



October 26, 2026

Mr. Siva Sivapalan
Chair
Ontario College of Pharmacists
483 Huron Street
Toronto, ON M5R 2R4

Dear Mr. Sivapalan,

On behalf of the Ontario Veterinary Medical Association (OVMA), and the over 6,000 veterinarians we represent in small, mixed and large animal practice, academia, industry and public service, I would like to thank the College for the opportunity to review the consultation regarding the proposed policy on *Providing Pharmacy Services for Animals*.

The association agrees that, with the evolution of veterinary medicine, interprofessional collaboration is essential, and as a result, Ontario is one of the few provinces with progressive frameworks supporting this. Based on this, the association views the roles of the respective professions as distinct and complementary. Veterinarians are specifically educated and trained in animal health and are responsible for assessing the animal, determining the appropriate treatment, and issuing the prescription. Whereas the pharmacist's role is to dispense the medication as prescribed, applying their expertise in the safe preparation and dispensing of medications.

As professionals entrusted with dispensing medication in the province, pharmacists have a clear obligation to safeguard the health of all patients who rely on critical medications and ensure transparency with animal owners. OVMA appreciates the College's commitment to this mandate with the introduction of the policy and a future guidance document. Considering these shared responsibilities between the professions, the association would like to share feedback and recommendations to strengthen the draft policy.

- **(Lines 50-56) - Changes to prescriptions and pharmacists advising animal owners:**
There is strong support to the provision that a "*pharmacy professionals must sell or dispense a drug exactly as prescribed.*" Under Health Canada guidelines, any veterinary prescription filled at a human pharmacy is done so as ELDU, which requires a veterinary prescription regardless of if the drug does not require a prescription if used to treat humans.

It is imperative that the draft policy includes language on pharmacists not be allowed to provide veterinary medical advice and/or guidance. Veterinary medications can vary greatly depending on factors such as the animal's breed, size, species, medical history, and other health considerations. This variability makes it essential that pharmacists refrain from providing recommended uses or dosing guidance without consultation from the prescribing veterinarian. Without proper veterinary oversight, there is a risk of inappropriate dosing,

adverse side effects, or delays in treatment. Furthermore, pharmacists should not be expected to maintain or provide veterinary references and resources to clients, as providing veterinary medical advice and/or guidance falls outside their role as the dispenser.

For example, OVMA is aware of instances where a veterinarian prescribed medication at the lower end of the dosing range while the client was still considering treatment options and had declined additional diagnostics. In one case, a pharmacist has questioned the prescribed dose and advised animal owners to challenge the veterinarian's recommendation because it did not align with the standard medication information sheet, despite the dose being made on the veterinarian's clinical judgment and the animal's specific circumstances. This is unacceptable and resulted in delays in the animal receiving time-sensitive medication.

(Lines 57-64) - Pharmacists applying the same decision-making cascade as veterinarians: There is significant concern with the provision of directing a pharmacy professional that they "*must only dispense or sell a drug for ELDU pursuant to the prescription following the same decision-making cascade as veterinarians.*" The cascade is a resource document *only* and, like any resource, may be phased out at any time and should not be incorporated into the policy. Veterinary prescribing decisions are made based on a veterinarian's assessment of the individual animal, considering all factors as mentioned in the previous point, including the availability of suitable alternatives. These decisions require veterinary expertise and clinical judgment that may not be fully reflected in the prescription itself. If pharmacists independently substitute a medication or compounded preparation based on the cascade without consulting with the prescribing veterinarian, there is a risk that important clinical considerations may be overlooked, resulting in inappropriate or compromised treatment, adverse effects, withdrawal issues in the food chain supply, and/or delays in care. Substitutions can also result in using a medication that has not been properly assessed in animals which is a key consideration in a veterinarian's decision to prescribe a specific brand name product over a generic alternative. For example, a veterinarian may prefer to prescribe Metacam because it is a primary veterinary product fully evaluated, assessed and labelled for use in animals. Generic meloxicam has not been thus a comparable absorption and response cannot be assured.

Pharmacists should not be directed to the cascade or other decision-making resources on substituting drugs because they should not be in the position of making substitutes or otherwise altering a veterinarian's treatment decisions.

- **(Lines 79-81) - Concerns with large animal veterinary drugs, food supply and withdrawal times:** Under Health Canada guidelines, veterinarians have the responsibility to ensure that drugs prescribed for food-producing animals will not result in harmful residues in food, and meet other regulatory requirements set out in legislation. Specifically related to large animal settings, the laws are very clear that only a veterinarian can prescribe or make changes to a large animal medication as there needs to be considerations to food supply and impact on withdrawal times which can also be dependent on processing plants. It would be beneficial for that point to be strengthened in the policy and/or in the guidance document.

- **(Line 47-49) - Accountability of knowledge, skill and judgement:** The draft policy places responsibility on the professional to assess whether they are practising within the *"limits of their knowledge, skills, and judgment"*. In relation to dispensing a medication pursuant to a prescription, a licensed pharmacist would have the knowledge, skill and judgement. However, pharmacists should not be counselling pet owners on their prescriptions. When a pharmacist steps out of the role of dispensing and begins to counsel pet owners, question prescriptions and/or change prescriptions, this is outside their licensed scope. This approach requires individuals to make subjective assessments of their own capabilities, which can increase the risk of harm to an animal. The draft policy does not clearly articulate how a professional's assessment will be established or how accountability will be demonstrated when a pharmacist independently determines that they possess the necessary expertise, especially when the policy states *"pharmacy professionals must sell or dispense a drug exactly as prescribed,"* which should remain the case. This is particularly relevant given that the College's 2024/2025 risk assessment which maintained that the *"current scope of practice for animals was appropriate without additional training requirements"*.

Veterinary medicine is a distinct field requiring species-specific knowledge of physiology, disease manifestations, and treatment options as well as extensive education and training in pharmacology. While there is overlap of medications used for both humans and animals, there are significant differences in how they are metabolized in the body. There is concern that a pharmacist with limited formal education or training in veterinary medicine may consider themselves competent to provide advice or make clinical decisions based on self-directed learning alone. The policy needs greater clarity regarding the expectations and safeguards that apply when pharmacists undertake activities involving animals.

These concerns are further supported by the current use of titles by pharmacists such as "pet pharmacist", which creates the impression that a human pharmacist possesses specialized qualifications or expertise in veterinary medicine without the requirement of education and/or specialized training. This title, or similar titles, can mislead the public into believing that the individual holds qualifications or expertise in veterinary medicine. This puts patients at risk by creating confusion regarding the pharmacist's true qualifications. It is vital that the College take steps to address this issue, whether it is through the policy or education to help maintain the safety for animals.

Further, the requirement for pharmacists to have veterinary references and resources available should be removed. Pharmacists lack the appropriate knowledge, skill, and expertise to counsel animal owners, reference material would leave the owner with the impression that medical guidance could be sought from pharmacists.

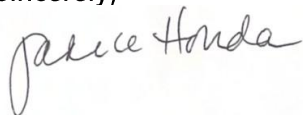
- **Expectations for Interprofessional Collaboration:** It is encouraged that greater emphasis be placed on interprofessional collaboration between pharmacists and veterinarians. Clearer expectations and greater education with the pharmacy profession regarding communication and consultation with the prescribing veterinarian would ensure safe and effective care. Strengthening these expectations and collaborative values would recognize the expertise of each profession and contribute to improved outcomes for animals.

The association would also like to take this opportunity to identify areas that could benefit from additional consideration through policy development and/or education to pharmacists by the College.

- **Availability of drugs that would not be given to an end user even with a prescription:** There are concerns with pharmacies offering access to certain controlled substances (ex. phenobarbital, diazepam, alprazolam, buprenorphine, etc.), even though a prescription is required to purchase these drugs. Additionally, some pharmacies have listed drugs like T-61, Isoflurane, Dexmedetomidine, and Dexdomitor, etc., on their websites, noting that they are available with a veterinary prescription. However, these drugs are not typically prescribed to animal owners, nor would veterinarians seek to obtain them from human pharmacies. This raises significant safety concerns including misleading clients or imply they are intended for general consumer access. Even where these products are technically listed as requiring a veterinary prescription, public-facing online availability may mislead clients into believing they are appropriate for owner-directed use or routine pharmacy dispensing. At minimum, this warrants a policy review by the College and clearer expectations for drugs that are not prescribed to an end user.
- **Strengthening advertising rules and oversight:** As in veterinary policy, advertising rules are in place to ensure that all claims made in promotional materials are truthful, substantiated, and not misleading so owners can make informed decisions. While pharmacists are allowed to market their services and products, advertisements can mislead consumers, creating false expectations about products and services, making comparative claims that cannot be factually substantiated, and hide fees such as dispensing and shipping. To maintain transparency and fairness in the marketplace, ensuring that both professions are meeting the advertising standards so that animal owners can make informed decisions based on accurate information is imperative. It is strongly recommended that the College strengthen their position on advertising while maintaining strong oversight to ensure patient safety.

OVMA prides itself on being a collaborative and committed partner to those working across the veterinary sphere. We trust that you see the association's feedback as supporting both professions while safeguarding animal health and welfare. Should you have any questions or concerns regarding this submission, please contact OVMA's Manager of Government and External Relations, Brandi Deimling at bdeimling@ovma.org or 1-800-670-1702, ext. 224. Thank you in advance for your time and consideration.

Sincerely,

A handwritten signature in cursive script that reads "Janice Honda".

Dr. Janice Honda, DVM
President