment, limit pharmacy participation, increase costs or reduce access to safe and effective care for animals.

OPA remains committed to supporting the continued evolution of pharmacy practice in Ontario and ensuring that changes are implemented in a safe and practical manner. We would welcome further engagement with the College to help support the successful refinement and rollout of this new policy.