

Vale Geoffrey Vaughan AO

THE Australian pharmacy sector is this week mourning the death of Dr Geoffrey Vaughan AO, who was Dean of the Victorian College of Pharmacy from 1979 to 1986.

Vaughan died peacefully on 04 Jan at the age of 84, with his distinguished career also including a role as Director of the Chisholm Institute of Technology.

He led that institution through its merger with Monash University, then serving as Deputy Vice-Chancellor (Research) at Monash until 1992.

He was then appointed as National Manager and ceo of the Therapeutic Goods Administration, where he initiated a strong focus on research into drug development and health advancement.

Bill Charman, Dean of the Monash Faculty of Pharmacy and



Pharmaceutical Sciences, said "Geoff was a leader - he had great foresight and vision.

"He was generous to those he worked with, and always saw opportunities to make tomorrow better...the Faculty would not be what it is today without Geoff's contributions and leadership".

As well as his pharmacy career, Vaughan was a former rugby union prop who was selected for the 1957-58 Wallabies Tour of Britain, Ireland, France, the US & Canada.

MedsASSIST to shut down

THE Pharmacy Guild of Australia has announced that its MedsASSIST real time recording system, developed to help reduce the misuse of over-the-counter combination analgesic medicines containing codeine, will be discontinued after 31 Jan 2018.

Because all medicines recorded in MedsASSIST will be up-scheduled to prescription only from 01 Feb, the system will become redundant at that time.

The real time recording system was introduced nationally in Mar 2016 and was designed specifically to record over-the-counter medicines containing codeine.

During its brief life MedsASSIST has recorded more than 10 million transactions, with more than 70% of pharmacies voluntarily using it.

Pharmacists using the system have been able to identify at-risk patients and gained access to additional support resources and referral pathways when needed, the Guild said.

The Guild previously planned to close down MedsASSIST last

year (*PD* 30 Mar 2017), but Health Minister Greg Hunt stepped in, promising to "seek urgent advice on the necessary steps to strengthen the regulatory underpinnings" of the system.

Guild Update

MEMBER BRIEFINGS 2018

FOLLOWING the series of successful Member briefings conducted in 2017, the Guild will again conduct briefings for Members across Australia in late January and through February 2018.

The Member briefings will be held in eleven cities, with two webinars also conducted for members unable to attend the meetings in person.

Members who may be interstate or travelling beyond their local Branch in February are welcome to attend any of the scheduled briefings. Additionally, members who are unable to attend a briefing in person are welcome to nominate their pharmacist-in-charge to attend.

These important briefings which will cover a range of current issues, including the CP2025 project, the impact of the codeine transition, the Guild approach to pharmacy data, exclusive direct supply, and high cost medicines.

To register your intention to attend go to this link: www.bookitlive.net/guild-member-briefings.

Dispensary Corner

VIAGRA gets the blame again - this time from a naked faeces-flinging 27-year-old South Korean man in Thailand's Phuket International Airport.

Steve Cho was waiting to fly to Incheon International Airport in South Korea, when he began to throw his excrement around claiming he was overdosed on Viagra - the link between the two events is however irrelevant and unheard-of.

Police officers calmed him down, dressed him and took him for questioning.

There was no reference to the erectile dysfunction product actually succeeding at its intended indication in this bizarre case.

WIN WITH BENZAC

This week *Pharmacy Daily* and Benzac are giving away a prize pack each day including Benzac Daily Facial Foam Cleanser, Manicare Compact Mirror and Benzac Excess Oil Control Moisturiser.

Benzac Daily Facial Foam Cleanser is specially designed for acne prone skin, removes impurities and helps unblock pores without drying the skin. The newest addition to the Benzac range, Benzac Excess Oil Control Moisturiser is a clinically proven moisturiser with active ingredients specially designed for acne prone skin. Excess Oil Control is non-comedogenic and also acts as a primer with a mattifying effect, prepping the skin for makeup.

To win, be the first from QLD to send the correct answer to the question below to comp@pharmacydaily.com.au



Which product is non-comedogenic?

Congratulations to yesterday's winner, Claudia Chaouka from Chemsave.

New Products

- **Praluent (alirocumab (rch))** is a fully human monoclonal antibody that binds with high affinity and specificity to PCSK9. PCSK9 binds to the low density lipoprotein (LDL) receptors (LDLR) on the surface of hepatocytes to promote their degradation. By inhibiting the binding of PCSK9 to LDLR, alirocumab increases the number of LDLR available to clear LDL, thereby lowering LDL cholesterol (LDL-C) levels. Praluent is indicated as an adjunct to diet and exercise to reduce LDL-C in adults with one or more of: heterozygous familial hypercholesterolaemia, clinical atherosclerotic cardiovascular disease, or hypercholesterolemia with high or very high cardiovascular risk. In combination with a statin, or statin with other lipid lowering therapies in patients unable to reach LDL-C goals with maximum tolerated dose of a statin; or in combination with other lipid lowering therapies in patients who are statin intolerant or for whom a statin is contraindicated who are unable to reach LDL-C goals. The effect of Praluent on cardiovascular morbidity and mortality has not yet been determined. Praluent is contraindicated with hypersensitivity to the active substance or to any of the excipients. For contraindications related to concomitant statins or other lipid modifying therapy, refer to their current respective product information. Praluent solution for injection is supplied in a 75 mg/mL and 150 mg/mL prefilled pen, available in pack sizes of 1, 2 or 6 per carton.
- **Zinplava (bezlotoxumab (rch))** is a specific fully human monoclonal antibody that binds with high affinity to *Clostridium difficile* (*C. difficile*) toxin B and neutralises its activity by preventing it from binding to host cells. *C. difficile* colonises and infects the large intestine. Zinplava prevents *C. difficile* infection (CDI) recurrence by providing enhanced passive immunity against toxin produced by the outgrowth of persistent or newly acquired *C. difficile* spores. Zinplava is indicated for the prevention of recurrence of CDI in adults 18 years or older at high risk for recurrence of CDI who are receiving antibiotic therapy for CDI. Zinplava is not indicated for the treatment of CDI. Zinplava is not an antibacterial drug. Zinplava should only be used in conjunction with antibacterial drug treatment of CDI. The safety and efficacy of repeat administration of Zinplava in patients with CDI have not been studied. Zinplava is contraindicated with hypersensitivity to bezlotoxumab or to any of the inactive ingredients. Zinplava concentrated injection (25 mg/mL) is supplied in one single dose vial containing 1000 mg/40 mL.

New Contraindications

- **Gopten (trandolapril)** is now contraindicated with concomitant neprilysin (neutral endopeptidase, NEP) inhibitors such as sacubitril and racecadotril.
- **Priorix (measles, mumps and rubella vaccine (live, attenuated))** and **Priorix-Tetra (measles, mumps, rubella and varicella vaccine (live, attenuated))** are now contraindicated in patients with severe humoral or cellular (primary or acquired) immunodeficiency, e.g. symptomatic HIV infection.
- Coadministration of **Stribild (tenofovir disoproxil fumarate/emtricitabine/elvitegravir/cobicistat)** is now contraindicated with drugs that are highly dependent on CYP3A for clearance and for which elevated plasma concentrations are associated with serious and/or life-threatening events, and with drugs that are potent inducers of CYP3A due to the potential for loss of virologic response and possible resistance to Stribild.
- Coadministration of **Viekira Pak (paritaprevir/ritonavir/ombitasvir/dasabuvir)** and **Viekira Pak-RBV (paritaprevir/ritonavir/ombitasvir/dasabuvir/ribavirin)** with atorvastatin is now contraindicated due to the potential for myopathy including rhabdomyolysis.

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.