

Today's issue of PD

Pharmacy Daily today features four pages of news, plus full pages from:

- TerryWhite Chemmart
- MedAdvisor
- healthSAVE

Prescribing future

TERRYWHITE Chemmart's Pathway to Prescribing program provides pharmacists with the support they need to qualify and practice at full scope.

Learn more about what the brand can offer on [page five](#).

Flu season partner

MEDADVISOR will be at APP2026 to demonstrate how it can support pharmacies through the 2026 flu season and beyond.

More on [page six](#).

Vax warning for Super-K flu

INFLUENZA vaccinations in the US this season have been less effective against a particularly fast-moving flu strain that is now spreading in Australia, according to research published in *JAMA* today.

Influenza A (H3N2) subclade K (J.2.4.1) - known as 'Super-K' - is highly infectious, spreading faster and earlier in Australia than during typical flu seasons.

First detected in Australia and New Zealand, it emerged towards the end of last winter, and was a leading cause of respiratory-related deaths in Australia in Aug (*PD* 26 Feb).

The rapidly mutating virus has since spread, and was the dominant strain in the US 2025-26 flu season, representing a major public health concern.

The researchers assessed the antibody responses of 46 people who received a flu shot in late 2025 against a series of strains, including Super-K and the other strains the vaccine was developed

to target.

They found there was a weaker antibody response to Super-K compared to other strains, and it also appears that Super-K can partially evade immunity from prior infection with similar flu strains.

The researchers say there was still a modest response to Super-K, so while flu shots were less effective than normal, they provided some protective benefit.

"The lower antibody titers to H3N2 subclade K compared with other recent influenza strains, both before and after vaccination, have important implications for the likely continued spread of this new influenza strain and for selection of future vaccine strains," the team concluded.

The researchers cautioned that the study was only small, and it used antibody titres rather than clinical disease to measure the flu vaccine effectiveness.

Read the study [HERE](#). KB



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Priceline teams up on menopause

PRICELINE Pharmacy and news.com.au have joined forces to launch Fire Up, a national campaign calling for urgent reforms to better support women through menopause.

The campaign will feature interviews with leading experts and personal stories covering the effects of perimenopause physical health, relationships, the workplace, and more.

The aim is to guide people to their GP or a menopause-trained pharmacist for support, and urge national reforms to better use the health system.

Local at heart

HEALTHSAVE pharmacies put your business at the heart of everything they do.

See [page seven](#) for more on joining Australia's fastest growing pharmacy network.



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*Magnesium (Mg) glycinate is a type of Mg amino acid chelate. ^when dietary intake is inadequate.



Go slow when cutting opioids



EXPERTS from Monash University have warned against rapidly reducing or abruptly stopping prescription opioids after finding it significantly increases the risk of mental health or substance use-related emergency presentations.

In research published in the journal *Pain*, the team analysed data from nearly 1,500 Victorian adults on long-term opioid therapy who presented to emergency departments for mental health or substance use-related conditions between 2018 and 2022.

They found that rapid dose reductions of more than 25% over a 30-day period, or stopping opioids entirely, were associated with more than 10 times the odds of emergency presentation compared with gradual reductions of 10-25%, which is what is recommended in Australia's opioid deprescribing guidelines.

It was also found that concurrent prescriptions for gabapentinoids, benzodiazepines, or other psychotropic medications further increased risks during opioid dose reductions.

The most common mental health presentations were depressive episodes (17%), suicidal ideation (13%) and anxiety disorders (11%).

Lead author Dr Monica Jung

said the findings have important implications for clinical practice.

"Our research shows that when opioid doses are reduced gradually, there isn't an increased risk of mental health emergencies," Dr Jung said.

"However, larger or abrupt reductions can have serious consequences," she explained.

"This tells us that deprescribing opioids requires careful planning, patient support and close monitoring - the good news is that gradual tapering appears to be a safer approach."

The study also highlighted the need for better support systems during opioid tapering, said co-author and deputy director of Monash Addiction Research Centre, Professor Suzanne Nielsen.

"While reducing opioid prescribing overall is important for public health, we need to ensure individual patients are supported through this process," Professor Nielsen said.

"For patients taking gabapentinoids, benzodiazepines, or other psychotropic medications, extra caution and support may be needed during opioid dose reductions to prevent adverse outcomes," she suggested.

Read the study [HERE](#). *KB*



Scope in focus

Professor Trent Twomey

IF YOU want to get your pharmacy physically ready for full scope practice, there's one place you need to start - your consult room.

Your consult room determines which services you can deliver and how smoothly your team can work together while ensuring patient confidentiality.

If you want to work to full scope, you need a space set up for clinical care - not just quick chats and counselling.

Make sure the room itself works for you.

It needs a door that actually closes, enough space for two or more people to move around comfortably, and clear access for mobility aids.

These details might sound simple, but once you start running proper clinical appointments, you'll notice how important they are.

It then needs to be equipped as a clinical workspace.

You'll need an examination bed or reclining chair, a sink or sanitising station, good lighting, and storage that keeps your equipment in arm's reach.

You also need a computer with your clinical information system, plus the essential equipment: blood pressure monitor, thermometer, pulse oximeter, blood glucose monitor, stethoscope, otoscope, scales, PPE, and sharps disposal.

Even the best-equipped room won't achieve much if your team doesn't have the right workflows.

Everyone needs to know how to book and triage patients, what happens with follow ups



and referrals, and what to do when the door is closed and a consultation is in progress.

Your team also needs a clear plan for what to do if they need you while you're with a patient.

When these processes are clear, full scope feels far more natural and far less stressful.

People often think regulation is the main barrier to full scope practice - but it's not.

The biggest barrier is confidence.

And the only way to build confidence is to use your consult room regularly for real clinical care.

Not just occasionally; not just when things are quiet.

As you and your team use the space more, full scope stops feeling like a big step and becomes just part of everyday practice.

If you want to see what a full scope consultation room looks like in action, drop by the Pharmacy Guild of Australia's stand at APP2026.

We'll have a 'larger than life' consultation room set up, and our full scope implementation team will be there to talk through equipment, layout, workflows - whatever you need.

Prof Trent Twomey is president of the Pharmacy Guild of Australia.

For questions about scope or implementation support, email scope@guild.org.au.



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Daily multivitamin may slow ageing

TAKING a daily multivitamin-mineral supplement may help slow biological ageing, according to research published in *Nature Medicine* today.

The team from Brigham and Women's Hospital conducted a trial on nearly 1,000 people with an average age of 70 over two years.

Participants were assigned to take a combination of daily multivitamin-multimineral tablet, cocoa extract or a placebo, and five blood-based DNA-based ageing markers were measured.

The authors found that those taking the multivitamin showed a reduction in the yearly rate of increase for two of the 'epigenetic clocks' that are intended to estimate mortality risk - PCPhenoAge and PCGrimAge - by about 2.6 months and 1.4 months, respectively.

Among those who showed faster-than-average biological ageing before the trial began, the slowing effect on PCGrimAge was greater, at about 2.8 months.

Professor Luigi Fontana from University of Sydney's Charles Perkins Centre urged caution in interpreting the results, pointing out the magnitude of the effect was extremely small, and that epigenetic clocks are still research tools, rather than validated clinical endpoints.

Read the paper [HERE](#).

Boots on the ground - Katherine flood diary

OPINION

PHARMACIST Evan Walters is currently in flood-ravaged Katherine, NT. As of Tue morning, both pharmacies remain closed, the hospital is closed with patients having been evacuated to Darwin, and the Stuart Highway is closed in both directions. With the town now in recovery mode, he shares his story.

WHEN people talk about the Northern Territory wet season, it sounds abstract - heavy rain, closed roads.

But when the Katherine River peaked at 19.2 metres, that abstraction disappeared.

I'm a senior pharmacist locuming in Katherine, and over the past few days this town shifted from business as usual to emergency footing almost overnight.

Friday morning brought a message from Discovery Parks advising residents not to evacuate.

Five minutes later, a second message advised the opposite.

By 1pm the pharmacy had closed. I'd already decided not to risk the roads - I'd watched 4WDs with water up to their headlights and figured a car becomes a cork in floodwater pretty quickly.

In a rural town, the pharmacy becomes more than a dispensary when roads start closing.

Patients were checking on early repeats, asking the same quiet question: how bad is this going to get?

The tension was everywhere, and in the local supermarket, when the power briefly dipped mid-afternoon, an audible gasp moved



through the aisles.

It wasn't just the lights - it was a town on edge.

With the Stuart Highway closed and the Katherine Bridge at major flood level, my world shrank to a motel room and a dwindling phone charge.

Family, clients, recruiters, accommodation providers - everyone wanted updates, certainty, firm plans, but you can offer none.

Everything depends on how fast the water drains against how fast new rain replaces it.

On Saturday evening the flood indicator switched to 'steady' - short-lived relief.

The power cut not long after, and around 9pm I noticed a thin trickle of water spreading across the motel entrance.

I watched from my window, half-convinced it was receding - but it wasn't.

By the time I looked again, the water was almost at my front tyres.

Sunday morning I checked the river level - it had barely moved from the steady mark.

There had been a slim chance of making my Monday flight for my next locum position in Alice Springs, but one look at the gauge and that was gone.

During COVID, people assumed that because we stood behind a counter and wore a uniform of authority, we must have had a wire in our ear - some special briefing the rest of the town wasn't privy to.

We didn't then, and I didn't in this. I was just another person watching the water rise, working with the same information as everyone else (probably less, as the internet never went down even though the power did).

Our patients look to us for certainty, and it's a privilege to be trusted in that way.

But the reality is that we're all just doing our best with what we have - which, in a natural disaster, isn't much.

The difference is that we keep showing up anyway.

Evan Walters is a senior pharmacist with extensive experience in rural and remote communities.

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Dispensary Corner

AN ENGLISH locum pharmacy dispenser is proving you can teach an old dog new tricks after winning a competition at the prestigious international dog show Crufts with her 10-year-old Sheltie.

The dog, Saffron, won the special pre-beginner obedience class with her owner Lisa Sergiew, 31.

As a rescue dog, Saffron suffered with anxiety issues as a young pup and was unable to do agility training until the ripe old age of seven.

Sergiew has urged dog lovers to give rescues a chance.

She said Saffron initially didn't want to run, and the two had given up on dog agility, until they tried out the rally demonstration discipline three years ago.



Q&A with Wesfarmers' Richard Pearson

IN AN interview with Pharmacy Daily, Wesfarmers Health Chief Customer Officer Richard Pearson spoke about the pharmacy retail landscape, the company's recent triumphs and the road ahead.

Pharmacy Daily: What were some of the major highlights of 2025?

Richard Pearson: We feel really good about how we've relaunched, modernised and rejuvenated the Priceline brand, and we think that's translating really well in our marketing, but also in terms of our physical stores and website.

We feel from an omnichannel and customer connection point of view, the brand relaunch has been successful.

We're really proud of what we think is a market-leading program on menopause.

There's a huge unmet customer need there, and this really defines where Priceline wins - the combination of excellent pharmacist service and expertise, epitomised by our unique program of training with the Jean Hailes Foundation, combined with what we hope is a market-leading retail product solution with menopause-relevant products, which have been curated by our chief pharmacist.

Our e-commerce business is

growing really quickly, and early in 2026, we're going to launch what we intend to be a market-leading app to bring together loyalty, e-commerce, shopping and prescription management and health services management, which will take our digital customer connection to a whole new level.

PD: How would you describe the pharmacy retail competitive landscape?

RP: I think it's really exciting in terms of where the industry is going over the next few years, as pharmacists continue to increase their scope of practice and play an important role in community health, and we expand and grow in the market.

Both from a traditional pharmacy point of view and modernisation of future growth angle, the pharmacy sector is well placed.

PD: Are there any other significant issues on your radar at the moment for the business?

RP: We're ambitious for 2026 and see strong growth in the next year.

We want to be a leading player in the women's health sector.

Obviously, menopause is a strong part of that, but there are other parts of the female health platform that we want to play a stronger



part in as well, and that's heavily supported by the governments at state and federal levels - we're onto a positive platform there.

We want to continue to invest in network growth, both in terms of new sites, and investing in the sites we have to modernise and improve - where we are doing those refurbishments, we're seeing really strong results, so that gives us optimism.

We've talked about scope of practice - we want to continue to develop our own capabilities, as well as play a leading role across the industry.

We'll continue to bring new brands and value programs to the retail market, which hopefully will give more and more customers more reasons to shop with us more frequently, which obviously is how we help our franchise business build ever stronger businesses as well.

Read the full interview [HERE](#). JHM



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Pharmacist Prescribing



Becoming a Pharmacist Prescriber was a defining step in my career. With TerryWhite Chemmart's Pathway to Prescribing program, I had the structure, mentorship and confidence to qualify and practise at full scope. It has completely transformed the way I care for my patients.

Maree Keating,
TerryWhite Chemmart Upper Kedron



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