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Today's issue of PD

Pharmacy Daily today features three pages of industry news, plus a full page from Crampeze.

mRNA facility marks milestone

LA TROBE University has celebrated the installation of two new units in its container-based mRNA manufacturing system, marking an important step in the development of its BioNTech health and biotechnology hub.

In a traditional naming and smoking ceremony, BioNTainer units were named Wirrarap ('medicine man, faith and spirit healer' in Woi wurrung language), and Boordup ('a source or place of comfort'), and are now installed and ready for use.

The modular units can be deployed quickly and support flexible manufacturing of investigational next generation mRNA vaccines and treatments for clinical trials.

BioNTech's research and development mRNA lab, which opened in Nov last year, will transition into the new clinical-scale manufacturing facility once construction has completed in late 2026, supporting research and development targeting a range of diseases including infectious diseases, rare diseases and cancer.

TWC celebrates excellence

TERRYWHITE Chemmart (TWC) has recognised three outstanding pharmacists for clinical leadership, early-career impact and community health innovation at its annual MasterClass Awards held last night.

The awards, which are part of the TerryWhite Chemmart MasterClass (PD 16 Jun), honour pharmacists whose work goes beyond pharmacy-based healthcare to help shape the future role of community pharmacy in Australia.

Anna Theophilos (pictured), of TWC Surrey Hills in Victoria, was named TWC Pharmacist of the Year 2026 for her leadership in vaccination, preventative health and public health advocacy.

Also awarded last night were Gage Ede, who was named Early Career Pharmacist of the Year, and Labib Saleh, who received the Innovation in Community Care Award for his work in smoking and vaping cessation, medicinal cannabis consultations and community education.

Theophilos - who is the 2026 PSA National Vaccination Ambassador - has had a significant impact in residential aged care, where she has worked to improve vaccination planning, coordination, consent, follow-up and reporting to ensure vulnerable patients are not missed.

She also provided leadership in a new public health initiative developed to address measles immunity gaps across Victoria, bringing pharmacies together to support eligibility screening, voucher generation and pharmacy booking pathways for eligible residents.

TWC GM Michael Beaumont said



Theophilos reflected the growing role pharmacists are playing in frontline healthcare.

"Anna is a clear example of where community pharmacy is heading," Beaumont said.

"She combines strong clinical care with the ability to mobilise pharmacy at scale.

"Her work in vaccination, aged care and public health shows what is possible when pharmacists are supported to operate at full scope and lead beyond the dispensary."

Theophilos said she was "incredibly honoured" to receive the award, and that the recognition also belonged to the many pharmacists working to improve access to care in their communities.

"For me, pharmacy has always been about access, trust and prevention," Theophilos said.

"Every day, pharmacists have the opportunity to protect people's health, particularly those who are vulnerable or at risk of falling through the cracks."

"The work we have done in vaccination and public health shows what community pharmacy can achieve when we work together - the opportunity now is to keep building the systems and confidence that allow pharmacists to make an even greater impact."

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Concerns mount over THC laws

TRAUMA surgeons from the Royal Australasian College of Surgeons (RACS) have warned that changes to NSW medicinal cannabis driving laws put road safety at risk, as there is no scientific means of measuring cannabis impairment.

While acknowledging the genuine difficulty faced by patients on lawfully prescribed medicines who also need to drive, particularly in regional communities, the RACS NSW State Trauma Committee has raised concerns over whether the framework can be reconciled with road safety.

At the heart of the matter is poor correspondence between THC levels in blood or saliva and driving-related impairment.

According to the Committee, THC-induced impairment can persist long after measured levels have declined, and the correlation between concentration and impairment is weakest in regular users - the group most likely to be using medicinal cannabis.

A regulatory threshold therefore cannot, on present science, reliably distinguish an impaired driver from an unimpaired one, the Committee has argued.

The Committee has asked that the government defer the proposed changes while it invests in research into validated measures of cannabis impairment.

It also recommends government support for affected patients directly through prescriber counselling and transport-access measures, so that patients' needs are met without compromising road safety.

The heads of trauma medicine and other senior clinicians at major NSW hospitals have also called for a rethink, with an open letter bearing the signatures of 20 clinicians urging the Minns government to abandon the proposed changes to drug-driving laws.

They said it will normalise impaired driving and lead to more people being killed on the road. *KB*

Review confirms back pain meds rarely work

A NEW review of current evidence relating to management of acute and chronic nonspecific low back pain has found that most patients do not need scans, surgery or strong medicines.

The review, which was published in *JAMA*, considered a large amount of new evidence and changed recommendations up to Feb 2026.

"We now have stronger evidence that routine imaging is often unnecessary and can sometimes lead to overdiagnosis and over treatment," said co-author Prof James McAuley from Neuroscience Research Australia (NeuRA) and UNSW Sydney.

"We also have better evidence about the limited benefits and potential harms of many medicines commonly used for low back pain, including opioids," he continued.

"At the same time, there has been growing evidence supporting approaches that

help people remain active, self-manage their condition and address the broader physical, psychological and social factors that can contribute to persistent pain and disability."

For patients with acute nonspecific low back pain, first-line therapies include heat application, spinal manipulation, massage, and acupuncture, as well as NSAIDs and skeletal muscle relaxants.

For chronic nonspecific low back pain, first-line therapies include exercise of any type, psychological therapies, or combined multidisciplinary approaches (such as pain management programs with exercise and psychological care), along with spinal manipulation, massage and acupuncture.

The team said NSAIDs should be considered second-line therapy for chronic nonspecific low back pain.

Access the paper [HERE](#).

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Dispensary Corner

PEOPLE at a high risk of type 2 diabetes might be better off if they make some intensive lifestyle changes rather than taking medication, according to US research published yesterday in *JAMA*.

In a study that set out to investigate long-term multimorbidity - having two or more chronic conditions at the same time - in adults with prediabetes, the researchers looked at 1,100 people who received the drug metformin, underwent an intensive lifestyle change program around diet and exercise or received placebo.

Metformin is the most commonly prescribed first-line medication for managing type 2 diabetes, while the lifestyle intervention comprised a low-fat, low-calorie diet and at least 150 minutes of physical activity each week.

After 21 years of follow-up, they found that the chances of multimorbidity were significantly lower in the group that made the lifestyle changes, compared to those on the meds or a placebo - with no significant difference between the two latter.

Specifically, 82% of those in the lifestyle intervention group developed multimorbidity, compared with 85% in the metformin group and 87% in the placebo group.

When they looked at the more 'expensive' conditions which have a disproportionate share of healthcare spend, the risk was around half in those who undertook lifestyle changes compared to placebo.

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