Neighbourhood Pharmacy
# Gazette
SPRING 2026
INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.
A publication of the Neighbourhood Pharmacy Association of Canada

# All hands on deck

## Why workforce wellness in pharmacies requires action on multiple fronts

CONTENTS

Spring 2026





Neighbourhood Pharmacy Gazette

INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.

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

Neighbourhood Pharmacy Association of Canada

Association canadienne des pharmacies de quartier

1205-3230 Yonge St.,
Toronto, ON M4N 3P6. 416-226-9100.
info@neighbourhoodpharmacies.ca





**EXECUTIVE EDITOR**
Sandra Hanna

**CONSULTING EDITORS**
Alison Kraayvanger, Heather Mohr

**MANAGING EDITOR**
Karen Welds

**ART DIRECTOR**
Shawn Samson

**CONTRIBUTORS**
Sandra Hanna, Jon Johnson, Martine Letarte, Ali Nassar, Jesse Shea, Rosalind Stefanac, Karen Welds

**ADVERTISING**
Tracy Cutts
tcutts@neighbourhoodpharmacies.ca


## Find us online

neighbourhoodpharmacies.ca

## We want to hear from you!

Send us your ideas, opinions and questions to help guide the content of the *Gazette*. We also welcome submissions for contributed articles.

**Contact us**
info@neighbourhoodpharmacies.ca

MESSAGE FROM THE CEO

# No rest from wicked problems

**March is Pharmacy Appreciation month—and indeed there is much to celebrate about community pharmacy today.** Neighbourhood Pharmacies' recent Abacus poll reaffirms that Canadians appreciate the care received at pharmacies, beyond the filling of prescriptions, and wish pharmacies could offer more healthcare services.

Ongoing expansions to pharmacists' scope of practice remain very much a topic in many provinces, and more often the funding of those services is part of the discussion from the get-go. The most recent analysis of services claims data by the Canadian Foundation for Pharmacy clearly demonstrates pharmacies' ability to do more in primary care and public health—and again confirms growing public acceptance.

And yet.

The challenges can at times feel overwhelming. As a pharmacy owner myself and here in my role at Neighbourhood Pharmacies, I speak on behalf of many of my peers when I say it sometimes feels like we're banging our heads against the proverbial brick wall.

The future of healthcare—and other complex issues, such as climate change—can be described as a "wicked problem." These are problems with many interdependent factors, so much so that the problem seems impossible to solve. Resolution requires a systems approach that is iterative and built upon a foundation of multi-stakeholder input and collaboration, often between government, regulators, the private sector and non-profit organizations.

This issue's cover story explores health workforce wellness, with a focus on pharmacy. Health workforce wellness is often described as a wicked problem, where solutions include essential changes outside of the central players' control. These changes are not unique to pharmacy—for example, consider the findings of the Canadian Medical Association's 2025 National Physician Health Survey, released in February this year.

When asked for solutions to improve recruitment and retention, surveyed physicians prioritized a reduced administrative burden, team-based care and interoperability between health systems. This could be the playbook for pharmacy, and nursing, as well. And while each physician's office and each pharmacy and each hospital floor is responsible for doing whatever it can to support frontline teams, as highly regulated sectors we can only go so far.

It's past time not only for out-of-the-box, creative solutions, but also for *co-created* solutions. As captured in our cover story, Nova Scotia proves this is possible. Piece by interconnected piece, federal and provincial governments, regulatory bodies, professional and trade associations can and must come together to co-create, facilitate, test, implement, adapt and improve upon solutions in healthcare. The result will not only be healthier patients with more timely access to care, but also thriving community pharmacies fueled by healthier, happier workforces.

**Sandra Hanna, RPh, LLM, ICD.D**
CEO
*Neighbourhood Pharmacy Association of Canada*
416-226-9100
info@neighbourhoodpharmacies.ca
Neighbourhood Pharmacy Association of Canada

> "It's past time not only for out-of-the-box, creative solutions, but also for *co-created* solutions."

COVER

By Karen Welds

# All hands on deck

## Why workforce wellness in pharmacies requires action on multiple fronts

**When is a shortage not a shortage?**

When it is more than a shortage. Much, much more.

Yes, the numbers speak to shortfalls in many health professions. In its 2025 *Caring for Canadians* report, Health Canada states that "substantial supply-demand gaps are projected.... They are most prominent and growing for family physicians, pharmacists, and RNs [registered nurses]."

The shortage of pharmacists is in part driven by reduced access to family physicians, the traditional first point of contact for primary healthcare. A poll by Angus Reid in December 2025 found that half of Canadians do not have a family physician (18 per cent) or say it is difficult to see the one they have (32 per cent). The 2025 OurCare survey, partly funded by Health Canada, concluded that 14 per cent of Canadians (5.9 million) do not have a family physician or nurse practitioner.

However, the issue is not so much about the numbers as it is about workforce wellness.

"If we immediately define this as a shortage then the answer always becomes, 'Let's increase the number of places in pharmacy schools, let's open new pharmacy schools.' The word 'shortage' creates a narrative that might not accurately describe the problem," says

Zubin Austin, Professor and Academic Director, Centre for Practice Excellence at the Leslie Dan Faculty of Pharmacy, University of Toronto.

"The real question," Austin continues, "is do we have a shortage, or do we have a misalignment between available human resources and the work that needs to be done? It's a tricky question to answer."

The answers are tricky because some of the actions required are well upstream of what happens in classrooms or work sites, whether those work sites are pharmacies, physicians' offices or hospitals.

"Workforce wellness is the number one priority for pharmacy operators. We are nothing without our teams. But we can't do it alone. This is a systemic issue that requires all-hands-on-deck solutioning," says Sandra Hanna, CEO of Neighbourhood Pharmacies.

> **"Workforce wellness is the number one priority for pharmacy operators. We are nothing without our teams. But we can't do it alone. This is a systemic issue that requires all-hands-on-deck solutioning."**

Those hands, in addition to the providers of direct care, belong to governments and regulatory bodies as well as employers. "All of healthcare is trying to do more with less and we need to come together as providers, as business operators, as regulators and as policymakers to identify barriers and co-create solutions that embrace innovation and are future-proofed," urges Hanna.

For example, current innovations in pharmacy include time-freeing technologies such as central fill, virtual care and artificial intelligence (AI). Yet pharmacy operators' investments can only go so far. "Regulatory and policy environments and health-system initiatives need to evolve and align for these advances in pharmacy practice to take full flight. For example, to enable central-fill pharmacies to operate across provincial borders," explains Hanna.

As the head of Canada's only trade association representing the business of pharmacy, Hanna is well aware of the criticisms aimed at pharmacy operators regarding work environments. Yet as pharmacy teams across all business formats continually prove they can do more in healthcare in response to steady expansions to scopes of practice—despite public funding that often falls short of the value of the services—such criticisms are increasingly akin to blaming the bandage for causing the wound.

"It is not an option for us to work at cross purposes anymore. This is not about pharmacy operators. This is about the current environment of the health system. We can work together and reframe the narrative as a partnership between the health system, regulators and operators—as we did time and again during the pandemic," emphasizes Hanna.

Nova Scotia proves the benefits of sustained collaboration. As detailed later in this article, coordinated efforts between the provincial government, pharmacy regulatory body and pharmacy association have not only increased the numbers of pharmacists and pharmacy technicians in the province but have also resulted in healthier work environments and more public funding for services.

Workforce wellness for the long term depends on better workforce planning across all health professions—which brings us back to the numbers. On that front, Canada reached a significant

milestone at the start of this year with the public release of the first interprofessional health workforce minimum data standard (MDS), developed with input from 11 health professions, including pharmacy, and in partnership with the Canadian Institute for Health Information (CIHI). The Canadian Institutes of Health Research funded the MDS development project as well as demonstration projects currently underway to facilitate adoption.

The enhanced MDS provides a key new piece for workforce planning: better tracking of health workers' capacity to deliver health services. "Capturing capacity data across the health workforce is a very important advance to enable interprofessional and sector-focused planning," says Ivy Bourgeault, the principal investigator of the MDS initiative and Professor, School of Sociological and Anthropological Studies, University of Ottawa.

Bourgeault emphasizes that healthcare lags well behind other regulated sectors in collecting robust data for workforce planning. "We have taken inspiration from the construction sector for our work. It is gobsmacking that we don't already do this in healthcare," she says.

> **"Capturing capacity data across the health workforce is a very important advance to enable interprofessional and sector-focused planning."**

Bourgeault is now calling on regulatory bodies, associations and employers to adopt the MDS—in whole or in part—with support from her team as a demonstration project. "This is exactly the type of information that employers in all health professions need to do better at staffing, understanding workload, providing feedback to educational institutions and ultimately sustaining their business."

## The numbers as we know them

There were 48,450 pharmacists licensed to practice in Canada in 2024, according to CIHI. About three in five (29,399, or 61 per cent) provided direct patient care, down from 68 per cent (31,085) in 2021, according to CIHI data tables released in December 2025.

At the same time, an analysis by CIHI stated that the supply of family physicians decreased from 11.8 per 10,000 Canadians in 2020 to 11.5 in 2024—and that the supply of family physicians needed to increase by 49 per cent to meet current demand.

CIHI report further stated that "many family physicians in direct care practise in areas outside of primary care.... These changing practice patterns may be influenced by growing interest in other specialties... as well as by high workloads, increased administrative burden and changes in primary care funding models that are perceived as undesirable."

"All healthcare professionals are feeling the strain of system capacity, and more are moving to non-direct patient care. Pharmacy is not unique here and relying solely on the usual solutions we've employed in the past will just not do," says Hanna.

In its analysis, the Canadian Occupational Projection System (COPS) reports that pharmacy "showed strong signs of shortage in recent years" and "is expected to face a strong risk of labour shortage over the period 2024-2033 at the national level."

COPS also noted that annual employment growth in pharmacy was significantly above average compared to more than 100 occupations across multiple sectors, while its unemployment rate was well below the national average.

In its projections for 2024 to 2033, COPS estimated that new jobs (versus replacement hires) will account for approximately 52 per cent of openings in pharmacy, well above the average of 32 per cent for all occupations. "Population growth, population aging, and the expanded responsibilities of pharmacists are expected to result in strong demand for their services

over the next ten years," stated COPS.

Health Canada's *Caring for Canadians* report estimated a supply-versus-demand gap of 1,543 direct-care pharmacists in 2022, growing to 2,500 in 2029 and 3,050 in 2034.

Those numbers are likely well underestimated, suggests Hanna, considering ongoing expansions to pharmacists' scope of practice as part of health-system efforts to lighten the load for family physicians. According to Health Canada's research, family physicians are currently struggling under a daunting supply-demand gap of more than 20,000.

Indeed, Health Canada advises that its calculations be used with caution due to the "high level of uncertainty around the demand estimates."

> **"We have a responsibility to train pharmacists for Canada without relying so heavily on other countries that are having their own human resource shortages."**

## More on domestic supply

Canada's 11 faculties of pharmacy in eight provinces have the capacity to admit about 1,550 students per year. Capacity had increased by about 100 in 2023, when the University of Ottawa's new faculty of pharmacy admitted its first cohort of 60 students and several other faculties increased their intake. Actual admissions have hit or slightly exceeded that mark for the past two years, says Pierre Moreau, Executive Director, Association of Faculties of Pharmacy of Canada.

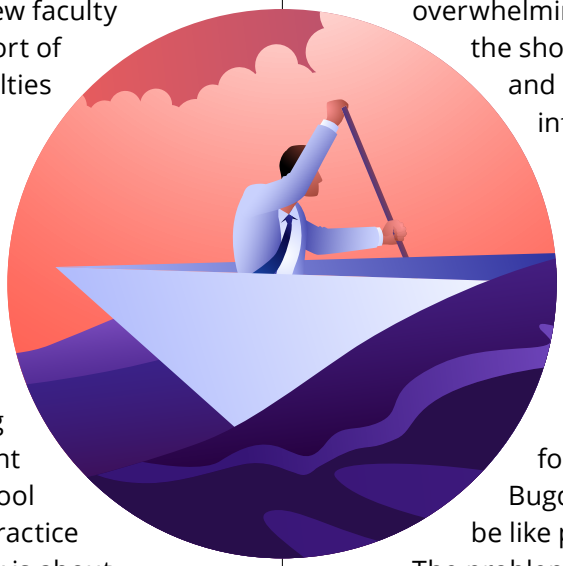
Between 70 and 80 per cent (about 1,200) of students reach graduation. Based on CIHI's finding that 61 per cent opt for employment in direct patient care, the annual pool of new pharmacists available for practice sites such as community pharmacy is about 730. While the math may be over-simplified, an influx of approximately 700 direct-care pharmacists, year after year, is not inconsiderable. Yet it's not enough to reverse a supply-demand gap that steadily grows.

The situation would be far worse if it weren't for international pharmacy graduates (IPGs). By the end of 2024, CIHI reported that IPGs accounted for 35 per cent of direct-care pharmacists.

While overseas recruitment is proving effective, especially as provinces make headway in streamlining processes for licensing IPGs, many caution that the strategy can only go so far. "We have a responsibility to train pharmacists for Canada without relying so heavily on other countries that are having their own human resource shortages," says Dr. Shawn Bugden, Dean of School of Pharmacy, Memorial University of Newfoundland.

One of the concluding recommendations in Health Canada's *Caring for Canadians* report is "significant increases in education and training seats...to meet the current and future demand for nurses, occupational therapists, physiotherapists, pharmacists and family physicians."

Yet the report also concedes the unlikelihood of this happening any time soon. Interviewed representatives for educational bodies across health professions overwhelmingly cited financial constraints, the shortage of clinical placements, and limitations in educational infrastructure.



"It's pretty clear that we could do with more seats in pharmacy, but it's coming at a time when universities, for a variety of reasons mostly unrelated to pharmacy, are under financial pressure," says Bugden.

Even if more money could be found and class sizes increased, both Bugden and Moreau stress that would be like putting the cart before the horse. The problem of clinical placements needs to be solved first. "The real problem that limits capacity is the struggle to find placements for students, especially for their hospital rotation. Students can't graduate if they don't complete their rotations," says Moreau.

The causes, and solutions, are systemic and tie back to workforce wellness. "Pharmacists who have been

dedicating their time to precept or supervise students are saying they're already stretched and they don't have time for it anymore," explains Moreau.

"We're experiencing bottlenecks when now more than ever we need a smooth flow to move students through training, graduation and into the workforce," summarizes Moreau.

> **"We're experiencing bottlenecks when now more than ever we need a smooth flow to move students through training, graduation and into the workforce."**

Adds Bugden: "Although preceptors know it's in their best interest because those students will become the pharmacists they need to hire, they are finding it too difficult. It's a little ironic that one of the challenges with placements is the actual human resource shortage in and of itself."

Moreau urges provincial ministries of education and health to come together and work with faculties and/or advocacy bodies to develop solutions that "facilitate and subsidize the movement of students through their rotations in the healthcare system. This in turn will help colleges or faculties increase their intake."

For example, governments could offer financial incentives to help enlist preceptors, who generally do the work as volunteers. And housing stipends for students accepting rural placements will remove the barrier of having to pay their usual rent plus the cost of temporary housing during the placement.

Bugden and Moreau laud the federal government's expansion in December 2025 of its Canada Student Loan Forgiveness program to include pharmacists working in rural areas. "Pharmacy is an expensive education and student loan forgiveness programs are very helpful, particularly when they help get pharmacists to work in rural and remote environments where the demand for services is so high," says Bugden.

## The changing workforce

Chi Quon and Brittany Zelmer, with more than 50 years of experience in community pharmacy between them, much of it at the corporate level, agree that the current shortage of pharmacists is different.

Both point to the broader range of opportunities for pharmacists. Twenty years ago, pharmacies essentially worked in one of three areas: community, hospital or industry. Today, there are more opportunities for specialty or niche employment outside of traditional community practice, including in primary care teams

and pharmacy clinics, as well as non-direct-care options in government, insurance, consulting and technology.

"There have always been ebbs and flows in pharmacist supply and demand. But today I don't know how much the pendulum is going to swing back, just based on the number of opportunities now available," says Zelmer, Manager of Pharmacy Professional Affairs, Sobeys National Pharmacy Group.

"Retail pharmacies are drawing from a more competitive pool," summarizes Quon, General Manager, Pharmacies, Save-On Foods.

A more competitive market contributes to turnover, which in turn intensifies the perpetual search for both replacement and new hires. "We have a core of people who have been with us for 15, 20 years and more. But new people, mostly graduates, don't seem to want to stay more than a couple of years," notes Quon.

Even before the pandemic, work-life balance was increasingly on pharmacists' minds. On the one hand, community pharmacies can offer flexibility in hours; on the other hand, fewer pharmacists want to work evenings or weekends. Combine that with limited applicants and rising operating and overhead costs, and doors are closing earlier.

"It used to be a given that we were open seven days a week until 10:00 pm or midnight. Now you rarely see that, in any pharmacy," observes Quon.

Fortunately, customers appear to have adjusted. "We're still looking after our patients," says Quon. Still, he is concerned.

"Right now, we're the most accessible healthcare provider compared to any other provider. But if things don't change I can see the day, and I hope I'm wrong, when patients will complain that they can't get pharmacy services. Or when there is no pharmacy to go to, especially in rural areas," says Quon.

Retrenchment of externally sourced service programs has already begun. "The pharmacy community is not going after opportunities like we used to, for example a government tender for a nursing home. I know of pharmacies trying to offload successful programs, like renal support, they can no longer handle," shares Quon. "Decades ago, we would all be gladly fighting for these opportunities. But today the mindset is more to narrow our focus and keep doing what we're doing the best we can."

Doing the best they can revolves around enabling pharmacy technicians to work to the top of their scope of practice, new technologies, more flexible scheduling to support work-life balance, and modernized workflows that accommodate enhanced services.

"Shifting to an appointment-based model is key," says Zelmer. That "shift" needs to occur as much among customers as it does within pharmacy teams, she adds. "The on-demand, free-advice type of situation is no longer sustainable. We are resetting expectations so people know they can book an appointment and receive the pharmacist's undivided attention."

Customer feedback is positive so far, and pharmacy teams report less stress and more job satisfaction.

Workforce wellness and technology also go hand in hand. “The future will be AI,” states Quon. “It’s going to take all the administrative work out of documentation and help streamline clinical services.”

In Nova Scotia, Sobeys’ pharmacies that operate a Community Pharmacy Primary Care Clinic, part of a government-funded program (see next page), are participating in a Health-Canada funded pilot testing AI scribe tools.

From central-fill services that take over the packaging or preparation of chronic medications to clinical decision-support tools and predictive workflow apps that proactively reach out to patients about refills, “technology is something we know we really need to lean into to streamline operations and reduce strain on our pharmacy teams,” says Zelmer.

> **“We are saving healthcare dollars by providing timely patient interventions, reducing the risk that patients go without their medications, and delivering care that might otherwise have resulted in an ER visit.”**

Pharmacy’s investments in technology also factor into advocacy discussions with governments. “We are saving healthcare dollars by providing timely patient interventions, reducing the risk that patients go without their medications, and delivering care that might otherwise have resulted in an ER visit,” explains Zelmer.

“Just imagine what we could accomplish were we to partner strategically with governments and regulatory bodies in the adoption and scaling of these technologies,” adds Hanna.

Zelmer and Quon applaud recent federal and provincial actions to improve pharmacists’ mobility between provinces and enable IPGs to enter practice sooner (see sidebar). Other systemic issues that are top of mind for them include:

- Simplifying the immigration process for IPGs. “When there was a known shortage 30 years ago, the process was much easier,” recalls Quon.

- Increasing enrollment capacity for pharmacy technicians.
- Allocating equitable public funding for pharmacy services, including dispensing services. More than a decade has gone by in some provinces where the publicly funded dispensing fee hasn't increased, and in no province (except possibly Quebec and Nova Scotia in recent years) has it kept pace with inflation.
- Bringing pharmacy into the primary healthcare budget. "Siloed government budgets limit governments' understanding of how pharmacists save healthcare dollars when they're able to utilize the full scope of practice that they're trained for," says Zelmer.

Hanna also recommends consistency across Canada regarding authorities, standards of practice and remuneration for virtual care, to better enable work-life balance through remote work while still meeting public demand (see page 22 for one successful example in Quebec).

## Nova Scotia's experience

Soon after Tim Houston was elected Premier of Nova Scotia in 2021, he began holding quarterly group meetings with senior-level representatives for healthcare, including advocacy associations and regulatory bodies. Those meetings continue to this day (Houston was re-elected in 2024).

"It's not all roses," Allison Bodnar, CEO of the Pharmacy Association of Nova Scotia (PANS), told the *Gazette* in 2024. "We may have different views of how something should go forward. But ultimately we all want to solve the same problem, and these meetings enable us to come together to solve those problems collectively."

Several years later, after the conclusion of a successful pilot for Community Pharmacy Primary

Care Clinics (CPPCCs), the first contract extending the CPPCC program took effect on February 2, 2026. The overwhelmingly positive data coming out of the 46 clinics—for patients, the health system and the pharmacy workforce—also catalyzed progress for all 320 community pharmacies in the province.

Specifically, a new Pharmacare Tariff Agreement for dispensing-related services under the public drug plan and the Pharmacy Service Agreement for pharmacy healthcare services for all Nova Scotians, both effective in February this year and retroactive to October 2024, raised most existing fees and include annual increases. Public funding expanded to include 35 eligible minor and common ailments and some services that were previously limited to the CPPCCs.

The CPPCCs continue to pioneer scalable reforms and innovations, for example in the areas of AI, system interoperability and information exchange between professions (including referrals).

Everything links back to workforce wellness. For example, the CPPCCs as well as PANS' Prescription to Thrive program from 2020 until 2024 confirmed the benefits of separating the pharmacy workflow between dispensing services and clinical services. "Pharmacists need time and space to really focus on the activity at hand, whether that be dispensing or clinical," says Bodnar.

PANS is now working to support that evolution in workflow across all pharmacies. With funding from the government, it successfully piloted its Prescription to Thrive Manager program in 2025 and is now determining how to make the program available to all pharmacies.

"Our work ahead is to continue to work with pharmacy teams to ensure that all environments are conducive to both good care and strong professional satisfaction, which will then allow us to continue to recruit and retain," says Bodnar.

Indeed, everything also links back to recruitment. In December 2023, the Nova Scotia Pharmacy Regulator

# Have licence, will travel

**In December 2025, the College of Pharmacists of Manitoba became the second pharmacy regulatory body in Canada,** after the Nova Scotia Pharmacy Regulator in December 2023, to implement an expedited licensure pathway for pharmacists already licensed to practice in the U.S., Great Britain, the Republic of Ireland, Australia and New Zealand. The pathway waives the national licensing exam and internship period, reducing the time for entry to practice from several years to several months.

In September 2025, Neighbourhood Pharmacies and its counterparts in the United Kingdom, Australia and New Zealand called on their respective governments to implement reciprocal recognition of pharmacy education and licensure across all four countries.

"In Canada, reciprocal recognition at the federal level would facilitate the removal of unneeded regulatory and administrative requirements at provincial and territorial levels," says Sandra Hanna, CEO of Neighbourhood Pharmacies.

So far, Ontario is the only province with "as of right" licensing enabling healthcare professionals from other provinces and territories to begin work immediately after moving to Ontario, for up to six months while completing registration requirements. Implemented in July 2023, the framework initially applied only to physicians, nurses, respiratory therapists and medical laboratory technologists. In January 2026 it expanded to include 16 other professionals, including pharmacists and pharmacy technicians.

"We know that other provinces are working to improve healthcare professionals' mobility in Canada. Many are starting with physicians and nurses. We are driving awareness that this needs to include pharmacists as well, the country's third-largest healthcare profession," says Hanna.

(NSPR) launched a streamlined licensing pathway for pharmacy professionals (including pharmacy technicians) from the U.S., Great Britain, the Republic of Ireland, Australia and New Zealand, supported by an attractive website (RxNS.ca) that can begin the process for interested pharmacists.

PANS then took on the role of active recruitment. A full-time recruitment navigator assists newcomers with immigration, employment, licensing and registration. After two years, more than 100 IPGs from the five countries have been licenced and 75 have started employment. "We're thrilled with that. It's been a nice, steady flow of several people coming every month," says Bodnar.

As well, NSPR reinstated its technician bridging program in early 2024 to enable working pharmacy assistants to complete technician education programs sooner than students without pharmacy experience. More than 500 have enrolled so far, and the first several hundred graduated this year.

As noted by the University of Toronto's Zubin Austin at the start of this article, Bodnar also reflects that recruitment efforts go hand-in-hand with better alignment between human resources and the work that needs to be done.

"Traditionally our business models and our metrics have relied on pharmacists. That needs an evolution in thinking," says Bodnar. "You cannot have pharmacists doing technician and assistant work, and you can't have techs doing assistant work. Only then can we ask how many more people do we need. That's the chicken-and-egg piece. We can't really answer the question of how many pharmacists we need because we're still evolving."

## The plan is the thing

Natalie Crown couldn't agree more. The Associate Professor at the University of Toronto is close to wrapping up research that interviewed pharmacists on their experiences in implementing new-scope services. "One challenge that pharmacy teams face

is implementing new services on the backbone of traditional workflows and traditional staffing models."

While some pharmacies are "absolutely" leading in this shift in how pharmacy delivers care, she challenges all employers to be part of the "big thinking" required to advance the whole sector. That includes inclusive, collaborative workforce planning that follows a practitioner from point of entry all the way to retirement.

> **"This is an exciting time. There is momentum at a national level to really look at the needs of the health workforce."**

"This is a call to action because we haven't traditionally done a good job with health workforce planning in pharmacy," says Crown. "Sector-wide planning is the foundation for supporting, recruiting and retaining the workforce and ensuring the health needs of a population are well served. The better the data that all stakeholders can access on the who, what, when, why and how of pharmacists' career paths and models of care delivery, the better we can all support them and the communities they serve."

Crown represented pharmacy in the development of the interprofessional MDS released in January. "This is an exciting time. There is momentum at a national level to really look at the needs of the health workforce."

Adds Bourgeault, principal investigator of the new MDS: "We want to make sure that health workforce planning is not done in silos behind closed doors. Everybody has knowledge and skin in this game and should be at the table informing the process. Only then will everyone be more likely to make decisions that move in the direction of more sustainability for the profession."

The demonstration projects currently underway to facilitate the adoption of the new MDS involve a mix of regulatory bodies, associations and employers in 15 professions, including medicine, nursing, midwifery, physiotherapy and personal support workers. A demonstration project involving pharmacy is not yet underway, although Bourgeault is in discussion with several organizations—and would love to hear from employers.

"Employers can 100 per cent adopt and adapt data elements in the MDS. We're interested in hearing from them about implementation considerations that we haven't thought of. This is a living standard," says Bourgeault, adding that she and her team would also be available to help employers analyse the data collected.

"Improving our knowledge of the numbers is a good example of how we can work together to better understand trends and identify proactive solutions for workforce wellness—at a time when the growing role of community pharmacies as health hubs is proving to be so critically important both to health systems and to patients," says Hanna.

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

# Cornerstone of Care in Every Community

## Canadians are turning to pharmacies for primary care and public health services.

**84%**
**are satisfied with the care received.***

**79%**
**would like to see pharmacies offer more healthcare services.***

**Thank you pharmacy teams for doing more to meet the healthcare needs of Canadians every day.**

---

## Pharmacy Appreciation Month

**#PAM2026**

---

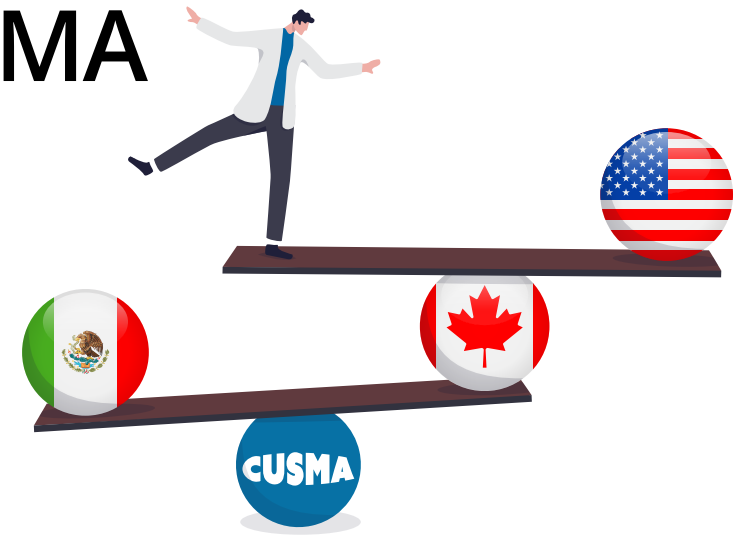
Neighbourhood Pharmacy Association of Canada

Association canadienne des pharmacies de quartier

*Role of Pharmacies in Public Health and Primary Care Services. November 2025. Abacus Data and Neighbourhood Pharmacy Association of Canada.

POLITICS: TRADE TALKS By Jesse Shea

# Why pharmacy needs to pay attention to CUSMA




**A simple way to understand Ottawa's agenda right now is this: Canada-U.S. trade is not a file, it is *the* file.** For Prime Minister Mark Carney's government, politics and economics are fused. Carney was elected, in no small part, because Canadians believed he is best positioned to manage a difficult U.S. relationship and an increasingly uncertain path toward the 2026 joint review of the Canada-United-States-Mexico-Agreement (CUSMA).

The mood feels familiar, yet sharper, than last time. During the renegotiation that began in 2017, U.S. President Donald Trump's playbook leaned heavily on volatility. This time, the chaos is louder and more frequent. But let's be frank, public talk of tearing up CUSMA is not a policy plan, it is a negotiating posture designed to keep everyone off balance, including allies, markets, and domestic stakeholders. The point is to widen the range of outcomes so the eventual "deal" can be framed as a win.

The practical takeaway is straightforward: all signs point to a drawn-out, complicated process. The joint review is scheduled to begin on July 1, 2026, and the agreement allows the parties to "kick the can" into annual reviews if consensus is not reached.

Meanwhile, all business sectors continue to be exposed to trade friction. The impact is rarely a neat line item called "CUSMA." In the case of pharmacy, the impacts unfold as disrupted supply chains, higher input costs, longer lead times, and more conversations with patients about backorders or price jumps.

As a result, the advocacy environment is shifting fast. Sectors that can demonstrate real-world consumer impact will have an advantage. Pharmacy can credibly do that as one of the only business communities with a direct, daily role to play in affordability, access and the alleviation of health-system stress points.

Prime Minister Carney's team appears determined not to be trapped in a single bilateral negotiation where the U.S. controls the temperature. Last year's negotiations, including the Digital Services Tax reversal that was framed as necessary to preserve broader trade talks, signalled that Ottawa will spend serious time diversifying trade and security relationships. That is not anti-American; it is risk management.

Carney clearly articulated this worldview at the 2026 Davos World Economic Forum. His actions to build a wider network of trade partners include repairing and restoring relationships that were colder in the Trudeau era. Whether you agree with every element, the direction is clear: Canada is trying to reduce single-market exposure while still fighting to protect core access to the U.S. market.

The next phase of CUSMA will be won on narratives: who is protecting jobs, who is protecting affordability, who is protecting security, and who is standing up to an unpredictable White House. Pharmacy sits within those narratives as a large employer, an increasingly valued healthcare provider, and one of the most visible affordability pressure valves in the country.

As Ottawa spends the next year trying to manage chaos while building alternatives abroad, the voices that cut through won't be the loudest. They'll be the most grounded, and the most trusted.

*Jesse Shea is the Managing Director, Public Affairs, Federal Practice, Enterprise Canada.*

 By Rosalind Stefanac

# From package to patient: complex medications

**When a temperature-sensitive medication to treat Crohn's Disease missed its scheduled transport connection due to a weather disruption, the clock began ticking on the product's stability.** Back-up plans immediately kicked into gear and a courier station manager personally delivered the medication within hours. The patient was able to take their medication as scheduled.

Moments like this illustrate a largely invisible reality: the journey of complex medications in Canada—from packaging to patient—is an intricate chain of monitoring, coordination and contingency planning.

"With the complexity of medication rising, reliability must rise with it," says Kush Patel, Senior Operations Manager at McKesson. Maintaining product integrity requires precision at every step, he adds, from ordering and storage to transport and final handoff.

Specialty medications such as biologics and targeted treatments for cancer have specific storage, handling and shipping requirements. Some are ambient medications stored at between 15 and 30 degrees Celsius; others are cold-chain products that must remain between two and eight degrees.

"Each medication that's cold chain will have its own allowed excursions," meaning that some products may tolerate only a few hours at room temperature while others allow longer windows, explains Patel. Those differences shape how products are stored, packed, shipped and delivered.

**Kush Patel**
McKesson Canada

Health Canada guidelines require all medications to be transported within the same temperature range required for storage, whether shipped to a pharmacy or directly to a patient's door.

Behind the scenes at distribution facilities, maintaining the conditions for storage requires far more infrastructure than many realize. Refrigeration units must be correctly sized to preserve consistent temperatures and airflow. For example, at the

*Photo supplied by McKesson Canada*

McKesson facility, roughly 150 sensors provide continuous temperature monitoring, generating real-time logs and alerts if conditions drift outside acceptable ranges. The system is routinely calibrated and audited by both internal teams and manufacturers.

## All in the packaging

Packaging introduces another layer of precision. Cold-chain medications are shipped using validated pack-out systems designed to maintain required temperatures for a defined period during transport to patients. These typically include expanded polystyrene coolers (collectively referred to as Styrofoam coolers), frozen gel packs, water blankets and a corrugated "payload box" that contains the medication—for use in the transport vehicle—assembled according to strict standards. Each shipment is time-stamped so teams know exactly how long the medication can remain within its validated temperature range.

"These systems have evolved considerably," says Joe Futino, Vice-President of Sales, Cold Chain Logistics for TempAid. He adds that while the 'Styrofoam' coolers remain widely used, "envelope-style mailers are

gaining ground for their cost efficiency and patient-friendly experience, and blue-bin curbside recyclable options are drawing increasing interest from pharmacies."

Selecting the right packaging is not a one-size-fits-all exercise either, says Futino. Pharmacies must consider whether shipments are business-to-business or direct-to-patient, as well as the geographic "lane." For example, shipping from Toronto to British Columbia in November presents different environmental conditions than shipping to the east coast, meaning the same medication may require an entirely different pack-out configuration.

Refrigerated products can't be too cool, Futino adds. "You're not only protecting against the top line of that temperature, you're also protecting against the bottom." That obligation applies equally to ambient medications as well.

To validate performance, packaging providers and pharmacies work together to conduct lane studies, also known as performance qualifications or PQs, using temperature data loggers that map where products encounter heat or cold during transit. That data is used to build and qualify pack-out configurations specific to those routes. In some cases, reusable shippers with advanced insulation properties are used in closed-loop networks between central fill sites and pharmacy locations.

**Joe Futino**
TempAid

## The last mile

Transportation adds further complexity—particularly in a country as geographically vast as Canada. "Patients can be anywhere in the country," says Jason Hern, General Manager, Williams Pharma Logistics, a wholly owned subsidiary of Purolator. Rural and remote locations can pose significant challenges.

Temperature control must be maintained "from door to door," Hern says, noting that regulatory oversight includes the full distribution pathway to the patient. "It's important to have a temperature management program that takes into account both active temperature control as well as passive packaging to make sure

that you've got that temperature controlled from end to end," he says.

The final stage of delivery is often the most unpredictable. Unlike retail parcels, complex medications frequently require a signature and cannot be left unattended. If a patient is unavailable, shipments may be deemed undeliverable and must be rerouted, held under controlled conditions or returned to the pharmacy. "Those products can't be left on the patient's doorstep," Hern says.

**Jason Hern**
Williams Pharma Logistics

To reduce that risk, pharmacies and logistics teams coordinate delivery windows carefully and maintain close communication with patients. Dedicated staff may track temperature-sensitive shipments in transit and intervene if delays occur due to weather, missed connections or other disruptions. In some cases, products are returned to the pharmacy to be safely refrigerated and rescheduled for delivery within their stability limits.

Patient education is another critical safeguard. Pharmacists counsel patients on proper storage once the medication arrives, and shipments often include prominent labels reminding recipients to refrigerate immediately. Delivery drivers can reinforce those visual cues too, though they are not permitted to provide clinical instructions.

Hern says the number of medications requiring two- to eight-degree temperature control continues to grow, placing added pressure on distribution networks to maintain consistent conditions across longer distances. At the same time, the industry is investing in secure digital platforms for improved shipment visibility so pharmacies and patients can monitor delivery status more closely.

In summary, the infrastructure behind the delivery of medications is increasingly complex, requiring significant ongoing investments by all participants in the supply chain. These investments prevent costly product loss and ensure patients receive therapies safely and on time–to the benefit of the entire healthcare system.

STUDENT VOICE

By Ali Nassar

# Advocacy matters more than we think

**If I could share one call to action from my co-op term at Neighbourhood Pharmacies, it's that all pharmacists should learn about what goes on inside of advocacy**. For students, choosing an advocacy placement can have a profound impact on how you view the field—and your career path.

I'll be honest: before starting this placement, I knew very little about the real work of advocacy organizations. Like many students, I assumed that advocacy meant writing letters to policymakers and going to meetings once in a while. However, after spending months immersed in the work, I discovered that most of us "don't know what we don't know" about the extent to which policy influences practice and the amount of work demanded of pharmacy advocacy bodies.

Consider a request from Health Canada for feedback on the effectiveness and safety of the existing registry-based, controlled distribution program for clozapine for schizophrenia. Neighbourhood Pharmacies had to quickly collect information, consult with specialists, and formulate thoughtful recommendations.

Or consider the numerous presentations to insurance companies to educate them about pharmacy services, reimbursement models and pharmacists' ability to sustainably deliver care. Or the environmental scan about pharmacists' mobility between provinces. Something as basic as changing jobs can be a regulatory maze. Coordinated advocacy is key for positive change.

Weeks of planning, coordination, message development and stakeholder alignment went into Neighbourhood Pharmacies' annual Pharmacists on the Hill Day in November, when members held more than 20 meetings with Members of Parliament and senior policy staff (page 24).

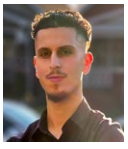
After witnessing and contributing firsthand to this work and more, my perspective changed from "advocacy is optional" to "advocacy is the backbone of progress." Who would do this work if it weren't for provincial and national associations? How can the field advance professionally or as a viable business model without their thought leadership?

My calls to action are straightforward: faculty leaders need to include advocacy in the pharmacy curriculum, even if it's just one or two classes. New pharmacists need to know enough about the impact of political, regulatory and payor-driven factors on their work environment.

All pharmacists should join their provincial pharmacy association. Membership supports work that safeguards your scope, broadens your services, and speaks on your behalf before the government. The influence of the entire profession is diminished when fewer than half of pharmacists are members, as is the case in some provinces. Strength in numbers is important.

Lastly, I encourage associations themselves to continue to improve upon how they interact with pharmacists. It's feedback, not a dead end, if pharmacists believe associations are "out of touch." Perhaps associations also "don't know what they don't know" about the needs, values and desires of today's pharmacists in terms of advocacy.

If my placement taught me anything, it's that the gap between pharmacy practice and pharmacy policy is more important than most of us realize. The sooner we bridge it, the stronger our profession becomes.



*Ali Nassar is a PharmD 2027 candidate, University of Waterloo School of Pharmacy. He completed his co-op placement with Neighbourhood Pharmacies during the fall of 2025.*

MEMBER PROFILE: JEAN COUTU

By Martine Letarte

# Award-winning care: a team effort

**The award-winning team includes, back row from left: Martin Chagnon, pharmacist; Margot Bergeron, lab cashier; Isabelle Normandin, pharmacist owner; Mégane Maluorni, accounting clerk; Sara Zourhi, pharmacy technical assistant; Laurianne Provost, pharmacy student; Nicole Valence, pharmacy technical assistant; Meggie Tremblay, lab cashier. Front row from left: Lindsey Trudeau, pharmacy technical assistant; Emmanuelle Dal Magro Haryoun, pharmacy technical assistant; Alexanne Paré, lab cashier; Nathalie Cain, pharmacy technical assistant; Julie Côté, assistant chief pharmacy technician; Bianca Labossière, pharmacy technical assistant; Sonia Guimont, pharmacist owner.**

**Open minds, a team approach and technology lie at the heart of the success of the Jean Coutu pharmacy located in Saint-Basile-le-Grand, Quebec**—so much so that the owners Isabelle Normandin and Sonia Guimont received the Excell-Pro award in 2025, recognizing professionalism, innovation and the exceptional quality of patient care, and one of the highest honours within the Jean Coutu network. The pharmacy also received the award in 2010 and placed third in 2006.

Since 2015, the scope of pharmacy practice in Québec has steadily expanded. Bill 67, adopted by the provincial government in 2024, will allow pharmacists to take another new step forward. Regulations to implement the standards are currently being developed, but it is clear that the profession will have more autonomy. For example, after a consultation, pharmacists will be able to prescribe medications in a number of situations, especially for common illnesses, for patients with already diagnosed chronic conditions or to prevent various illnesses and health issues.

Bill 67 is not the sole reason why Normandin and Guimont are going beyond the dispensing of medication and investing further in clinical pharmacy services. A shortage of physicians is also a determining factor.

Guimont established the pharmacy in 2001. Before becoming co-owner in 2022, Normandin also worked part-time in the FMG (Family Medicine Group) housed in the same building. “I saw a doctor retire and most of his patients were left high and dry. Patients who already had records at the pharmacy were able to have continuity of care for their already known chronic diseases,” recalls Normandin.

At that time the pharmacy team could, for example, check the home blood-pressure monitoring records of patients with hypertension and, if necessary, adjust medication and do further follow-up.

Five doctors have retired within the past five years and only three have been replaced, resulting in a significant increase in the number of patients followed up by the Jean Coutu team in Saint-Basile-le-Grand.

Isabelle Normandin

## An advanced clinical practice

Normandin and Guimont constantly encourage their team to find new ways to care for more patients. In the spring of 2024, two of their part-time pharmacists—from a team of 12, of whom five were full-time—made an offer they could not refuse.

They offered to work three or four additional hours a week as long as they could do so remotely, since they did not want the extra hours to result in an additional hour-long commute to and from the pharmacy.

"They started to do telephone consultations," says Normandin, adding that the calls are by appointment. "Patients really appreciate this, because they know when they will be able to speak to the pharmacist and it avoids them having to play phone tag."

## Process optimization

New technologies are also a key enabler. In 2021, the pharmacy started to use the services of a central fill pharmacy to prepare blister packs. "Using robots for this repetitive task reduces the risk of error and allows us a lot more time to devote directly to our patients," says Normandin.

The pharmacy also became a pioneer of pre-authorized renewals (PARs) last year. Patients who enroll no longer have to request their refills month after month; instead, they've authorized the pharmacy to proactively prepare their medications for the duration of the prescription. Patients then receive a text message from the pharmacy when their medications are ready.

"It really helps us stay organized," Normandin emphasizes. "For example, on Wednesdays and Thursdays, when all our technical team members are present, we can prepare prescriptions due on the weekend, and then on Saturdays and Sundays we are able to focus on patients' needs."

Previously, the pharmacy used PARs only for certain medications, for example, those requiring a special order or with a short shelf life. With support services provided by The Jean Coutu Group, the program is now system wide. "We have quadrupled the quantity of refills we produce every month," says Normandin.

And as a result of all this workflow optimization, clinical services almost tripled in the last year and a half at the Jean Coutu in Saint-Basile-le-Grand. "It's highly motivating to see that our efforts have really had an impact on the population we serve," Normandin affirms. "Work at the pharmacy is also more pleasant. Everyone wins."

## Always looking ahead

Continuous improvement is ingrained in the pharmacy's business culture. To prepare for the implementation of more services under Bill 67, the pharmacy's part-time nurse, who does a lot of travel health consultations, has started to work full time.

As well, technical assistants are completing the necessary training to take over the responsibility of verifying the preauthorized refill medications. And a number of pharmacists on the team have enrolled in university programs; for example, to learn how to do physical evaluations.

As Normandin observes, "The members of our team are very proactive and motivated to help patients to the maximum extent of their capabilities. Once we know exactly how the new regulations will transform the practice, we will add services accordingly. Our actions are guided by the patients' needs."

> **"It's highly motivating to see that our efforts have really had an impact on the population we serve. Work at the pharmacy is also more pleasant. Everyone wins."**

# Raising our voice at Parliament Hill

**More than 50 representatives for community pharmacy—double the number from last year—** met with Members of Parliament (MPs) and senior federal government staff during the 2025 Pharmacies on the Hill Day on November 24.

Neighbourhood Pharmacies organized more than 20 one-on-one meetings, including sessions with senior staff at Health Canada, the Ministry of Health, the Treasury Board, the Ministry of Finance and the Ministry of Foreign Affairs. Some participating MPs included Kristina Tesser Derksen, Milton East-Halton Hills South, Ontario (Liberal party); Stephanie Kusie, Calgary Midnapore, Alberta (Conservative); and Shannon Miedema, Halifax, Nova Scotia (Liberal).

More than 100 also attended Neighbourhood Pharmacies' evening reception, where Maggie Chi, MP for Don Valley North, Ontario, and Parliamentary Secretary to the Minister of Health, provided remarks.


Terry Sheehan, MP Sault Ste. Marie-Algoma, Ontario (Liberal) with Sandra Hanna, CEO, Neighbourhood Pharmacies


Melissa Lanstman, Deputy Leader Conservative Party of Canada and MP Thornhill, Ontario (Conservative) with David Veuillette, Vice-President, Government Relations, McKesson Canada


Maggie Chi, MP for Don Valley North, Ontario (Liberal), and Parliamentary Secretary to the Minister of Health.

Christine Kamel, Pharmacy Owner, Total Health Pharmacy; Helena Jaczek, MP Markham-Stouffville, Ontario (Liberal); Heidi Wittke, Vice-President, Pharmacy, Rexall Pharmacy Group; Billy Cheung, Head of Pharmacy, Pharmasave Canada; Alicia Matthews Kent, Chief Operating Officer, Neighbourly Pharmacy; Gurpreet Lall, Pharmacy Owner, Pulse Pharmacy and Dusk Pharmacy

Discussions focussed on common areas of interest that present opportunities to work together, including:

- workforce mobility;
- reducing red tape;
- drug shortages;
- immunization strategy; and
- national pharmacare.

**Dean Miller, President & CEO, Whole Health Pharmacy Partners; Shehryar Faisal, Pharmacy Manager, Rexall; Kristina Tesser Derken, MP Milton East-Halton Hills South, Ontario (Liberal); Hany Mikhail, Pharmacy Owner, Dufferin Clark Pharmacy; Nina Gorgani, Senior Manager, Specialty Pharmacy Consultant, Innomar Specialty Pharmacy; Heather Mohr, Director, Pharmacy Affairs, Neighbourhood Pharmacies**

"The feedback from the meetings was positive and many important conversations took place with our members and partners. Together we shared the story of pharmacy," says Sandra Hanna, CEO of Neighbourhood Pharmacies.

**Tamer Bibawi, Pharmacy Owner, Tim's Pharmacy; Shahzil Mohamed, Pharmacy Owner, Remedy'sRx; Maggie Chi, MP Don Valley North, Ontario (Liberal), and Parliamentary Secretary to Minister of Health; Marie-Soleil Beaulieu, Director Professional Affairs, McKesson Canada; Saba Mahmood, Pharmacy Practice Lead, Rexall Pharmacy Group ULC; and Steven Shao, Pharmacy Owner, King Square Pharmacy, and Co-Founder, Path Pharm**

# From the sidelines to the policy table

**When Pharmacy Brands Canada joined Neighbourhood Pharmacies in 2021,** it did not take long for me to be impressed by the breadth of its advocacy work, and its pan-Canadian approach to help shape the future of our sector from coast to coast to coast.

I've spent nearly 25 years in this industry, from leading high-growth banner programs to helping acquire and integrate iconic retail brands under larger healthcare organizations. That work has given me a wide lens on the business of pharmacy, how quickly things shift, and how public policy can accelerate or slow our ability to care for patients.

And right now, we are at a defining moment. Pharmacy has never been more essential to the fabric of Canadian healthcare.

When patients struggle to find a family doctor or face long wait times for essential care, pharmacies are there — trusted, accessible, and rooted in their communities. An expanded scope has proven that pharmacists can relieve pressure on primary care and deliver services that keep people healthy and out of emergency rooms.

But governments still too often see pharmacy as a budget line instead of a solution. Cutting fees and eroding sustainability puts the health of communities at risk. That's why we cannot be quiet right now and why collective advocacy matters more than ever.

Neighbourhood Pharmacies' recent Pharmacies on the Hill advocacy day is a powerful reminder of what happens when pharmacy speaks with a united voice. We brought a coordinated message to dozens of Members of Parliament in a single day, highlighting how pharmacies support federal priorities such as pharmacare, immunization, and supply chain resilience.

Meanwhile, at Pharmacy Brands Canada, we continue to grow, with more than 280 locations serving communities nationwide. Our members are busy, committed business owners. They deserve to know someone is fighting to preserve the conditions that make exceptional patient care possible, today and in the future. And that's exactly what Neighbourhood Pharmacies enables, ensuring every business format of pharmacy, from specialty to independent and everything in between, is heard at the policy table.

At this point, the pharmacy sector needs leaders and collaborators more than ever. It needs advocacy bodies that aren't afraid to step forward and challenge the status quo, while also presenting feasible solutions to address governments' challenges. Neighbourhood Pharmacies is uniquely situated to serve in this capacity at national, provincial, and territorial levels. On behalf of the Pharmacy Brands Canada network, we are excited and proud to do our part.

**Jon Johnson**
BOARD MEMBER
*Neighbourhood Pharmacy Association of Canada*

PRESIDENT AND CEO
*Pharmacy Brands Canada*

> **"We are at a defining moment. Pharmacy has never been more essential to the fabric of Canadian healthcare."**

Neighbourhood Pharmacy Association of Canada

Association canadienne des pharmacies de quartier

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
- Real-time industry and regulatory updates
- Informed and independent information-sharing and analysis

## OUR MEMBERS

Bayshore Specialty Rx
BioScript Solutions
Calgary Co-op Pharmacy
Co-op
Costco Pharmacy
cencora Innomar Strategies
London Drugs
Lovell Drugs
Neighbourly Pharmacy
ONPHARMUNITED
McKesson Canada
Guardian
I.D.A.
The Medicine Shoppe Pharmacy
Proxim
RemedysRx
uniprix
metro pharmacy
food Basics pharmacy
Jean Coutu
Brunet
SENTREX Health Solutions
PharmacyBrands Canada
Apple Drugs
mettra Pharmacy
Peoples Pharmacy
Rxellence
Value Drug Mart
Extend Pharmacy Group
Larivière + Massicotte Pharmaciennes, inc.
Pharmacie Chabot & Vermette
Pharmacie Martin Gilbert
Pharmacie Torani et Haddad
SpecPharma
PHARMASAVE
save on foods
unipharm
wholehealth pharmacy partners
Sobeys Pharmacy
Pharmacy at Safeway
Thrifty Foods Pharmacy
Foodland Pharmacy
Fresh Co Pharmacy
Chalo! Fresh Co Pharmacy
Lawtons Drugs

## OUR PREMIUM AND ASSOCIATE PARTNERS

A&D Medical
Abbott Laboratories Co.
**AbbVie***
Accord Healthcare
**Amgen Canada Inc.***
**ANB Canada***
**Apotex Canada***
**AstraZeneca Canada Inc.***
**AuroPharma Canada***
Bausch Health Inc.
Bavarian Nordic
**BD***
Biocon
Calian
CAPSA Healthcare
Cedarlane Cold Chain Solutions
Ceretone
Communimed
Cosper Distribution
Cryopak
Delmin
Dexcom
**Dr. Reddy***
Ecolopharm
Embecta
**Emerson Canada***
Empego
Fillware Technologies
Gehwol Health
**GSK (GlaxoSmithKline)***
Healthmark Ltd.
Imperial Distributors Canada Inc. (IDCI)
**IQVIA Solutions Canada Inc.***
**Jamp Pharma Corp.***
Jones Healthcare Group
JUNO Pharmaceuticals
Kenvue
Knapp
Kohl & Frisch Ltd
**Lilly***
Lundbeck
Lupin
MedMe Health
**Merck***
**Mint Pharmaceuticals***
**Moderna***
Nacto Pharma
Odan Laboratories
Olive PharmaScience Ltd.
Organon
Pear Healthcare Solutions
**Pfizer Canada Inc.***
**Pharmascience Canada***
**Sandoz Canada Inc.***
Sanofi Pasteur Ltd.
ScriptPro Canada Ltd.
Telus Health
TempAid
**Teva Canada***
The Pangaea Group
**Viatris***
Vigilance Santé
Williams Pharmalogistics
**Zonnic Canada***
Zydus Pharmaceuticals Canada

**Premium Partners; **Special thank you to PrescribeIT®, Canada's national e-prescribing service, for their support and partnership*

neighbourhoodpharmacies.ca