

Neighbourhood Pharmacy Gazette

FALL 2025

 **INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.**

A publication of the Neighbourhood Pharmacy Association of Canada



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for patients' sake

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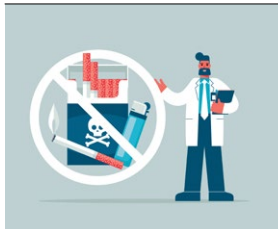
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Neighbourhood Pharmacy
Gazette
INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.

Neighbourhood Pharmacy Gazette is published four times a year by the Neighbourhood Pharmacy Association of Canada.

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Time to tackle the business of healthcare

We need to talk about a touchy subject. Making money in the “business” of healthcare.

To be clear, I am not talking about private healthcare. I am talking about medically necessary products and services for which physicians, pharmacists and other healthcare providers receive payments from governments or group health insurance providers.

I’m also talking about services for which healthcare providers do not receive payments at all—but provide anyway because it’s the right thing to do. And because they know patients will not or cannot pay out of their own pockets.

Canadians are right to be proud and protective of a healthcare system that enshrines universal access as a guiding principle. And governments are right to be protective of taxpayers’ money, without which such universality would not be possible.

But we need to stop glossing over the fact that physicians, pharmacists and other healthcare providers all operate businesses. They pay staff, rent and other operating costs. And these businesses need to be profitable to be sustainable and to continue to deliver the services their patients and communities—and the health system, writ large—rely upon. Yet in recent years we’ve seen too many media reports of family physicians leaving community practice, citing growing costs, the administrative burden and burnout. Many go to work in

hospitals, relieved to let go of the pressures of running a business.

Pharmacies face unique challenges, outlined in this issue’s cover story. The fact that pharmacies sell products adds complexity—and misconceptions—to how these services are funded.

What confounds me most is the underlying notion that a thriving healthcare business, be it a pharmacy or a doctor’s office, is somehow “bad” for patients and taxpayers. That profitability should somehow be less of a factor than it is for businesses outside of healthcare.

We must turn this thinking around. Thriving businesses are essential to a thriving healthcare system because they have the resources—including motivated staff—to invest in innovation and additional service delivery. Thriving pharmacy businesses are also essential to a thriving economy, generating significant economic activity and employing hundreds of thousands of Canadians.

In a thriving pharmacy business, pharmacy teams can and will find ways to better support public health, primary care and hospital capacity. A thriving pharmacy sector enables us to bring more solutions to governments—and to scale those solutions reliably and for maximum impact.

The business of pharmacy should not be a touchy subject. It should in fact be the basis for discussion on how governments and the pharmacy sector can build stronger partnerships that better serve patients—and taxpayers. 🌈



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🌐 Neighbourhood Pharmacy
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“
**A thriving
pharmacy
sector
enables us to
bring more
solutions to
governments.**

”



All on Board

The Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies) is proud to welcome its newly elected and returning Board of Directors, whose leadership will guide the Association's vision and priorities following the 2025 Annual General Meeting.



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These leaders bring deep expertise and a strong commitment to advancing the pharmacy sector. We look forward to their guidance as we continue delivering on our 2025-2029 Strategic Plan: Prescription for Success.



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A rock and a hard place

Why funding
models for
pharmacy must
change—for
patients' sake

If the term “eternal optimist” could be applied to a profession, community pharmacy would fill the bill.

But it's getting harder for pharmacy teams to see the glass as perpetually half full. And patients stand to lose the most.

Decades of hard-fought gains in scopes for professional practice—with growing acceptance by governments, other healthcare providers and patients—are increasingly overshadowed by decades of underfunding characterized by cutbacks, out-of-step funding mechanisms and stagnant (or absent) fees.

On the one hand, community pharmacists have never been in a better position to care for Canadians in ways proven to improve efficiencies and health outcomes. On the other hand, the financial future of community pharmacies has never been more precarious.

“Margins are shrinking, and costs are going up. At the same time there are increased expectations from the public and payors. Some pharmacies are really struggling right now,” says Michael Nashat, board member of OnPharm United.

The challenges of operating a pharmacy have become “tremendously worse” in the past decade, agrees Bruce Winston, a pharmacy owner for more than 35 years before joining Neighbourly Pharmacy as Senior Director, Advocacy & Professional Affairs in 2021.

“We’re at a very critical juncture,” stresses Winston. “I see the risk of Canadians losing the ability to just walk into a pharmacy and see a pharmacist.”

As someone who has long advocated for pharmacy, Winston knows the challenges faced by those who pay for services—governments, private health plans and patients. “We understand that. But pharmacists simply cannot continue to do things for free.”

“All stakeholders are reaching the point where difficult choices need to be made. The only way forward is to make those decisions together,” says Sandra Hanna, CEO of Neighbourhood Pharmacies.

No one wants decisions that compromise healthcare, she continues. Yet that is unavoidable without a course correction.

“Pharmacy funding models must evolve and coalesce around our sector’s capacity to serve as healthcare destinations central to primary care, public health, drug access and health equity—especially in underserved communities,” states Hanna.

How did pharmacy get here?

To move forward we must first step back, continues Hanna, by ensuring decision-makers understand how pharmacy services are funded. “Politicians and policymakers are often surprised by what they learn,” she adds.

Unlike any other healthcare profession, funding for services largely revolves around products (medications and medical devices) in the form of markups and dispensing fees.



And more than in any other healthcare profession, payors (except in Quebec) can unilaterally set payments.

“We lack any kind of negotiating agreement with our payors. We may be able to set our dispensing fee or our markup, but they can ignore them. Any business that has no control of its margins is doomed to fail eventually,” warns Nashat.

“Reimbursement has tightened,” agrees Paul Grootendorst, an economist and professor at the Leslie Dan Faculty of Pharmacy, University of Toronto. “There are no easy ways for payors and pharmacy groups to negotiate over pharmacy services reimbursement.”

Adds Hanna: “As a regulated healthcare professional, we can’t just pass new costs or lost revenues on to patients. Nor do we want to compromise care.”

Over the years, pain points have emerged across all funding mechanisms.

“All stakeholders are reaching the point where difficult choices need to be made. The only way forward is to make those decisions together.”

DISPENSING FEES

Provincial and territorial governments have long capped dispensing fees—and most are stagnant.

Ontario’s capped fee of \$8.83 is one of the lowest in the country and has not

increased in more than 10 years. In most jurisdictions, fees have increased only once or not at all in a decade, and none have kept up with inflation.

“The dispensing fee compensates pharmacists for ensuring patients are taking the right medications properly,” says Hanna. “The fact that they are capped is problematic enough, but not indexing them to inflation is unconscionable.”

On the private side, 38 per cent of prescription claims go through drug plans with capped dispensing fees, according to Express Scripts Canada [2025 Drug Trend Report](#). Pharmacies can charge patients the difference, but competitive pressures come into play. “Private insurers encourage plan members to ‘shop around’ for the lowest dispensing fee,” notes Hanna.

MARKUPS

Any sector that sells products uses markups to cover the costs of staff, customer service, inventory and operations. Market forces normally determine the product prices and markup percentages.

Not so in pharmacy. Drug prices are strictly regulated in Canada and markups on drugs covered by public payors—42 per cent of prescriptions, according to the Canadian Institute for Health Information—are capped at levels below market-driven markups in the private sector. Manitoba and Quebec do not pay markups at all.

A huge blow occurred in 2014 when the pan-Canadian Pharmaceutical Alliance (pCPA) implemented the Generic Tiered Pricing Framework to reduce the

prices of generic drugs, which account for 78 per cent of prescriptions (source: IQVIA Canada). “Overnight, the pharmacy sector lost millions,” says Hanna.

“As a result of price compression we’ve also seen a compression in the number of manufacturers that traditionally made certain generic medications.”

To rub salt in the wound, pharmacy teams have had to carve out more time to deal with drug shortages. “As a result of price compression we’ve also seen a compression in the number of manufacturers that traditionally made certain generic medications. If

one manufacturer has an issue, it’s everybody’s issue because there is not enough supply capacity in the system,” explains Winston.

Price compression is also happening on brand-name drugs through the Patented Medicine Prices Review Board, adds Hanna. “We support efforts to keep drugs

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affordable, but the downstream impacts on markup revenue must be addressed. Markups and dispensing fees have been squeezed and neglected to the point that they can no longer sustain operations. That represents a potential harm to patients.”

THE SPECIALTY SITUATION

The traditional core funding mechanisms of dispensing fees and markups are even more misaligned when it comes to services associated with specialty medications.

High-cost, high-value specialty drugs account for half—\$19 billion—of all prescription dollars and only two per cent of volume, reports IQVIA Canada.

These drugs are much higher in cost due to their complexity in manufacturing, distribution, storage, drug administration, patient support services and/or the coordination of coverage by public and private payors. Pharmacies specializing in the delivery of these services also make significant investments in upfront and ongoing infrastructure (for example, for infusion clinics).

Neighbourhood Pharmacies’ landmark [2023 report](#) with IQVIA Canada, *The Value of Specialty Pharmacy Services to the Healthcare System*, estimated that pharmacy-led specialty-drug services invest and offset \$1 billion annually for the two million patients who would otherwise be unsupported by the public health system.

Yet no additional funding mechanisms exist. “On the whole, the dispensing fee is relatively insignificant,” says Chris Dalseg, Vice-President, Strategy and Growth, BioScript Solutions. “Likely more than any other pharmacy business model, specialty pharmacies rely almost entirely on markups to fund the distribution of the drug and clinical services.”

Over the past decade, payors have steadily tiered or capped the markups.

Some caps from public payors are so low that, like dispensing fees, they essentially contribute nothing to cost recovery (for example, Saskatchewan’s cap is \$20, regardless of the cost or complexity of the drug and associated services).

Biosimilar switching policies have further reduced markup revenue, even though the lower-cost



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Kudos to us!

We’re thrilled to announce that the *Neighbourhood Pharmacy Gazette* is now an award winner!



Our cover story on pharmacy benefits managers was a finalist for the 2025 National Magazine Award: B2B in the category of Best Feature Article: Trade.

The awards are presented annually by the National Media Awards Foundation to promote excellence in journalism. We’re honoured to be recognized for the integrity of our content, in support of Neighbourhood Pharmacies’ efforts in education, thought leadership and advocacy.



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biosimilars require the same patient-support services as the originator biologic.

While reimbursement complexities are not unexpected given the high cost of specialty medications, the growing concern is that controls on markups will lose sight of the growing complexity—and value—of the services and infrastructure associated with specialty drugs.

“We need to better align on the value of these services in order to ensure sustainability for years to come,” says Dalseg.

“Absent a formal funding mechanism for these services, adequate reimbursement via markups is critical to ensure that pharmacies can provide the services that in turn ensure patients have timely access to medications that are often their last hope,” adds Hanna.

“We need to better align on the value of these services in order to ensure sustainability for years to come.”

PRIMARY CARE SERVICES

For over 10 years, provincial and territorial governments have expanded pharmacists' scope of practice to improve access to selected primary care services and reduce pressures on physicians and hospitals.

Yet public funding is piecemeal, observes Hanna. While recent years have increased the likelihood of funding for new services from the get-go, fees and criteria vary widely across jurisdictions. They may also be lower than fees paid to physicians for the same service.

For example, Canadians in all 10 provinces can now go to their pharmacist for assessments and prescribing services for common ailments and conditions. But the number of eligible conditions ranges from a low of 13 in Manitoba to 35 in Quebec and Prince Edward Island; only five provinces fund all eligible conditions; and fees range from \$15 (for virtual assessments in Ontario) to \$25 depending on the province.

Moreover, in Alberta and Saskatchewan, pharmacies can submit a claim only when assessments result in a prescription. And in some provinces, pharmacists are not only limited to certain conditions but also to certain medications.



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Similar stories can be told in prescribing services such as renewals, adaptations and therapeutic substitutions.

"We need to break down provincial barriers and standardize pharmacy scope and remuneration across Canada. The current differences fight against us, and hinder our effectiveness in collaborations with governments," says Natasha Mohammed, Senior Director, Professional Affairs, Atlantic Canada for McKesson Canada.

The private sector poses even more fundamental challenges. Despite pharmacists' new authorities to provide services, very few private health benefits plans offer to pay for them—or are even set up to do so.

"Private insurers' agreements oftentimes don't include pharmacists in their formal definition of a primary care provider," explains Mohammed. "They pay for a service by a doctor or nurse practitioner, but they won't pay a pharmacist for the exact same service."

A two-tiered system is emerging that goes against the spirit of the Canada Health Act, continues

Mohammed. "Patients with access to a so-called 'recognized provider' such as a physician or nurse can receive services through public or private benefits, while those without a recognized provider, but with access to a pharmacist, must pay out of pocket for the same services. This is an issue of disparity."

Busting myths

Misconceptions also persist around pharmacy sustainability. For example, some still believe that pharmacies can offset shrinking revenues from payors with rebates from generic drug manufacturers.

"This misconception greatly undermines the integrity of pharmacy practice," says Hanna.

The generic pharmaceutical industry in Canada grew rapidly in the 1970s and 80s, encouraged by government policy to promote competition in the



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drug industry. By the 90s, commercial terms commonly included rebates from the manufacturer to secure market share. These rebates became an important contributor to pharmacy margins and indirectly funded a growing number of professional services.

In the early 2000s, provinces curtailed or banned these types of commercial terms. In 2014, the pCPA implemented the Generic Tiered Pricing Framework. Prices of high-volume drugs dropped from approximately 70 per cent of the brand-name drug to less than 10 per cent in many cases. Pharmacy revenue from markups plummeted due to the lower generic prices and commercial terms became even more limited in scope as generic manufacturers shored up their own losses.

“Pharmacists and pharmacies should be paid fairly for the activities they complete. We continue to do too much for free.”

“The generic pricing framework really started to change the dynamic of margins,” notes Winston. “We had to become very efficient, which is a good thing, but that wasn’t enough to offset the losses in revenue. And dispensing fees and professional fees have not risen with inflation.”

An unfortunate ripple effect is that more pharmacy owners and managers today are having to return to work behind the pharmacy counter, to address labour costs, rather than strategizing and investing for the future, says Winston. And when they do launch new programs or services, there is little room for error. “When I was a new owner, I could learn from my mistakes. Now margins are so tight that an error in strategy could be terminal to the business.”

A funding model that recognizes the value of services, and not just products dispensed, has become paramount. “In the old world, I could subsidize services off margins. That’s impossible now,” says Winston.

“Pharmacists and pharmacies should be paid fairly for the activities they complete,” he continues. “We continue to do too much for free and I have yet to see a suitable fee for complex care.”



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In Alberta, fees have even declined—from \$125 for comprehensive annual care plans (CACPs) in 2012 to \$70 in 2024, with fewer billable follow-ups allowed. “The government acknowledges that we are making a difference in primary care, then cuts us off at the knees,” says Winston, who lives in Alberta. “These cutbacks mean we’re having to either refer patients back to other primary care providers, where wait times are long, or provide the service for free.”

The sole stated reason for the cutbacks: to prevent cost overruns in the budget for pharmacy services. Which leads Winston to point out the “fundamental flaw” in healthcare spending, in Alberta and across most of Canada: budgets are siloed between healthcare providers. “We need pharmacy to be recognized as part of primary care so that we can become part of the primary care budget for our professional services,” concludes Winston.

Crying wolf?

Another common misconception is that the number of pharmacies in Canada belies the sector’s concerns about sustainability.

Pharmacy growth is at or below increases in population. Last year’s pharmacy growth of 1.9 per cent, according to IQVIA Canada, aligns with the 1.8-per-cent population gain reported by [Statistics Canada](#). In 2023 and 2022, pharmacy growth lagged population growth due to record-high immigration levels ([page 17](#)).

Moreover, pharmacies that remain open despite all the challenges are not necessarily thriving, emphasize Mohammed and Winston. “When you see three or four pharmacies on any given corner in downtown Toronto or downtown Calgary, the myth is that they’re all doing well,” says Winston.

Independent pharmacies—60 per cent of pharmacies (IQVIA Canada)—often stay open at personal sacrifice. “The owners I know would go back to eating Kraft Dinner before they’d close their doors,” says Winston.

Yet sentiments have begun to shift, he continues. “Acquiring organizations, including Neighbourly Pharmacy, are getting more calls from owners of really low-volume pharmacies asking if there’s interest in buying their stores. They’re tired and need to get out. That’s a drastic change—we never used to see pharmacies close or any type of liquidation within a pharmacy.”

An analysis of pharmacy numbers in Canada’s biggest province reveals that the rate of closures has closed in on the rate of openings. In 2016, there was one closure for every four pharmacy openings in Ontario. In 2023 and 2024, one pharmacy closed for every two openings, according to reports from the Ontario College of Pharmacists.

As more pharmacies struggle to stay open, reductions in services, staffing or hours of operation to manage increasing costs could have major health-

All eyes on Nova Scotia

Following an 18-month pilot project, in September 2024 Nova Scotia’s Conservative government announced permanent funding for 45 Community Pharmacy Primary Care Clinics throughout the province. The clinics provide services not available or funded in pharmacies in the rest of the province, including assessments, testing and prescribing for strep throat, services for chronic disease management and the ordering of lab tests. Work is also underway to integrate the clinics into the healthcare system’s referral pathways.

Data collected and analysed by the government found that the clinics reduced emergency visits to hospitals and earned high satisfaction scores from patients. Demand was high for renewals, strep assessments, chronic disease management services and assessments for minor ailments.

The data also captured the length of time required for services—information that is being used to inform decisions around long-term government funding not only for the clinics, but also for services available in all pharmacies.

Nova Scotia’s Pharmacy Service Agreement—one of only three nationwide that fund pharmacy services under a separate contractual agreement—expired in September 2024. Nova Scotia now also has a separate funding agreement for the primary care clinics. At the time of writing this article in early September, negotiations between the government and the Pharmacy Association of Nova Scotia to renew both agreements were ongoing.

related and economic consequences, particularly in rural areas. “Many of our pharmacies are in towns without family physicians or public-health services. Rural pharmacies have always been a cornerstone business in the community,” says Winston.

“Health inequities and patient access will worsen,” agrees Mohammed. “And governments will miss opportunities for system-wide cost savings in primary healthcare.”

The volume panacea

A third misconception is that pharmacies make up lower margins with prescription volumes.

At a surface level, this supposition is partly accurate: the annual average prescription volume per pharmacy grew from 67,600 as of December 2022 to 69,400 by March 2025, reports IQVIA Canada. Baby boomers, now aged 59 and 79 years old, drive this

growth due to their increased use of medications for chronic conditions.

But the crux of the matter is that “even though volume is increasing, because of price compression, the margins are decreasing,” says Winston.

While pill-counting equipment or central-fill pharmacies can alleviate much of the labour costs associated with the technical dispensing of refill medications, the initial capital outlay—and in the case of central fill, regulatory barriers (see the [Summer issue](#) of Neighbourhood Pharmacies)—can be daunting for pharmacies that increasingly need to manage cash flow.

“Payors are causing margins to shrink and at the same time labour costs are going up. Technology costs are going up. Safety costs are up. Eventually those expenses will catch up to margins, and that’s when



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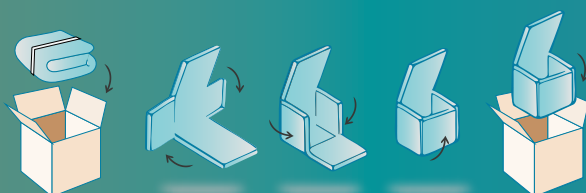
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pharmacies start closing. Some pharmacies are getting there,” says Nashat.

The contention that pharmacies can rely on volume to make up for the unintended downstream impacts of drug pricing reform puts all stakeholders into “dangerous territory,” adds Mohammed, because it works against the shift to primary care that’s finally unfolding in pharmacy.

“So many demonstration projects are showing governments the value of pharmacies that shift the focus away from dispensing to delivering primary care services. Are we chasing volume in this model? Absolutely not,” says Mohammed.

“So many demonstration projects are showing governments the value of pharmacies that shift the focus away from dispensing to delivering primary care services.”

“The distribution of product and the provision of clinical services are two separate work streams that can and should be funded accordingly,” summarizes Hanna.

Impact on workforce

Well before the COVID-19 pandemic, levels of self-reported burnout were disconcertingly high among pharmacists. In 2024, pharmacy regulatory bodies in British Columbia, Ontario, New Brunswick and Nova Scotia conducted research and developed strategies to address growing concerns that workplace conditions, including understaffing and performance targets, put patient safety at risk.

Insufficient funding for pharmacy services is certainly a contributing factor to burnout and attrition within the profession. Simply put, “pharmacists are being asked to do more with less,” says Mohammed.

Such workforce pressures can exist in any industry, adds Nashat, but are exacerbated in regulated professions that have few, if any, levers to pull to offset reductions in revenue. “A consequence is we are losing practitioners who are choosing to leave, or not enter, community practice. That puts even more pressure on those that remain. It becomes a vicious cycle.”

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While regulatory bodies seek to take corrective action on workplace conditions, solutions go beyond staffing levels. "Let's come together to enable operators to innovate and invest in resources to support their teams. It's not only about funding, but also about regulatory change to maximize agility and efficiency in the business of pharmacy," says Hanna.

Vision for the future

The members of Neighbourhood Pharmacies interviewed for this article are unanimously positive about the future of the profession of pharmacy and applaud provincial and territorial governments' ongoing commitment to expansions in scope of practice.

"Pharmacists entering practice today are so much better clinically trained than I was. They're so well prepared to deliver care to patients," says Winston. Adds Mohammed: "Pharmacies can be the cornerstone for new models of integrated care. We have the reach in every community and can rapidly scale innovative technologies."

Yet Winston, Mohammed and their colleagues in pharmacy organizations across Canada fear that much of the profession's promise will die on the vine without a parallel commitment from payors to modernize funding models.

To put it simply, "we are asking for consistency and fairness across all healthcare professionals," says Nashat.

"Neighbourhood Pharmacies and its members are here to work with governments, payors and regulators to modernize how we think about funding and regulation. With true collaboration and a shared goal, pharmacies can maximize their potential and do even more to deliver the care that our communities rely on," says Hanna. 🌈



Karen Welds is a healthcare journalist and has written about community pharmacy for more than 30 years.



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- UTI Test (OTC):** A cassette kit for Urinary Tract Infection (UTI), showing a positive result (C line present, T line absent).
- Vitamin D Test (OTC):** A cassette kit for Vitamin D, showing a positive result (C line present, T line absent).

Each kit includes a detailed instruction manual and a test strip. The results are displayed on the test strips, with 'C' for Control and 'T' for Test. Positive results are indicated by the presence of a line in the 'C' position and the absence of a line in the 'T' position.

WARNING: This product contains nicotine. Nicotine is highly addictive. Only to be used by adults who are trying to quit smoking.



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*Government of Canada. Canadian Tobacco and Nicotine Survey (CTNS): Summary of results for 2022.
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A closer look at pharmacy growth

The total number of pharmacies in Canada grew by 2.2 per cent for the year ending May 2025, reaching 12,463, following growth rates of 1.9 per cent in 2024 and 2.0 per cent in 2023, according to Neighbourhood Pharmacies' *Pharmacy Market Insights* report.

How do these numbers compare with population growth? In 2024, the pharmacy sector's growth of 1.9 per cent virtually mirrors the 1.8-per-cent population gain reported by [Statistics Canada](#). In 2023 and 2022, record-high immigration levels led to population gains that outpaced pharmacy growth: 3.1 per cent (population) compared to 2.0 per cent (pharmacies) in 2023, and 2.5 per cent compared to 1.3 per cent in 2022.

Banner and independent pharmacies remain by far the most numerous in Canada, accounting for 60 per cent of all pharmacies by the end of May 2025, which was virtually the same in May 2024. Chain pharmacies retain the second largest share of the market at 22 per cent, down slightly from 23 per cent.

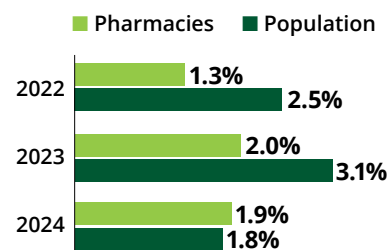
Grocery and mass-merchandise (food/mass) pharmacies accounted for 14 per cent of the total in May 2025, unchanged from May 2024, leaving four per cent for non-traditional pharmacies, also unchanged. Non-traditional pharmacies are comprised of specialty pharmacies, mail-order pharmacies, long-term care pharmacies and out-patient hospital pharmacies.

Non-traditional pharmacies grew most, by 5.3 per cent, followed by banners/independents (3.0 per cent), chain (1.2 per cent) and food/mass (0.8 per cent) pharmacies. (Note: some of the non-traditional growth is due to the reclassification of independents to non-traditional based on specialty product volume.)

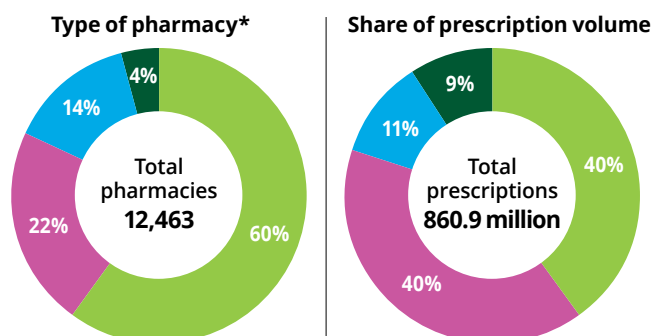
Chain and banner/independent pharmacies each accounted for 40 per cent of all prescriptions dis-

Growth comparison: pharmacies and the population

Source: IQVIA Rx Premium, year ending December; Statistics Canada



Community pharmacy at-a-glance



*Banner pharmacies are independently owned members of a third-party banner program (i.e., for operational supports); independent pharmacies are independently owned and not affiliated with a banner or chain; chain pharmacies are owned by a parent company; food/mass pharmacies operate in grocery or mass-merchandise stores; non-traditional pharmacies include long-term care, specialty, hospital out-patient and mail-order pharmacies
Source: IQVIA Rx Premium, year ending May 2025

pensed over the past 12 months as of May 2025, and both formats recorded gains in volume (1.8 per cent in chains, 3.7 per cent in banners/independents). Food/mass pharmacies dispensed 11 per cent of all prescriptions, a gain of 2.1 per cent, leaving nine per cent for non-traditional pharmacies, which experienced a slight decline in volume (0.7 per cent).

Understanding the pharmacy landscape

Pharmacy Market Insights is a sector-intelligence resource customized exclusively for Neighbourhood Pharmacies' Members and Partners, powered by IQVIA Canada. For more information contact info@neighbourhoodpharmacies.ca

Ontario considers regulation of PPNs

Of the two options under consideration by the Ontario Ministry of Finance (MOF) to regulate pharmacy preferred provider networks,

Neighbourhood Pharmacies has called for the adoption of the “any able provider (AAP)” model.

The Ministry held a consultation for public input in July and August this year, following an initial consultation from August to October 2024. The first consultation drew 178 independent submissions and 1,561 submissions from individuals as part of stakeholder campaigns.

During the latest round, the Ministry stated that any new policy would need to satisfy the following objectives: affordability of medications; patient choice; competition within the pharmacy sector; and positive health outcomes.



The Ministry requested input on two possible regulatory models:

Standard Mandatory Exemptions (SME), which would standardize and make mandatory the exemption process allowing patients to access prescriptions at pharmacies outside a PPN. Current processes vary and are at the discretion of insurers. Circumstances for exemptions—for example, medical, geographical or accessibility reasons—would be set out by law or regulation.

Any able and willing provider (AAWP), which would mandate that any pharmacy PPN be open to any

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pharmacy able and willing to meet its terms. This protects pharmacies from arbitrary exclusion and ensures equal opportunity to participate.

In its submission to the Ministry, Neighbourhood Pharmacies opposed the SME model. “We oppose any framework that requires patients to apply for exemptions in order to access their pharmacy of choice. Informed patient choice must be the default—not granted by exception.”

The Association supports the adoption of the AAWP model in concept, provided that it is “underpinned by a pharmacy sector-led operational readiness framework.” That is, the pharmacy sector would lead the development of criteria to determine if a pharmacy is operationally “able” to participate in a PPN.

“To support transparency and fairness, these operational readiness criteria should be uniform across payors, objective, and developed collaboratively by the pharmacy sector in consultation with key stakeholders, including payors,” Neighbourhood Pharmacies stated in its submission.

The Association also recommends:

- Renaming the model to “any able provider (AAP).”
- Removal of the word “willing” removes the implication

that some pharmacies may be unwilling to provide medications or care, or that they are “willing” to accept coercive financial terms or terms that may be financially unsustainable.

- Updating the definition of specialty medications based on the value and complexity of the operational services required, and not solely based on the drug’s price. In so doing, the operational readiness criteria to determine a pharmacy’s ability to participate in a PPN can be grounded in its readiness to deliver “the full scope of operational services associated with supporting patients with more complex needs.”
- Including legislative safeguards to ensure participating pharmacies can meet PPNs’ financial terms without compromising sustainability.

In its submission, Neighborhood Pharmacies summarizes how AAP legislation supports the Ministry’s objectives of consumer choice, affordability, health outcomes and competition. “It also positions Ontario as a leader with a regulatory approach that balances cost control with patient access, system value and a thriving, diverse pharmacy sector.” 🌈

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Protecting kids from drug misuse

Rexall Pharmacy Group has helped prove that community pharmacies can prevent the misuse of medications—and potentially save kids' lives.

Since 2023, Rexall has partnered with Drug Free Kids Canada (DFKC), a national charity dedicated to preventing problematic substance abuse by youth and raising awareness about the importance of safely storing medications at home.

One in five Ontario highschool students admit to using prescription drugs recreationally to get 'high,' according to [research](#) by the Centre for Addiction and Mental Health. At the same time, one in two homes in Canada have potentially dangerous medications that aren't stored properly.

"Parents will be vigilant about monitoring alcohol storage in the house but there isn't a whole lot of conversation around prescription drugs that are accessible in medicine cabinets, either in their homes or in others," says Chantal Vallerand, DFKC's Executive Director, noting that 85 per cent of households don't keep medications locked away. "More and more we're seeing children being hospitalized or worse because of taking medications not prescribed for them."

During National Drug Drop-off Month in September, pharmacy staff at Rexall pharmacies across Canada, members of the local police services and DFKC come together for one day to hand out educational materials and answer customers' questions. They also raise awareness of naloxone, a fast-acting medication that temporarily reverses the effects of an opioid overdose.

Their actions are having an impact. DFKC's surveys confirm that when parents are provided with accurate information, it significantly enhances their ability to address medication misuse with their children. "It's about having those ongoing dialogues with your kids around what's at stake when they misuse medications—and how having naloxone can save lives," says Vallerand.

Participating pharmacy teams also say it's extremely rewarding to be part of the solution, adds Vallerand.



Rexall pharmacy staff, Drug Free Kids Canada and local police come together every September to raise awareness about safely storing medications and having naloxone on hand.

The next step is for more pharmacies to join this potentially life-saving campaign. "We're very grateful to Rexall Pharmacy for pioneering this initiative, but collectively we need to get more pharmacies on board to have the greatest reach," says Vallerand.

Additional supports at Rexall

Rexall's Medication Cabinet Clean-Up service—in conjunction with the Health Products Stewardship Association (HPSA)—is also available year-round, enabling people to drop off expired or unused prescription and nonprescription drugs, as well as natural health products.

It's also standard procedure for Rexall pharmacists to dispense government-funded naloxone alongside opioid prescriptions. "Rexall pharmacists provide comprehensive guidance and education on the proper use of naloxone kits, ensuring customers are prepared in case of an emergency," says Ricky Tiwana, Rexall's Vice-President of Operations.

Tiwana calls on all pharmacies to partner with organizations such as DFKC and the HPSA. "Pharmacists are the most accessible healthcare providers," says Tiwana. "We're supporting communities by taking back unused or expired medication and helping to raise awareness around the opioid epidemic that's ongoing." 🌈

Restricted NRT access makes matters worse

In August 2024, Health Canada restricted the sale of authorized nicotine pouches in Canada to behind the pharmacy counter.

One year later, I am increasingly concerned that this restriction has unintended negative consequences and does not prioritize what is best for the patient.

It is imperative to look at available scientific evidence and learn from other countries to determine how to regulate nicotine pouches in Canada.

The smoking of cigarettes (combustible tobacco) is the most harmful way to consume nicotine due to the high risks of cancer, cardiovascular disease and respiratory disease. Whereas authorized nicotine pouches, currently limited to one brand in Canada (Zonnic), are 99 per cent less risky than smoking cigarettes and have a risk profile comparable to conventional forms of nicotine replacement therapy (NRT), such as the gum or lozenge.^[1]

Yet it is more difficult for a person to purchase nicotine pouches than cigarettes. Such a situation is counterintuitive and a significant barrier to tackling the disease burden of smoking-related illnesses.

Health Canada's impetus for moving the pouches to behind the counter was to reduce their appeal for recreational use by young people. But the onus should not be on pharmacists to "age-gate" nicotine pouches, just as they are not gatekeepers for access to alcohol or cannabis.

The nicotine pouches that sit behind pharmacy counters are natural health products approved and regulated by Health Canada. Restricted access to these authorized products does not address the much bigger problem of the growing availability of illicit, unregulated ("black market") nicotine pouches. These illicit pouches are not subject to flavour restrictions (with youth-appealing flavours such as cotton candy) and often contain higher-than-recommended levels of nicotine.

Over-regulation pushes people to the illicit market. Australia is a cautionary tale: following the implemen-



tation of highly restrictive vaping regulation, the black market's share of purchases climbed to an estimated 90 per cent.^[2]

The solution? Authorized nicotine pouches should be sold in pharmacies in front of the counter along with other NRTs. They should also be available in other retail settings where cigarettes are sold, just as other authorized NRT products are available where cigarettes are sold.

The best definition of person-centred care is meeting a person where they are at. Ensuring that the authorized nicotine pouch is readily accessible to adults who smoke is crucial to help those trying to quit. We cannot lose sight of the primary goal: getting people off harmful cigarettes. 🌈



Todd Prochnau is a clinical pharmacist and Certified Tobacco Educator (CTE) in Sylvan Lake, Alberta, with 15 years' experience running a pharmacist-led smoking cessation clinic. He does not have a commercial relationship with the manufacturer of nicotine pouches and the views and opinions expressed here are his own.

References: 1. Murkett R, Rugh M & Ding B. Nicotine products relative risk assessment: an updated systematic review and meta-analysis [version 2]. *F1000Research*, 2022. 9:1225. 2. *Quit Like Sweden*. SmokeFree New Zealand. Quitting Strong: New Zealand's Smoking Cessation Success Story. 2024.

A pharmacy change agent

Len Marks Pharmacy Advancement Award: Janet Cooper, BScPhm, ACPR

From her early career as a practicing pharmacist in community and hospital practice to her leadership roles in advocacy and academia, Janet Cooper has left an indelible mark on the evolution of pharmacy.

During her 20 years at the Canadian Pharmacists Association, she spearheaded initiatives in pharmacy innovation, continuing education, practice development, policy, membership and health informatics.

Cooper was also instrumental in guiding two landmark pan-Canadian projects: the *Blueprint for Pharmacy* and *Pharmacy Human Resources for the Future*, both of which helped expand pharmacists' roles and enhance their contributions to patient care.

"The changes over the past decade have been

remarkable," says Cooper. "The pandemic—though incredibly challenging—helped accelerate progress and brought long-overdue recognition of pharmacists' role." She is also excited about the future and has every confidence the next generation of pharmacists will continue to lead with compassion and innovation to improve the lives of patients.

"I'm incredibly proud of our profession, and being a pharmacist has been one of the great joys of my life," says Cooper, who recently retired after an eight-year tenure as Executive Director of the Association of Faculties of Pharmacy of Canada. "This award, named in honour of someone who dedicated their career to advancing pharmacy in Canada, reminds me just how far we've come."



Janet Cooper



ABOUT THE AWARD

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Driving insights for pharmacy

Distinguished Partner of the Year Award: Ryan Norman, IQVIA

At the research and analytics firm IQVIA, Ryan Norman works closely with Neighbourhood Pharmacies to help the Association stay on top of the issues facing the pharmacy sector.

"In a dynamic and continually evolving industry and marketplace, understanding how and where IQVIA capabilities can best support pharmacy is critical to our own growth and success," he says.

As the General Manager, Supplier Relations & Health Industry Information Services at IQVIA, Norman goes above-and-beyond to build a strong personal understanding of pharmacy as a business and as a healthcare provider. He actively



Ryan Norman

participates in Neighbourhood Pharmacies' annual events—Pharmacy EXPO and the Specialty Summit—and numerous meetings to develop and enhance offerings that meet the unique needs of pharmacy.

"Our work together on *The Value of Specialty Pharmacy Services to the Healthcare System* report marks a significant accomplishment that IQVIA is proud to have been a part of," says Norman, noting that the report helps inform all stakeholders on the unique challenges faced and addressed

by specialty pharmacies. "It is an excellent example of what our organizations can do together to support all pharmacies in Canada."



ABOUT THE AWARD

The Distinguished Partner of the Year Award honours a Neighbourhood Pharmacies Partner in good standing who displays commitment to Neighbourhood Pharmacies' initiatives and/or committees and contributes to the advancement of pharmacy.

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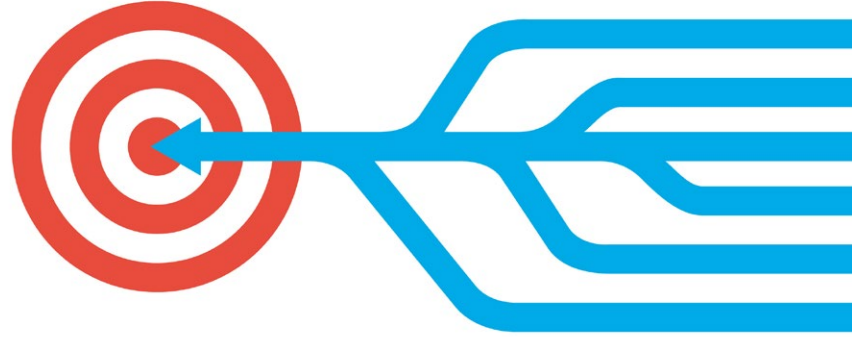
For 15 years now, pharmacy technicians have been part of a distinct and regulated profession in Canada, yet a persistent challenge remains: many are still not working to their full scope of practice. This challenge cannot be understated at a time when healthcare workforces face increasing demands in an overburdened healthcare system.

The Canadian Association of Pharmacy Technicians (CAPT) is working on several fronts to ensure registered pharmacy technicians (RPhTs) can contribute optimally to patient care. First, by achieving regulation for RPhTs in the only province where it is not yet in place: Manitoba. We are currently working with the College of Pharmacists of Manitoba to make this happen. Meanwhile, we celebrate the fact that Quebec's first cohort of pharmacy technicians recently graduated from accredited educational institutes, reflecting the growing recognition of the profession's importance.

Second, CAPT is working to enhance the recognition of the pharmacy technician profession. We are disseminating new printed materials that explain the profession's scope of practice at student career fairs and in pharmacies to increase public understanding. We are advocating for equity within the regulatory landscape—starting with updating the names of pharmacy regulatory bodies (i.e., colleges) to be inclusive of pharmacy technicians. Most recently in June, Nova Scotia's body changed its name from Nova Scotia College of Pharmacists to Nova Scotia Pharmacy Regulator.

Also on CAPT's advocacy agenda: consistent scopes of practice across provinces. RPhTs' scope of practice varies significantly from coast to coast. For instance, pharmacy technicians in Nova Scotia can administer injections while their counterparts in Alberta and British Columbia cannot. These inconsistencies discourage interprovincial mobility and result in the underutilization of skills in regions where the scope is more restricted.

Since the profession is relatively new, now is the opportune time to create a pan-Canadian framework



for scope of practice for pharmacy technicians, ensuring consistency across provinces while respecting provincial regulatory authority. We seek to avoid the complexities and barriers currently faced by pharmacists, whose scope evolved over many years and at different times across jurisdictions, leading to varied interpretations and implementations. A standardized scope also enhances patient safety and streamlines healthcare delivery nationwide.

By enabling pharmacy technicians to fully utilize their training and expertise in areas such as technical product checks, medication reconciliation and inventory management, pharmacists are freed up to focus on more complex clinical roles such as medication therapy management, prescribing for minor ailments and chronic disease management. This collaborative model, where each professional operates at the top of their license, is crucial to reduce strain on the healthcare system and meet the growing healthcare needs of Canadians.

CAPT's advocacy is not just about expanding the role of pharmacy technicians. It's about strengthening the entire pharmacy profession and, by extension, the Canadian healthcare system. Regulation in all provinces and pan-Canadian scope alignment will pave the way for a more efficient, effective and patient-centered healthcare future. 🌈



Sheena Deane is President of the Canadian Association of Pharmacy Technicians, Past-President of the Canadian Council on Continuing Education in Pharmacy, and Operations Manager at Kristen's Pharmacy in Southampton, Ontario.

We've come so far, but there's more to do

When I graduated from pharmacy school, I quickly realized just how much room there was to grow the scope of pharmacists' practice. In

fact, I have spent the better part of my career involved in roles that help push the profession forward. That's why it has been incredibly rewarding to see how much we've gained in pharmacy scope over the past few years, with the pandemic serving as a catalyst for much of that change.

I'd be remiss if I didn't acknowledge that, while pharmacists have stepped up with expanded roles and responsibilities, the way our work is supported and resourced hasn't always kept pace. As governments modernize healthcare and expand access, this is an opportunity to better integrate pharmacy into the healthcare system and make sure these contributions are fully recognized and sustained for patient care.

Technology, including artificial intelligence, is advancing quickly and reshaping how care is delivered. While there is always a risk of technology displacing aspects of care if adopted without planning, AI also offers significant opportunity—improving efficiency, supporting adherence and education, and complementing the expertise pharmacists bring to patient care. Used thoughtfully, these tools can strengthen, rather than replace, the pharmacist-patient relationship.

Organizations like Neighbourhood Pharmacies, for which I am proud to

serve as Vice-Chair, are more critical than ever. The Association's new strategic plan, "Prescription for Success," is focused on developing forward-looking solutions and a sustainable model for pharmacy that works across the business, for the long haul.

Right now, we're at a critical moment of opportunity. Governments are finally recognizing they can't do it alone. They're listening—more than I've seen in my entire career—and they're looking to pharmacy for innovative answers.

We're also at a moment when collaboration is more essential than ever. Every player in the ecosystem—from community to specialty—has a vital role to play, because our shared goal is better, more holistic patient care. It's fitting, then, that the theme of our upcoming Specialty Pharmacy Summit is "Together for Patient Care."

Canada must avoid challenges that have emerged in other regions where access to pharmacy care has become uneven. Pharmacies need sustainability to support the infrastructure required to provide pharmacist services, but by staying focused on outcomes and collaboration, we can build a model that benefits patients and secures pharmacy's role well into the future.

We should be proud of how far we've come, but there is still work to do. By continuing to collaborate and develop solutions through a pharmacy lens, we can make sure our value endures for many more decades to come. 🌈



Renée St-Jean, BScPhm, MBA, RPh
VICE-CHAIR
Neighbourhood Pharmacy Association of Canada

SENIOR DIRECTOR,
PHARMACY SERVICES
Innomar Strategies Inc. (Cencora)

“Collaboration is more essential than ever. Every player in the ecosystem—from community to specialty—has a vital role to play.”



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