



MM2015 registrations

THE Society of Hospital Pharmacists of Australia has opened registrations for Medicines Management 2015, the 41st SHPA National Conference.

Taking place 03-06 Dec in Melbourne, those who register now get first pick of the eight workshops - see www.shpa.org.au.

Codeine meds upscheduled

THE Therapeutic Goods Administration has recommended that all over-the-counter medicines containing codeine be rescheduled to become S4 (prescription only).

The Advisory Committee on Medicines Scheduling is now seeking submissions on the interim decision, which can be made up until 15 Oct.

The controversial decision (online at www.tga.gov.au) cited issues including "morbidity, toxicity and dependence," with high risks of medication misadventure and deliberate misuse/abuse - along with the "relative lack of efficacy compared to safer products".

An implementation date of 01 Jun 2016 has been proposed for the change, to allow time for education of consumers, pharmacists and medical practitioners regarding pain management and alternative analgesia available.

The Pharmacy Guild has expressed concern at the proposal which would affect "many well known cough and cold relief products".

While acknowledging that codeine dependence is a real and growing concern, the Guild believes the proposed re-scheduling is likely to create further problems, including making the medicines more difficult and expensive to obtain for the "large majority of

people who use these products safely and effectively".

Doctor workloads will increase along with Medicare and PBS costs, the Guild warned, suggesting that a national real-time recording and reporting system to identify at-risk consumers is a better solution.

The Australian Self-Medication Industry said it was extremely disappointed at the interim decision, with "no evidence of misuse of codeine-containing cough/cold products."

ASMI ceo Deon Schoombie said the move also "disregards the expertise of pharmacists and their important role in the frontline of primary care".

FIP to host workforce conference in China

THE International Pharmaceutical Federation (FIP) has announced a Global Conference on Pharmacy and Pharmaceutical Sciences Education, which will take place in Nanjing, China on 07-08 Nov 2016.

FIP said the conference would welcome education and practice leaders, delegates from FIP member organisations and other key stakeholders "to construct a shared global vision for pharmaceutical education and the pharmacy workforce".

A key outcome of the event will be the release of the first ever set of global workforce development goals, in the context of health care needs and medicines innovation.

FIP will co-host the conference with the Chinese Pharmaceutical Association.

New EMA chief

THE management board of the European Medicines Agency has nominated Professor Guido Rasi as its new Executive Director, which will see him return to the role he was forced to relinquish in late 2014 after claims of a "procedural error" in his selection process some years earlier.

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Today's issue of PD

Pharmacy Daily today has three pages of news, plus a **full page** featuring the latest **MIMS monthly update**.

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WHO HIV guideline

THE World Health Organization has recommended new guidelines for HIV treatment, saying patients should now be offered antiretroviral drugs as soon as possible after diagnosis, rather than waiting until the disease progresses.

Innovative pharmacy

NOMINATIONS are now open for the 2015 Innovative Pharmacist of the Year Award, which was first launched in 2012 by UTS Pharmacy.

Head of UTS Pharmacy, Professor Charlie Benrimoj, said the award aims to "recognise, reward and celebrate pharmacists who are breaking away from the traditional dispensing and supply model of practice".

AstraZeneca is again sponsoring the award by providing a \$5,000 grant for the professional development of the winner.

Last year's winner of the award was the Queensland Pharmacist Immunisation Pilot implementation team who piloted an in-pharmacy vaccination service now being rolled out across the country.

And in 2013 Gympie pharmacist David Dixon was honoured for his development of a pharmacy sleep management service.

Nominations are open until 09 Oct, with the award winner to be named at the UTS Pharmacy Gala Dinner on 21 Oct - for details see innovativepharmacist.uts.edu.au.

PBS website update

THE Schedule of Pharmaceutical benefits was updated yesterday, with the PBS website now featuring a summary of changes, lists of ex-manufacturer prices, formulary allocations and drugs subject to price disclosure.

There's also a document on the Therapeutic Group Premium Policy and Section 100 Arrangements for Efficient Funding of Chemotherapy - see www.pbs.gov.au.

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Ego export excellence



EGO Pharmaceuticals is celebrating after being awarded the 2015 Governor of Victoria Export Health and Biotechnology Award.

Ego began exporting in 1962, with overseas markets in 25 nations across the Asia-Pacific, Middle East and Europe now comprising more than a third of the company's sales.

The 100% family owned company is committed to maintaining and improving skin health in Australia and across the world.

It has 440 staff, more than a quarter of whom are based in 11 overseas countries, and will create 100 new jobs this financial year.

The Governor's award recognises outstanding international success in medical, healthcare or biotechnology fields for products, technology, equipment or services.

Pictured above are Ego managing director Alan Oppenheim and members of the international team with the award.

The win caps off a few big days for Ego, which last week won three categories in the 2015 annual *Australian Mother & Baby Magazine* awards.

QF Baby Moisturising Cream took out the Gold award for the most popular baby skincare product; QF Baby Barrier Cream was awarded silver in the Nappy Rash category; while QF Baby Gentle Wash received the bronze award in the Best Baby Hair Product category.

The QV range is exclusively available in pharmacy, so "a win like this is fantastic for driving mothers into pharmacy," the company said.

Ley role expanded

HEALTH minister Sussan Ley has had Aged Care added to her portfolio, in a further shake-up of the new Turnbull ministry which sees Aged Care return to the Cabinet table.

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Jobs of the Week

- **Pharmacy in Charge** - Central Coast NSW (Job# 2011615)
Within an easy commute of Sydney's north shore.
- **Pharmacist** - Adelaide South, SA (Job# 2011680)
Forward Pharmacist for all pharmacy areas incl Professional Services.
- **Pharmacist/PIC** - North Coast, QLD (Job# 2011699)
Align your pharmacy career with this dynamic, customer focused group.

Have you arranged a Locum for your next break? call us to sort it!

Win with MILKY FOOT



This week Pharmacy Daily and Biorevive are giving away Milky Foot Active each day.

Milky Foot Active is an effortless at home pedicure treatment which combats foot odour and removes hardened dead skin through an intense peeling action - all in just one simple application. With Milky Foot Active, your feet can get a complete makeover; from rough and smelly to beautifully soft and fresh. Visit www.milkyfoot.com.au

To win, be the first person from TAS or VIC to send the correct answer to comp@pharmacydaily.com.au

What size is Milky Foot Active?

Congratulations to yesterday's winner, Lindsay Power from PowerABA.



Events Calendar

WELCOME to *Pharmacy Daily's* events calendar, opportunities to earn CPE and CPD points.

If you have an upcoming event you'd like us to feature, email info@pharmacydaily.com.au.

7 Oct: Understanding the NES and Your Award; Brisbane; info and registration:

www.guild.org.au/qldcpd

14 Oct: Pharmacy Business Insight (PBI) Workshop:

Building a more sustainable healthcare business for your community; Melbourne; info and rego: pbiworkshop.com.au

15-17 Oct: The Pharmacy Assistant National Conference; QT Gold Coast; details at:

www.pharmacyassistants.com

20 Oct: Shaping Your Pharmacy's Future – Strategy Workshop; Hawthorn Arts Centre, Vic; info and registration at:

www.pharmacyguild.edu.au/business

23-24 Oct: Blackmores Institute Symposium 2015; Pullman Melbourne Albert Park; visit:

www.ivvy.com/event/BIS15

27 Oct: QCPP Refresher Training, Sunshine Coast; info and registration:

www.guild.org.au/qldcpd

29 Oct: Complementary Medicines Australia (CMA) 2015 Annual Conference; Doltone House - Jones Bay Wharf; Sydney; more details at:

www.cmaustralia.org.au

4 Nov: QCPP Refresher Training, Bundaberg; info and rego:

www.guild.org.au/qldcpd

7 Nov: ASMI Annual Conference, AGM & Awards Dinner; Waterview Convention Centre, Homebush; visit:

www.asmi.com.au

No prescribing in PSA model

THE Pharmaceutical Society has distanced itself from the Pharmacy Guild's proposal for pharmacist integration into general practice (PD yesterday), with PSA stressing that its model "incorporates roles that are within the pharmacist's current scope of practice".

The Guild proposal released this week said pharmacists could work in GP clinics if they had their scope of practice expanded to include prescribing, with a range of other criteria including "not duplicating services already provided in local community pharmacies".

The PSA has responded to the Guild position paper, saying that while some international models for pharmacists in general practice do include pharmacist prescribing, "it is important to acknowledge the different economic, policy and workforce issues in these settings."

"PSA supports Health Workforce Australia's work on health professional prescribing," and is not seeking to introduce pharmacist prescribing with its GP clinic model, said PSA acting national president, Michelle Lynch.

"There are many important quality use of medicine activities that a pharmacist may undertake within the general practice setting which do not require the pharmacist to be a prescriber".

Lynch said there was strong evidence to support PSA's flexible model of pharmacists working in GP clinics "over and above other proposals," noting the PSA/AMA plan "does not exclude local pharmacists currently working in community pharmacies from participating in the evidence-based model".

PSA also stressed that the Society wants to see new funding for the proposal "as we believe that access to 6CPA services and funds should be ultimately prohibited within the practice protocol for the model".

Lynch said the pharmacist role would be autonomous within the surgery and protocols should be implemented to ensure close cooperation with local pharmacies.

"PSA is committed to working with all stakeholders, including the Pharmacy Guild, to progress this model," Lynch added.

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business events news



DISPENSARY CORNER



AN Eastern European woman has gained instant global notoriety after she apparently accidentally put expanding builders foam in her hair instead of mousse.

Providing a field day for puns such as a "really bad hair day" and a "major mousse-take," the image below, believed to having been taken in a hospital emergency room, has been widely shared on social media.



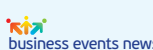
Polyurethane foam is more commonly used for filling gaps during construction or blocking leaks, but in this case has become a handy protective helmet.

There may be more to the story, with the lady's hair foam also appearing to have some leaves stuck in it.

DISPENSARIES in northern California are lending a hand to victims of a massive wildfire, by providing them with free cannabis.

The medical marijuana outlets in San Francisco, Santa Rosa, Sebastopol and Lake County are offering up to \$200 worth of weed to patients impacted by the blaze.

It's not a free-for-all, however, with the freebies only provided to patients with a medical marijuana prescription and home addresses in areas hardest hit by the fire which killed four people and destroyed almost 2,000 homes.



New Products

Abstral (fentanyl citrate) is a potent mu-opioid analgesic with rapid onset of analgesia and short duration of action. It is indicated for the management of breakthrough pain in adults with cancer who are already receiving maintenance opioid therapy for chronic pain. Abstral is contraindicated in nonopioid tolerant patients because of the risk of life threatening respiratory depression; severe respiratory depression or severe obstructive lung conditions; and use in patients not receiving opioid maintenance therapy for cancer related pain. Abstral is available as 100 microgram, 200 microgram, 300 microgram, 400 microgram, 600 microgram and 800 microgram sublingual tablets in packs of 10's and 30's.

Caldolor (ibuprofen) is indicated in adults for the management of acute mild to moderate postoperative pain and moderate to severe postoperative pain with adjunctive reduced morphine dosage, where an intravenous route of administration is considered clinically necessary. Caldolor is also indicated for the reduction of fever in adults where an intravenous route of administration is considered clinically necessary. It is contraindicated in patients who have experienced asthma, urticaria, or allergic type reactions after taking aspirin or other NSAIDs (severe, rarely fatal anaphylactic-like reactions to NSAIDs have been reported in such patients); for the treatment of perioperative pain in the setting of coronary artery bypass graft (CABG) surgery; patients with active gastrointestinal bleeding; and in patients with spinal cord injuries. Caldolor is available as an 800 mg/ 8 mL concentrated injection in a carton of 10 vials.

Cyramza (ramucirumab [rmc]) is a human IgG1 monoclonal antibody produced in murine (NS0) cells by recombinant DNA technology. Ramucirumab is a human receptor targeted antibody that specifically binds VEGF receptor 2 and blocks binding of VEGF-A, VEGF-C, and VEGF-D. Cyramza, in combination with paclitaxel, is indicated for the treatment of adults with advanced or metastatic gastric or gastroesophageal junction adenocarcinoma with disease progression after prior platinum and fluoropyrimidine chemotherapy. Cyramza, as monotherapy, is also indicated for the treatment of adults with advanced or metastatic gastric or gastroesophageal junction adenocarcinoma with disease progression after prior platinum or fluoropyrimidine chemotherapy when treatment in combination with paclitaxel is not appropriate. Cyramza is available as a 10 mg/ mL concentrate for infusion in a 10 mL vial in packs of 1's.

Pergoveris (follitropin alfa (rch) and lutropin alfa (rch)) is indicated for the stimulation of follicular development in women with severe LH and FSH deficiency. In clinical trials, these patients were defined by an endogenous serum LH of less than 1.2 IU/L. Pergoveris is contraindicated in ovarian, uterine or mammary carcinoma; tumours of the hypothalamus or pituitary gland; ovarian enlargement or cyst of unknown aetiology; gynaecological haemorrhages of unknown origin; in pregnancy and lactation. Pergoveris (follitropin alfa 150 IU and lutropin alfa 75 IU) is available as a powder for injection in vials of 1's.

Viekira Pak Combination Therapy Pack ((paritaprevir/ritonavir/ombitasvir) and dasabuvir), combines three direct acting hepatitis C virus antiviral agents with distinct mechanisms of action and nonoverlapping resistance profiles to target HCV at multiple steps in the viral lifecycle. Paritaprevir is an inhibitor of HCV NS3/4A protease which is necessary for the proteolytic cleavage of

the HCV encoded polyproteins and is essential for viral replication. Ombitasvir is an inhibitor of HCV NS5A which is necessary for viral replication. Dasabuvir is a non-nucleoside inhibitor of the HCV RNA-dependent RNA polymerase encoded by the NS5B gene. Ritonavir is a pharmacokinetic enhancer that increases peak and trough plasma drug concentrations of paritaprevir and overall drug exposure. Viekira Pak is indicated for the treatment of genotype 1 chronic hepatitis C infection, including patients with compensated cirrhosis. Duration of therapy and addition of ribavirin are dependent on patient population. Viekira Pak Combination Therapy Pack is contraindicated in the following: severe hepatic impairment (Child-Pugh C); use of ethinylloestradiol containing medicinal products such as those contained in most combined oral contraceptives or contraceptive vaginal rings; drugs that are highly dependent on CYP3A for clearance and for which elevated plasma concentrations are associated with serious and/or life threatening events; drugs that are moderate or strong inducers of CYP3A and strong inducers of CYP2C8 and may lead to reduced efficacy of Viekira Pak; and drugs that are strong inhibitors of CYP2C8 and may increase dasabuvir plasma concentrations and the risk of QT prolongations. It is also contraindicated with the following medicines: alfuzosin, amiodarone, quinidine, carbamazepine, phenytoin, phenobarbitone, astemizole, terfenadine, cisapride, colchicine (in renal/ hepatic impairment), gemfibrozil, rifampicin, blonanserin, ergotamine, dihydroergotamine, ergonovine, methylergonovine, St John's wort, lovastatin, simvastatin, salmeterol, pimozone, efavirenz, sildenafil (in PAH), ticagrelor, triazolam, oral midazolam, fusidic acid, mitotane and enzalutamide. Viekira Pak Combination Therapy Pack is available as a composite pack containing 56 tablets of paritaprevir 75 mg/ ritonavir 50 mg/ ombitasvir 12.5 mg and a pack of 56 tablets of dasabuvir 250 mg. Viekira Pak is dispensed in a monthly carton for a total of 28 days of therapy. Each monthly carton contains four weekly cartons. Each weekly carton contains seven daily dose packs. Each daily dose pack contains four tablets: two paritaprevir 75 mg/ ritonavir 50 mg/ ombitasvir 12.5 mg tablets and two dasabuvir 250 mg tablets, and indicates which tablets need to be taken in the morning and evening.

Viekira Pak-RBV Combination Therapy Pack ((paritaprevir/ritonavir/ombitasvir), dasabuvir, ribavirin) combines ribavirin with three direct acting hepatitis C virus antiviral agents with distinct mechanisms of action and nonoverlapping resistance profiles to target HCV at multiple steps in the viral lifecycle. Viekira Pak-RBV is indicated for the treatment of genotype 1 chronic hepatitis C infection, including patients with compensated cirrhosis. Viekira Pak-RBV is contraindicated in the following: severe hepatic impairment (Child-Pugh C); use of ethinylloestradiol containing medicinal products such as those contained in most combined oral contraceptives or contraceptive vaginal rings; drugs that are highly dependent on CYP3A for clearance and for which elevated plasma concentrations are associated with serious and/or life threatening events; drugs that are moderate or strong inducers of CYP3A and strong inducers of CYP2C8 and may lead to reduced efficacy of Viekira Pak; and drugs that are strong inhibitors of CYP2C8 and may increase dasabuvir plasma concentrations and the risk of QT prolongation. Viekira Pak-RBV use is also contraindicated with the following drugs: alfuzosin, amiodarone, quinidine, carbamazepine, phenytoin, phenobarbitone, astemizole, terfenadine, cisapride, colchicine (in renal/ hepatic impairment), gemfibrozil, rifampicin, blonanserin, ergotamine,

dihydroergotamine, ergonovine, methylergonovine, St John's wort, lovastatin, simvastatin, salmeterol, pimozone, efavirenz, sildenafil (in PAH), ticagrelor, triazolam, oral midazolam, fusidic acid, mitotane and enzalutamide. Viekira Pak-RBV Combination Therapy Pack is available as a composite pack containing paritaprevir 75 mg/ ritonavir 50 mg/ ombitasvir 12.5 mg tablets in packs of 56 tablets, dasabuvir 250 mg tablets in packs of 56 tablets, and ribavirin tablets (available as RBV 200 (168 tablets of ribavirin 200 mg), RBV 400 (56 tablets of ribavirin

400 mg), RBV 1000 (28 tablets of ribavirin 600 mg + 28 tablets of ribavirin 400 mg), or RBV 1200 (56 tablets of ribavirin

600 mg)). Viekira Pak-RBV is dispensed in a monthly carton for a total of 28 days of therapy.

Xigduo XR (dapagliflozin/metformin hydrochloride) combines two antihyperglycaemic agents, dapagliflozin, a SGLT2 inhibitor, and metformin hydrochloride, a member of the biguanide class, with complementary mechanisms of action to improve both fasting plasma glucose (FPG) and postprandial plasma glucose (PPG) in patients with type 2 diabetes. Xigduo XR is indicated as an adjunct to diet and exercise to improve glycaemic control in adults with type 2 diabetes mellitus when treatment with both dapagliflozin and metformin is appropriate. It is contraindicated in diabetic ketoacidosis, diabetic precoma; moderate or severe renal impairment (creatinine clearance < 60 mL/min or eGFR < 60 mL/min/1.73 m²); acute conditions with the potential to alter renal function such as: dehydration, severe infection, shock, or intravascular administration of iodinated contrast agents; acute or chronic disease which may cause tissue hypoxia such as: cardiac or respiratory failure, pulmonary embolism, recent myocardial infarction, shock, acute significant blood loss, sepsis, gangrene, pancreatitis; during or immediately following surgery where insulin is essential, elective major surgery; hepatic impairment; acute alcohol intoxication, alcoholism; and lactation. Xigduo XR 5/1000 containing dapagliflozin 5 mg/metformin hydrochloride 1000 mg is available in a pack of 56 extended release tablets, Xigduo XR 10/500 containing dapagliflozin 10 mg/metformin hydrochloride 500 mg is available in a pack of 28 extended release tablets, and Xigduo XR 10/1000 containing dapagliflozin 10 mg/metformin hydrochloride 1000 mg is available in a pack of 28 extended release tablets.

Safety Related Changes

Infanrix Hexa (combined Diphtheria-Tetanus-acellular Pertussis (DTPa), hepatitis B, poliovirus and Haemophilus influenzae type b vaccine) is now also indicated for use as booster dose at 18 months of age if boosting with hepatitis B, poliomyelitis, and Haemophilus influenzae type b, as well as diphtheria, tetanus and pertussis is required.

New Presentation

Omnitrope (somatropin (rbe)) is now also available as Omnitrope solution for injection for SurePal in 3 strengths. 5 mg/1.5 mL containing 3.33 mg/mL of somatropin, 10 mg/1.5 mL containing 6.67 mg/mL of somatropin, and 15 mg/1.5 mL containing 10 mg/mL of somatropin, respectively, in packs of 1's and 5's.

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.