Pharmacy DAILY
Monday 09 Jan 2012 PHARMACYDAILY.COM.AU

PD returns for 2012

WELCOME to the first edition of ***Pharmacy Daily*** for 2012.

PD hopes all its readers enjoyed a happy and safe festive season, and are reinvigorated for a fantastic 2012.

PD would also like to congratulate the winner of its last 2011 GAIA competition, Mark Goss from Australian Community Pharmacy.

For his efforts Mark has won a Mum-to-be Pack from GAIA.

For those that missed out, be sure to check out the first competition for 2012 on the right hand side of this page, and stay tuned to ***PD*** for more chances to win.

12 weeks towards health

THE Department of Health is encouraging Australians to stick to their healthy living 2012 New Year's resolutions by urging citizens to make use of its 12-week planner.

The planner allows people to set short and long-term weight loss goals, and then plan their meals and physical activity accordingly.

To access the planner see australia.gov.au/swapit.

Compounding in College

THE Australian College of Pharmacy has announced a merger with the Australasian Compounders Association, a move which College President Trent Twomey says "just made sense".

"Community pharmacy's future is intimately tied up with the development of niche offers and specialised services," Twomey said.

"As a Compounding Pharmacist I take this field of advanced practice seriously and invest heavily in this area of my business," he added.

Discussing specialised services, Twomey said that whilst it is not necessary that they be government funded, it is necessary that they be "consumer relevant, based on good science and process methodology and performed properly".

"By providing alternative avenues of education and CPD, the College believes that is fulfilling its Charter and delivering quality service to its members," he said.

In addition, Twomey said that as pharmacy moves towards concepts of advanced practice, "it is appropriate that the 'art and skill' of contemporary compounding be encouraged and formalised".

"In earlier times 'secundum artem' applied primarily to the art and science of compounding.

"Now it can and should be applied to all areas where pharmacists apply their training," he said.

MEANWHILE in other news, the Australian College of Pharmacy has announced the resignation of its CEO John Chapman, effective from 31 January.

According to the College, Chapman has decided to step back from the day to day running of operations for health reasons, but will be available for general consultation, writing and research as the need arises.

"It's been a privilege and an honour to work with the members of the College for their benefit and that of pharmacy," said Chapman.

"I am not retiring to 'further personal interests' nor will I be indulging in Zen Compounding or gardening- I may, however, fish," he jokingly added.

Other changes for the College include the appointment of Jenny Bergin as General Manager effective 16 January.

"Jenny brings to the College a wealth of experience, knowledge and skills in the areas of education, quality assurance and program development," the College said.

"Jenny has a skill set that will help the College cement itself as the provider of first choice for CPD and post graduate training," the College added.

January PBS changes

THIS month has seen a raft of changes to listings on the Pharmaceutical Benefits Scheme, including dozens of additions and deletions.

Items added to the PBS include Aciclovir GH, GQ – Aciclovir, Tablet 200mg; APO-Amisulpride, TX – Amisulpride, Tablets in 100mg, 200mg and 400mg; Cefaclor GH, GQ – Cefaclor, Tablet 375mg (sustained release); and APO-Exemestane, TX – Exemestane, Tablet 25mg.

Other additions include Fentanyl Sandoz, SZ – Fentanyl, Transdermal patches in 2.1mg, 4.2mg, 8.4mg, 12.6mg and 16.8mg.

Meanwhile PBS deletions include Simvasyn, CR – Simvastatin, Tablets in 5mg, 10mg, 20mg, 40mg and 80mg.

For a full list of PBS changes see www.pbs.gov.au.

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Employer of the Year

MELBOURNE metropolitan pharmacy group Pharmore Pharmacies has been awarded the 2011 Retail World Employer of the Year Award.

"We have worked really hard over the last few years to create a great culture and learning and development framework here at Pharmore; it's wonderful to see our valued team members embracing these initiatives and thriving with them," said Pharmore's Manager of People and Culture, Sandy Nikakis.

Pharmore has been established for 19 years and currently has 17 pharmacies under its belt which collectively employ 500 staff.

No smoking in SA

FROM 01 January 2012 South Australia has imposed a ban on all cigarette displays in supermarkets and general retailers.

The ban is designed to help remove temptation for recent quitters and to reduce impulse buys.

Medicine boosts economy

THE Australian medicines industry's contribution to the economy grew by an estimated $1 billion year-on-year in 2008-09 to $8.66 billion, according to the latest Medicines Australia Facts Book Update.

The Facts Book also highlighted the fact that the medicine industry's turnover rose by almost $400 million in 2009-10 to $21.95 billion, whilst in that same period medicines R&D investment almost matched that of the primary mining and mineral resources sector.

In addition, in 2010-11 the medicines industry was the largest high technology exporter from Australia contributing close to $4b in export earnings to the economy.

"Australians can be very proud that fellow-Aussies have been working relentlessly to bring new medicines and vaccines that prevent, treat and cure disease," said Medicines Australia Chief Executive Dr Brendan Shaw.

"These figures show the Australian medicines industry is making a significant economic contribution," he added.

Other key points highlighted in the book include the fact that the medicines industry employs 13,400 people, and that in 2011 21 new drugs came onto the PBS, whilst the number of new medicines in development globally last year grew by 100 year-on-year to 3050.

Phebra gains DigFab

PHEBRA has signed an exclusive distribution agreement with Protherics Medicines Development to distribute DigiFab (digoxin immune fab (ovine)), an antidote for the treatment of patients suffering life-threatening digoxin toxicity, in Australia and NZ.

DigiFab has not yet received Australian or NZ marketing approval, however Phebra's CEO, Dr Mal Eutick has said that this is something that the company intends to pursue.

DISPENSARY CORNER

EMERGENCY services?

A British ambulance service has released details of some of the most ridiculous "emergency" phone calls it has received in a bid to encourage people to consider if the situation is actually an emergency before calling for help.

Amongst the line-up of extreme time wasters include a man who called for ambulance workers to help him remove his stuck wedding ring, so that he could throw it at his wife during a heated argument.

Other top-notch calls included one from a woman who got a cotton bud stuck in her ear, a man who had a sore tooth and a man who wanted paramedics to unblock his loo on Christmas Eve.

Possibly the worst of the bunch however was the man who got ambulance officers out to his "emergency" only to ask them to fetch him cigarettes.

January **MIMS** Monthly Medicine Update

NEW PRODUCTS

Agrippal **(inactivated influenza vaccine (surface antigen))** contains the following strains for the 2011 influenza season: A/California/07/2009 (H1N1)-like strain (A/California/07/2009, NYMC X-181); A/Perth/16/2009 (H3N2)-like strain (A/Victoria/210/2009, NYMC X-187); and B/Brisbane/60/2008-like strain (B/Brisbane/60/2008, NYMC BX-35). Agrippal induces humoral antibodies against haemagglutinins, the surface antigens of the virus. These antibodies neutralize influenza viruses and are important in the prevention of natural infections. Agrippal is indicated for the prevention of influenza caused by influenza virus types A and B. Agrippal is contraindicated in those with hypersensitivity to eggs, chicken proteins, kanamycin, neomycin, formaldehyde, cetrimonium bromide (CTAB) or polysorbate 80. Immunisation should be postponed in patients with an acute severe febrile illness (fever > 38.5°C). The recommended dose of Agrippal in adults, children from 36 months is 0.5 mL, and in children 6 to 35 months is 0.25 mL. In children < 9 yrs receiving influenza vaccine for the first time, a second dose is recommended after an interval of at least 4 weeks. Agrippal is availble as a 0.5 mL dose in a prefilled glass syringe.

Trajenta **(linagliptin)** is a dipeptidyl peptidase 4 inhibitor, an enzyme which is involved in the inactivation of the incretin hormones GLP-1 and GIP (glucagon-like peptide-1, glucose-dependent insulinotropic polypeptide). Linagliptin binding to DPP-4 is reversible but long lasting and thus leads to a sustained increase and a prolongation of active incretin levels. Trajenta is indicated in adult patients with type 2 diabetes mellitus to improve glycaemic control in conjunction with diet and exercise, as add on to metformin, sulfonylureas or metformin plus sulfonylureas. The recommended dose of Trajenta is 5 mg once daily. Trajenta is available as 5 mg tablets in blister packs of 30 tablets.

Vimovo **(naproxen, esomeprazole (as magnesium trihydrate))** is indicated for patients with an increased risk of gastrointestinal ulceration, who require NSAID therapy for symptomatic management of rheumatoid arthritis, ankylosing spondylitis and osteoarthritis with an inflammatory component and in whom lower doses of naproxen or other NSAIDs have proven insufficient. Vimovo is contraindicated in the following conditions: in patients who are hypersensitive to naproxen or naproxen sodium or in whom acetylsalicylic acid (aspirin) or other non-steroidal anti-inflammatory/ analgesic agents induce allergic manifestations, e.g. asthma, nasal polyps, rhinitis and urticaria; severe anaphylactic-like reactions to naproxen have been reported in such patients; history of asthma, urticaria or allergic-type reactions induced by administration of aspirin or other NSAIDs; in patients with active, or a history of peptic or gastrointestinal ulceration, chronic dyspepsia or active gastrointestinal bleeding or perforation, related to previous NSAID therapy; in patients with active, or history of recurrent peptic ulcer/ haemorrhage (two or more distinct episodes of proven ulceration or bleeding) unrelated to previous NSAID therapy; in patients 18 years of age or less since safety in this age group has not been established; known hypersensitivity to esomeprazole, substituted benzimidazoles or any of the excipients; third trimester of pregnancy; severe hepatic impairment (e.g. Child-Pugh C); severe heart failure; severe renal failure; cerebrovascular bleeding or other bleeding disorders; Vimovo must not be used concomitantly with atazanavir and nelfinavir; Vimovo must not be used concomitantly with cilostazol. The recommended dose of Vimovo in adults is 1 tablet (500 mg/20 mg) twice daily. Vimovo is available as 500 mg/20 mg modified release tablets containing enteric-coated (gastro-resistant) naproxen and film-coated esomeprazole respectively in bottles of 6 and 60 tablets.

Xgeva **(denosumab (rch))** is a fully human IgG2 monoclonal antibody produced in genetically engineered mammalian (Chinese hamster ovary (CHO)) cells and has a high affinity and specificity for RANK ligand (RANKL). RANKL exists as a transmembrane or soluble protein. RANKL is essential for the formation, function and survival of osteoclasts, the sole cell type responsible for bone resorption. Denosumab binds with high affinity and specificity to RANKL, preventing RANKL from activating its only receptor, RANK, on the surface of osteoclasts and their precursors. Prevention of RANK ligand-RANK interaction results in reduced osteoclast numbers and function, and thereby decreases bone resorption and cancer-induced bone destruction. Xgeva is indicated in the prevention of skeletal related events in patients with bone metastases from solid tumours. It is contraindicated in hypersensitivity to CHO-derived proteins. The recommended dose of Xgeva is 120 mg administered as a single subcutaneous injection once every 4 weeks into the thigh, abdomen or upper arm. Xgeva is available as a solution for injection in single vials containing a deliverable dose of 120 mg denosumab in 1.7 mL of solution (70 mg/mL).

NEW INDICATIONS

Tasigna **(nilotinib)** is now indicated in treatment of adult patients with newly diagnosed Philadelphia chromosome positive chronic myeloid leukaemia (CML) in the chronic phase.

SAFETY RELATED CHANGES

Angeliq ½ **(oestradiol and drospirenone)** is now contraindicated in a high risk of venous or arterial thrombosis.

Low Edronax **(reboxetine)** serum levels have been reported with the concurrent administration of CYP3A4 inducers such as phenobarbitone and carbamazepine.

With the use of Diovan **(valsartan)**, when angiotensin II antagonists are administered simultaneously with NSAIDs, attenuation of the antihypertensive effect may occur.

With the use of Co-Diovan **(valsartan and hydrochlorothiazide)**, in patients who are elderly, volume-depleted (including those on diuretic therapy), or have compromised renal function, concomitant use of angiotensin II antagonists and NSAIDs may lead to an increased risk of worsening of renal function. Therefore, monitoring of renal function is recommended when initiating or modifying the treatment in patients on valsartan who are taking NSAIDs concomitantly.

Cases of congestive heart failure have been reported when thiazolidinediones were used in combination with Levemir **(insulin detemir (rys))** or Novorapid, Novomix **(insulin aspart (rys))**, especially in patients with risk factors for development of congestive heart failure. If the combination is used, patients should be observed for signs and symptoms of congestive heart failure, weight gain and oedema. Thiazolidinediones should be discontinued if any deterioration in cardiac symptoms occurs.

Rotarix **(human rotavirus (live attenuated) oral vaccine)** is now contraindicated in subjects with history of intussusception.

Vectibix **(panitumumab (rch))** is now contraindicated in patients with a history of life-threatening hypersensitivity reactions to panitumumab.

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.