

## Mid-year Grad intake

**THE** Guild Intern Training Program has opened the gates to pharmacies and students who wish to register for the midyear intake for 2012.

The Guild ITP program offers participants and preceptors a number of resources and high level support, as well as face-to-face workplace visits during the year.

For more information contact Guild ITP on 02 9467 7124.

## BOSISTO'S TURNS 160



**Bosisto's** Eucalyptus is celebrating 160 years in pharmacy this year!

To celebrate it is giving 5 lucky **Pharmacy Daily** readers the chance to win a Bosisto's Eucalyptus 160<sup>th</sup> Commemorative Pack, valued at \$60 each.

First in eucalyptus since 1852, Bosisto's is famous for helping soothe the coughs and colds in winter.

To win, simply be the first person to send in the correct answer to the question below to: [comp@pharmacydaily.com.au](mailto:comp@pharmacydaily.com.au).

### What is Bosisto's Eucalyptus Oil famous for?

Congratulations to yesterday's lucky winner, **Michael O'Donnell**, Locum Pharmacist.

## PBS expenditure falling

**THE** Pharmaceutical Benefits Scheme has not shown any growth in real terms according to recent data contained in the Medicines Partnership of Australia's PBS Scorecard for May, with Government expenditure on the PBS in the 12 months to 31 March 2012 just 0.8%.

After adjusting for inflation which currently sits at 1.6%, this represents a decline of 0.8% in real terms, a figure which is well below the Government's 2% real term growth target.

Speaking in the wake of the release, the Medicines Partnership of Australia (comprised of The Pharmacy Guild, Medicines Australia, GMIA, ASMI, the PSA and the National Pharmaceutical Services Association) said that this decline in expenditure is likely to continue, given that the impact of the 01 April price reductions has not yet shown in the official figures.

"The PBS reforms are working - the Government is on track to save at least \$1.9 billion dollars over the forward estimates and the current lack of (real) growth reinforces the industry's long-held position that PBS is well under control," a statement from the Partnership said.

Further strengthening the downward trend argument, is the fact that the ten year average growth in PBS between 2000-2010 has been shown to be the lowest since the 1980s, with the Department of Health's Annual Report 2010-11 finding that in the

financial year to 30 June 2011, PBS expenditure grew by 5.7%.

In addition, Medicare Australia data also supports evidence that the long term downward trend is continuing, with current growth rate figures of 2.4% for calendar year 2011.

"Over the last decade, PBS expenditure as a proportion of GDP has remained steady at between 0.6% and 0.65%," the Partnership said.

"This percentage is now on a downward trend, as PBS expenditure is now decreasing (in real terms) while the economy continues to grow," the Partnership added.

## Genetics and cancer

**A NEW** study, funded by the Cancer Council is set to recruit 800 brain cancer patients and 800 healthy family members from across the nation in a bid to discover the combination of lifestyle and genetic factors that cause brain cancer.

The study will be one of the largest ever epidemiological studies of glioma (the most common type of primary brain tumour in adults that accounts for 80 per cent of brain cancers) and will be led by Associate Professor Gianluca Severi.

As part of the study, the research team will collect blood samples and information on lifestyle and family history to help identify what increases the risk of getting glioma and whether a particular lifestyle choice or genetic mutation is responsible.

"Glioma is aggressive and causes enormous grief, yet we can't do much at the moment to help patients and their families," said Severi.

"By storing the DNA of glioma patients, the project will also create a resource that can be used by other researchers across Australia," he added.

Meanwhile, the Cancer Council has also dished out funds to Aussie researchers: Dr Megan Hitchins, Dr Geraldine O'Neill, and Dr Kerrie McDonald, to help further their brain cancer studies.

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## Guild Update

The lead-up to a Federal Budget usually brings an air of trepidation about the possibility of cuts and savings that could affect community pharmacy.

The existence of the Community Pharmacy Agreements largely takes community pharmacy out of the year-to-year Budget cycle.

The Fifth Community Pharmacy Agreement is successfully delivering savings to Government, providing a degree of certainty to community pharmacists, and maintaining access to the world's best network of pharmacies for consumers.

However, with the Government's challenge of returning the Budget to surplus, there is a heightened sense that the pharmaceutical sector could again be in the sights of Treasury.

Hopefully this will turn out to be an unfounded fear.

Last week there was yet more evidence that the existing Pharmaceutical Benefits Scheme (PBS) price disclosure arrangements are putting downward pressure on the price of medicines and are containing PBS expenditure.

Thirteen medicines on the PBS will take price cuts of between 11 and 77 per cent from 1 August.

These new savings are in addition to the \$1.9 billion in PBS savings agreed in an MoU between Medicines Australia and the Government in May 2010.

The latest price cuts also come on top of the 74 medicines that took price cuts on 1 April.



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## Bupa funds research

AUSTRALIAN researchers got a boost from Bupa last week, with the Bupa Health Foundation 2012 Health Awards which provided almost \$2.5 million to funding a range of medical research and healthy living programs.

Award winners included HPV vaccine inventor Prof Ian Frazer for his research into a skin cancer vaccine at the University of Queensland's Diamantina Institute.

## Dental care blitz

400,000 Australians are set to benefit from a \$345.9 million funding boost directed to treating patients on dental waiting lists over the next three years.

The boost is part of dental Budgetary measures announced by the Government, which will also see funds funneled into additional training to help boost the public dental service workforce, and improve dental infrastructure in regional, rural and remote areas. See [www.health.gov.au](http://www.health.gov.au).

# Emergency prevention calls

THE Australasian College for Emergency Medicine is calling for all areas of the healthcare sector to be involved in preventative health, including emergency medicine.

"The 'teachable moment' is a powerful opportunity to intervene to influence people's risky behaviours, and this is a moment which is currently being lost," said Dr Diana Egerton-Warburton, Chair of the ACEM Public Health Committee.

"Imagine you are told to stop smoking at an outpatient clinic getting a script or else while you are in the ED when you think you are having a heart attack.

"Which will work?," she added.

To this end, the College is calling for the health sector to "close the gap" in the public health message.

"Although preventative health has not been recognised as a core emergency department function, paradoxically people are more receptive to these messages in the ED," said Egerton-Warburton.

The College is now set to flesh-out methods which can address this Gap during a consensus meeting set to take place this week.

## MS Betaferon study

RESULTS from the 21-year Betaferon Long-term Follow-up Study have shown that patients with multiple sclerosis treated earlier with Betaferon 250 ug (interferon beta-1b) had a 46.8% risk reduction in the rate of death at the long-term follow-up, compared with patients receiving placebo for up to the first five years of treatment.

Published in *Neurology*, the study was the longest assessment of any MS treatment and according to lead author of the study, Dr Douglas Goodin, Professor of Neurology, University of California, San Francisco, strongly supported the "practice of starting effective disease-modifying therapy early in the course of MS".

## DISPENSARY CORNER

DEDICATED to research.

A group of very dedicated researchers have spent two years in panda suits in order to make their charges feel safe.

The pandas, two-year old Tao Tao and his mother have actually never seen a human face, due to the use of the suits, and have spent the past 1.5 years in a wild mountain area where they have undergone wild habitat training.

Recently however the pair were moved by their panda-suited keepers who trudged through the mountains carrying them to a new home in an even wilder habitat, before they are released into the wild later in the year.



# May MIMS Monthly Medicine Update

### NEW PRODUCTS

Causton (**aztreonam**) is a monobactam antibiotic for inhalation. Causton is indicated for the control of gram-negative bacteria, particularly *Pseudomonas aeruginosa*, in the respiratory tract of adults and paediatric patients 6 years of age and older with cystic fibrosis. Causton is contraindicated in patients with a known allergy to lysine. Causton is administered by inhalation 3 times a day for a 28 day course (followed by 28 days off Causton therapy). Each kit of Causton contains two carton inserts each with a 14 day supply (42 vials of lyophilised Causton packaged in two trays and one tray of 44 diluent ampoules).

Edurant (**rilpivirine hydrochloride**) is a non-nucleoside reverse transcriptase inhibitor (NNRTI) of human immunodeficiency virus type-1 (HIV-1). Edurant, in combination with other antiretroviral medicinal products, is indicated for the treatment of HIV-1 infection in antiretroviral treatment-naïve adult patients with a viral load  $\leq 100,000$  copies/mL at baseline. Edurant is contraindicated with concurrent anticonvulsants (carbamazepine, oxcarbazepine, phenobarbitone, phenytoin), antimycobacterials (rifabutin, rifampicin, rifapentine), PPIs (e.g. omeprazole, esomeprazole, lansoprazole,

pantoprazole, rabeprazole), St John's wort and systemic dexamethasone (excluding single dose treatment). Edurant is available as 25 mg tablets in bottles of 30s.

Incivo (**telaprevir**) is an inhibitor of the hepatitis C virus (HCV) NS3 4A serine protease, an enzyme that is essential for HCV replication. Incivo, in combination with peginterferon alfa and ribavirin, is indicated for the treatment of genotype 1 chronic hepatitis C in adult patients with compensated liver disease (including cirrhosis) who are treatment-naïve and who have previously been treated with interferon alfa (pegylated or non-pegylated) alone or in combination with ribavirin, including relapsers, partial responders and null responders. Incivo is contraindicated in the following conditions. Concomitant CYP3A substrates with narrow therapeutic index including alfuzosin, amiodarone, bepridil, quinidine, astemizole, terfenadine, cisapride, pimozide, ergot derivatives (dihydroergotamine, ergonovine, ergotamine, methylergonovine), atorvastatin, lovastatin, simvastatin, sildenafil or tadalafil (only when used for treatment of pulmonary arterial hypertension), oral midazolam or triazolam; class Ia, III antiarrhythmics (excluding IV lignocaine); strong

CYP3A inducers, e.g. rifampicin, St John's wort, carbamazepine, phenytoin, phenobarbitone; males with pregnant partners and pregnancy. Incivo is available as 375 mg tablets in bottles of 42s.

Moviprep (**sachet A: macrogol 3350 100 g, anhydrous sodium sulfate 7.5 g, sodium chloride 2.691 g, potassium chloride 1.015 g; sachet B: ascorbic acid 4.7 g, sodium ascorbate 5.9 g**) is a multi-ingredient osmotic laxative product indicated for bowel cleansing prior to clinical procedures, e.g. bowel endoscopy, lower gastrointestinal tract radiology, digestive tract surgery. It is contraindicated in severe dehydration; unconsciousness; known, suspected intestinal perforation or obstruction due to structural or functional gut wall disorder, ileus, gastric retention, severe inflammatory intestinal condition including Crohn's disease, ulcerative colitis, toxic megacolon; phenylketonuria and glucose-6-phosphate dehydrogenase deficiency. One pack of Moviprep contains two single treatments.

Victrelis (**boceprevir**) is an inhibitor of the HCV non-structural protein 3 (NS3) serine protease. Victrelis, in a combination regimen with peginterferon alpha and ribavirin, is indicated for the treatment of chronic hepatitis C infection

(HCV genotype 1) in adult patients 18 years and older with compensated liver disease who are previously untreated or have failed previous therapy. Victrelis, in combination with peginterferon alpha and ribavirin, is contraindicated in the following circumstances. Autoimmune hepatitis; hepatic decompensation (Child-Pugh  $> 6$  (class B, C)); concomitant CYP3A4/5 substrates with narrow therapeutic index, e.g. oral midazolam, triazolam, amiodarone, cisapride, alfuzosin, sildenafil or tadalafil (when used for treatment of pulmonary arterial hypertension), ergot derivatives (dihydroergotamine, ergotamine); men with pregnant female partners and pregnancy. Victrelis is available as a 200 mg capsule in blister packs of 336s (four week pack).

Zytiga (**abiraterone acetate**) is an androgen biosynthesis inhibitor. Abiraterone selectively inhibits CYP17, which catalyses the conversion of pregnenolone and progesterone into testosterone precursors, DHEA and androstenedione, respectively. Treatment with abiraterone decreases serum testosterone to undetectable levels (using commercial assays) when given with luteinising hormone releasing hormone (LHRH) agonists (or orchiectomy). Zytiga is indicated with prednisone

or prednisolone for the treatment of metastatic advanced prostate cancer (castration resistant prostate cancer) in patients who have received prior chemotherapy containing a taxane. It is contraindicated in women who are or may potentially be pregnant. Zytiga is available as 250 mg tablets in bottles of 120s.

### NEW INDICATIONS

Zactin (**fluoxetine HCl**) dispersible tablets are now indicated in premenstrual dysphoric disorder.

### SAFETY RELATED CHANGES

Etoposide (**etoposide**) is now classed as a pregnancy category D medicine.

Famvir (**famciclovir**) 500 mg 3 tablet pack indicated for cold sores is now classed as a S3 medicine.

Pharmorubicin RD (**epirubicin hydrochloride**) is now contraindicated in cardiomyopathy and unstable angina pectoris.

Viread (**tenofovir disoproxil fumarate**) is now contraindicated with the concomitant use of Eviplera (tenofovir disoproxil fumarate/emtricitabine/rilpivirine).

*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.*