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Darragh legacy honoured

THE Pharmaceutical Society of Australia (PSA) Foundation has named Wollongong community pharmacist Mo'men Garybeh (pictured) as the recipient of the inaugural Hugh and Mary Darragh Postgraduate Scholarship.

He was awarded the scholarship based on demonstrated leadership in the quality use of medicines, excellence in disease-state management, particularly diabetes management, and the improvement of patient outcomes within his local community.

With the \$10,000 scholarship intended to support postgraduate clinical studies, Garybeh will enrol in PSA's Pharmacist Prescribing Scope of Practice Training Program to enhance his clinical expertise.

"Pharmacist practice is rapidly evolving with an increased focus on patient-centred care," Garybeh said.

"The Hugh and Mary Darragh Scholarship, delivered through the PSA Foundation, made it possible for me to expand my role in ensuring patients receive timely, safe, and evidence-based treatment within their community.

"I'm honoured to continue advancing the quality use of medicines and helping redefine the impact pharmacists can have in making a positive impact on someone's life."

Chair of the PSA Foundation,



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Have your say on the Ethics code

PUBLIC consultation on the PSA's draft revised Code of Ethics for Pharmacists (**PD 11** Mar) closes on 17 Apr, and pharmacists are encouraged to take part - learn more **HERE**.

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1. Australian Government, Department of Health, Disability and Ageing. Australian Immunisation Handbook. Available at <https://immunisationhandbook.health.gov.au>. Accessed March 2026.
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Associate Professor Fei Sim, acknowledged the generosity of Hugh and Mary Darragh, who dedicated their legacy to the future of the pharmacy and medical professions through the trust.

"Investing in the next generation of clinical pharmacists is vital to strengthening our healthcare system," she added. **KB**

TGA unlawful importation bust

THREE health practitioners have been issued with infringement notices totalling \$23,760 by the Therapeutic Goods Administration (TGA) for the alleged unlawful importation of unapproved therapeutic goods.

The cases involved a nurse who allegedly imported unregistered botulinum toxin, hyaluronic acid and lidocaine; a podiatrist who allegedly imported unregistered hyaluronic acid; and a medical practitioner who allegedly imported unregistered glutathione for a NSW IV clinic.

Today's issue of PD

Pharmacy Daily today features three pages of news, plus a full page from **Glucojel**.



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Something BIG has just landed in Pharmacy

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PSA welcomes new SA health minister

THE Pharmaceutical Society of Australia (PSA) has welcomed Blair Boyer (pictured) as South Australia's new Minister for Health and Wellbeing, thanking outgoing Minister Chris Picton for his strong engagement with the pharmacy profession.

"Minister Picton has been a committed partner in advancing pharmacist scope in South Australia," said PSA South Australia and Northern Territory president, Adjunct Professor Manya Angley.

"His leadership helped position South Australia at the forefront of pharmacist-led care, including expanded vaccination authority, new prescribing pathways, and pharmacist-delivered services such as UTI and oral contraceptive supply," she said.

"His support for the 24/7 pharmacy program has also significantly improved access to medicines and care for South Australians."

The PSA said it looks forward to working with Minister Boyer to continue strengthening pharmacist-led care and improving access to essential health services across the state.



Vaping likely causes cancer

A COMPREHENSIVE review by Australian researchers has found that vaping is likely to cause lung and oral cancer, with experts calling for action to be taken now, rather than repeating the mistakes made with cigarettes.

Drawing upon clinical studies, animal experiments and laboratory research examining the chemicals produced by e-cigarettes, the researchers analysed a wide body of global data to assess the ability of vapes to cause cancer on their own, rather than in tandem with cigarettes or as a gateway to smoking.

The team found evidence of DNA damage correlated with vape-derived metabolites attributable to carcinogens, including nicotine-derived nitrosamines, volatile organic compounds, flavour-derived agents and certain metals.

Biomarkers also indicated oxidative stress attributed to vaping, along with epigenetic changes and inflammation in oral and respiratory tissue often specified in comparison with smoking.

Meanwhile, studies in mice have revealed that exposure to e-cigarette aerosol caused lung adenocarcinomas.

"To our knowledge, this review is the most definitive determination that those who vape are at increased risk of cancer compared to those who don't," said study lead Adjunct Professor Bernard Stewart from UNSW Sydney.

Professor Stewart said that although the consistency of findings across those disciplines was striking, the exact number of attributable cancer cases is unclear.



"Our assessment is qualitative and does not involve a numerical estimate of cancer risk or burden," he explained.

"We'll only be able to determine the precise risk once longer-term studies are available."

However, the study authors cautioned against delaying action on e-cigarettes, pointing out that early warning signs around the health impacts of cigarettes were ignored for around 100 years.

"E-cigarettes were introduced about 20 years ago - we should not wait another 80 years to decide what to do," they said.

Professor Becky Freeman from the University of Sydney, who was not involved with the study, said the findings reinforce that limiting vapes to pharmacy-only access for people who are using them to quit smoking is the right approach.

"Preventing young people from accessing vaping products, while also providing a tightly regulated channel for those using them to quit smoking, is a balance," Professor Freeman said.

"Prioritising the enforcement of these laws, alongside education campaigns about the harms of vaping, plus support to quit vaping, is essential."

Read the research [HERE](#). KB

New PBS listings for Keytruda

THE Federal Government has announced the Pharmaceutical Benefits Scheme (PBS) listing of immunotherapy drug Keytruda (pembrolizumab, MSD) for Australians diagnosed with certain early-stage cancers from 01 Apr 2026.

The new listings are for locally advanced cervical cancer, locally advanced head and neck squamous cell carcinoma, and kidney cancer at risk of recurrence after surgery.

The drug is registered for the treatment of 35 forms of cancer, with 18 funded through the PBS.

"We welcome and thank Minister Butler for his commitment to improving equitable access to Keytruda for Australians with early-stage cancer, particularly across these three indications," said Chifumi Umeda, managing director, MSD Australia & NZ.

Umeda said the company is continuing discussions with the government to support further access to Keytruda through multi-cancer funding, following the PBAC's positive recommendation in Dec 2025.

"We remain focussed on doing everything we can to deliver timely and equitable access," Umeda concluded.

Keytruda was the highest-cost drug to the PBS in 2024-25, at over \$680 million for around 80,000 prescriptions ([PD 17 Dec 2025](#)).

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*Source: IQVIA Banner Movement - 01 Oct 25 to Dec 25 net gain in pharmacies joining group

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Dispensary Corner

FOR many people, the big issues when flying are lost luggage, missed connections and flight cancellations.

For others, it's the ravages of the dry cabin air on their skin.

If this is you, the good news is that beauty and wellness platform Fresha has analysed expert insights and cabin airflow patterns to determine the exact seats most likely to leave passengers with tight, flaky or dehydrated skin.

"People don't realise that where you sit on a plane genuinely impacts your skin barrier," said Fresha beauty expert Danielle Louise.

"Window seats get the harshest UV exposure even on cloudy days because you're thousands of feet closer to the sun and light reflects off the clouds - it's a recipe for dehydration," she explained.

Louise warned that the front and back sections of the aircraft also suffer from more dramatic drops in humidity.

The best seats for skin are aisle seats in the middle of the cabin, where airflow is more stable and humidity dips are not as severe, and seats directly above the wings receive the least turbulence in humidity changes.

Louise's top tip is to moisturise while in the terminal - waiting till you are on board is too late.



When it comes to trust, consent matters

OPINION

DIGITAL health advocate *Mina Giang* highlights the importance of gaining patient consent when collecting data.

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

PHARMACY has spent the last decade borrowing from e-commerce - the loyalty mechanics, the re-engagement flows, the acquisition funnels and the campaign triggers.

Some of it makes sense - connecting patients to services, reducing friction and making healthcare feel more accessible.

But somewhere in all of that borrowing, something got missed.

I understand why customer loyalty and upselling services matters to your retail business, but you cannot treat my clinical data like a retail transaction.

How you handle what comes through when I show you my eScript tells me everything about whether I can trust you with anything more.

Here is something most people don't know.

When you show your eScript QR code to be scanned at a pharmacy, your mobile number comes with it.

It is 'embedded' in the script and the pharmacy captures it.

That makes sense because that number is how you receive your next repeat token (unless you opted for email).

On my first visit to a particular pharmacy for a script, they scanned the QR code in my Scription app.

My entire interaction with the pharmacist was, "Would you like to wait or come back?"

I got my repeat eScript via SMS,

picked up my medicine and left.

A few hours later, I received an SMS from this pharmacy, inviting me to download their app, to make them my preferred pharmacy.

My first thought was not, 'oh, how convenient'.

It was: 'When did I give them my mobile number?'

I was replaying the entire interaction trying to work it out.

The only way they could have my number was from the eScript - it came in with the QR code when they scanned it.

I did not see any consent disclosure - not at the counter, not on the receipt, not anywhere.

On another day, in a different pharmacy that I had been to twice, I showed them my QR code in Scription for a new script.

"Do you want to wait or come back?"

Months later, an SMS arrived:

"Hi Mina. It's Pharmacist here.

Just wanted to let you know 2026 flu shots have arrived and are available now. To book please click here [pharmacy link]."

Wait a minute, when did I give them my mobile number?

Was I suddenly going through a phase of handing out my number to everyone?

I had not opted into anything, and there was no opt-out in the message.

And I definitely did not have a personal conversation with this pharmacist to let me know when flu shots were available.

Was that a commercial message disguised as a personal message?

All of which raises a question I am not going to pretend to answer definitively: is this even permitted?

Under the *Australian Privacy Act 1988*, Australian Privacy Principle 6 limits how organisations use personal information - it should



only be used for the primary purpose it was collected for.

"Collected for repeat script token" and "reused for app acquisition" or "reused for health campaign messages" are not the same purpose.

That is not just bad UX - that is potentially a compliance problem.

Under Australia's *Spam Act 2003*, every commercial electronic message requires consent (opt-in) and must include a functional unsubscribe option.

The Australian Communications and Media Authority enforces this, with fines reaching into the millions for serious breaches.

If someone had asked me whether I wanted to receive health reminders, I might have said yes.

But nobody asked - and that is the point.

I also have to ask: did the pharmacist even know their system was wired up to do this?

Consent matters - not just legally, but because trust is the foundation of the clinical relationship you are asking patients to extend to you.

Pharmacists are being asked to do more - vaccinations, consultations and expanded scope of practice.

But trust does not begin in the consultation room, it begins at the counter - in whether a patient leaves feeling like a person or a number in a campaign.

Mina Giang is the creator of active script list app Scription and co-founder of Oexa.

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