Pharmacy DAILY
Tuesday 6th July 2010 PHARMACYDAILY.COM.AU



## Guild Update

### This week's update from the Guild

## Closing the Gap

Pharmacists are reminded that the Closing the Gap (CTG) PBS Co-payment Measure commenced 1 July 2010.

Under these arrangements, eligible Aboriginal and Torres Strait Islander patients are able to receive their Pharmaceutical Benefits Scheme (PBS) medicines at a lower cost.

Eligible concessional and repatriation patients are not charged a co-payment (other than any mandatory charges such as brand premiums) and non-concessional patients are charged the concessional rate for each PBS item (plus mandatory charges).

A CTG prescription can be either manually annotated with CTG and the doctor's initials or signature, or automated with CTG### (eg. CTG82K).

Please note that computer-generated prescriptions can be hand annotated and will be honoured by Medicare Australia.

All PBS medicines are covered under this measure.

Your dispensing software provider should have updated your software to accommodate these arrangements.

The PBS Co-payment Measure: Pharmacy staff resource booklet and poster was sent to all pharmacies. Please refer to this pack for further information.

For all CTG PBS Co-payment Measure queries, please call 02 6289 2409, email pbs-indigenous@health.gov.au or visit www.health.gov.au/tackling-chronic-disease.

The Pharmacy Guild of Australia

# Pharmacists rate for honesty

**THE** latest Roy Morgan 'Image of Professionals' survey has found the 85% of Australians perceive pharmacists as both "honest" and "ethical".

The result, up one percent on last years figures, saw pharmacists take the second highest spot out of the 30 professions ranked for honesty and ethical standards.

"What is important in the latest survey is not only the strong showing by pharmacists, but the fact that the percentage has gone up," said the National President of the Pharmacy Guild of Australia, Kos Sclavos.

"Normally in the year that the Guild negotiates the Community Pharmacy Agreement there is some negative press about pharmacists and that is reflected in a lower percentage.

"In this Agreement year, the honesty vote for pharmacists has gone up – a very pleasing result," he added.

Beaten in the perecived honesty and ethics stakes by nurses (89%), the rise in consumer pharmacist confidence this year was in contrast to the drop in the public's perception of doctors' honesty and ethics, which stook a three percent nose-dive to 79%, placing them in third position.

According to the Guild the second place result is due to the "three pillars" of trust, service and advice.

"The Guild believes that the high percentage for pharmacists is because consumers see pharmacists as highly accessible and hard-working," Scavlos said.

"There is also a high level of trust which is important because pharmacists hold sensitive health information regarding patients and confidentiality is such a vital issue," he added.

## Kineret off the PBS

**ANTI-RHEUMATIC** medication anakinra (Kineret) will be removed from the PBS on 01 Dec, after the PBAC recently recommended that all prices be lowered for bDMARDs listed on the PBS after a review of their cost and clinical effectiveness.

Following the recommendation the sponsor of Kineret, Invida Australia, failed to reach a price lowering agreement.

## NPS defends line

**THE** NPS has hit back at what it calls "skewed media coverage" of the changes to its Medicines Line and subsequent partnership with Healthcare Australia.

According to the NPS, a story in another trade publication incorrectly indicated that pharmacists would no longer be manning the phones and answering patient queries.

However, as revealed in ***Pharmacy Daily*** last week (***PD*** 01 Jul), the new service will see calls to the Medicines Line forwarded by Healthcare Australia nurses onto a specialist in-house NPS pharmacist phone service with the capacity to answer 10,000 calls per annum, on a case by case basis.

"This new delivery model offers consumers greater access to information about their medicines, and by offering the NPS in-house service we will ensure consumers continue to have access to a service that can answer more complex questions," said NPS spokesperson Karen Kaye.

"To imply that they have been removed from the service model is simply untrue and inflammatory," she added.

See www.nps.org.au.

## Sigma stuck on hold

**SIGMA** Pharmaceuticals is hoping to stave off investor movements after it confirmed that Aspen Pharmaceuticals is yet to place a formal take-over offer.

In a statement this morning Sigma continued to urge investorsto "take no action at this time.

"Sigma is continuing the previously foreshadowed asset sale program and will consider other opportunities that may enable it to improve shareholder value," it said.

# WIN A PURE SPA PACK


***Pharmacy Daily*** **is once again giving readers the chance to win an All Pure Spa® baby pack every day this week, courtesy of Aromababy.**

**Valued at $45, Pure Spa® offers a simple choice in pure and natural baby skincare and an easy way to care for your precious baby and yourself the way Mother Nature intended.**

**To win an All Pure Spa® baby pack, simply send in your answer to the question below to comp@pharmacydaily.com.au**

**Which two oils does the Baby Massage Oil contain?**

**The first correct entry received wins!**

**Hint! Visit: www.purespa.com.au.**

**Congratulations to yesterday's lucky winner: Emma Carter from Australian Pharmaceutical Industries. The correct answer was: Organic, natural.**

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## Bowel movement

**AUSTRALIA** could drop its bowel cancer mortality rate by 1000 people per annum, if the Federal Government implemented a fully funded bowel screening program, according to experts at the University of Sydney.

The claims come on the back of the latest Australian Institute of Health and Welfare figures which showed that of the 13,000 new cases of bowel cancer are diagnosed every year, whilst 4000 deaths per annum are attributed to its effects.

"Our study published in the *MJA* today showed a lack of adequate funding for the National Bowel Cancer Screening Program has led to it being partially implemented on the basis of what the Australian Government has decided it can afford, rather than being based on proven research evidence of how a program should be implemented in order for it to be effective," said lead author and research fellow from the University of Sydney's Screening and Test Evaluation Program, Kathy Flitcroft.

# Pharmacy assistant training

**GLAXOSMITHKLINE** has today launched a brand new series of online pharmacy assistant training programs under its myPharmAssist banner.

Designed to provide pharmacy assistants with an expanded knowledge base of GSK products, and in turn to increase customer loyalty, the updated program's format has been designed from feedback of the first GSK assistant training module, launched late last year.

The new program will feature a product a month on which pharmacy assistants will be tested on its health issues, features and benefits, and in doing so will go into the running to win various cash incentives and prizes.

"Thousands of pharmacy assistants across Australia registered and completed the first module when we launched the program late last year," said Rod Stosic, Marketing Manager, GSK Consumer Healthcare.

"We looked at the feedback from the pharmacy assistants who completed the first challenge, and have added new modules and redesigned the interface to make it more user-friendly.

"As a result, we are confident myPharmAssist.com.au will offer pharmacists a great way to educate their staff, as well as giving pharmacy assistants more confidence in helping customers select the right products for their needs," he added.

There is no limit to the amount of times an assistant may tackle each module, and at the end of the Module series there will be a special MasterClass challenge for subscribers to test their new overall GSK product knowledge.

The first product up is GSK's new Panadol Extra treatment, and pharmacy assistants who complete its associated testing will go into the draw to win $500 cash or one of ten $50 iTunes vouchers.

Registration is free and assistants can register and complete the online training modules at www.mypharmassist.com.au.

## DISPENSARY CORNER

**EXPANDED** celebrity minds?

A Swiss psychotherapist has received a 16-month suspended sentence from a court in Zurich, after being convicted of supplying illegal hallucinogens to his high-society clients.

In his defence, the 62-year old therapist argued that he had given his patients the mind altering drugs, including ecstasy, during weekend retreats, in order to "expand their consciousness".

The sessions, which occurred numerous times between 2004-2008 were said to include the "who's who" of Swiss society, including 60 doctors and lawyers.

During their time spent with the doctor, groups of up to 60 patients at a time were given doses of LSD, ecstasy, mescaline and 2-CB, which were argued to be not "drugs" but "substances which allow the expansion of the consciousness".

# July MIMS Monthly Medicine Update

**NEW PRODUCTS**

*Volibris* **(ambrisentan)** is a non-sulfonamide, propanoic acid-class, endothelin receptor antagonist that is selective for the endothelin type A ($ET_A$) receptor. Selective inhibition of the $ET_A$ receptor inhibits phospholipase C-mediated vasoconstriction and protein kinase C-mediated cell proliferation, while preserving nitric oxide and prostacyclin production, cyclic GMP- and cyclic AMP-mediated vasodilation, and endothelin-1 clearance that is associated with the endothelin type B receptor.

Volibris is indicated for idiopathic pulmonary arterial hypertension (PAH), pulmonary arterial hypertension associated with connective tissue disease and in patients with WHO functional class II, III or IV symptoms. Volibris is contraindicated in severe hepatic impairment (with or without cirrhosis) and baseline values of hepatic aminotransferases greater than 3 times the upper limit of normal. It is also contraindicated in pregnancy (ADEC category X - may cause birth defects), and women of childbearing potential who are not using reliable contraception. Women must not become pregnant for at least 3 months after stopping treatment.

Treatment should only be initiated by a physician experienced in the treatment of PAH. The usual recommended dose of Volibris is 5–10 mg once daily. Volibris 5 mg and 10 mg tablets (30s) are available on prescription as a Section 100 Highly Specialised Drug PBS item (Public hospital - Streamlined Authority and Private hospital - Authority required).

*Zavesca* **(miglustat)** is an orally active, non-peptide, N-alkylated imino sugar, which is a synthetic analogue of D-glucose. Miglustat acts as a competitive and reversible inhibitor of glucosylceramide synthase, the enzyme responsible for the first and committed step in the synthesis of most glycosphingolipids. The goal of treatment with miglustat is to reduce the rate of glycosphingolipid biosynthesis so that the amount of glycosphingolipid is reduced to a level which allows the residual activity of the deficient glucocerebrosidase enzyme to be more effective (substrate reduction therapy).

Zavesca is indicated for the oral treatment of patients with mild to moderate Type 1 Gaucher disease, for whom enzyme replacement therapy is not a therapeutic option. It is also indicated for the treatment of progressive neurological manifestations in adult and paediatric patients with Niemann-Pick type C disease. Therapy should be directed by physicians who are experienced in the management of Gaucher disease or Niemann-Pick type C disease. The recommended starting dose for the treatment of adult patients with Type 1 Gaucher disease is 100 mg three times daily. The recommended dose for the treatment of adult and adolescent patients with Niemann-Pick type C disease is 200 mg three times daily. Zavesca is available on prescription as 100 mg capsules in packs of 90.

**New Formulations**

*Valcyte* **(valganciclovir hydrochloride)** is now available as powder for oral solution containing 50 mg valganciclovir per mL. The ganciclovir systemic exposure following administration of 900 mg powder for oral solution is equivalent to a 900 mg dose administered as two 450 mg tablets. Valcyte 50 mg/mL is available on prescription in a 100 mL bottle

**New Indications**

*Naropin* **(ropivacaine hydrochloride)** is now indicated for continuous wound infusion for postoperative pain management (adults only).

*Revlimid* **(lenalidomide)** is now indicated in the treatment of patients with transfusion-dependent anaemia due to low- or intermediate-1 risk myelodysplastic syndromes associated with a deletion 5q cytogenetic abnormality with or without additional cytogenetic abnormalities.

**Safety Related Changes**

**Fentanyl citrate** *(Actiq)* is now contraindicated in patients without maintenance opioid therapy as there is an increased risk of respiratory depression and in the treatment of acute pain other than breakthrough pain (e.g. postoperative pain, headache, migraine).

**Ibandronic acid** *(Bondronat)* is now contraindicated in hypocalcaemia. The tablet formulation is also contraindicated in patients with abnormalities of the oesophagus which delay oesophageal emptying such as stricture or achalasia and those who are unable to stand or sit upright for at least 30 minutes.

**Hydromorphone hydrochloride** *(Dilaudid)* is now contraindicated in respiratory depression with hypoxia or elevated carbon dioxide levels in the blood in the absence of resuscitative equipment; paralytic ileus; concurrent MAO inhibitors (or within 14 days of such therapy); pregnancy.

**Frusemide** *(Lasix, Lasix High Dose)* is now contraindicated in impaired renal function, anuria, dehydration, and pregnancy.

**Sitaxentan sodium** *(Thelin)* boxed warning has been updated to warn of rare case reports of hepatic failure. Thelin is now also contraindicated in elevated direct bilirubin of > 2 x upper limit of normal (ULN) prior to initiation of treatment. Cases of prolonged concurrent elevations of transaminases (ALT and/or AST) > 8 x ULN and total bilirubin > 2 x ULN have been reported following administration of sitaxentan. This combination of factors may expose the patient to the potential risk of hepatic failure and fatal outcome, which highlights the need for regular monitoring of transaminases and bilirubin.

Herbal preparations containing St John's wort (hypericum perforatum) must not be used while taking **nevirapine** *(Viramune)* due to the risk of decreased plasma concentrations and reduced clinical effects of nevirapine.

*This list is a summary of only some of the changes that have occurred over the last month. Before prescribing always refer to the full Product Information*