

October 9, 2026

Ontario College of Pharmacists
483 Huron St
Toronto, ON
M5R 2R4

Dear OCP,

Re: Consultation on Draft *Providing Pharmacy Services for Animals Policy*

I am a pharmacist and the owner and operator of [PetsDrugMart.ca](https://www.petsdrugmart.ca), a Toronto-based pharmacy focused exclusively on veterinary medication since 2010. Thank you for holding a consultation on OCP's draft ***Providing Pharmacy Services for Animals Policy***¹ (Draft Policy). My comments below:

Interchangeability: The Draft Policy says pharmacy professionals “must sell or dispense a drug exactly as prescribed”, including with respect to “the drug, the brand of drug, dose, dosage form, strength, or directions for use”. In other words, regardless of the law, pharmacists would be prohibited from providing a different brand than the one prescribed, despite both containing the same amount of the same active ingredient in the same dosage form with comparable pharmacokinetic and clinically significant formulation properties, even if a generic is cheaper or the prescribed brand backordered.

I expect the number of generic veterinary medications to increase in the future so this will become an even bigger issue over time. Instead of prohibiting interchangeability, the Draft Policy should explicitly permit it since this is such a fundamental and necessary aspect to pet owners being able to receive their medications efficiently and cost-effectively. It is illogical for interchangeability to be a standard part of practice with human drugs yet prohibited with vet drugs.

Decision Making Cascade: The Draft Policy requires pharmacy professionals to dispense and compound in accordance with the decision making cascade (**Cascade**) shown below, which the Draft Policy (erroneously) says must be followed by veterinarians when prescribing:

Cascade

- Use drug approved for veterinary use first;
- If drug approved for veterinary use is unavailable, use drug approved for human use;
- If drug approved for human use is also unavailable, use compounded preparation with the medicinal ingredient selected based on the following:
 - Use drug approved for veterinary use first;
 - If drug approved for veterinary use is unavailable, use drug approved for human use;
 - If drug approved for human use is also unavailable, use API.

¹ <https://www.ocpinfo.com/extra/pdfs/consultation-draft-providing-services-animals-policy.pdf>

Requiring pharmacy professionals to follow the Cascade is flawed for many reasons:

- Footnote 10 of the Draft Policy² states:

¹⁰ CAHI: Therapeutic Decision Cascade for Animal and Public Safety

CAHI = Canadian Animal Health Institute (CAHI). As this is a trade association for veterinary medication manufacturers, their recommendations (see here³) may not be impartial.

- Per the College of Veterinarians of Ontario's (CVO) own Guide - Extra-Label Drug Use⁴, veterinarians are not required to blindly follow the Cascade. CVO's response below to the question of whether veterinarians must follow the Cascade essentially says veterinarians must use their clinical judgment:

Frequently Asked Questions about General Expectations

Q. 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)?

A. When determining which drug 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
- Considerations such as side effects, risks, and benefits

- If pharmacy professionals must follow the Cascade though vets do not, then chaos for both professions would ensue since vets could prescribe in a manner pharmacists are prohibited from complying with. In any event, since pharmacy professionals must dispense drugs (active ingredient) as prescribed by veterinarians, any reference to the Cascade in the Draft Policy is wholly unnecessary.
- Health Canada's Extra-Label Drug Use (ELDU) in Animals⁵ says economic considerations *can* be considered in determining whether ELDU is appropriate, an entirely reasonable position given the

² <https://www.ocpinfoc.com/extra/pdfs/consultation-draft-providing-services-animals-policy.pdf>

³ <https://cahi-icsa.ca/wp-content/uploads/2024/04/CAHI-Decisional-Cascade-En-September-16.pdf>

⁴ <https://www.cvo.org/standards/guide-extra-label-drug-use>

⁵ <https://www.canada.ca/en/health-canada/services/drugs-health-products/veterinary-drugs/extra-label-drug-use.html>

high cost of vet drugs and the unfortunate reality that some owners must forego treatment for their pet due to financial constraints:

Decisions to use ELDU may include a potential lack of efficacy of approved products, lack of approved products to address specific needs and economic considerations.

- Health Canada's own Policy on Manufacturing and Compounding Drugs in Canada⁶ says compounded products can be produced from an authorized drug or the API used in an authorized drug or listed in a recognized Pharmacopoeia. In other words, Health Canada takes the view that it is equally appropriate for a pharmacist to compound products using APIs or an already authorized drug, even if both are available.

For all these reasons, the Draft Policy must omit any implication that pharmacy professionals must or should dispense or compound in accordance with the Cascade or the recommendation of CAHI, an industry trade association. It seems obvious that reliance on guidance by Health Canada should prevail, especially when the guidance between CAHI and Health Canada conflicts.

Pharmacy Professionals should refer elsewhere if unable or unwilling to dispense vet drugs:

Some pharmacists and pharmacy technicians oppose dispensing vet drugs, whether because they lack the knowledge, time, interest or otherwise (see submissions to this Consultation, posted on OCP's website here⁷). Although the Draft Policy already states, "Pharmacy professionals must [p]ractice within the limits of their knowledge, skills and judgment", it should affirmatively state what to do if they do not wish to practice in the vet space. Otherwise, patients may not be able to easily or quickly obtain vet medication, to the detriment of their pet and the profession. Wording such as the following could be added to the Draft Policy:

"Pharmacy professionals must refer pet owners to other appropriate pharmacies if they do not have the knowledge, skills and judgement to competently provide pharmacy services to animals."

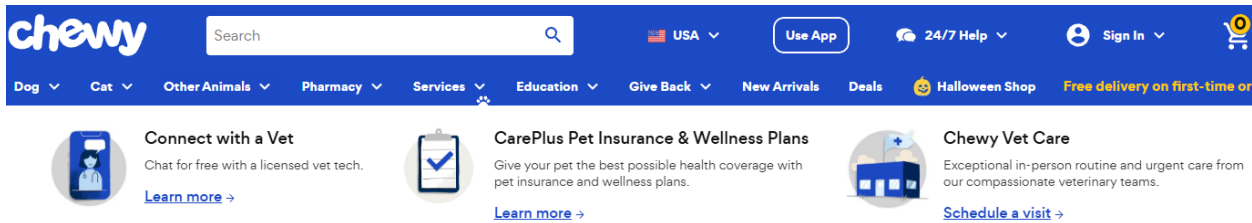
Conflict of Interest: Conflict of interest, including patient steering and preferred pharmacy networks (PPN), are significant issues in human health but even more so in the vet space due to the industry's extensive vertical integration. Chewy's CEO recently said its strategy is to "become the preeminent end-to-end pet health ecosystem" (see press release⁸). In the U.S., the Chewy.com website already links Chewy Pharmacy, telehealth (Connect with a Vet), pet insurance and wellness plans (CarePlus), and veterinary clinics (Chewy Vet Care) (see website excerpt below⁹), and Chewy already offers preferential insurance coverage for medication and other products purchased from Chewy.

⁶ See Section 5.1(j) at <https://www.canada.ca/en/health-canada/services/drugs-health-products/compliance-enforcement/good-manufacturing-practices/guidance-documents/policy-manufacturing-compounding-drug-products.html>

⁷ <https://ocpinfo.com/consultation/public-consultation-on-the-draft-pharmacy-services-for-animals-policy/>

⁸ <https://investor.chewy.com/news-and-events/news/news-details/2026/Chewy-to-Acquire-Modern-Animal-Accelerating-Evolution-to-a-Fully-Integrated-Healthcare-Ecosystem/default.aspx>

⁹ Hover over "Services" tab - <https://www.chewy.com/>



In the U.K., when the Competition and Markets Authority conducted a market study, it found that many corporate veterinary clinics owned pharmacies and other related businesses (see [here](#)¹⁰) and that extensive vertical integration enabled businesses to influence vets' referral advice. Excerpt below from [Business Models, Provision of Veterinary Advice and Consumer Choice Working Paper](#)¹¹ (February 2025):

Internal documents indicate an ability to influence vets' referral advice including though monitoring the number and proportion of in-group referrals

3.52 The existence of tracking and monitoring of the level of self-preferencing in referrals may place pressure on vets who work for large integrated groups to recommend a supplier of related services within the same group, and to downplay or not mention alternative options. This may prevent some pet owners from finding out about referral options for related services that better suit them (for example based on location, availability of appointments, price, or anything else).

...

3.55 However, we have seen evidence that all LVGs [Large Veterinary Groups] track the extent of outside-group versus in-group referrals, and often have targets for practices around the number or proportion of in-group referrals, or appear to guide that an in-group referral centre should be used. As discussed above (paragraphs 2.112 to 2.122), vets at some LVGs have reported feeling pressure to meet certain KPIs and targets. We consider this as it specifically relates to referrals, below. ... We have also seen evidence that employers may follow up with vets who do not follow these referral policies or preferences, meaning that these targets are actively monitored as part of business practice. This evidence appears to be consistent with vertically integrated vet businesses being able to influence referrals towards self-preferencing. As noted above, we are considering this in the context of whether these targets might promote self-preferencing to the detriment of consumers.

In the Fifth Estate's *Inside the Corporate Battle over your Pet's Health* (January 2025), Dr. Suzanna Hudson-Cooke (veterinarian and Chair of British Veterinary Union) warned against complacency, saying the negative consequences may not be as apparent in Phase I of corporatization of the vet industry but, by Phase II, corporate structures and arrangements are entrenched (@27:25 seconds in the [video](#)¹²):

¹⁰ See Table 1 on page 9 at

https://assets.publishing.service.gov.uk/media/668cc8b84a94d44125d9cece/Issues_Statement.pdf

¹¹ <https://www.gov.uk/cma-cases/veterinary-services-market-for-pets-review#working-papers>

¹² <https://www.youtube.com/watch?v=9CiXnoCKu6U>



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“The previous stages were more about acquiring the practices and not really interfering in the day-to-day running of the practices. But now I think we’re in a different stage of their business strategy. [In response to, “What impact is that having?”] I think what they’re seeing is a huge increase in prices.”

Corporate pressure to promote in-group referrals is real. Proactively preventing an issue is easier than reactively correcting. Now is the time to address these issues head-on in the new Policy, including prohibiting advertising and other arrangements which may result in the self-preferencing activity warned by the U.K. regulator.

Thank you for the opportunity to provide comments on this Consultation.

Sincerely yours,

A handwritten signature in purple ink that reads "Wendy Chui".

Wendy Chui, PharmD
Owner of Canada Chemists Pharmacy and PetsDrugMart.ca