

Neighbourhood Pharmacy Gazette

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INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.

A publication of the Neighbourhood Pharmacy Association of Canada

Digging deeper

11 reasons why the time is right
to build a better sandbox for
pharmacy and private payors





MESSAGE FROM THE CEO

3 Time to talk about private matters

COVER STORY

5 Digging deeper

11 reasons why the time is right to build a better sandbox for pharmacy and private payors

INSIGHTS: PERFORMANCE BENCHMARKS

16 Pharmacy's interplay with the population



2026 AWARDS

20 Congratulations to our 2026 award winners

MEMBER PROFILE:
NEIGHBOURLY PHARMACY, SWAN RIVER

23 A bridge for at-risk patients



ADVOCACY: WORLD PHARMACY COUNCIL

26 Learning from peers around the globe



THE LAST WORD

27 Pharmacy's next chapter



Neighbourhood Pharmacy Gazette

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Time to talk about private matters

If I had to boil down this issue's cover story to one sentence, it would be: Pharmacy and private payors need a fundamentally different relationship.

I say as much in the article, which goes on to list 11 reasons why now is the right time to work better together. And why it is increasingly urgent that we do so.

The traditional dynamic of payors setting cost-containment measures and pharmacies responding cannot continue. Both sectors face mounting sustainability pressures, and neither can solve them alone. The opportunity is to move from a largely transactional and sometimes adversarial relationship toward one focused on shared problems, shared evidence and better outcomes.

As detailed in the article, GLP-1s are an immediate test case for collaboration. These medications bring many of the system's challenges into sharp focus: rapidly growing demand, administrative burdens, adherence challenges and the need to demonstrate value. Pharmacy can help ensure these medications are used appropriately and deliver their intended outcomes.

Expanded scope and public investments have increased what pharmacy teams can contribute to private health benefits plans. Private payors can promote and leverage that capacity and explore how pharmacy services can augment private coverage to improve outcomes and reduce costs in other areas (such as disability). And, as COVID demonstrated, pharmacy has the capacity to quickly mobilize and scale new programs.

The article also talks about vertical

integration. While Neighbourhood Pharmacies recognizes that vertically integrated pharmacies are part of the solution for private payors, we also need to protect the brick-and-mortar footprint of traditional community pharmacies across Canada. The convenience of nearby pharmacies—in terms of location, hours of operation and immediacy of in-person care—helps keep plan members healthy and at work (rather than having to take time off work to seek care).

At a time of economic uncertainty and with a public healthcare system stretched too thin, community pharmacy occupies a rare space as an established economic driver and emerging healthcare provider. (For more on this, see Signal49 Research's 2026 report, *The Economic Footprint of Canada's Pharmacy Sector*.)

Finally, sector-led solutions should come before blunt regulation. Growing scrutiny from federal and provincial governments and agencies reflect legitimate concerns about the lack of transparency and possible power imbalances. But regulation can also create unintended consequences. Instead, pharmacy, insurers, PBMs, advisors and plan sponsors can develop credible solutions together, so that governments do not need to impose more prescriptive measures.

The conditions are coming together for pharmacy and private payors to move beyond cost containment and use pharmacy's reach and capabilities to improve affordability, value, plan members' experiences and health outcomes. Let's make it happen. 🌈



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Digging

deeper

11 reasons why the time is right to build a better sandbox for pharmacy and private payors

Who here does not know someone taking a glucagon-like peptide-1 (GLP-1) receptor agonist to help with weight loss? Or someone seriously thinking about it, now that the first generic for Wegovy (semaglutide) is making its way to pharmacies?

And what do GLP-1s have to do with improving relationships between community pharmacy and the private health benefits industry? More than you may initially think.

Call it a bellwether, litmus test or watershed event, GLP-1s may indeed present a defining moment for future relations between community pharmacy and private payors. It's one of 11 factors or trends, gathered by the *Gazette* after speaking with thought leaders in both sectors, that point to an unprecedented opportunity to do better, together.

"Both sectors are under tremendous pressure. We need to overcome historical tensions and move beyond cost containment to embrace new approaches that will improve efficiencies in ways not possible before," says Sandra Hanna, CEO of Neighbourhood Pharmacies.

The new approaches also need to consider the "bigger value picture" of drugs, she adds. "Medications not only improve health outcomes but also positively impact other areas, like disability and productivity."

Roger Thorpe is a benefits advisor and President of Toronto-based Thorpe Benefits. He is also Chair of the drugs and pharmacy working group for the Smart Health Benefits Association (SHBA), a new national advocacy group representing plan sponsors and

plan members. When asked about how—or if—pharmacy comes up in conversations with clients, he emphasizes that currently the main topic is the drug, not the pharmacy. "High-cost drugs are absolutely the number one concern. I would like to think that our clients care about a drug's use and effectiveness, about adherence and ultimately outcomes, but I don't think this becomes the priority."

On the other hand, he believes there is a growing

sense of awareness—and frustration—among advisors that current cost-containment measures are not getting at the root of the problem. "We have stories upon stories of people taking meds for years and years that could have been discontinued.

We all recognize there is a lot of wastage, and many disconnects in medication management," says Thorpe.

Awareness is growing, albeit slowly, that pharmacy could be part of a long-term solution. "We're starting to see some broader education, from provincial governments for example, about what pharmacies can do to help," says Thorpe. "But we're in early days. Pharmacy is going to have to repeat, repeat, repeat these messages for employees and employers."

At the same time, messaging around pharmacy services triggers a sense of déjà vu among industry veterans.

Suzanne Lepage, a consultant for the group benefits and pharmaceutical industries, and Carolyn Christie, Manager, Group Insurance - Products at Wawanesa Insurance, remember pilot projects dating back more than two decades that proved the worth of pharmacy services as part of drug plan management for private payors. And in recent years, some community pharmacy operators and insurers have gone ahead and launched programs offering to help plan members manage chronic diseases such as diabetes.

The challenge now, as it has been since day one, is persuading plan sponsors to add this type of pharmacy program to cash-strapped benefits plans.

"Pharmacy is uniquely positioned to help," says Lepage. "But in the face of rising drug plan costs, it's hard to imagine a cost-effective business model that would include compensating the pharmacist while still

“Pharmacy is going to have to repeat, repeat, repeat these messages for employees and employers.”



managing those costs.”

She adds that siloed budgets are a major obstacle; that is, the drug benefit is managed separately from other benefits such as disability leaves and paramedical services. “A big disconnect for private plans in Canada is they don’t understand the benefits of the drug and its whole downstream positive impact. Some of these drugs are miraculous but we haven’t adjusted our benefits plans in a way to finance them effectively, let alone pharmacy services.”

The irony is that investing in pharmacy services as part of an integrated, strategic approach to managing health benefits plans may help solve the question of affordability. “The good news is that enough has changed in the past few years to potentially overcome age-old barriers. If we can agree to work together in more collaborative, creative ways,” says Hanna.

“We’re very excited by what the future holds,” agrees Christie. “The motivation has always been there to work with pharmacies, and now we have more tools and levers to build on that collaboration and deliver greater value.”

1 Weighing in with GLP-1s

Without exception, GLP-1s were on the minds of everyone interviewed due to their continued disruptive impact on drug plans and the first generics this year for semaglutide (already launched for brand-name drug Ozempic, for diabetes, and coming soon for Wegovy, for weight loss).

The weight-loss space is what’s keeping private payors up at night. Thirty per cent of Canadian adults are classified as having obesity, according to [Statistics Canada](#), and are therefore theoretically eligible for a GLP-1. An additional 36 per cent are overweight and may be eligible.

“There is evidence that employees would switch jobs to ensure they had access to GLP-1s. Coverage has become a competitive edge,” says Christie.

“Plan sponsors are faced with tough decisions on how to offer access but also make sure it’s managed properly,” adds Lepage.

Prior authorizations (PAs) are insurers’ main

mechanism to manage access. Originally for the small percentage of specialty drugs costing tens of thousands or more a year, they’re now vetting the much larger volume of claims for a GLP-1 drug (costing about \$1,000 to \$6,000 annually, depending on the health indication and whether it’s generic).

Yet PAs are also a pain point for both plan members and pharmacies. “It’s not a consistent process between carriers. And if you move carriers, sometimes the PA doesn’t move over cleanly,” says Thorpe.

Pharmacies have long shepherded plan members through PAs and adjudication in general, most importantly when problems arise. “The sheer volume of patients needing PAs for GLP-1s will put tremendous administrative strain on everyone, including employers’ HR staff and pharmacy teams. We don’t want to add more barriers to a patient’s care journey,” says Hanna.

Clinically, pharmacists can do more than help

“Some of these drugs are miraculous but we haven’t adjusted our benefits plans in a way to finance them effectively, let alone pharmacy services.”



patients manage side effects, Hanna continues. “Through regular follow-up, they can assess how treatment is working, review other medications as a patient’s health changes, and identify concerns such as poor nutrition or loss of strength before they become bigger problems. That ongoing care helps patients get the most from treatment while reducing the risk of unintended consequences.”

The University of Alberta’s [recent study](#) of weight-management programs at four pharmacies, presented at an international pharmacy

conference in Montreal in August, concluded that “pharmacist-led interventions represent a promising model for weight management.... By leveraging the full scope of pharmacist practice, this model has the potential to provide a scalable approach to expanding access to evidence-based obesity care in community pharmacy settings.”

Pharmacies are also an untapped source of data to gain insights into how successful weight management can save benefits dollars for associated conditions, including diabetes, depression, high cholesterol and hypertension.

“One of the first things plan sponsors say to me is their health budget is not changing. That means we must look at ways they can optimize their current plan to get at savings that can be reinvested into augmenting coverage,” says Christie.

2 Stronger voices at a bigger table

During the past several years, Neighbourhood Pharmacies has solidified its membership across the three main business formats of community pharmacy: independent, chain and specialty. Its representation of independents has broadened, aligning more closely with the fact that 64 per cent of community pharmacies in Canada are independents or banners, according to IQVIA Canada in [The Economic Footprint of Canada’s Pharmacy Sector](#) report.

Past collaborations between brick-and-mortar pharmacies and private payors for health-programs were often tied to a single chain or banner. The quality of the programming may be excellent, but the impact is limited because plan members may not want to switch pharmacies or use multiple pharmacies.

“Our members are competitors, but they understand that a rising tide lifts all boats,” says Hanna. “We’re ready to discuss more creative, collaborative solutions that respect patient choice while also recognizing the reality of plan sponsors’ challenges with rising plan costs and plan sustainability.”

As a speaker at numerous benefits-industry events this year, Hanna is beating the drum for forward-thinking pilot projects that can be structured for scalability

across Neighbourhood Pharmacies’ members. And at its own events, the last two years have seen more private payors in attendance or on stage.

“This year’s [Specialty Pharmacy Summit](#) will feature a panel discussion on the challenges faced by private payors and how to better leverage pharmacy,” says Hanna. “I believe the consensus is growing that pharmacy and private payors need a fundamentally different relationship.”

The Canadian Pharmacists Association also hired its first Vice President of Strategic Payor Partnerships

“Our members are competitors, but they understand that a rising tide lifts all boats.”



in April this year. And on the benefits side, SHBA is the first national voice advocating on behalf of plan sponsors.

Established in 2025, SHBA currently represents more than 65,000 small and mid-size employers and 10 million Canadians with workplace health benefits plans. “The lines of communication are open to speak more with pharmacy. We can collectively learn a lot from each other,” says Thorpe.

3 Proof of concept

The COVID-19 pandemic tested pharmacy’s mettle—both professionally and as a business sector. Professionally, pharmacy teams demonstrated their ability to provide services in public health and primary care, beyond the routine dispensing of medications.

On the business side, the pandemic demonstrated a national infrastructure that is uniquely equipped to mobilize, adapt and scale initiatives, be it for public education, testing or immunizations.

“The pharmacy sector’s business acumen is its superpower,” says Hanna. “It can operationalize like no other healthcare provider. Let’s put that to work in the private-payor space.”

4 Changing pharmacy landscape

Vertical integration among benefits providers has added complexity to the system, notes Hanna.

“We recognize that vertical integration is a solution from the payors’ perspective and we support innovation in healthcare delivery models. But we need to protect the critical infrastructure of the brick-and-mortar pharmacy,” says Hanna.

Signal49 Research’s June 2026 report commissioned by Neighbourhood Pharmacies, [The Economic Footprint of Canada’s Pharmacy Sector](#), details how community pharmacy is punching above its weight as an employer and economic driver. And with expanded scopes of practice, community pharmacies are increasingly a destination for healthcare services, particularly in rural areas.

In the U.S., the operating policies of vertically integrated pharmacies eventually led to “pharmacy deserts” due to the widespread closures of brick-and-mortar community pharmacies, says Hanna. “The U.S. is a cautionary tale. Legislators are finally taking action there, but only after great cost to patients and pharmacy. We have the opportunity to do better here,” says Hanna.

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From Thorpe's perspective as a benefits advisor, "it's our job to maximize all tools for savings and make sure employees know how to be good consumers of their drug plan," he says. "But we also understand that people with chronic illnesses may need to sit down with a pharmacist they can trust. We are more open minded to opportunities for local pharmacists to add real value."

5 Regulation knocking on the door

In November 2025, Ontario became the second province (after Quebec) to ban closed pharmacy preferred provider networks; its proposed legislation is expected by the end of this year. And in April 2025, Competition Bureau Canada announced its investigation of Express Scripts Canada, the country's largest PBM, for alleged anti-competitive conduct affecting the pharmacy sector.

More regulation appears to be making its way into the private-payor space in Canada. On the one hand, that's a good thing, says Hanna. For example, to set

guardrails for PBMs in Canada, which currently operate without independent oversight even though they serve or impact stakeholders that are heavily regulated (insurers, prescribers and pharmacies). "It's critical to clarify their role in the healthcare landscape."

On the other hand, Hanna knows firsthand that regulation can have unintended consequences on the very people it's intended to protect; that is, members of the public. "Any regulated profession will likely tell you there are challenges. For example, regulations often differ by province, or they may hinder innovation because they're too narrow or bogged by bureaucracy," says Hanna.

Sector-led solutions are always best, she advises. "If our sectors can demonstrate we can solve problems ourselves then the government doesn't need to get involved. We know our businesses better than anybody. If we are willing to truly work together, no doubt we'll come up with better solutions," says Hanna.






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6 Public policy damage control

In Alberta this month, employees older than 65 are learning that their drugs are no longer covered by the government if coverage is available from their employer's private drug plan. In B.C. this year and in Manitoba and Prince Edward Island last year, people with private plans learned that Canada's pharmacare program is taking over coverage for some drugs for diabetes and contraception—but not all of them, which means there may need to be coordination between their private plan and pharmacare.

Most people learn about changes in public payors' policies at the pharmacy counter, when picking up a refill or presenting a new prescription. "It can cause considerable confusion and anxiety, sometimes anger, among plan members," says Hanna.

For pharmacy teams, insurers' help desks and HR staff, time is lost in educating plan members and dealing with the administrative burden. "Changes in public policy that impact private plans will continue. The more we can collaborate and coordinate communications in advance, the better the plan member's experience," says Hanna.

7 Rebound effect of maximums

Lepage, Thorpe and Christie are seeing more small and medium-size plan sponsors put an annual maximum on their drug plan to avoid the impact of even a single claim for a high-cost drug. And more are considering it.

"That's concerning," says Lepage. "You can control the risk by putting in a maximum but that doesn't consider the impact to the plan member, who may not have access to the drug they need." For example, an employee may end up going on disability leave.

The theory is that provincial programs for catastrophic drug costs will take over for the private plan, but the reality can prove otherwise: for example, a plan member does not meet the strict eligibility criteria, or the drug is not included in the public formulary. Or the bureaucracy alone is enough to deter efforts.

And plan sponsors are not likely to know plan members are having trouble. "Patients often do not feel comfortable discussing the consequences of limited medication access with their plan sponsors. As a result, plan sponsors may not receive sufficient feedback and can mistakenly assume the program is functioning without issues," explains Lepage.

"Patients with complex diseases are overwhelmed. They don't even know how to begin to navigate the public system," says Hanna. "Our pharmacy teams help with that, but it can be a prolonged, stressful process. Even if alternate coverage is eventually secured, the disruption in treatment could be a serious setback to health."

The root cause for maximums is the fact that "pooling and risk management aren't really working well in the Canadian group benefits market," says Lepage. Thorpe agrees. "The problem is how much employers are having to pay for pooling protection in the first place. Premiums have tripled or even quadrupled in the past five years," he says.



Better pooling and risk management will take time. Meanwhile, other options may exist to protect both plan sponsors and patients from the unintended consequences of drug-plan maximums. "We won't know until we start having regular conversations about this and other challenges," says Hanna.

8 Scoping out scopes of practice

Expanded scopes of practice for pharmacists and other non-physician healthcare providers are a core part of provincial strategies to cost-effectively alleviate pressures within the healthcare system. In pharmacy, new authorities for prescribing services, immunizations (for a growing range of vaccines, e.g., for shingles), the treatment of common conditions such as urinary tract infections, health-risk screenings, point-of-care testing

and the ordering of lab tests steadily position pharmacy teams to provide more comprehensive services for both acute and chronic conditions.

While the range of authorities varies by province, “all jurisdictions are moving in the same direction. They are empowering pharmacy to do more,” says Hanna.

With almost 20 years in the drug-benefits field, Christie recalls pilot projects that long ago proved the value of pharmacy services; she also recalls the difficulties moving from pilot to practice. “What’s changed is the expanded scope. We now know that all pharmacies are able to provide what we’re looking for. And we can see pharmacy’s own investments in training. It’s time for a different kind of pilot. We’re not looking to just cut costs; we want to know how to help our plan sponsors optimize their plans,” says Christie.

Thorpe agrees, in part to get at the data to build a solid business case on the private side. “It’s awesome that pharmacists are taking some pressure off the

healthcare system. But is it making as big an impact as the government or pharmacy thinks? We don’t really know. We need to know more.”

Evidence is building on the public side. For example, in Nova Scotia, where the government funds pharmacy-led primary care clinics, emergency room visits have declined and more people without a family physician are getting care.

Nationally, prescribing by pharmacists is on the rise. Pharmacists’ prescriptions accounted for 6.0 per cent of the prescription volume and 3.6 per cent of the total spend for both public and private payors

in 2023, up from 2.5 per cent and 1.7 per cent, respectively, in 2019, according to data from IQVIA Canada contained in the [2024 GreenShield Drug Trends](#) report. Pharmacists were prescribing for the prevention of infectious diseases (i.e., vaccinations) and the treatment of minor or common infections (e.g., urinary tract infections, pink eye). Prescribing to renew or adapt medications for chronic diseases occurred

“All jurisdictions are moving in the same direction. They are empowering pharmacy to do more.”

Pharmacy’s bread and butter

The most recent data from the Canadian Institute for Health Information (CIHI) information reports that public plans paid for 43 per cent of prescribed drugs in Canada in 2024, private plans paid for 39 per cent and Canadians paid out-of-pocket for 18 per cent.

A study by the Patented Medicine Prices Review Board (PMPRB) released in April this year determined that, over the most recent five-year period ending in 2024, drug-plan expenditures grew an average of 5.9 per cent annually on the public side and 7.7 per cent annually on the private side. The growing use of higher-cost drugs is the biggest driver of growth.

In 2012, the two core funding mechanisms for pharmacy services—dispensing fees and markups based on the price of the drug—represented 26 per cent of

public payors’ drug-plan expenditures, according to the PMPRB [NPDUIS CompassRx](#) report. In 2022/23, that share had dropped to 17 per cent, states the [2025 CompassRx](#) report.

Neighbourhood Pharmacies’ internal analysis of public funding further finds that pharmacy remuneration per prescription is less than it was 10 years ago. “It is declining at a time when medications, therapeutic regimens and patients’ needs are increasingly complex, and when labour and other operating costs are rising,” says Sandra Hanna, CEO of Neighbourhood Pharmacies. “Pharmacy’s sustainability has become vulnerable under the traditional funding model of dispensing fees and markups.”

The 2026/2027 Winter edition of the *Gazette* will take a closer look at public funding for pharmacy services.

most frequently for hypertension, anxiety/depression, diabetes, cholesterol and digestive conditions.

While these numbers bode well, Thorpe points out that another reservation on the benefits side is the lack of awareness of pharmacists' services, outside of flu shots. "There are lots of people who would never think of going to the pharmacy. It's just not the behavior that we have been taught," says Thorpe.

Again, Hanna challenges private payors to sit down with the members of Neighbourhood Pharmacies and come up with a plan to ramp up public awareness and generate real-world evidence of health outcomes. "We can think big while taking baby steps."

9 Public funding on the rise

From coast to coast to coast, public funding grows for pharmacy services. "Ten or 15 years ago, governments would grant pharmacists a new authority but not necessarily put funding in place. Today, pharmacists in almost all provinces can bill the public

plan at some level at least. And the latest new authorities are more likely to come with funding already in place," says Hanna.

Assessing and prescribing for minor ailments is a prime example. Ten years ago, eight provinces authorized pharmacists to provide these services, of which only three provided funding. Today, all 10 provinces fully or partially fund pharmacy services for minor ailments.

"Governments are setting the table. It costs private payors nothing to promote these publicly funded services that can significantly improve plan members' experiences," says Hanna.

"And we're not done yet," she adds. "Public funding for pharmacist-led chronic disease management has taken root in Alberta, Quebec and Nova Scotia, and is on the agenda in other jurisdictions."

As well, several provinces are investing taxpayer dollars in pilot projects to explore expanding pharmacists' roles yet further in primary care. Alberta's most recent Pharmacy Funding Framework,



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which took effect in June this year, includes funds to explore pharmacists' role in point-of-care testing and assessing acute conditions, as well as a new compensation model for complex care.

These actions by provincial governments send two strong messages. First, pharmacy is proving its worth. "Despite an extremely tough economic environment, governments are finding the budget dollars," says Hanna. "Whether that funding is enough is another story, but it's an important start."

Second, it's an opportunity for private payors to supplement and build upon what's available in the public system—which is essentially why private health benefits exist in the first place. "The perception of some is that the government should cover all the costs. But sitting and waiting is not something we can do. We have other options now. There is absolutely untapped value in pharmacy," says Christie.

“Despite an extremely tough economic environment, governments are finding the budget dollars.”

"They can become a barrier that complicates their journey and increases the risk of suboptimal health," says Hanna. "We believe there can be more streamlined solutions, working together."

More broadly speaking, Christie emphasizes that the digital age, including artificial intelligence, is opening doors to evidence-based decision-making. "The insurance space is definitely moving towards more data-informed plan optimization, not just in terms of analytics of the plan but also in terms of insights for plan members," she says.

For example, a claim for a drug for diabetes would prompt a notification letting the member know their benefits provide coverage for a dietitian as well.

The ultimate win from technology, continues Christie, is achieving "that big shift from claims payment to care navigation. We will be helping members move through the system with more clarity and support. I am very excited for that, and I really believe pharmacy can play a key role."

11 Cracking the sustainability nut

As the saying goes, one can't keep doing the same things and expect different results. As questions grow around the sustainability of private drug plans on the one side and clinical pharmacy services on the other side, perhaps it's time for both sides to come together to enable different approaches.

"I'd go so far as to say we need each other," says Hanna. "We've both got tools and options today that didn't exist five years ago that can take us to new levels. We won't know until we try."

"It's better to try than not," agrees Thorpe, who points to SHBA as a new lever to help create engagement among small and mid-size employers. "After more than 20 years in this business, I'm of the mind that we need to take more proactive approaches to get plan sponsors to pay attention that these pharmacy services exist." 🌈

10 Modern-day tools

The digital revolution is well underway, and cross-sector efficiencies are a low-hanging fruit to reduce common pain points such as administrative burden.

Processes for PAs and audits are two immediate examples. While mechanisms such as PAs exist to manage the spend, they are resource-intensive and may take away from the plan member's experience.



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

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Pharmacy's interplay with the population

In Canada, a traditional community pharmacy* serves an average of 3,317 persons. One in five (19.5 per cent) is a senior (aged 65 and older).

There are some notable regional differences. Quebec pharmacies serve significantly more persons on average: 4,516, which is 46 per cent more than the rest of Canada. Plus, a Quebec pharmacy dispenses 36.4 prescriptions per person compared to 16.8 for the rest of Canada. As a result, pharmacies in Quebec dispense three times as many prescriptions in a year compared to all other provinces, a reflection of the fact that they typically dispense chronic medications in 30-day supplies whereas other provinces dispense 60- or 90-day supplies.

These insights and more are captured in Neighbourhood Pharmacies' inaugural [Pharmacy Performance Benchmarks](#), a one-of-a-kind resource developed in partnership with IQVIA Canada. The benchmarks



provide robust, data-driven trends in prescription volume, prescription sales, and drug costs. Pharmacy operators can explore performance expectations by region, pharmacy model, population served, and medication category. This article captures a few of the high-level takeaways.

**The term "traditional community pharmacies" refers to chain, banner, independent, grocery and mass-merchandise pharmacies.*

Overview of population, pharmacies, prescriptions and cost per person

	Population (millions)	Number of traditional pharmacies	Persons per pharmacy	Seniors per pharmacy	Prescriptions per person	Drug cost per person
British Columbia	5.7	1,630	3,495	716	13.8	\$723.26
Alberta	5.0	1,844	2,727	423	13.6	\$817.69
Saskatchewan	1.3	453	2,797	498	17.5	\$884.66
Manitoba	1.5	497	3,038	524	14.8	\$845.41
Ontario	16.3	5,309	3,062	578	19.0	\$868.76
Quebec	9.1	2,006	4,516	979	36.4	\$1,215.59
New Brunswick	0.9	236	3,685	859	18.5	\$1,223.26
Nova Scotia	1.1	323	3,385	764	15.6	\$1,132.63
Prince Edward Island	0.2	54	3,383	706	14.5	\$955.14
Newfoundland and Labrador	0.6	206	2,669	672	20.4	\$1,354.98
Canada	41.7	12,558	3,317	646	21.1	\$974.74
Rest of Canada [†]	32.6	10,552	3,089	582	16.8	\$961.80

[†]All provinces except Quebec. Source: Pharmacy Performance Benchmarks, Neighbourhood Pharmacy Association of Canada

More about the Benchmarks

Neighbourhood Pharmacies' Pharmacy Performance Benchmarks is a suite of three resources:

- *All Pharmacy Performance Benchmarks* is accessible on Neighbourhood Pharmacies' website. It provides high-level national and provincial statistics and aggregated pharmacy performance trends.
- *Traditional Pharmacy Models Performance Benchmarks* is exclusively available to members of Neighbourhood Pharmacies. It takes a deeper dive into sales, cost and performance metrics stratified by population, regional demographics and the three traditional community pharmacy formats (chain, banner and independent, grocery and mass merchandiser).
- The Pharmacy Performance Calculator, exclusively available to members, is a spreadsheet tool that allows pharmacy operators to compare the performance of any individual pharmacy against the performance benchmarks, drilling down into granular comparisons by region, business model, medication category and population.

Currently, the member-exclusive resources focus on traditional pharmacy models. Insights specific to non-traditional pharmacy formats—specialty, mail order and long-term care—are under development.

Growth in population

As the number of Canadians grows, so too does the number of traditional pharmacies. In 2025, the pharmacy count grew by 1.7 per cent, and the population grew by 0.9 per cent. Alberta saw the highest growth rates, recording 3.2 per cent more pharmacies and 2.5 per cent more residents. However, pharmacy counts in all four Atlantic provinces declined despite across-the-board population gains.

Growth in population and in pharmacies

	Population growth	Growth in number of traditional pharmacies
British Columbia	0.5%	1.6%
Alberta	2.5%	3.2%
Saskatchewan	1.5%	0.0%
Manitoba	1.2%	1.2%
Ontario	0.7%	2.2%
Quebec	0.7%	0.7%
New Brunswick	1.3%	-0.4%
Nova Scotia	1.0%	-0.3%
Prince Edward Island	1.6%	-1.8%
Newfoundland and Labrador	0.6%	-1.4%
Canada	0.9%	1.7%
Rest of Canada*	1.0%	1.9%

*All provinces except Quebec. Source: Pharmacy Performance Benchmarks, Neighbourhood Pharmacy Association of Canada

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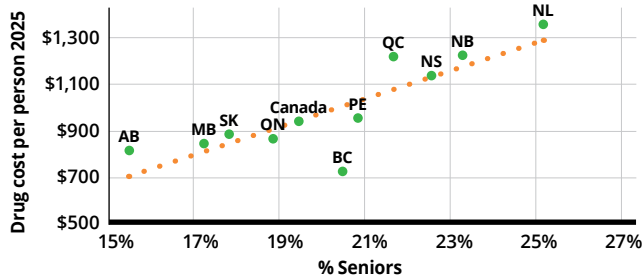
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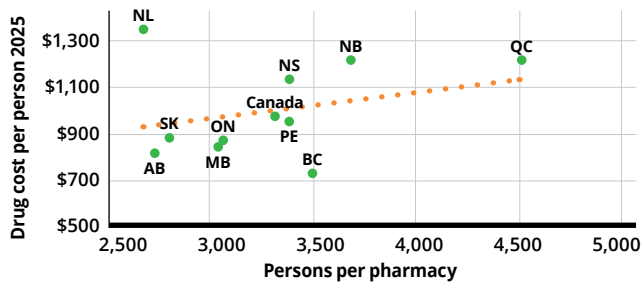
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Influence of seniors on drug cost per person



Drug cost per person compared to persons per pharmacy



Source: Pharmacy Performance Benchmarks, Neighbourhood Pharmacy Association of Canada

Impact of seniors

Seniors appear to be a driver of growth in the number of pharmacies. Intuitively, this makes sense, as seniors tend to consume more prescription drugs. When we consider the total drug cost per person, we can see this pattern: provinces which have a higher proportion of seniors have higher drug costs per person. For example, Newfoundland and Labrador has the highest average drug cost of \$1,354.98 per person and seniors account for 25.2 per cent (compared to the national average of 19.5 per cent).

It is also clear that the number of pharmacies does not influence the drug cost per person, which is driven more by population growth and an aging population. For example, Quebec has a high drug cost per person but relatively few pharmacies. 🌈



Jeff Mehlretter is CEO of Mehlretter Pharma Consulting, and a member of the Canadian Alliance for Pharmacy Advancement

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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 2026 Annual General Meeting.



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BioScript Solutions



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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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LEN MARKS PHARMACY ADVANCEMENT AWARD: **BRUCE WINSTON, NEIGHBOURLY PHARMACY**

Champion for community pharmacy

For four decades, Bruce Winston has helped build community pharmacy—and advocate for its future.

Winston bought his first pharmacy in north Calgary just one year after graduating in 1985. In 2004, he co-founded Apex Pharmacies, which grew to 20 Alberta locations operating under the Sandstone Pharmacies banner. After selling Sandstone to Neighbourly Pharmacy in 2021, Winston began a new chapter with Neighbourly as its Senior Director, Pharmacy Advocacy & Professional Affairs.

Winston continues to champion the profession and the sustainability of community pharmacy. His advocacy has included work with the Alberta Pharmacists' Association, Canadian Pharmacists Association and Neighbourhood Pharmacies, and he is committed to mentoring students from the University of Alberta.

Winston has learned that advancing the profession is a slow process—and that individual pharmacists can help drive change by building relationships with patients



Bruce Winston

and elected officials in their own communities. As he looks toward the latter part of his career, Winston remains focused on pharmacy's financial sustainability and preserving patients' ability to choose where and from whom they receive pharmacy care.

But at the heart of his advocacy is something much more personal.

"What drives me is doing the right thing for the patient," he says. "I learned to be an advocate from the best teacher—my mom. When I was diagnosed with Crohn's disease as a kid, I watched her fight for me because it was the right thing to do. She was unwaveringly determined in her pursuit for answers. That lesson has stayed with me throughout my career."

About the award: The Len Marks Pharmacy Advancement Award is Neighbourhood Pharmacies' highest recognition for legacy leadership, honouring individuals whose sustained contributions have advanced the position of pharmacy in healthcare and strengthened the pharmacy business sector.

DISTINGUISHED PARTNER OF THE YEAR AWARD: **MICHEL ROBIDOUX, SANDOZ CANADA**

Partnership built on access

For Michel Robidoux, strengthening Canada's pharmacy sector is closely connected to a goal that has shaped nearly four decades of his career: improving access to medicines.

Robidoux became President and General Manager of Sandoz Canada in 2010. The company has become a leader in strengthening access to generic and biosimilar medicines in Canada.

His impact extends beyond Sandoz. Robidoux is Chair of the Canadian Generic Pharmaceutical Association, where he advocates for a stable and sustainable Canadian generic medicines market and emphasizes the importance of affordable medicines. He also previously served as Chair of Biosimilars Canada during the period when biosimilars were first introduced to the Canadian market.



Michel Robidoux

Robidoux is a longstanding supporter of the pharmacy sector. Through Sandoz Canada's membership in Neighbourhood Pharmacies, he actively fosters collaboration and innovation. "Throughout my career, I have seen that the strongest healthcare systems are built on trusted partnerships," he said.

"By working together, we can strengthen the resilience of our medicine supply, support community pharmacies, and improve access to treatment for patients across Canada."

About the award: The Distinguished Partner of the Year Award recognizes a Neighbourhood Pharmacies Partner who demonstrates exceptional commitment to advancing the Association's initiatives and contributing to the growth and success of community pharmacy in Canada.

SECTOR CATALYST AWARD: **ALICIA MATTHEWS-KENT, NEIGHBOURLY PHARMACY**

Clinical and operational leadership

For Alicia Matthews-Kent, advancing pharmacy means bringing together patient care, strong teams and operational excellence.

That combination earned her recognition as one of the inaugural recipients of Neighbourhood Pharmacies' Sector Catalyst Award. She is a leader in advancing patient care, and operational excellence in rural and underserved communities, and for developing high-performing healthcare teams.

Throughout her career, Matthews-Kent has combined her pharmacy background with increasingly senior operational roles and volunteer advocacy work to advance the profession. As Chief Operating Officer at Neighbourly Pharmacy, she has a national platform to



Alicia
Matthews-Kent

help shape how community pharmacies evolve to meet changing patient and healthcare needs.

One example is Neighbourly's work with the Manitoba Harm Reduction Network in Swan River, where the pharmacy team has helped bring hepatitis C testing and treatment to a rural community. "Our stores have the independent community relationships, and then they're backed by a large organization," she says, describing it as "the best of both worlds" when it comes to serving rural and Indigenous communities.

About the award: The Sector Catalyst Award recognizes trailblazing leaders accelerating change in pharmacy through bold ideas, innovation, collaboration, business leadership or service transformations.

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SECTOR CATALYST AWARD: **JASON WENTZELL, EXTEND PHARMACY GROUP**

New model for cancer care

Seeing a gap in cancer care, Jason Wentzell set out to build a different kind of community pharmacy.

After completing his pharmacy residency at The Ottawa Hospital, Wentzell spent nearly a decade practising as an inpatient medical oncology pharmacist at the hospital. He holds a master's degree in health management.

In November 2019, Wentzell opened Extend Pharmacy in Ottawa. Based on his experience in hospital oncology, he knew that the growing number of patients taking oral cancer medications at home needed additional support managing complex treatments and side effects outside the hospital setting. Too many were being hospitalized due to preventable drug-drug interactions and toxicities.

The model puts oncology pharmacists within reach of patients, families and other healthcare providers



Jason Wentzell

through the Extended Cancer Care program, comprised of evidence-informed medication education, management and monitoring along with ongoing support. The Extend Pharmacy Group also operates an innovative fractional oncology pharmacist service, Extend Cancer Pharmacist Network (ECPN), designed to inspire, support and enable oncology pharmacist care in a community pharmacy setting.

"Cancer treatment has moved into people's homes—and timely, collaborative support must move with it. Community pharmacists are the most accessible healthcare providers in Canada, and they're on the front line of this shift," says Wentzell. "At Extend, we're transforming the medication experience for lives impacted by cancer by putting specialized, collaborative oncology pharmacy expertise within reach of every Canadian, wherever they choose their pharmacy care."

Spreading the word about pharmacy's economic value

Signal49 Research's recent report, *Economic Footprint of Canada's Pharmacy Sector*, demonstrates the significant economic contributions of pharmacies, in addition to the vital healthcare services they deliver every day.

Neighbourhood Pharmacies' [#PharmaciesPowerEconomies](#) campaign invites pharmacies across Canada to help showcase pharmacies' broader impact. Resources include an advocacy toolkit to help engage elected officials.

Help spread the word

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A bridge for at-risk patients

For one young mother newly diagnosed with hepatitis C, the most pressing question wasn't about her treatment. "She was very concerned about passing it along to her children and asked if it was still okay to kiss her babies," recalls Courtney Marshall, Pharmacy Manager at Swan Health Care Plus Pharmacy in Swan River, Manitoba.

The mother is one of 24 patients who have completed hepatitis C treatment at Swan Health Care Plus Pharmacy as part of a community-based initiative led by the Manitoba Harm Reduction Network (MHRN), a non-profit educational and advocacy group. For Marshall, the encounter highlights the value of having accessible healthcare professionals to whom vulnerable patients can turn with questions they may not be comfortable asking elsewhere.

Marshall's pharmacy is one of two in Swan River (the other is Scales Drug Store) involved in the MHRN initiative, which launched with a community-wide in-person testing event in March 2026. The model brings together physicians, nurses, harm reduction workers and pharmacy teams to move at-risk patients from diagnosis to treatment as quickly as possible.

Over three days, 138 people from the greater area of Swan Valley arrived at Veterans Community Hall and 47 were tested for hepatitis C. Of those, 40 tested positive for active infection requiring treatment, and 20 of the 40 were also living with HIV and not engaged in care.

Nurse Dennaye Goetz, Senior Manager, Community Healthcare Partnerships at Neighbourly Pharmacy, brought in the connection to the pharmacy sector. She had learned about the Swan River testing event through her previous work with MHRN and saw an opportunity for local pharmacies to get involved. Swan Health Care Plus Pharmacy and Scales Drug Store are both part of the Neighbourly Pharmacy network.

It turns out that pharmacy became an important piece of the puzzle. MHRN had already been working to improve access to hepatitis C testing and treatment in the community, but requirements around referrals, drug coverage and access to treatment could create significant barriers, particularly in rural and remote



Over three days, 138 people from the greater area of Swan Valley arrived at Veterans Community Hall and 47 were tested for hepatitis C. Of those, 40 tested positive for active infection requiring treatment, and 20 of the 40 were also living with HIV and not engaged in care.



communities. The pharmacies offered a way to bring all the different pieces together.

"We want to diagnose people same day, and we want to be able to treat them same day too," says Goetz. "Our pharmacists were very motivated to support the community and this important work."

Before the event, Marshall's pharmacy had only one patient receiving hepatitis C treatment. By the end of it, 24 patients had started treatment plans.

To prepare, pharmacy staff had reviewed product monographs, completed online learning modules on hepatitis C in primary care and held staff meetings to learn more about the patient populations. Marshall also attended a harm reduction meeting to better understand the work being done locally.

Logistically, “our biggest concern was the high cost of the medication and the availability of the medication once we started patients on treatment,” says Marshall.

Those concerns were alleviated by the event’s unique capacity to quickly obtain coverage and ensure sufficient supply by working closely with suppliers and wholesalers. “We had ordered some medication ahead of time in anticipation of patients starting treatment,” says Marshall. “Patients could attend the event and start the treatment the same day or the next day.”

At the event, rapid hepatitis C RNA testing provided results within about 60 minutes, and a nurse performed non-invasive FibroScan ultrasounds to check liver health and identify patients who might require specialist care.

Of the 40 who tested positive, all but two consented to treatment. One pharmacy team member remained onsite at the event to gather patient information while another travelled back and forth to the pharmacy to complete the prior authorization process required for hepatitis C medications. The onsite physicians also immediately completed the necessary forms for prior authorization.

A quick start to treatment is especially important for patients who might otherwise be difficult to reach after the event. Any delay can make the urgency of treatment less apparent to patients, particularly since the symptoms of hepatitis C can take a long time to present. “We didn’t want anyone to get lost to follow-up,” Marshall says. “By rapidly initiating

Jasmine Oraas, Senior Pharmacy Assistant, and **Courtney Marshall**, Pharmacy Manager, Swan Health Care Plus Pharmacy



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treatment, it ensures they are started on the medication and have a treatment plan before they leave our care.”

The two pharmacies also tailor dispensing to patients’ needs. Those receiving opioid agonist therapy could receive their hepatitis C medication according to their existing dispensing schedule, while other patients receive weekly dispensing.

Pharmacy staff, MHRN navigators and an HIV community nurse work together to help patients adhere to treatment and remain connected to care. To date, 35 have completed treatment, says Goetz.

For Marshall, the ongoing pharmacy visits provide an opportunity to build relationships. “With the patients coming in every week to pick up their prescriptions, we feel like we really got to know them,” she says.

The experience also gave the pharmacy team a new appreciation for harm reduction partners. Marshall

says the MHRN staff know the patients by name and even drive them to the pharmacy to ensure they pick up their medication on time. “They all have a selfless attitude and genuinely care about each patient,” she says.

For Goetz, those local relationships are key to success. “The pharmacy is a really good fit. They can

work with the [MHRN] navigators to really help find patients and keep them engaged.”

For Marshall, the initiative’s success ultimately comes back to collaboration. “We really feel the reason this

model worked so well was the team effort of everyone involved,” she says.

Neighbourly plans to build on the Swan River experience in other communities. “We want to be out in the community and supporting all of the areas around us,” says Goetz. 🌈

“The pharmacy is a really good fit. They can work with the [MHRN] navigators to really help find patients and keep them engaged.”

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Learning from peers around the globe

How does Canada compare on the global stage? In some ways, we are a shining example. In others, we have much to learn.

At the annual World Pharmacy Council (WPC) Pharmintercom conference in Berlin in June, I proudly presented pharmacies' growing role in primary care and public health delivery here in Canada to the other member countries of WPC.

Canada is among the leaders, forging new paths in medication management, vaccinations, minor ailments, primary care and chronic disease management.

Where Canada has fallen behind is in the adoption of technologies, in particular electronic health records and e-prescribing. While we are uniquely challenged by matters of jurisdiction, I returned home armed with new possibilities to help clear the logjam blocking the progress of these vital enabling technologies.

As noted in WPC's communiqué following the conference, discussions also highlighted the importance of maintaining geographically well-distributed networks of physical community pharmacies. Their capacity to deliver in-person healthcare services "provide a ready-made opportunity to improve the efficiency and effectiveness of increasingly strained health systems."

Indeed, Signal49 Research's 2026 Economic Footprint of Canada's Pharmacy Sector report, commissioned by Neighbourhood Pharmacies, quantifies how brick-and-mortar community pharmacies are essential contributors to the infrastructures of both healthcare and the economy.

I am also encouraged by WPC's proactive engagement with the OECD (Organisation for Economic Co-operation and Development) to contribute to policy development across its 38 member countries. WPC's future policy priorities include the strengthening of data collection, analysis and evidence generation across its members and in collaboration with the OECD.



From left: **Trent Twomey**, National President, Pharmacy Guild of Australia, and President, World Pharmacy Council; **Heather Mohr**, Director, Pharmacy Affairs, Neighbourhood Pharmacies; **Sandra Hanna**, CEO, Neighbourhood Pharmacies and a member of the Board of Directors, World Pharmacy Council; **Doug Hoey**, CEO, National Community Pharmacists Association in the U.S. and Vice President, World Pharmacy Council.

Having recently joined WPC's Board of Directors, I look forward to learning more from our international peers and applying that knowledge within the Canadian context. And I will continue to proudly share our efforts and success stories here at home. 🌍

Pharmacy's next chapter

Taking on the role of Chair of Neighbourhood Pharmacies at this time feels particularly meaningful.

Pharmacy has an enormous opportunity to further solidify its place within Canada's healthcare ecosystem—and I believe our association has an important role in making that happen.

Not only is pharmacy one of the most accessible points of entry for healthcare services for Canadians, but it is also an economic driver, a significant employer and an essential part of the healthcare supply chain. A recent Signal49 Research report commissioned by Neighbourhood Pharmacies, *The Economic Footprint of Canada's Pharmacy Sector: Fueling Health and Local Economies*, is an important step in telling that story. As the first report of its kind, it puts tangible numbers behind our sector's substantial contributions to Canada's economy.

That evidence helps us tell pharmacy's story more clearly. We're having more opportunities to be heard by decision-makers, and I think that's an encouraging sign of progress. At the same time, our growing membership, partnerships and events demonstrate the need for forums where we can exchange ideas and advance the business of pharmacy.

One area where we are gaining real traction is primary care. Provinces such as Alberta and Nova Scotia have helped pave the way with successful models that we can continue showcasing across the country. But as that role

grows, we must ensure it is sustainable. Pharmacy cannot continually take on more work outside traditional dispensing without fair remuneration for the value of those services.

Ensuring that sustainability is an important part of Neighbourhood Pharmacies' mandate. While other organizations are doing excellent work advancing scope of practice, we are helping ensure there is a sustainable business model to support it.

As specialty drugs grow in importance, we'll also continue advocating for pharmacy's role in specialty care. It's not about what a pharmacy looks like or where care is delivered; it's about what patients need and recognizing the investment and unique services required to meet those needs.

My experience working across different parts of the pharmacy sector—and in different countries—also gives me a broader perspective to draw on in my new role as Chair. The U.S., for example, can sometimes offer a glimpse of challenges we want to avoid, while experiences in Europe can inform conversations around regulation and oversight.

I'm grateful to be part of such a committed and experienced Board at Neighbourhood Pharmacies and over the next two years, I want us to build on that foundation. The opportunity ahead is to ensure pharmacy can continue doing more for patients while building a business model that makes that possible. 🌈



Renée St-Jean, BScPhm, MBA, RPh
CHAIR

Neighbourhood Pharmacy Association of Canada

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“One area where we are gaining real traction is primary care.... But as that role grows, we need to ensure it is sustainable.”



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

The benefits of membership include:

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

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