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Pharmacy a-twitter

THE US National Community Pharmacists Association has announced a planned Twitter "tweet-a-thon" on Thu 03 Oct 2013, with the aim of highlighting "the positive impact that pharmacists have on their patients, communities and the health care industry".

Pharmacists around the world are being encouraged to participate in the social media initiative, by tweeting about the actions they have taken or are taking to help patients, doctors, other health providers and their communities - all accompanied by the Twitter hashtag #Pharmacist.

Members of over 30 pharmacy organisations across the globe are being encouraged to participate including the PSA, Pharmacy Guild and SHPA in Australia, as well as peak bodies in Ireland, Canada, New Zealand and the USA.

Price disclosure pressure

A UNIVERSITY of NSW academic has confirmed that the accelerated price disclosure regime will have a "significant impact on the pharmacy bottom line," with the biggest hit occurring 13-18 months after the introduction of the new processes.

Dr Michael Ortiz, who's a pharmacy graduate and Associate Professor (conjoint) at the UNSW's St Vincents Clinical School, has provided PD with preliminary calculations which show, based on a pharmacy purchasing \$1m worth of generic medicines annually at an average discount of 25%, that this will hit the bottom line by around \$15,000 per month (or a total of \$75,000) during the 13-18 month period following the change.

The current regime uses 12 months of data to generate price reductions six months later once a year, while the new process will use six months of data to generate price reductions six months later, "and theoretically they could do so twice a year," Ortiz said.

"However the reality is that the timing means there is only likely to be one price reduction a year

with the 6 month accelerated price disclosure," he added.

After the \$75,000 hit there will also then be additional negative impacts on the bottom line of \$45,000 and \$28,000 over the next two years, Ortiz said.

And that's not all - if a pharmacy is unable to exhaust all affected generic stock before the price reductions take effect this will also see the stock devalued - by as much as \$10,000 for even just two weeks of generic inventory.

"The impact of the new accelerated price disclosure is not trivial," he said.

"This will make life particularly difficult for some pharmacies already struggling with lower margins, as well as having a negative impact on cash flows".

Ortiz noted that this hit was in addition to the already significant savings to the government from the current price disclosure regime.

"Pharmacists will need to plan for lower cash flow with the new accelerated price disclosure process, as well as better manage their inventory in the month before price cuts are implemented," the Associate Professor concluded.

Four pages today

PHARMACY Daily today has three pages of all the latest pharmacy news and a full page featuring Hyland's Baby Teething Tablets - see page four for details.

Serenace in stock

ASPEN Pharmaceuticals has advised hospital pharmacists that stocks of Serenace Injection 5mg/mL have recently arrived from the overseas supplier and back orders are now being shipped from wholesalers.

More info on 1300 659 646.

QUT student winners

THE Evolution Pharmacy Team from the Queensland University of Technology have won the Pharmacy Guild's 2013 National Student Business Plan Competition.

The award was made at the Pharmacy Business Network in Canberra on the weekend, with Flinders Pharmacy from the Royal Melbourne Institute of Pharmacy coming in second place, followed by the University of Sydney's Health for Life Pharmacy entry.

The judges said it was the most closely contested competition in the award's history.

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AIHW on aged care

THE Australian Institute of Health and Welfare has released a report on *Movement between hospital and residential aged care 2008-09*.

The report examines movements between facilities by people aged 65 and over, noting that overall almost 10% of 1.1 million hospitalisations for older people were for those already living in residential aged care.

It's the first time that the use of hospitals by people already in residential care has been analysed.

83% of older patients were found to return home after a hospital stay, while just over 4% were admitted into residential care or transition care when they left hospital.

The report also describes the characteristics of people moving between the two sectors, and the short-term outcomes for people going into residential care.

CLICK HERE to view the report.

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African move for IMS

IMS Health has announced a new strategic alliance with the Life Sciences Division of "global healthcare solutions firm" BroadReach Healthcare, with the aim of "delivering comprehensive advisory and commercial effectiveness solutions for life sciences organisations operating in Africa."

The alliance will link IMS Health's strong capabilities in information, analytics, consulting and technology with BroadReach's deep knowledge of the African healthcare landscape and the local regulatory environment.

"Life sciences organisations will gain immediate access to information and services that support market assessment, market entry planning and commercial implementation across the continent," the partners promised.

They said that Africa represents a "significant growth opportunity for life sciences companies".

FDA tobacco research

THE U.S. Food and Drug Administration and the National Institutes of Health (NIH) last week awarded \$53 million to fund tobacco-related research in 2013 to create 14 Tobacco Centers of Regulatory Science (TCORS).

"Smoking still accounts for one in five deaths each year," said NIH Director Francis S. Collins, MD, PhD. He added that the FDA/NIH partnership will focus on "reducing the burden and devastation of preventable disease caused by tobacco use."

NPS on osteoporosis

NPS MedicineWise **HAS** provided a new consumer resource on osteoporosis, which among other measures stresses the importance of taking medicines as directed.

Calcium and/or vitamin D supplements are also identified as helpful options for the ailment which affects over 1m Australians.

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SHPA honours Allinson

YVONNE

Allinson, former chief executive officer of the Society of Hospital Pharmacists of Australia, was presented with the 2013 Fred J Boyd Award at the opening session of the SHPA's 39th National Conference on Friday.

The award, named after the founding president of SHPA, is the Society's most prestigious honour and is presented every two years to an SHPA member who has made an outstanding contribution to hospital pharmacy in Australia. Allinson was the CEO of SHPA for 12 years, stepping down in Jan 2012 and continues to serve SHPA as an adviser in a part time capacity.

The award recognises her "enormous and sustained contribution to the profession," according to SHPA President Sue Kirska, who's pictured above presenting the plaque.

"Yvonne's unwavering commitment to patient care and to quality pharmacy services has resulted in SHPA becoming a strong and relevant organisation. "The strong member and patient-focused culture that Yvonne has nurtured within SHPA will enable the organisation to flourish and uphold the shared vision of all SHPA members," Kirska said.

She quoted one of the nominators who said "Thanks to Yvonne, Australians are getting better



pharmacy services".

During Allinson's tenure at SHPA she led great change and growth in the organisation, Kirska added, with SHPA's current position and standing today being "a direct result of Yvonne's passion, commitment and foresight and her ability to bring people along with her on this journey".

Recurring themes of Allinson's career have included peer review and quality assurance for clinical pharmacists.

She facilitated the development of the SHPA CPD program to help pharmacists participate in lifelong learning and provide improved services to their patients.

While SHPA ceo Allinson also had significant input into many major changes in the profession, including PBS in hospitals, mandatory CPD, national guidelines and much more.

SHPA said that Yvonne's experience at the bedside as a clinical pharmacist, and her collaborative approach has "helped her to drive system-wide changes and improvements".

WIN A SUKIN BODY OIL PACK!

Every day this week, **Pharmacy Daily** is giving two lucky readers the chance to win a **Sukin** Body Oil pack. Each pack includes: Sukin Wellbeing Body Oil 100ml, and Sukin Botanical Body Wash 250ml.

Sukin Wellbeing Body Oil is a luxurious blend of botanical natural oils with rose hip and marula seed oils for instant hydration, soybean oil and calendula flower extract for soft and silky smooth skin.

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Weekly Comment

Welcome to **PD's** weekly comment feature. This week's contributor is **David Shaw**, Recruitment Consultant at **Raven's Recruitment**.



Hiring NZ Pharmacists

I have found that a Pharmacy may be approached by a NZ Pharmacist looking to cross the ditch and work in a larger Pharmacy Industry with more opportunities. The good news is that they are usually motivated and driven!

There can be some confusion about the differences in Pharmacist practice between Australia and NZ, so I'm briefly covering the salient points.

AHPRA registration: The Pharmacy Board (AHPRA) will immediately register a NZ Pharmacist via Trans Tasman recognition (paperwork processing can take up to 4 weeks). Done from NZ, they'll be ready to start work upon arrival.

Supervised practice: Unofficially, it is recognised that a NZ Pharmacist will need a 2-4 week period of working with another Pharmacist (not officially "Supervised Practice" but similar in effect) to acclimatise.

Areas requiring initial support are: the Pharmaceutical Benefits Scheme (PBS) and Claims process; 5CPA programs (CIs, MedsCheck, Diabetes MedScreen, PPIs, etc); identifying differences in Scheduled Medications (S4/S8, etc); and Project STOP, etc.

Let's not forget the Dispensing Software – the main program in NZ is Toniq but there's also LOTS whereas in Australia there's more variety with FRED/WiniFRED, LOTS, Minfos, Aquarius, Amfac, etc.

Fortunately these differences are not insurmountable and I've been involved in many success stories for both the employer and employee. Be prepared to nurture and mentor!

eRx app to go live 24 Oct

ERX Script Exchange has officially opened registrations for its new eRx Express smartphone app (**PD** 21 Jun), which will launch nationally on 24 October.

More than 1000 pharmacies have already expressed interest in the system, which will allow pharmacy customers to order their scripts using their smartphone and have it ready for pick up on the day and time that they want.

"This is a significant advance in making it easier for pharmacy customers to order their scripts," said Jason Bratuskins, eHealth Products Manager with eRx Script Exchange.

"More and more people are choosing to use mobile apps to help manage their busy lives...with eRx Express pharmacies can now give customers the option of managing their medicines through their smart phones," he said.

The application integrates directly into pharmacy dispensing workflows as well as with the eRx Script Exchange national eScripts network.

Bratuskins said it also has the potential to reduce peak times within pharmacies, ultimately allowing pharmacists to spend

more time helping people with their wider healthcare needs.

"Additionally it provides real opportunities for strengthening customer loyalty and creating a faster, smarter way of connecting with your customers," he added.

Pharmacies can now sign up at www.erx.com.au/express to be ready for the launch.

eRx Express costs \$50 per month to participating pharmacies on a standard plan, or \$60 for a premium plan with a logo and website link on the app.

Both plans include a Windows Surface RT tablet with eRx Express software ready to go.

PPA urges rate clarity

UNION group Professional Pharmacists Australia has called on the Pharmacy Guild to be "clear about what their views on penalty rates really are".

PPA president Geoff March was referring to a *Financial Review* interview with Guild President Kos Sclavos, in which he urged the new govt to be mindful of the tough times facing pharmacy and address issues such as "flexibility in relation to penalty rates".

Dextropropoxyphene update

THE TGA has provided updated information about the regulatory status of pain killers containing dextropropoxyphene.

The move follows the recent Administrative Appeals Tribunal decision (**PD** 16 Sep) which allowed Di-Gesic and Doloxene to continue to be available subject to a number of conditions.

Prescribers of the medications must sign a form confirming several items including that they have warned the patient about appropriate use, have explained the contraindications and that the doctor or dentist is aware that the medicine is only approved for use in patients unable to be treated with other mild analgesics..

The signed form must be presented to the pharmacist prior

to supply, and pharmacies will be audited to ensure the forms are being collected as required.

The AAT decision takes effect on 10 Oct 2013, 28 days after the ruling was handed down.

However if either the TGA or the sponsors lodge an appeal the decision becomes effective after any appeal is finally determined.

After that the sponsor has 14 days to lodge an application with the TGA to vary the Product Information for Di-Gesic and Doloxene, and following the TGA's decision on that application the other conditions nominated in the AAT decision must be implemented, including within 30 days sending letters to doctors, dentists and pharmacists explaining the new arrangements.

PSOTY at PAC13

THE annual Pharmacy Student of the Year competition finals will be one of the highlights of the PSA's upcoming Pharmacy Australia Congress in Brisbane.

This year the finals will be held on Fri, with the winners announced during the Sat night gala dinner.

The competition is this year being jointly sponsored by Alphapharm and API, with finalists from across the country.



DISPENSARY CORNER

HOMER Simpson must be proud.

A number of *Pharmacy Daily* readers have pointed out the inappropriateness (or otherwise) of the new abbreviated name of the former *Federal Department of Health and Ageing*.

According to an official update from new Prime Minister Tony Abbott, the Governor-General has acted on his recommendation under Section 64 of the Constitution and officially changed the name to the simpler *Department of Health*.

As various wits have pointed out this changes the department's acronym from the former commonly used DoHA to just DoH - or as Homer would put it, D'oh!

PRICELINE'S latest Annual Health Survey has revealed that most females see the pharmacist as their romance saviour - at least when it comes to runny noses during hayfever season.

The poll found that 16% of people who suffer from pollen-related allergies feel that their love lives have been negatively affected, with some confirming that the symptoms have even caused them to decline possible romantic liaisons.

According to the survey, 36% of Aussies suffer from hayfever, and of those 17% suffer in silence while more than 70% use antihistamines.

Over half of female respondents said they visit their pharmacist as a first port of call for advice.



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