

4 ways to help build strong bones



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Today's issue of PD

Pharmacy Daily today features three pages of news.

Unapproved SARMs underdosed

THE Therapeutic Goods Administration (TGA) has warned consumers that Eagle Research Lab branded selective androgen receptor modulators (SARMs) pose a serious risk to health and should not be taken.

Testing of Eagle Research Lab SR-9009, S-23, YK-11 and RAD-140 - which were purchased online and are not included in the Australian Register of Therapeutic Goods - has revealed that these products contain significantly less active ingredient than declared on the label.

The regulator warned that SARMs are prescription-only and can cause serious side effects. Learn more [HERE](#).

Concern as meds advice line cut

THE Federal Government has announced it is shutting down the Consumer Medicines Line - also known as the adverse medicine events line - from 30 Jul, suggesting patients see a pharmacist or GP, or request a home medicines review.

While acknowledging it has provided a valuable service to Australians since it was founded in 2002, the Department of Health, Disability and Ageing stated "there is now a wide range of trusted and high-quality supports available to help people safely and confidently manage their medicines".

"Importantly, Australians can get advice about their medicines from their GP, nurse practitioner, midwife or community pharmacist," it continued, pointing out these providers will know a patient's medical history and can provide personalised, coordinated advice.

The department also pointed to its 1800 MEDICARE (1800 633 422) service for 24-hour advice.

"Closure of the Consumer Medicines Line supports a



broader approach to strengthen primary care in Australia," the department stated.

"The focus is on helping people get the right care, in the right place, at the right time, through services that are connected and centred on the patient."

However, pharmacy professor Geraldine Moses, who was instrumental in setting up the service, is concerned that patients will miss out on the timely, private advice provided by the medicines line.

Professor Moses told *Australian Doctor* that the line had also contributed valuable information about side effects not previously noted on certain medicines. *KB*

AHA to manage CSO funding

AUSTRALIAN Healthcare Associates (AHA) has been reappointed as the Administration Agency for the Community Service Obligation (CSO) Funding Pool, under the First Pharmaceutical Wholesaler Agreement (PWA), until Jun 2029.

Designed to ensure that all Australians have ongoing and timely access to the full range of Pharmaceutical Benefits Scheme (PBS) medicines and National Diabetes Services Scheme (NDSS) products, regardless of where they live, the CSO Funding Pool has been administered by the AHA since it commenced in 2006.

The pool currently provides funding of approximately \$2 billion over five years to eligible CSO distributors (pharmaceutical wholesalers) to deliver PBS and NDSS products to community pharmacies.

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The accidental pharmacist

PHARMACY was not Assoc Prof Fei Sim's first choice of career, she revealed in the latest episode of the *Your Pharmacy Career* podcast.

As a child, her ambition was to be an artist - an idea her family firmly talked her out of.

By year 12, some family friends convinced Sim's parents that pharmacy was the way to go.

"I just complied and I did pharmacy ... but very quickly I fell in love, and I never looked back," she told host Krysti-Lee Patterson.

Currently Dean International at Curtin University, Sim was the first woman, and first person from a culturally diverse background, to lead the Pharmaceutical Society of Australia in its 45-year history.

In the podcast, she shared her moments of self-doubt, her thoughts on leadership, and what comes next.

Sim spoke about the personal cost of being a "first" and described herself as "my biggest enemy" when it comes to self-confidence, despite leading one of the country's most respected professional bodies.

Patterson said the podcast conversation was one of the most meaningful to date.

"What struck me most wasn't the list of achievements - remarkable as they are - it was her honesty about the internal battle that came with every one of them," Patterson said.

"That kind of openness from someone in such a senior role is rare, and I think it's exactly what our listeners need to hear."

Listen to the podcast [HERE](#).

Black triangle confusion

RESEARCH led by Adelaide University has found that more than 90% of consumers and around half of health professionals are unaware of the Black Triangle Scheme, with potential implications for patient safety.

Introduced in 2018 to encourage reporting of adverse events that come with newly released medicines, or medicines with new indications, many who were aware of the symbol mistook it to mean that the medication was high risk.

Principal investigator and pharmacist Dr Eyob Gebreyohannes told *Pharmacy Daily* that in the study, pharmacists fared considerably better than other health professionals in terms of awareness, with more than two-thirds aware of the scheme, compared to less than half of other health professionals.

"This is perhaps not surprising - pharmacists are among the most likely to encounter the symbol during dispensing," he said.

"That said, even among pharmacists, around one in three had not heard of the scheme, and a substantial proportion of those who had seen the symbol still misread its meaning," he added.

Dr Gebreyohannes pointed out that pharmacists are well placed to help make this scheme work in practice, and highlighted several concrete things they can do.

"The most immediate is the dispensing conversation itself.

"When a patient picks up a medicine carrying the black triangle - and this includes some of the most dispensed medicines in the country right now, such as [the new GLP-1RA drugs] - that's a natural moment to explain what the symbol means and why reporting matters.

"Our study found that consumers

Ozempic

Consumer Medicine Information (CMI) sheet. The [full CMI](#) on the next page has more details. If you are v

This medicine is new or being used differently. Plea

named pharmacists as one of their key sources of awareness, which suggests these conversations do happen and do land," he explained.

A useful self-check at the point of dispensing is to consider whether the medicine is new to the market, or approved for a new indication.

"If so, it's likely under the scheme and worth a brief mention," he suggested.

A cautionary advisory label or sticker for black triangle medicines could serve as a reliable visual cue, while engaging waiting-area posters and patient-facing flyers at the pharmacy counter could complement the dispensing conversation, he added.

"And at the system level, pharmacists could advocate for the scheme to be better integrated into dispensing software - a prompt at the point of supply would mean the conversation doesn't depend on anyone remembering to raise it."

Read the research [HERE](#). KB

Bird flu update

WITH infected birds now found in Western Australia, South Australia and NSW, the Australian Centre for Disease Control (CDC) is monitoring the bird flu situation for human health impacts.

According to the organisation, bird flu rarely spreads to humans, so the risk of infection is low.

However, people can become infected if they breathe in contaminated dust or air, or touch an infected animal, their body fluids or something contaminated with the virus.

For those who do get infected, a mild respiratory infection is the most likely outcome, though some will experience more severe symptoms.

However, the CDC warned that bird flu viruses can mutate quickly, and in the right conditions, may result in a more infectious virus.

The CDC has urged people to get their annual flu vaccination - it will not protect against bird flu, but it reduces the risk of more serious outcomes from getting both at the same time. Learn more [HERE](#).



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Dispensary Corner

MOVE over matcha, there is a new trendy wellness beverage in town.

Hailing from Japan, hojicha is being lauded as matcha's 'toasty cousin'.

While the roasted Japanese green tea is made from the same plant as matcha, it is processed very differently, resulting in unique advantages and an entirely different taste.

Hojicha first emerged in Kyoto in the 1920s, but is only now gaining popularity in the western world.

A standard 250ml cup delivers around 8mg of L-theanine, an amino acid that has been found to aid in relaxation while also boosting alertness and concentration.

Drinkers will also benefit from 30-50mg of catechins, which are potent antioxidants that help reduce inflammation and protect heart health.

Hojicha also has far less caffeine than matcha, is gentler on the stomach, and offers a warm, nutty flavour that some may find more approachable.

The pharmacist can't see you just now...

OPINION

Expanded scope will have to wait as Ray Masters, pharmacist and managing partner at Blooms The Chemist Dubbo, tries to be everything, everywhere, all at once.

Got an opinion or experience to share? Let us know in up to 400 words via email to info@pharmacydaily.com.au.

GREAT news, regional Australia - the pharmacist can see you now.

Just as soon as they finish the dispensing queue, see the methadone patient, check that Webster pack, jump into the vaccine clinic, and talk to the gentleman at the counter with 17 questions about magnesium.

Expanded scope of practice is here.

Pharmacists can prescribe, treat minor ailments, and manage chronic conditions - filling the gap left by a GP shortage that's been "challenging" for 20 years.

I am completely in favour of this.

However, I have not enrolled in the prescribing course - yet.

I want to, I intend to.

The course is several thousand dollars, takes significant time, and if I'm away doing it, I need a locum.

In regional NSW, finding a locum is roughly as easy as parking at

Bunnings on a Saturday.

So, it's on the list - right under "paint the fence" and "take your first holiday since 2020".

The workforce problem nobody's answering: 500+ pharmacists are in full scope prescribing training nationally, but how many are planning to work in a town with only one pub and a part-time police station?

Regional pharmacy recruitment was already an extreme sport.

Adding "expanded clinical liability and being the only healthcare professional some people can access" to the job description has not made it easier.

The policy assumption seems to be that if you train enough pharmacists, they will distribute themselves sensibly around the country.

Reader, they will not.

They will go to the large centres like Sydney or Melbourne.

This is not a character flaw, it is rational behaviour in a system that has never adequately rewarded choosing to work where the need is greatest.

There is also the funding problem nobody's answering either.

My consultation room would list at approximately \$10,000 per square metre if it were in Sydney.



In regional NSW, it gets the job done beautifully - it just couldn't be confused for a GP's rooms unless the doctor had recently given up on personal space.

The funding model feels like it was designed using a reference pharmacy with an atrium and a juice bar, not a lean, regional operator still absorbing the 60-day dispensing hit.

I want to do the course, I want to offer these services - I want to be the clinical touchpoint for people who can't get a GP for three weeks.

But goodwill does not pay wages, and a reform that only works in postcodes that did not really need it is not a regional health solution - it is a press release.

I will enrol the moment the economics make sense.

Peak bodies, policymakers: the will is here - meet us on the workforce and the funding, and we will do the rest.

Check out the latest in

Beauty & Wellness

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EDITORIAL

Editor - Karina Bray

Journalists - Adam Bishop, Myles Stedman, Janie Medbury, James Bale

Editor-at-large - Bruce Piper

Associate Publisher - Jo-Anne Hui-Miller

Editorial Director - Damian Francis

ADVERTISING AND MARKETING

Head of Sales & Marketing - Sean Harrigan

Business Development Manager

Kara Stanley

advertising@pharmacydaily.com.au

GENERAL MANAGER & PUBLISHER

Matthew Vince

ACCOUNTS

accounts@traveldaily.com.au

Suite 1, Level 2, 64 Talavera Rd
Macquarie Park NSW 2113 Australia
Tel: 1300 799 220 (+61 2 8007 6760)

info@pharmacydaily.com.au

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