

# Neighbourhood Pharmacy Gazette

SUMMER 2022

 **INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.**

A publication of the Neighbourhood Pharmacy Association of Canada



## Charting a new course

**PERSPECTIVES ON DRUG  
PRICING AND PATIENTS'  
ACCESS TO TREATMENT**

ALSO IN THIS ISSUE:

**Mental healthcare  
in pharmacy**

**A new chapter  
for pharmacare?**



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## Neighbourhood Pharmacy Gazette

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# Where we go from here on drug pricing

**I'm writing this just days before changes to pricing regulations for brand-name prescription drugs in Canada come into effect on July 1.**

As detailed in our cover story (page 5), the journey was long and difficult. And it's far from over.

It's probably fair to say that everyone involved in consultations with the Patented Medicine Prices Review Board (PMPRB) has come away with a deeper understanding of the challenges and what's at stake. That understanding was aided by an unexpected "guest" at the table: COVID-19.

As federal Minister of Health Jean-Yves Duclos recently stated in an [announcement](#) about the new regulations, "the pharmaceutical landscape has shifted dramatically, [and] a new context has developed brought on by the COVID-19 pandemic."

The pandemic helped demonstrate the connections between pricing, access to new medications, domestic pharmaceutical manufacturing and the supply chain. Community pharmacies are the final link of the supply chain, putting medications in the hands of Canadians. Plus, pharmacy teams perform a critical added function: the provision of services to patients to help ensure medications successfully improve health outcomes.

Right now, funding for those distribution costs and patient services is tied to drug prices by way of mark-ups. A key message in our submissions and engagement with the PMPRB, and during all conversations on price

compression, is that lower drug prices put strain on pharmacy's ability to provide patient services and conduct daily operations.

Such a funding model is, frankly, a dilemma. Before we can address it—in fact, before any stakeholder can make meaningful progress on issues related to the accessibility and sustainability of healthcare—an integral piece must first be put in place. That piece is a new form of leadership at the pan-Canadian level.

The need for broader discussions and effective, non-partisan oversight was dramatically illustrated by the challenges that arose during the PMPRB consultations and the pandemic. Conversely, when leadership taps into the big picture, each stakeholder's value proposition rises to the surface and coordinated efforts fall into place. We avoid unintended consequences inherent in siloed decision-making.

Future discussions will be far more productive when decision-making reflects that healthcare is an investment, not a cost. The pandemic helped illustrate that, for example when governments invested in pharmacy services to mobilize public-health actions at unprecedented levels.

Effective oversight and transparent collaboration inject resilience into our healthcare system. The need for greater resilience is perhaps the biggest learning to take away from the pandemic and PMPRB consultations. We look forward to contributing to that conversation, and doing our part.



**Sandra Hanna, RPh**  
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“  
When leadership taps into the big picture, each stakeholder's value proposition rises to the surface and coordinated efforts fall into place.”



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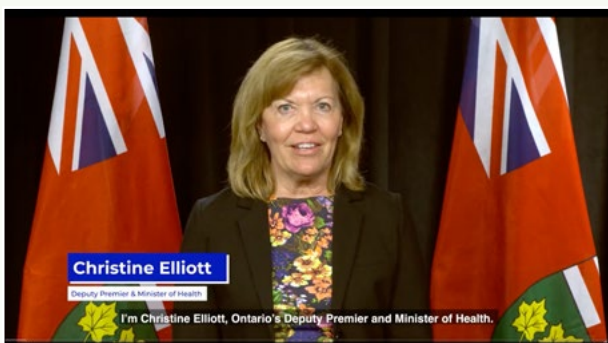
During Pharmacy Appreciation Month, the Public Health Agency of Canada and the Ontario government publicly thanked pharmacy teams for their unflagging dedication to patient care during the pandemic.



"Pharmacies play an essential role in their communities and represent the most frequent point of contact Canadians have with the healthcare system."

**Dr. Theresa Tam**

Chief Public Health Officer of Canada  
PUBLIC HEALTH AGENCY OF CANADA



"Pharmacists are a key part of our healthcare system and a pillar of healthy communities."

**Christine Elliott**

Deputy Premier and Minister of Health  
GOVERNMENT OF ONTARIO

Neighbourhood Pharmacies looks forward to continued collaboration with all levels of government to foster community pharmacy's role as a public health partner and community health hub.



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# Charting a new course

Perspectives on drug pricing and patients' access to treatment

**When it comes to fair drug pricing in Canada, it appears to be time to rise above the fray of recent efforts and take a longer-term, more expansive view.**

"The biggest frustration for patient groups was the lack of meaningful consultations. We could have really helped. Instead, we felt like we weren't being heard, that we were just a checkbox in the process."

These are the words of Jessica Sopher, National Manager, Policy & Government Relations at the Lung Health Foundation. She's describing the past several years and multiple rounds of consultation with the Patented Medicine Prices Review Board (PMPRB) of Canada, which began to reform its regulatory framework to protect against excessive drug pricing in 2016. She's not alone in her feelings.

"It was a waste of our time and efforts and attention. We went down a rabbit hole," states Durhane Wong-Rieger, President and CEO of the Canadian Organization for Rare Disorders (CORD).

The PMPRB's new drug pricing framework is set to come into effect on July 1 of this year. It is a stripped-down version of what the federal agency originally proposed in 2019, due largely to court rulings that struck down the most contested aspects (see sidebar).

Drug prices also won't decrease by nearly as much as originally announced. Which raises the question: was all that effort worth the result? Chris Bonnett, President, H3 Consulting, a health research and strategy consulting firm, feels that the hidden costs

were too high. "This epic journey set back organizational relationships and it set back the national interest in getting more rational drug pricing and costs," he notes.

"I can't imagine that the government has any intention of re-opening what essentially became a can of worms," adds Jesse Shea, Senior Consultant, Public Affairs and Communications at Enterprise Canada, a government relations consulting firm. "The world has changed since 2019 and there are other seismic issues in front of government right now."

For one thing, the COVID-19 pandemic brought the value of a strong domestic life sciences sector into sharper focus. "The new federal Minister of

## The drug-pricing odyssey in Canada

**Amendments to Canada's Patented Medicines Regulations finally go into effect on July 1, 2022, after several court challenges and the COVID-19 pandemic forced four delays in implementation.**

The Patented Medicine Prices Review Board (PMPRB) began the process in 2016 after announcing the need to update its regulatory framework to protect against excessive drug pricing, which had not changed significantly since the agency was established in 1987.

Originally, PMPRB's [impact analysis](#) predicted that the lower list prices for drugs resulting from the changes would generate savings of \$8.8 billion over 10 years. Ceiling prices of new "high-priority medicines" would be reduced by at least 40 per cent on average compared to baseline forecasts.

The three main regulatory amendments that would drive these lower list prices were:

1. A new schedule or basket of comparator countries, also referred to as the "PMPRB11," that saw the removal of Switzerland and the U.S. and the addition of six countries.
2. Additional price regulatory factors, such as the drug's pharmacoeconomic value and its market size in Canada.
3. The reporting of price and revenue net of all price adjustments (i.e., taking into account confidential pricing agreements).

In February 2022, the Québec Court of Appeal ruled that amendments two and three are unconstitutional. Earlier, in June 2020, the Federal Court had ruled that amendment three, the requirement to disclose net prices, is invalid.

In April 2022, federal Minister of Health Jean-Yves Duclos announced that the government would proceed with the new PMPRB11 basket of comparator countries only. His [statement](#) noted that since the original amendments were introduced "the pharmaceutical landscape has shifted dramatically, a new context has developed brought on by the COVID-19 pandemic, coupled with the progression of various initiatives seeking to improve accessibility and affordability for needed medicines."

The estimated impact of the PMPRB11 alone is \$2.8 billion in savings over 10 years. List prices of new high-priority drugs are expected to be reduced by 4.5 per cent on average and prices of other drugs are expected to be 3.5 per cent lower than baseline forecasts.

PMPRB is still updating its October 2020 guidelines to operationalize the new pricing framework. In a [statement](#), the Board indicated it "will make every effort to develop and publish the new draft in a timely fashion." Consultations with external stakeholders will then occur. Until the new guidelines are finalized, pharmaceutical manufacturers are expected to report price information based on the new PMPRB11 basket starting on July 1, 2022.





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Health recognizes we can't silo off the drug pricing conversation from a broader perspective that takes into account patients' access and the sustainability of the whole supply chain," says Shea.

Access to innovative treatments, which are increasingly targeting treatment of rare or complex diseases in today's drug pipeline, is the biggest concern, stresses Sopher. "That was an ongoing challenge even before the PMPRB's changes."

Both Sopher and Wong-Rieger sincerely hope that the pandemic has helped to finally reorient the perspective of federal policy makers.

"More than once a government person has said to me, 'Well, the pharmaceutical companies are just threatening to reduce access. It's just an idle threat,'"

says Wong-Rieger. "Even using words like 'threat' takes us in the wrong direction. Because this is simply business. The companies have choices in where they can go, so this is simply a negotiation of the trade-off between drug price and investment. In exchange for lower prices we would have to get to the back of the line and five or six years later we'll get the drug. That's the trade-off, but I don't think that's what anyone wants."

Summarizes Bonnett: "Other countries have managed to balance investments in industry with reasonable controls on drug pricing and spending. This occurs even in countries that are home to the world's largest drug manufacturers, like the U.K. and France."

## Generic pricing back on the table

**Generic manufacturers' eyes are on the Québec government and the pan-Canadian Pharmaceutical Alliance (pCPA), as agreements that significantly reduced the prices of generic drugs are set to expire.**

The agreement between Québec and the Canadian Generic Pharmaceutical Association (CGPA) began in October 2017. The discounted prices for a wide range of generic drugs were estimated to save the Québec government \$1.5 billion over the five-year deal.

The five-year agreement between CGPA and pCPA began in April 2018. Prices were discounted by 90 per cent for some of the most commonly prescribed generic drugs. A tiered pricing framework determines the discounts for remaining generic drugs: the higher the number of manufacturers, the greater the discount (up to 75 per cent). On average across all generic drugs, prices dropped by 18 per cent.

Reporting by the CGPA states that by the mid-point of the pCPA agreement, public drug plans across Canada (excluding in Québec) had saved almost \$2 billion.

While the agreements appear to be meeting their savings objectives, concerns remain about the possible downstream consequence of drug shortages or out-of-stocks. After surveying its members as part of a February 2022 report, the *Canadian Generic*

*Pharmaceutical Importing/Manufacturing Capacity Study*, CGPA found that the number of domestically manufactured products declined by 34 per cent in three years, from 1,061 in 2019 to 700 in 2021. All told, less than half—44 per cent—of generic drugs are manufactured domestically.

The report states: "In response to downward pricing pressure, Canada's domestic pharmaceutical companies have increasingly relied on offshore supply and manufacturing. As a result, onshore manufacturing and support services have been weakened. Increased reliance on imports has contributed to sector job losses and made the supply chain more vulnerable."

Based on what community pharmacies experience daily, Shelita Dattani, Vice-President, Pharmacy Affairs, Neighbourhood Pharmacy Association of Canada, is not surprised by these findings. "Even before the pandemic we were up to more than 100 drug shortages happening a week, mainly involving generics. What we've learned from the pandemic, and what government has said, is we need to make sure we have a robust drug supply system. It will be really interesting to see what comes out of the negotiations to renew the agreements."



## The bigger picture

The courts determined that PMPRB was exceeding its mandate with some of its proposed changes. "This outcome demonstrated a need for much better governance by the federal government of its own quasi-judicial agency," says Bonnett. "Perhaps this could be a consideration for the new Canadian Drug Agency, and include complementary expertise from pharmacy, medicine, patients and private payors, and not just governments."

Others urge the establishment of non-partisan, "big-picture" oversight to crystallize a long-term vision for all stakeholders. "Everyone would really benefit from more cohesion between levels and agencies of government," says Shelita Dattani, Vice-President, Pharmacy Affairs, Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies).

"For example, a challenge with the PMPRB was we couldn't really get at a broader strategy that incorporates the perspectives of the life sciences sector and domestic supply chain."

Put another way, PMPRB's efforts to prevent excessive drug pricing triggered downstream,

**"Delayed launches also mean delayed clinical trials. For rare diseases that is literally a killer."**

unintended consequences for patients and sectors outside of pharmaceutical manufacturing, including distributors and pharmacies. "If a policy impacts a broader group of stakeholders, then

a process needs to be in place that evaluates and considers these impacts from a broader health system lens," says Dattani.

"We understand the importance of lowering prices, but that has to be balanced with patients' access to treatment," says Sopher.

Delayed launches also mean delayed clinical trials, adds Wong-Rieger. "For rare diseases that is literally

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a killer because most of these drugs are for patients with no other treatments and they're counting on the clinical trials to get early access."

A 2020 study by the Canadian Centre for Health Economics used recent data from member countries of the Organisation for Economic Co-operation and Development (OECD) to estimate regression models on the timing of drug launches relative to list prices.<sup>1</sup> It found that "these models suggest that the new price controls proposed by the PMPRB will indeed delay access to new medicines in Canada." (Note: at the time of the study these price controls included measures that have since been struck down by the courts [see sidebar].)

The study also determined that "patented list prices still exert an economically important effect on launch decisions," despite the fact that confidential pricing agreements result in actual prices that are below list prices.

## Protecting the supply chain

When we turn our focus to the supply chain, the key factor is that revenue is tied to the list price in the form of government-controlled mark-ups. If that price decreases by 10 per cent, then revenue from the mark-up decreases by 10 per cent for sectors across the entire supply chain, including pharmacy.

Generic drug pricing is a case in point. Generic prices have dropped by approximately 70 per cent since 2007,

saving billions of dollars annually for provincial governments; however, the downstream impact is the removal of an estimated \$50 million in annual revenue from pharmaceutical distributors and \$92 million annually from community pharmacies (see sidebar for more on the unintended consequences of lower generic drug prices), according to impact analyses by these sectors' respective advocacy bodies.

"Our estimates indicate the proposed PMPRB

reforms will result in an additional \$20 million per year in lost funding," says Angelique Berg, President and CEO of the Canadian Association for Pharmacy Distribution Management (CAPDM).

At the same time, regulatory and operating

costs have increased substantially in recent years. "The cumulative impact of policy-driven price compression and higher costs is estimated to be about \$100 million per year for pharmaceutical distributors," says Berg.

The past year has been especially concerning, given the rates of inflation for fuel, warehouse space and wages. "We have a sustainability challenge in pharmacy distribution funding. We're hitting a tipping point right now that is serious," stresses Berg.

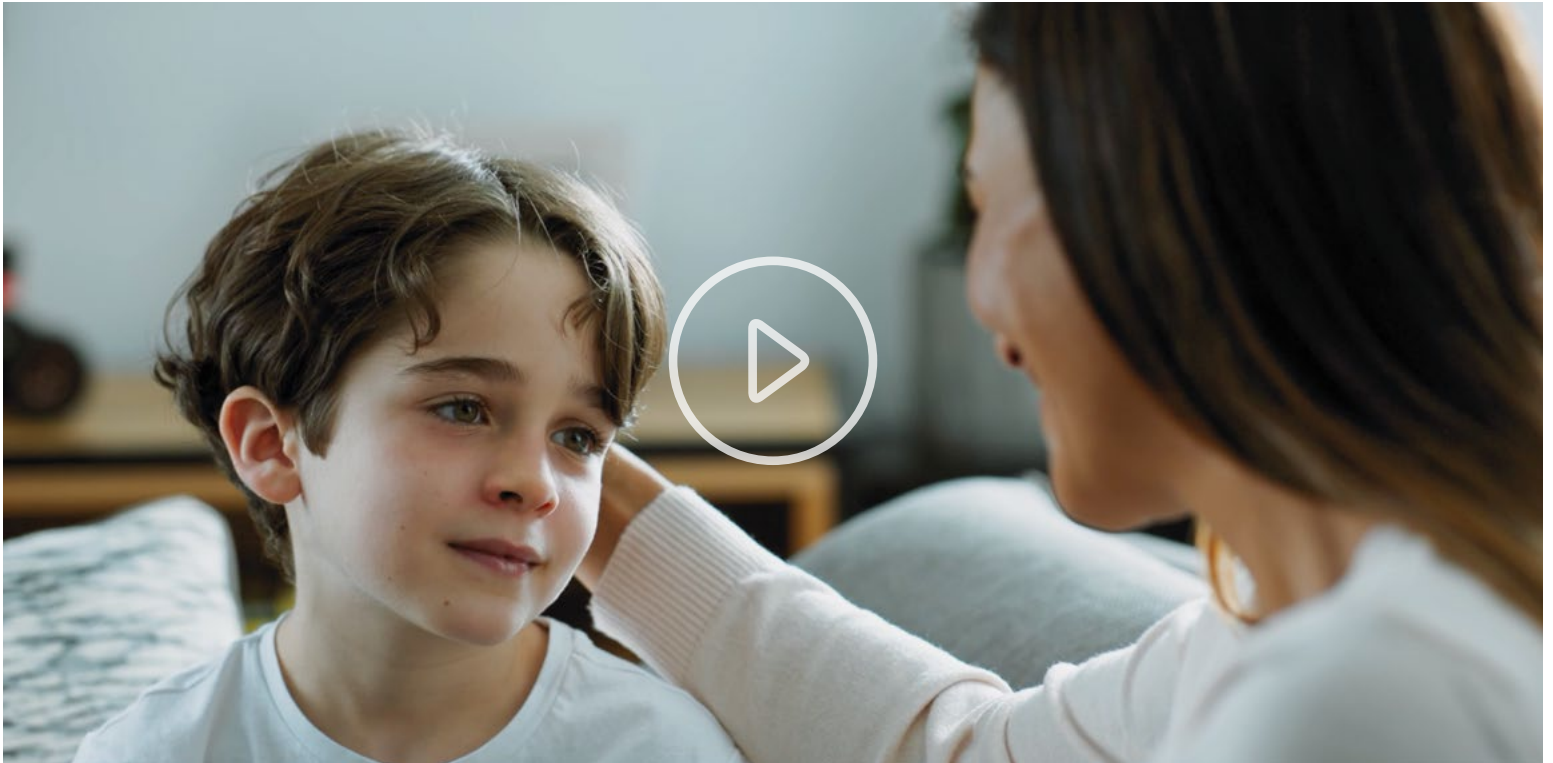
All this at a time when the value of reliable pharmaceutical distribution cannot be overstated, she adds. "The pandemic really shone a spotlight on Canada's supply chain for pharmaceuticals, including COVID-19 vaccines."

Since mark-ups are the only allowable source of revenue at this time, distributors have no choice but to consider cutting costs that would affect end users; for example, by reducing deliveries to rural or remote areas. "Without some kind of action on a sustainable funding solution, the critical infrastructure that

Canadians and the healthcare system rely on is in jeopardy of further erosion, making access to medication harder for people," concludes Berg.

Neighbourhood Pharmacies has calculated that PMPRB's new pricing rules will remove approximately \$78 million in annual mark-up revenue from community pharmacies and distributors. Pharmacies will bear the brunt of that loss.

**"The critical infrastructure that Canadians and the healthcare system rely on is in jeopardy of further erosion, making access to medication harder for people."**



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"Fair pricing is something that everyone wants, but the current funding model for pharmacy means that reductions in price translate into reductions in funding used for patient services and operating costs," says Dattani.

Similar to pharmaceutical distributors, community pharmacies proved their value during the pandemic. "Pharmacy wants and needs to be the community health hub that everyone, including governments, are talking more about, but we also need to be able to keep the sector sustainable to serve as that health hub. Right now, lower drug prices directly impact our source of funding for patient services," stresses Dattani.

The solution is not easy—but the pandemic may again have helped pave a path. "The pandemic has

shown that diverse stakeholders can come together to solve complex problems," explains Shea.

**“A strong life sciences sector, timely access to new medications, a robust supply chain and greater capacity in our healthcare system are all interconnected, and we *can* work together.”**

"It's really, really important for government to collaborate with all stakeholders so that we can consider upstream the impacts of policy change in order to avoid the downstream, unintended impacts affecting access and patient care," adds Dattani. "A strong life sciences sector, timely access to new medications,

a robust supply chain and greater capacity in our healthcare system are all interconnected, and we *can* work together."

### Progressive partnerships

"The only way to solve this is through a collaborative approach. It will be one small step at a time, but let's get started and build from there," agrees Bonnett.

When it comes to drug pricing, Wong-Rieger points to other countries for possible strategies. "Canada has taken a narrow focus toward medicines by focussing on price, which is very different from almost any other developed country," she notes.

The United Kingdom, Germany, the Netherlands, France, Switzerland and Belgium are countries that warrant study. "While direct comparisons are difficult because of the different health systems, there are lessons there for Canada," says Bonnett.

And size does not matter. For example, Belgium, with a third of the population of Canada, struck a one-time agreement with the pharmaceutical industry "to organize themselves so that there were winners all around, rather than a zero-sum game where somebody's got to lose," says Bonnett.

### System resilience

Outside of drug pricing, both Neighbourhood Pharmacies and CAPDM are optimistic that the goodwill built up during the pandemic has opened the door to their participation in broader discussions around how to improve access and build a more resilient healthcare system.



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"The pandemic really did highlight the essential role of pharmacy distributors and the importance of their sustainability. We're committed to working with the federal government, provincial governments and other stakeholders to establish principles that will lead to a funding model that works for everyone and that maintains that critical infrastructure," says Berg.

Adds Dattani: "The pharmacy sector must be equipped to manage new prices, minimize supply chain disruption and determine if a new framework for patient service funding is needed to ensure patient support services."

These objectives for pharmacy are increasingly relevant when it comes to the more complex medication management services for

the growing number of patients using specialty drugs. While the higher price points of these drugs generate larger dollar amounts in mark-ups, the revenue is often still not enough to cover the costs of the required infrastructure and services due to their complexity—especially since some payors have cut back the allowable mark-ups for specialty drugs.

Observes Shea: "Pharmacy's value to the public healthcare system during the pandemic puts it in a good position to say, 'Let's talk about other avenues and partnerships where pharmacy can take pressure off the healthcare system, and then let's talk financing.' For example, could there be a federal Pharmacy Transfer fund for pharmacy services? Why not?"



## Expanding pharmacists' scope of practice



**As Canada recovers from COVID-19, resilient healthcare systems have never been more important.** Building such systems requires breaking down siloes and

supporting every clinician to reach their maximum potential.

Operating in areas where many Canadians live, work and shop, pharmacists are one of the most accessible healthcare providers, as they deliver quality advice and recommendations related to medication management and personal health. Expanding the scope of pharmacists' responsibility reduces the burden on the broader healthcare system, allowing doctors to treat patients most in need.

COVID-19 has showcased pharmacists' untapped potential, and changing regulations are acknowledging the central role they play in ensuring integrated, uninterrupted care:

- The Government of Canada has extended temporary exemptions to the Controlled Drug and Substances Act until

2026, which allows pharmacists to better support Canadians throughout the pandemic and beyond.

- In Alberta, pharmacists have prescriptive authority to write, adapt and manage Schedule 1 Drugs, allowing them to independently make substitutions, change dosages, and more.
- In Ontario, effective January 1, 2023, pharmacists will be able to provide minimal treatment for twelve minor ailments, including prescription medication. Other provinces have already enabled this scope for pharmacists.

The Resilient Healthcare Coalition, a collaborative of health system partners working towards more resilient Canadian healthcare systems, recognizes pharmacists as a key part of enhancing patient access to innovative medicines and health technologies. Integrating pharmacists into frontline services, to collaborate with other healthcare professionals across the entire continuum of care, can ensure a healthier Canada from coast to coast.

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For their part, patient groups continue to beat the drum on the benefits of improved access to new treatments, for governments as well as patients. "At times I'm struck by the negative perceptions of innovative treatment options. We use real-life patient stories to highlight both the direct and indirect costs of delayed access," says Sopher.

She would also like to see a change in attitude about the supporting role of patient groups in the development and evolution of policy. "What we do well is connect governments with the patient perspective. We work closely with researchers and healthcare providers. With appropriate resources we can do more to facilitate clinical trials, real-world evidence and research."

Real-world evidence is increasingly important in light of the growing pipeline of treatments for rare diseases. The patient populations are too small to generate

enough traditional clinical trial data, hence the growing potential for real-world evidence, gathered after a drug's launch, to be part of the health technology assessment process.

Sopher and Wong-Rieger are hopeful that Health Canada's current work on a national strategy for drugs for rare diseases, with an announcement expected by the end of this year, sets the stage for more meaningful collaboration between governments and patient groups. "I have inherent faith that...what we're proposing makes good sense for everyone," says Wong-Rieger.



*Karen Welds is a healthcare journalist and has written about community pharmacy for more than 25 years.*

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# Taking Care of Business



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# Can Liberals and NDP forge a new path?

**As Canada finally begins to turn the corner on the pandemic, the political climate seems right for pharmacare to re-emerge as a potential solution to both improve our healthcare system and address the growing affordability crisis.**

The recent confidence-and-supply agreement struck by Prime Minister Justin Trudeau's minority Liberal government and Jagmeet Singh's New Democratic Party sets the table for the on-again-off-again discussion on national pharmacare to finally get the full attention it deserves from all levels of government.

To secure the NDP's support in all budget and confidence votes until the end of the Spring 2025 session, the Liberals had to guarantee movement on key NDP policy issues. Pharmacare is one of those priority issues.

While the Liberals have been working towards some form of pharmacare since 2019, this agreement puts new pressure on the government to advance this initiative in a substantial way.

Over the past four years, both political parties and their leadership have taken very different approaches to a national pharmacare program. While the NDP has been strictly driven by an ideological approach to pharmacare, the Liberals have become much more pragmatic.

Fundamentally, the New Democrats have advocated for a universal, single-payor model that would see the current system completely replaced with a government-run program. Meanwhile, the Liberals have kept the door open to delivering pharmacare through a model that respects the current mixed-payor system and provincial jurisdiction. We already have evidence of this with the P.E.I. pharmacare pilot, which saw the federal government provide additional healthcare funding so that the province could expand the list of medications offered under their existing public drug plans.



Enacting pharmacare on a national level would require substantial provincial buy-in and collaboration. And while the provinces have shown unprecedented levels of cooperation throughout the pandemic, they have used recent conversations—and joint efforts through The Council of the Federation—to push their own priority of increasing the Canada Health Transfer.

Despite the Liberal and NDP agreement to work together on pharmacare, many hurdles clearly remain, which will require movement and cooperation from the two federal parties.

The Liberals have a tricky path to walk. They must demonstrate to their New Democratic partners that they're working in good faith within the new agreement, while they manage their primary audience—their potential voter pool. The crux of this is conveyed by robust public opinion polling that shows Canadians are more interested in a cost-effective and measured approach to expanding drug coverage to those who do not have it, compared to the NDP's desire for a national single-payor model.

At the same time, the Liberals also have to steer their new efforts to strengthen Canada's life sciences sector. Not long before the pandemic, the Liberals didn't appear to regard the pharmaceutical sector as an industry where they needed many allies. Their initial push for a national pharmacare and the draft

guidelines from the Patented Medicine Prices Review Board were clear examples of lines drawn in the sand.

When the pandemic forced Canada to rely solely on imported vaccines, a more friendly and open dialogue between the government and the industry emerged. This renewed dialogue has become a significant factor in the government's healthcare planning as it looks to attract new investments to boost Canada's biomedical manufacturing capabilities.

At the moment, the NDP holds the balance of power in its new relationship with the Liberals. At any point, the party could break the agreement and leave the Liberals at the mercy of a Conservative party eager to topple the Trudeau government once the dust settles on their leadership race. The NDP could take advantage of this situation to force the Liberals to move further to the left and enact a pharmacare program that more closely resembles the party's preference for a single-payor model.

Alternatively, the NDP could support a version of pharmacare that allows both partners to win favour with Canadians for a job well done, while giving the NDP space to focus their next election run on policy shortcomings and what they would do differently should they form government.

The combined approach of the two parties is still

unknown, but there is opportunity in this new policy process. Over the course of the next 16 months – when the Liberals have committed to introduce a Pharmacare Act – both parties will be eager to consult with stakeholders and map out a

strategy that will see pharmacare take a tangible step forward.

The consultation period provides a window of opportunity to shift the conversation to focus on closing gaps in coverage rather than upending our entire system. Pharmacy associations have advocated for this

**“The combined approach of the two parties is still unknown, but there is opportunity...to shift the conversation to focus on closing gaps in coverage rather than upending our entire system.”**

approach from day one.

Community pharmacy occupies a unique space in the healthcare system, as a sector in direct contact with patients, highly trained in medication management and intimately familiar with challenges in access through both public and private plans. Pharmacy teams work on the frontlines and close medication gaps daily for their patients. Who better to help unite all parties for a national pharmacare plan that benefits all Canadians?



*Jesse Shea is Senior Consultant, Public Affairs and Communications at Enterprise Canada.*

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# Opening the doors of opportunity

## Len Marks Pharmacy Advancement Award: Dr. Jake Thiessen

**Growing up in a farming community in southern Manitoba, Dr. Jake Thiessen never could have predicted a career in pharmacy and where that would take him.**

"Pharmacy provides a gateway to many other opportunities in life and that has been absolutely true in my case," says Thiessen, Consultant and Founding Director, School of Pharmacy, University of Waterloo. "I say, when doors of opportunity open, always be prepared to walk through, even if it's daunting."

Thiessen started his career in community pharmacy and eventually joined the University of Toronto's Faculty of Pharmacy in 1973, where he is still Professor Emeritus. Over the span of his 33-year tenure at U of T, he was a passionate educator (including a six-time recipient of the Teacher of the Year award) and chaired the committee for the design and construction of the Leslie Dan Faculty of Pharmacy building. "It was a complementary fit because my dad went into construction after leaving the world of farming, so I became skilled in understanding all kinds of things around building construction," he says.

The initiative turned out so well, he was approached to do it all over again at the University of Waterloo. There he led the launch of Ontario's second pharmacy school from ground zero, which was also Canada's first

to offer a co-op education program in pharmacy.

New doors kept opening. In 2013, the Ontario government appointed him to lead the independent review of quality assurance in the province's cancer drug supply chain following reports that patients had been underdosed at four Ontario hospitals. His

recommendations included advocating for strong risk-mitigating practices in the broader realm of non-sterile and sterile products prepared within licensed pharmacies.

As the author of numerous academic articles and books, Thiessen has presented at conferences around the world and has a keen interest in providing leadership in pharmacy educational practice models beyond Canada's borders. As a consultant, Thiessen is recruited by companies

in Canada and abroad to fulfill a variety of roles, such as evaluating product development and clinical trial strategies. Most recently he has been advising on vaccine development as well as therapeutic efforts around the human endocannabinoid system, and he is working with South Korea's Electronic Telecommunication Research Institute.

"My passport tells me how old I am, but I still have a lot of energy left," says Thiessen. "Winning this award takes me back to my roots because community pharmacy is where it all began."



DR. JAKE THIESSEN



### ABOUT THE AWARD

**The Len Marks Pharmacy Advancement Award** was established in memory of pharmacist Len Marks, who was an advocate for community pharmacy. This award recognizes someone whose passion for the advancement of pharmacy helps lead change in the areas of education, pharmacy practice, advocacy and collaboration.





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# A passion for supporting pharmacy

## Distinguished Associate of the Year Award: Jason Frame

**Jason Frame has spent most of his career in the healthcare industry in Canada and the U.S. And he says supporting pharmacy for more than 15 years now has been a true highlight.** “Pharmacists

are often at the centre of the patient experience which makes the future opportunities for pharmacy quite exciting, despite current and upcoming challenges,” says Frame, who is Vice-President National Sales at JAMP Pharma Corporation. “Our unshakable commitment to pharmacy at all levels within our organization is one of the areas I’m most proud of.”

In his current role, Frame is passionate about discovering new ways to support the profession, whether by collaborating on new product launches to better meet patients’ needs or by making the investments to stabilize supply and bring forward pharmacy services that can improve the patient experience. “I consider myself incredibly privileged in that I spend most of my time interacting with highly educated, interesting and passionate healthcare professionals from across Canada,” he says. “These interactions with pharmacists and industry executives inspire me—along with my teams—to push boundaries and advocate for pharmacy.”



JASON FRAME

As the pharmacy business model continues to evolve and face challenges, Frame says organizations like his have the opportunity to think differently about solutions and brainstorm with key stakeholders to improve the patient experience,

while still playing a vital part in reducing healthcare costs. “This award for Distinguished Associate of the Year is tremendously meaningful to me because it represents a clear recognition of our ongoing support and involvement with Neighbourhood Pharmacies and illustrates just how far we’ve come as an organization.”

In guiding the company through another phase of accelerated growth into 2023, Frame has been spending much of his time developing specialty partnerships. “We now have eight key specialty products, all supported by our JAMPCare patient support program, with a massive pipeline of launches to follow to further deliver value to the pharmacy landscape,” he says. “As the pharmacy industry continues to shift from traditional products to specialty products, we feel that we are incredibly well-positioned to support our partners who are also growing into this space.”



### ABOUT THE AWARD

**The Distinguished Associate of the Year Award** honours a Neighbourhood Pharmacies Associate in good standing who displays an extraordinary commitment to the Association’s initiatives and/or committees, while helping advance community pharmacy.

  
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# Community pharmacy & COVID-19 vaccinations

Information current as of May 31, 2022



Province	Start date (2021)	# (%) pharmacies registered (estimated maximum)	Vaccines (manufacturer and brand) and eligibility by age for administration in pharmacy*	Provincial fee for administration	Pharmacy doses and % of total (estimate)
British Columbia	Mar. 31	1,000 (70%)	<ul style="list-style-type: none"> <li>Janssen (Johnson &amp; Johnson): 18+</li> <li>Moderna Spikevax: 6+</li> <li>Novavax Nuvaxovid: 18+</li> <li>Pfizer-BioNTech Comirnaty: 5+</li> </ul>	\$18	1.2 million (10%)
Alberta	Feb. 24	1,430 (93%)	<ul style="list-style-type: none"> <li>Moderna Spikevax: 12+ (6-11 in select pharmacies)</li> <li>Novavax Nuvaxovid: 18+</li> <li>Pfizer-BioNTech Comirnaty: 12+ (5-11 in select pharmacies)</li> </ul>	\$25	4.6 million (52%)
Saskatchewan	Apr. 29	382 (92%)	<ul style="list-style-type: none"> <li>Janssen (Johnson &amp; Johnson): 18+</li> <li>Moderna Spikevax: 12+ (6-11 in select pharmacies)</li> <li>Novavax Nuvaxovid: 18+</li> <li>Pfizer-BioNTech Comirnaty: 12+ (5-11 in select pharmacies)</li> </ul>	\$20	662,000 (28%)
Manitoba	Mar. 15	322 (72%)	<ul style="list-style-type: none"> <li>Moderna Spikevax: 6+</li> <li>Novavax Nuvaxovid: 18+</li> <li>Pfizer-BioNTech Comirnaty: 5+</li> </ul>	\$20	467,000 (16%)
Ontario	Mar. 12	3,000 (63%)	<ul style="list-style-type: none"> <li>Janssen (Johnson &amp; Johnson): 18+</li> <li>Moderna Spikevax: 6+</li> <li>Novavax Nuvaxovid: 18+ in select pharmacies</li> <li>Pfizer-BioNTech Comirnaty: 5+</li> </ul>	\$13	8.2 million (25%)
Québec	Mar. 22	1,500 (80%)	<ul style="list-style-type: none"> <li>Moderna Spikevax: 12+</li> <li>Pfizer-BioNTech Comirnaty: 12+</li> </ul>	\$11.60	1.9 million (9%)
New Brunswick	Mar. 17	218 (93%)	<ul style="list-style-type: none"> <li>Janssen (Johnson &amp; Johnson): 18+</li> <li>Moderna Spikevax: 6+</li> <li>Novavax Nuvaxovid: 18+ in select pharmacies</li> <li>Pfizer-BioNTech Comirnaty: 5+</li> </ul>	\$17	800,000 (46%)
Newfoundland & Labrador	Jun. 1	160 (81%)	<ul style="list-style-type: none"> <li>Moderna Spikevax: 12+</li> <li>Novavax Nuvaxovid: 18+</li> <li>Pfizer-BioNTech Comirnaty: 5+</li> </ul>	\$17	148,000 (12%)
Nova Scotia	Mar. 9	295 (94%)	<ul style="list-style-type: none"> <li>Moderna Spikevax: 12+</li> <li>Novavax Nuvaxovid: 18+</li> <li>Pfizer-BioNTech Comirnaty: 5+</li> </ul>	\$18	1.4 million (58%)
Prince Edward Island	Mar. 11	47 (94%)	<ul style="list-style-type: none"> <li>Janssen (Johnson &amp; Johnson): 18+</li> <li>Moderna Spikevax: 12+</li> <li>Novavax Nuvaxovid: 18+</li> <li>Pfizer-BioNTech Comirnaty: 5+</li> </ul>	\$15 (\$20 from Jan. 1 to Jun. 30/2022)	85,000 (22%)
<b>TOTAL DOSES</b>					<b>19.4 million (23%)</b>

\* AstraZeneca Vaxzevria is available for administration in pharmacies in some provinces; however, its use is typically limited to situations where other vaccines are not available;  
Sources: Neighbourhood Pharmacies, COVID-19 Vaccine Distribution Tracking; provincial pharmacy associations; National Association of Pharmacy Regulatory Authorities (national pharmacy counts)

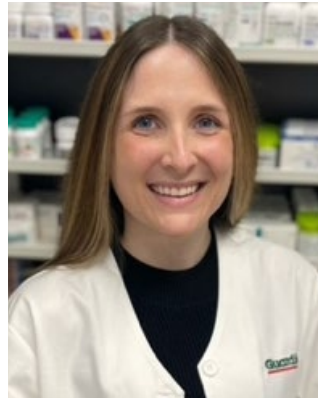
# Mental healthcare “blooming”

Featuring Guardian, member of Neighbourhood Pharmacies

**Pharmacist Maggie Wilcott remembers first hearing about the Bloom program when she was a pharmacy student at Nova Scotia’s Dalhousie University.** Her professor and Bloom co-founder, David Gardner, told the students about an initiative that was using community pharmacists and pharmacies to improve the well-being of people with mental illness and addiction, and Wilcott was instantly intrigued.

“I think comprehensive help for mental health is a big gap in our healthcare system and Bloom is one of those programs that is helping to close it,” says Wilcott, whose first job after graduating in 2018 was at an Associated Maritime Pharmacies (AMP) Guardian pharmacy that’s part of the Bloom program. “People need support and more reliable information...and as pharmacists we are using our knowledge to provide recommendations around mental health medication management and optimization of therapy.”

Today, as lead of the Bloom program at Guardian’s Hatchet Lake Pharmacy location in Hatchet Lake, Nova Scotia, Wilcott ensures the program runs smoothly from an operational standpoint, but stresses that it is a group effort. “It’s not only specific pharmacists



Maggie Wilcott, lead of the Bloom program at Guardian’s Hatchet Lake Pharmacy

who provide services but whoever is available,” she says, adding that anyone who undergoes training for Bloom is expected to share their knowledge with the rest of staff.

Currently, 10 patients are enrolled in the Bloom program at Hatchet Lake. Patients can be referred or self-refer, and pharmacy staff also play a part in recruiting. “If we see someone using medication to support mental health, we will attach a pamphlet to their prescription about Bloom and give them a brief overview along with a link to the Bloom website for more detailed information,” says Wilcott, noting that most are receptive. “I had a patient just yesterday say they now feel they have an ally in their corner.”

The program is funded by the Nova Scotia Department of Health and Wellness. Patients

## How Bloom fared against COVID-19



The Bloom program proved its worth during the pandemic, when patients found it harder to access usual services outside the pharmacy.

In response to a survey conducted in September 2020, 89 per cent of pharmacists at 38 active Bloom pharmacies agreed the COVID-19 pandemic negatively affected patients’ access to mental health and addiction services. As a result, 62 per cent reported that their value as a healthcare partner to Bloom program patients had increased, and

the same number indicated that the program was essential for patients during the pandemic. Nine out of 10 surveyed pharmacy team members (including technicians and assistants) said they were proud that their pharmacy was able to offer the Bloom program during the pandemic.

“Pharmacy teams felt better prepared, as a result of offering the program, to meet the increased mental healthcare needs of all patients during the pandemic,” concluded the study.

1. Murphy AL, Simon K, Pelletier E, et al. Bloom Program pharmacy teams’ experiences providing mental health services during the COVID-19 pandemic. CPJ. 2021 Dec.



The Bloom program helps pharmacists support patients in the areas of medication management, healthcare system navigation, general support, education, self-care, referrals and triage.

participate in an initial one-hour appointment (which entails a comprehensive medication review and overview of their physical health, diet, exercise and sleep regimen) and then pharmacists follow up by

phone at least once a month. While the focus is on medication management, the program recognizes other activities, including system navigation and general support, education, self-care, referrals and triage. The pharmacy teams collaborate closely with family physicians, specialists and other mental healthcare providers.

"The program is funded for six months and then if they need more time, we can extend it," says Wilcott. "Usually, six months is enough time to find good, stable therapy resources so they can continue on their own."

Over the years Bloom has been praised for increasing access to care, particularly in rural communities, as well as for enhancing collaboration between community pharmacists and physicians. From her experience, Wilcott says in at least 50 per cent of cases pharmacists reach out to patients' primary care providers to flag issues with medications and recommend changes, which are often implemented.

"The Bloom program has been an important step forward in providing resources and drug therapy

## PARTNER SPOTLIGHT

## Partnering with pharmacy optimizes patient care

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**AbbVie's mission is to discover and deliver innovative medicines that have a remarkable impact on patients' lives in the areas of immunology, oncology, neuroscience, eye care, virology, women's health and gastroenterology.**

Catherine Beauchemin, Senior Manager, Pharmacy Marketing & Group Purchasing Organization—Trade Relations, discusses why pharmacists are a key partner in bringing this mission to fruition.

### Why are pharmacists a key partner?

Pharmacists provide the highest positive influence on patients in starting and staying on therapies. They are the most accessible—and trusted—healthcare professional and a crucial member of a patient's care team.

Over the last several years, pharmacists have acquired a wide and deep scope of practice. The pandemic has

highlighted the essential, even critical, role they play in our healthcare system, which has further accelerated the expansion of their scope in all provinces. We recognize that by working together we can have a bigger impact on improving the lives of patients.

### How does AbbVie work with pharmacists?

Our approach is a little unique as we collaborate with the entire spectrum of pharmacy—from distribution, dispensing and patient education to pharmacist support and professional development. We really value the dynamic role of the pharmacist in being able to reach patients at various stages of their health journey, so we are always looking for innovative ways to support the profession. We do that through live therapeutic presentations and accredited continuing education, as well as by sharing clinical/counselling information through innovative mediums. We know that by supporting the pharmacist, we ultimately support the patient.



management for mental health in our communities," agrees Robin Ogilvie, who started as a Guardian staff pharmacist and is now Director of Pharmacy Operations at AMP. Now more than ever, with the stresses of living during a pandemic, he says the program has highlighted pharmacy's ability to provide another layer of accessible support and expertise in a strained healthcare landscape.

Bloom is currently available at six of eight Guardian pharmacies in Nova Scotia, but the goal is to extend it to all of them. "Right now, it's a matter of logistics, as a couple of our stores have limited pharmacist overlap, but we're working with our managers to be able to offer the service in all of our locations eventually," says Ogilvie.

From a business perspective, Bloom is appealing because the service model is consistent, efficient and funded. "Initial intake appointments are scheduled at a time where staffing can be assigned and available, while follow-ups are significantly easier to manage during the regular workflow because they're much less labour intensive," says Ogilvie. "The predictable billing model allows us to manage and grow the program in a thoughtful way."

The initial consultation/enrolment as well as subsequent follow-ups are all billed at \$75 monthly.

During the height of COVID-19 vaccinations in 2021, participating Guardian pharmacies billed approximately 500 Bloom consultations. At the Guardian location in Timberlea, a total of 26 patients were enrolled concurrently at one point, representing a monthly revenue of \$2,000.

Above all else, pharmacists get to feel they are part of a solution in filling the mental healthcare gap, says Wilcott. "The response I get from patients is that they feel they have a reliable source of information they can easily access through the pharmacy," she says. "We take away some of the overwhelming aspects of dealing with mental health."

Programs like Bloom also help remove stigma and normalize conversations around mental health. "Unfortunately, we're still not at a point where people see treatment for mental health conditions in the same way they see treatment for blood pressure or diabetes," Wilcott says. "We all have to be more proactive about mental health."

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## NEIGHBOURHOOD PHARMACY ASSOCIATION OF CANADA SPECIALTY PHARMACY SUMMIT

# NOVEMBER 7 - 8, 2022

Neighbourhood Pharmacies' Specialty Pharmacy Summit brings delegates together for educational and informative sessions on the specialty pharmacy sector, including keynote presentations, concurrent business and clinical streams and networking opportunities.

Thought leadership sessions focus on current trends offering practical insights into the evolving role of specialty pharmacy. Whether you are a manufacturer, a retailer operating in the specialty space, a frontline practitioner wanting to know more or you're considering your organization's future growth in specialty pharmacy services, this event is for you!

# Moving forward on government relations

**Right now in Québec, government is interested in exploring the potential for pharmacy services.** As we continue to build patients' trust and satisfaction with our services, we expect government will keep listening. Our profession is evolving and there's no turning back now.

Similar can be said for jurisdictions across Canada. During COVID-19, governments witnessed the capacity of pharmacy in providing essential patient care services.

But with pharmacies offering more—and the public expecting more—the challenge is ensuring that the profession is fully equipped to meet growing public demand while helping to fill important healthcare system needs. This is both a challenge and a great opportunity and requires all pharmacy stakeholders to work together. It also requires pharmacy to keep evolving.

From a personal perspective, I have always wanted to participate in the evolution of the profession, first as a pharmacy owner for 25 years under Jean Coutu and then as President of AQPP, Québec's association of pharmacy owners. In negotiations with government at that time, the association had a very strong mandate to modernize the profession with a focus on clinical services, while still maintaining pharmacy as a business/professional environment. Pharmacy owners recognized that we needed to take on a greater role in the healthcare system to practice using all our abilities. During

my seven years with the association, I witnessed a major transformation of the profession in Québec.

My current role, a brand-new position at Jean Coutu, was the next logical step to help pharmacies evolve further. As Senior Director of Government and Regulatory Affairs of this large retail pharmacy operation, with locations in Québec, Ontario and New Brunswick, my goal is to ensure the perspectives of pharmacy owners and pharmacists are heard by all stakeholders. At Jean Coutu we want to offer solutions to improve operations and efficiencies to help ensure the success of our pharmacies.

Our recent decision to join Neighbourhood Pharmacies further amplifies that commitment—and goes beyond. We want to learn from other jurisdictions and adopt best practices. We want to share our unique Québec perspective. We have traditionally done things a little differently in this province and can provide a different lens on various topics.

We also recognize that more and more topics relevant to the profession (e.g., issues such as Pharmacare and the role of the Patented Medicine Prices Review Board) are discussed at the national level. We know we can constructively contribute to those discussions. Communicating with a unified voice through Neighbourhood Pharmacies raises government relations to the next level. We look forward to positive outcomes for the profession, for governments and for patients.



**Jean Thiffault**

BOARD MEMBER  
Neighbourhood Pharmacy  
Association of Canada

SENIOR DIRECTOR,  
GOVERNMENT AND  
REGULATORY AFFAIRS  
*Jean Coutu*

“The challenge is ensuring that the profession is fully equipped to meet growing public demand while helping to fill important healthcare system needs.”



**Neighbourhood  
Pharmacy**  
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Association canadienne  
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The Neighbourhood Pharmacy Association of Canada advocates for the business of community pharmacy and its vital role in sustaining the accessibility, quality and affordability of healthcare for Canadians. Through its members and partners, Neighbourhood Pharmacies is driving innovative solutions through advocacy, networking, research and information services.

### The benefits of membership include:

- Industry-wide representation with governments
- Exclusive business-building networking events
- Informed and independent information-sharing and analysis
- Real-time industry and regulatory updates

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