

Today's issue of PD

Pharmacy Daily today has two pages of news plus a full page from Menarini and the April MIMS Update.

Ease anxiety

WITH COVID-19 fuelling anxiety and causing plenty of sleepless nights, Menarini's Seremind could help patients relax.

See **page three** for more.

TGA warnings

THE Therapeutic Goods Administration (TGA) has issued safety warnings relating to Seven Day Slim capsules and Vigour 800, noting they contain undeclared prescription medications.

PSA calls for tough stance on abuse

STATE and Territory governments are being urged to enact legislation to combat the rising trend of patients verbally, physically and racially abusing health professionals.

Speaking at the Pharmaceutical Society of Australia's (PSA) weekly COVID-19 webinar last night, National President, Dr Chris Freeman, expressed concern over the rising number of cases of people abusing pharmacists and pharmacy staff.

In his opening address, Freeman called on State and Territory leaders to take a hard-line approach to tackling the growing issue.

"I would note that in Western Australia the Government has taken the lead on this and passed legislation that people who threaten or abuse pharmacists, or any other health professional, can face up to 10 years jail time,

which sends a very clear message to people not to be doing that," he said.

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"I have now personally written to each State Premier and Territory Chief Minister, to have that enacted across the country as well."

Freeman also noted the Federal Government's announcement that it will make 500,000 surgical face masks available to the pharmacy profession and staff working in pharmacies, through Primary Health Networks.

MEANWHILE, Freeman flagged concerns over the workloads pharmacists have endured in recent weeks, and urged those who can, to take a step back over the Easter long weekend.

"If you can't have a break over this Easter period, which many of you can't, then you should be looking forward to in the near future having a bit of respite,



because there is no way that the pharmacy profession, and the health sector more broadly can keep going at the pace at which we're going," he said.

"I can understand that over the last six to eight weeks we've really had to sprint to try to get ourselves ahead of this pandemic, but now is the time to start thinking about how we operate in a more sustainable way."

FIP fears for single pharmacy towns

PHARMACISTS operating in single-store towns are being urged to minimise patient contact to reduce the risk of COVID-19 spreading through the pharmacy.

International Pharmaceutical Federation (FIP) Practice Development and Transformation Lead, Gonzalo Soasa Pinto, reiterated concerns flagged by the Rural Pharmacy Network Australia (RPNA) (*PD* yesterday) that the virus could shutdown pharmacies in rural and remote area.

"In terms of patient service, if

a pharmacy is the only one in a small town the contact with the patient should be minimised... because if that pharmacy closes the whole community would be without the provisions of pharmacy services and medicines," he said.

Pinto suggested pharmacists could serve patients at the door or through a window, so "that patients do not come in".

He also stressed the importance of maintaining social distancing within the pharmacy.

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Dispensary Corner

PEOPLE in North America are apparently keeping their spirits up during COVID-19 isolation by howling at the moon.

The unusual grass-roots mental health initiative has been growing each night, with the movement urging people to emerge from their homes at 8pm each evening.

Community howls were first heard in Colorado, and have spread to cities across the US and in Canada.

It doesn't seem to matter whether there's a full moon or not, with a group in Edmonton, Canada now numbering more than 4,000 people howling nightly along with their dogs, according to *CBC News*.

"It's just kind of that light at the end of the day after you've made it through another day of sitting at home," said one participant.

AND the coronavirus lockdown is also potentially going to lead to a "catastrophic" global shortage of condoms.

Reports from Malaysia cite significant concerns from latex manufacturers, with a nationally imposed isolation forcing the closure of many rubber factories.

Contraceptive giant Karex - the source of about 20% of the world's supply of condoms - says restrictions mean this month it expects to make about 200 million less prophylactics than usual.

"The world will definitely see a condom shortage," one official said, describing it as "definitely a major concern".

Right not to dispense

PHARMACISTS are being urged to exercise their right not to dispense hydroxychloroquine for the treat of COVID-19, unless the prescription has come from an infectious diseases specialist.

Responding to questions regarding the drugs use in the treatment of coronavirus, University of Wollongong Graduate School of Medicine, infectious diseases specialist and rheumatologist, Associate Professor Alistair Reid, told a Pharmaceutical Society of Australia (PSA) COVID-19 webinar last night, that there was little evidence to support the use of the medicine in the treatment of patient with coronavirus.

"There's no evidence that it works," he said.

"It has to be considered experimental for the use with coronavirus, and people who are prescribing hydroxychloroquine outside of randomised controlled trials, and they are not an infectious diseases physician, for the treatment of coronavirus, I think that's inappropriate.

"My advice to your Society would be to exercise your right to refuse prescriptions that you do not think



are appropriate.

"And my interpretation of that would be the only time you should be filling a prescription for hydroxychloroquine for a patient in relation to coronavirus should be if that script has been started in a hospital by a specialist, and that specialist preferably should be an infectious diseases specialist."

Reid praised the PSA for its role in pushing for restrictions on who can initiate a patient's use of hydroxychloroquine, to prevent GPs and resident medical staff from prescribing the drug for patients with COVID-19 in breach of Australian Health Protection Principal Committee guidelines.

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PSS sees call numbers double

PHARMACISTS' stress and anxiety levels are on the rise, with the Pharmacists' Support Service (PSS) reporting a surge in the number of calls it has received in recent weeks.

PSS Executive Officer, Kay Dunkley, told *Pharmacy Daily*, "we've had twice as many calls as usual in the last three weeks".

"People are reaching out to us, which is great and it's what we want," she said.

"We are here to support and help them - we can't wave a magic wand and make everything right for them, but at least we can provide the support and point them in the right direction if they need specific support."

Dunkley added that a number of pharmacists had volunteered to join the service to take calls, however, given the training requirements and current restrictions on gatherings, it will be some time before the PSS can accept more volunteers.

However, Dunkley noted that those looking to make a more immediate contribution to the PSS, could make a donation to cover the increasing costs of running the 1300 hotline.

On Tue night the PSS ran a webinar, hosted by counsellor and psychotherapist, Helen Lowy, to provide pharmacists with a COVID survival toolkit.

To see the webinar in full, **CLICK HERE**.

If you are in need of support contact the PSS on 1300 244 910.

CLICK HERE to donate.

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References: 1. Seremind Unit sales, Data on file. 2. Seremind Consumer Leaflet, July 2019. SER-AU-1316. 04/20
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New Products

- **Buprenorphine (Sublocade)** is a mu opioid receptor partial agonist, kappa opioid receptor antagonist. Its activity in opioid maintenance treatment is attributed to its slow dissociation from the mu receptors in the brain which reduces craving for opioids and opioid withdrawal symptoms. This minimises the need of the opioid dependent patient for illicit opioid medicines. Sublocade is indicated for the maintenance treatment of opioid dependence, within a framework of medical, social and psychological treatment. Sublocade is contraindicated in patients with severe hepatic or respiratory insufficiency; acute intoxication with alcohol, other central nervous system (CNS) depressants; or under 18 years of age. Sublocade modified release solution for injection contains buprenorphine 100 mg/0.5 mL or 300 mg/1.5 mL and is available in a pack size of 1 prefilled syringe.
- **Cidofovir (Empovir)** suppresses cytomegalovirus (CMV) replication by selective inhibition of viral DNA synthesis. Empovir is indicated in adults for the treatment of CMV retinitis in patients with acquired immunodeficiency syndrome (AIDS). Empovir is contraindicated with direct intraocular injection; in patients with renal impairment [serum creatinine > 1.5 mg/dL or ClCr ≤ 55 mL/min or proteinuria ≥ 100 mg/dL (≥ 2+ proteinuria)]; concomitant potentially nephrotoxic agents, e.g. amphotericin B, foscarnet, IV pentamidine, IV aminoglycoside antibiotics, vancomycin and nonsteroidal anti-inflammatory agents (patients should discontinue such agents at least 7 days before starting treatment with cidofovir); a history of clinically significant hypersensitivity to probenecid or other sulfur-containing medicines; and during pregnancy. Empovir concentrated injection for infusion contains cidofovir 375 mg/5 mL and is available in pack size of 1 vial.
- **Darunavir/ cobicistat/ emtricitabine/ tenofovir alafenamide (Symtuza)** consists of the human immunodeficiency virus (HIV) protease inhibitor, darunavir, the pharmacokinetic enhancer, cobicistat, the nucleoside reverse transcriptase inhibitor, emtricitabine, and the nucleotide reverse transcriptase inhibitor, tenofovir alafenamide. Symtuza is indicated as a complete regimen for the treatment of HIV-1 infection in adults and adolescents (aged 12 years and older with body weight at least 40 kg). Symtuza should not be co-administered with medicinal products that are highly dependent on CYP3A for clearance and have a narrow therapeutic index, including alfuzosin, antiarrhythmic drugs (e.g. amiodarone, bepridil, disopyramide, flecainide, systemic lidocaine, mexiletine, propafenone, quinidine), apixaban, astemizole, cisapride, colchicine (in patients with renal and/or hepatic impairment), dapoxetine, dronedarone, elbasvir/grazoprevir, ergot alkaloids (e.g. dihydroergotamine, ergotamine, ergonovine and methylegonovine), ivabradine, lomitapide, lovastatin, lurasidone, naloxegol, oral midazolam, pimozide, ranolazine, sildenafil (when used for the treatment of pulmonary arterial hypertension), simvastatin, terfenadine and triazolam; or with products containing carbamazepine, phenobarbital, phenytoin, rifampin or St John's wort. Symtuza film-coated tablets contain 800 mg darunavir, 150 mg cobicistat, 200 mg emtricitabine and 10 mg tenofovir alafenamide, and is available in pack size of 30.
- **Human C1 esterase inhibitor (Berinert SC)** is a plasma glycoprotein, which belongs to the group of serine proteases. A major function of C1 esterase inhibitor is the inhibition of the complement system to prevent spontaneous activation. Berinert SC for subcutaneous injection is indicated for the prevention of recurrent hereditary angioedema attacks in adults and adolescents with C1 esterase inhibitor deficiency. Berinert SC powder for injection vial contains 2000 IU or 3000 IU human C1 esterase inhibitor and is available in a pack size of 1.

New Indications

- **Atezolizumab (rch) (Tecentriq)**, in combination with nab-paclitaxel and carboplatin, is now indicated for first-line treatment of patients with metastatic non-squamous non-small cell lung cancer who do not have tumour EGFR or ALK genomic aberrations.
- **Epoetin beta (rch) (NeoRecormon)** is now indicated for the treatment of anaemia in patients with non-myeloid malignancies, where anaemia develops as a result of concomitantly administered chemotherapy, and where blood transfusion is not considered appropriate.
- **Venetoclax (Venclexta)**, as part of combination therapy, is now indicated for the treatment of newly diagnosed adults with acute myeloid leukaemia who are ineligible for intensive chemotherapy.

New Contraindications

- **Citalopram hydrobromide (Cipramil)** is now contraindicated in combination with linezolid unless there are facilities for close observation and monitoring of blood pressure.
- **Methylphenidate hydrochloride (Concerta)** is now contraindicated in patients with cardiomyopathies.
- **Milnacipran hydrochloride (Joncia)** is now contraindicated with the co-administration of pethidine.
- **Phleum pratense allergen extract (Grazax)** is now contraindicated in patients who have experienced a severe asthma exacerbation within the last 3 months.
- **Telmisartan/ hydrochlorothiazide (Micardis Plus)** is now contraindicated in patients with anuria.

Safety Related Changes

- **Omega-3-acid ethyl esters (Omacor)** are no longer indicated for the adjuvant treatment in secondary prevention after myocardial infarction, in addition to other standard therapy.

*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.*

New restrictions on prescribing hydroxychloroquine for COVID-19

The recent interest in hydroxychloroquine as a potential treatment for COVID-19 has led to increased off-label prescribing and concerns for potential shortage in Australia. New restrictions have been placed on the initiation of hydroxychloroquine therapy to limit its use to currently approved indications and to help maintain supply.

Effective from 24 March 2020, initiation of hydroxychloroquine is restricted to specialists in dermatology, intensive care medicine, paediatrics and child health, physician, and emergency medicine. Repeats may continue to be prescribed in line with the approved indications by general practitioners, and other medical practitioners (e.g. hospital Resident Medical Officers, and doctors in training), for patients in whom hydroxychloroquine was initiated prior to 24 March 2020. From 24 March 2020, general practitioners, and doctors in training, can only prescribe hydroxychloroquine for the continued treatment of patients initiated on this medicine by an authorised specialist.

For more information, see <https://www.tga.gov.au/alert/new-restrictions-prescribing-hydroxychloroquine-covid-19>.