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Fabio De Rango graduated from the Leslie Dan Faculty of Pharmacy, University of Toronto in 1999. After graduation he joined Shoppers Drug Mart as a staff pharmacist and acquired his first store in 2002. He now owns and operates three locations in Oakville and Burlington including one of Canada's very first Pharmacist-led Care Clinics. In addition to operating multiple locations, Fabio employs his unique background in retail pharmacy to his roles as a Clinical Instructor with the Leslie Dan Faculty of Pharmacy, University of Toronto, Preceptor for the University of Toronto Pharm D program, Preceptor and Quality Assurance Coach for the Ontario College of Pharmacists, Guest Lecturer at the University of Toronto and University of Waterloo, and globally as a working member of iPACT (International Pharmacists Anticoagulation Care Task Force).

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Confidence in Osmotic Delivery Methylphenidate ER Matters in Canadian Pharmacy Practice

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Community pharmacists are among the most accessible health care professionals in Canada. With approximately 95% of Canadians living within five kilometres of a pharmacy[1], pharmacists are often the first point of contact for medication-related concerns and one of the health care providers patients interact with most frequently. Canadians also report a high level of trust in pharmacists and the advice they provide regarding medications and health care decisions.[2]

That trust is central to pharmacy practice. Every recommendation made by a pharmacist reflects a professional responsibility to balance evidence, clinical judgement, patient experience, and system sustainability. While pharmacists strongly support the use of generic medications when appropriate, confidence in therapeutic interchangeability is particularly important for modified-release products, where clinical performance may depend on more than the active ingredient alone.

Methylphenidate provides a useful example. Pharmacists understand that the therapeutic effect of extended-release methylphenidate products is influenced not only by the drug itself but also by the delivery technology used to control the timing and rate of release. For decades, manufacturers have sought to improve symptom control through increasingly sophisticated delivery systems. The osmotic delivery formulation of methylphenidate ER was developed to provide a controlled release profile throughout the day and has become a familiar and trusted treatment option for many clinicians, pharmacists, patients, and caregivers.

In day-to-day practice, pharmacists are often asked whether different modified-release methylphenidate products can be expected

to perform in the same manner. This question is particularly important for patients who have achieved symptom stability after a period of dose titration and clinical monitoring. When considering a substitution, pharmacists look beyond the active ingredient and seek confidence that the alternative product will provide a comparable therapeutic experience.

The consequences of treatment failure are not limited to a change in symptoms. When a patient experiences a loss of symptom control following a switch in therapy, additional follow-up is often required. Pharmacists may need to investigate the issue, communicate with prescribers, counsel patients and caregivers, and support further treatment adjustments. These activities require time and health care resources, but more importantly, they can create frustration and uncertainty for patients and families who believed they had found an effective treatment regimen.

For patients with ADHD, consistency matters. Effective symptom control can influence academic performance, workplace productivity, interpersonal relationships, and overall quality of life. As a result, pharmacists are understandably cautious when evaluating substitutions involving complex modified-release products.

Ultimately, pharmacists strive to make the same decisions for their patients that they would want made for members of their own families. Confidence in product interchangeability is strengthened by clear evidence demonstrating comparable pharmacokinetic performance, clinical effectiveness, and patient outcomes. For modified-release formulations such as osmotic delivery methylphenidate ER, that evidence remains an important consideration in supporting both therapeutic success and the trust that underpins the pharmacist–patient relationship.

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