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SHPA urges close look at chemo funding

THE Society of Hospital Pharmacists of Australia has welcomed a Senate inquiry into the funding of chemotherapy.

SHPA president Sue Kirsa said that terms of reference for the probe "should ensure that it focuses on maintaining viable chemotherapy practice services before hospitals are forced to make hard decisions about ceasing them".

Kirsa said the cumulative effect of changes to remuneration for preparing and dispensing chemotherapy drugs is still threatening the viability of private hospital pharmacy services, which currently provide 60% of chemotherapy to cancer patients.

"SHPA notes that many public hospital pharmacies are also affected by these changes and will suffer significant budget stress," Kirsa added, saying that unless a sustainable model is agreed upon some current private services will no longer be viable.

"The public hospital system would then be at risk of being deluged with patients exiting the private system to continue their chemotherapy - up to 209,000 same-day episodes per annum," she warned.

Changes to HMR program

GUILD Executive Director, David Quilty, says he appreciates today's "public confirmation" by Health Minister Tanya Plibersek that changes to the Home Medicines Review scheme have already been agreed between the Guild and the department (**PD** breaking news).

The Guild controversially called for a moratorium on the program which generated significant comment and opposition over the last week, but Quilty now said the call "has had the desired effect of focussing the Government's and the pharmacy sector's minds on the issues with the HMR program".

Plibersek said she had decided against a moratorium, saying she was "very aware that the HMR program has a strong evidence base and has been supported through successive Agreements since 2001.

"HMRs provided by accredited pharmacists in patients' homes deliver very real and tangible health outcomes for around 77,000 Australians each year," she said.

The minister also confirmed that despite the cost blowout in the HMR scheme, which has seen a \$4.4m overspending of the full year budget in the first six months of the

financial year.

"However I am pleased to advise that spending across all professional programs in the Fifth Agreement is still on track," she said.

Plibersek added that "it appears that there are some practices that are not consistent with the policy intent of the program, such as a large proportion of reviews being conducted outside the patient's home," with Medicare working to urgently implement changes "which would support HMRs being conducted within the intent and spirit of the programs".

MEANWHILE the Pharmaceutical Society of Australia welcomed the announcement, with PSA National President, Grant Kardachi, saying this "follows the identification last year by PSA of some concerns surrounding the business rules for delivery of HMRs," and promising that the Society would continue to engage to strengthen the program.

Union group APESMA also hailed the news that the "ridiculous proposal" for a moratorium would not proceed, claiming the move was "a victory for APESMA's efforts to maintain this vital career path for some of Australia's best pharmacists".

New Pfizer chief

PFIZER has announced the appointment of David Gallagher as the new managing director of its operations in Australia.

Gallagher, who formerly headed up the pharmaceutical giant's Irish business, takes the role vacated by John Latham who resigned in Oct

Gallagher will also head up Pfizer's Primary Care unit.

MA patent push

MEDICINES Australia says that patent terms for innovative medicines should be extended, to compensate for "increasing delays in regulatory approval".

At a public hearing today as part of a government review of Australia's patent system, Medicines Australia ceo Brendan Shaw said there was a strong argument for increasing patent term extensions from the current five years, which is allocated to account for regulatory delays.

He said that TGA approval processes had lengthened significantly since patent term extensions were introduced in 1998, while delays in listing new drugs on the Pharmaceutical Benefits Scheme had almost doubled since that time.

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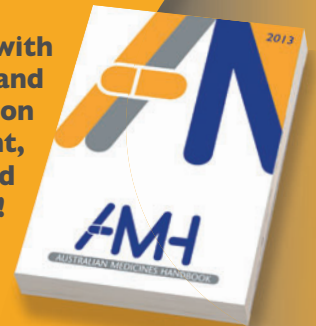
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Weekly Comment

Welcome to *PD's* weekly comment feature. This week's contributor is **Professor Peter Carroll** from the



University of Sydney, who's a presenter at PSA NSW's Annual Therapeutic Update.

Deaths from chronic heart failure up

Chronic heart failure occurs in 1.5-2% of the Australian population; however it occurs in 10% of people aged 65 years and over, and in more than 50% of people aged 85 years and over.

30,000 new cases are diagnosed each year, and with an ageing population this number is likely to rise. It is important to note that while deaths from heart disease are falling overall, there is an increase in the number of people dying from chronic heart failure (up 11% since 2001).

The major causes of heart failure include ischaemic heart disease and hypertension - conditions with a high rate of non compliance with medication, so pharmacists can play a major role in preventing and delaying the progression of heart failure by targeting non adherence and monitoring patients.

Treatment of chronic heart failure involves both pharmacological and non pharmacological measures.

Primary care support of patients with heart failure includes advice on sodium restriction and the selection of low salt food, appropriate fluid intake, regular daily weighing, restricted alcohol use, appropriate physical activity, assistance with smoking cessation, and reminders of regular influenza and pneumococcal vaccinations.

Non pharmacological aspects of management can have a positive impact on the quality of life of people living with chronic heart failure.

Pradaxa safety info update

THE Therapeutic Goods Administration has issued an update on the use of Pradaxa (dabigatran), detailing the findings of a review last Aug which "reinforced the importance of appropriate patient selection" for the safe use of the medication.

Pradaxa is an oral coagulant used for the prevention of clots and emboli after hip or knee replacements, to prevent stroke in people with non-valvular atrial fibrillation.

The TGA says there appears to be a trend towards a higher incidence of major bleeds in patients aged 75 years or over taking dabigatran 150mg twice daily compared to warfarin, and cited a range of factors known to increase the risk of bleeding.

The review of the medication followed an increase in adverse events reports associated with the use of Pradaxa, after approved indications were extended to include the prevention of stroke and systemic embolism in patients with non-valvular AF and at least one risk factor for stroke.

The drug's manufacturer, Boehringer Ingelheim, said the TGA

review outcomes had echoed those of other reviews by the FDA and the European Medicines Agency.

"Boehringer Ingelheim is pleased that the TGA has issued this update which is in line with those from overseas regulatory agencies," said the firm's md Wes Cook.

He said the core prescribing information had not changed, with the company supporting "the TGA's reinforcement of key elements of the Pradaxa prescribing information".

Myeloma approval

THE US Food and Drug Administration has approved Pomalyst (pomalidomide) for the treatment of patients with multiple myeloma, whose disease has progressed after being treated with other cancer drugs.

Pomalyst is an immunomodulatory agent, in the same class of drugs as lenalidomide and thalidomide.

It's been approved under the FDA's accelerated approval program and has also been designated as an orphan drug.

Pomalyst is intended for patients who have received at least two prior therapies.

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Name one of the skin conditions that Pure Therapy by Purist helps relief?

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DISPENSARY CORNER



TOO much information?

The conservative residents of the town of Okuizumo have asked that some underpants be fitted to a replica of Michelangelo's famous statue of David.

The 16-foot high anatomically correct nude is apparently "frightening the children and worrying the adults with its nakedness," according to a local official.

The statue, along with another replica of the famous Venus de Milo goddess, was presented to the town by a local businessman.

Reports don't say whether the locals are also calling for a bra to be put on the topless Venus.



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