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Today's issue of PD

Pharmacy Daily today has three pages of news.

No changes to Location Rules

DETAILS emerging from the yet to be released Seventh Community Pharmacy Agreement, include a clause noting the Federal Government has legislated for the continuation of the Pharmacy Location Rules, and has "no plan to change" them.

However, should the Government seek to adjust the current rules the agreement stipulates that, "the Commonwealth will consult with the Pharmacy Guild of Australia, and will provide reasonable time for the Guild to comment on any proposal prior to any change being made to the Location Rules".

The agreement was signed by Federal Health Minister, Greg Hunt, and Guild National President, George Tambassis, last Thu 11 Jun, but the official document has yet to be released by the Government.

7CPA budgets \$268m program spend

SPENDING on Community Pharmacy Programs under the Seventh Community Pharmacy Agreement (7CPA) is set to hit \$268.1 million in the first year of the deal.

Under the new agreement the Federal Government and the Pharmacy Guild of Australia have allocated \$1.2 billion for professional programs over the next five years, with allocations for the first year set out in the 7CPA.

The indicative allocations for the 2020/21 year include:

- \$105.5 million for Medication Adherence Programs, including Dose Administration Aids and Staged Supply.
- \$96.4 million for Medication Management Programs, such as Home Medicines Reviews, Residential Medication Management Reviews, Quality Use of Medicines in Residential Aged Care Facilities, MedsCheck and Diabetes MedsCheck.
- \$12.6 million has been allocated for Aboriginal and Torres Strait Islander Specific Programs, including QUMAX/S100 Support, the Closing The Gap Pharmaceutical Benefits Scheme (PBS) Co-payment Measure,



and Aboriginal and Torres Strait Island Workforce Programs.

- \$24.6 million for Rural Support Programs, including a 10% increase to the Rural Pharmacy Maintenance Allowance, which will increase in subsequent years, and Rural Workforce Programs.
- \$18 million for the Electronic Prescription Fee.
- \$11 million has been budgeted for Other activity, such as program administration, oversight and assessment.

As part of the agreement the Government has "committed to provide ongoing funding for

Community Pharmacy Programs as part of its commitment to advancement of the 10 Year Primary Health Care Plan.

The Guild and Government have also agreed to change programs to support, "enhanced medication management for older Australians wherever they live", Closing the Gap initiatives to expand culturally responsive pharmacy services and ensure affordable access to PBS medicines for Indigenous Australians, and deliver greater access to PBS medicines and advice about medicines use for Australians in regional, rural and remote areas.

WHO stops hydroxychloroquine trial

THE hydroxychloroquine arm of the World Health Organization's (WHO) SOLIDARITY Trial is being stopped, with evidence "showing it does not reduce mortality for hospitalised COVID-19 patients".

"Data from Solidarity and the recently announced results from the UK's Recovery trial both showed that hydroxychloroquine does not result in the reduction of mortality of hospitalised

COVID-19 patients, when compared with standard of care," the WHO said.

"Investigators will not randomize further patients to hydroxychloroquine in the Solidarity trial.

"Patients who have already started hydroxychloroquine but who have not yet finished their course in the trial may complete their course."

Do you want to understand the current state of the pharmacy industry?



A general pharmacy update, highlighting strategic and financial considerations post COVID-19

Complimentary Webinar

Hosted by instigo's General Manager, Andrew Pattinson & Felicity Crimston, Partner, Pitcher Partners on Wednesday 24th June, 10:00am

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AHPRA to revamp practitioner privacy

THE attempted murder of a South Australian pharmacist by a general practitioner is set to see new measures put in place by the Australian Health Practitioner Regulation Agency (AHPRA) in relation to disclosing the identity of people making notifications about health practitioners.

AHPRA has accepted ten recommendations from the recently concluded *Review of confidentiality safeguards for people making notifications about health practitioners* which was conducted at the agency's request following the 2018 attack on pharmacist Kelly Akehurst, who had reported Dr Brian Holder to AHPRA over concerns he was inappropriately prescribing benzodiazepine.

Holder learned her identity through the notification, and subsequently hid a knife in a bunch of flowers before driving to the



TerryWhite Chemmart pharmacy where Akehurst worked and tried to stab her (*PD* 19 Nov 2018).

The review found that AHPRA's practices for managing anonymity and confidentiality were consistent with other jurisdictions, but "there were improvements that could be made" including dealing with each notification on a case-by-case basis to determine whether the release of a notifier's name is necessary.

New resources are being developed to support and provide

guidance to AHPRA staff clarifying how and when to redact a notifier's information, as well as how to identify and flag potential harassment or intimidation of notifiers by a practitioner.

A new guide, to be published by 31 Jul, will also provide information on managing the risk of vexatious notifications.

AHPRA CEO, Martin Fletcher (**pictured**), said "we want reporting to be safe for all notifiers... information disclosed to us by notifiers is critical to our work as a regulator and keeping the public safe".

"So it is vital that individuals feel safe to raise their concerns with us," Fletcher said.

He said AHPRA and the National Boards were continuing their work to improve the notifications experience, both for notifiers and health practitioners who are subject to a notification.

Pharmacist fine

A PHARMACIST based in the Melbourne suburb of Armadale has been fined a total of \$30,240 in relation to 12 infringement notices issued by the Therapeutic Goods Administration (TGA) over alleged unlawful advertising.

It is claimed that the advertisements, which appeared on the pharmacist's website, included references to serious conditions such as multiple sclerosis and infertility, which are defined as "restricted representations" under the Therapeutic Goods Act 1989.

The TGA said the ads were for prescription-only therapeutic goods such as peptides and hormones, with any advertising of Schedule 4 items to the general public prohibited under the Act.

MedAdvisor, Pharmacy Alliance deal

LISTED medication technology specialist MedAdvisor has announced a new strategic partnership with Pharmacy Alliance which will make the MedAdvisor app available to more than 750 independent pharmacies across Australia.

The move comes amid the launch of ePrescribing, which both parties said would boost the use of digital solutions to provide customers with convenience, access and choice.

Pharmacy Alliance MD, Simon Reynolds, said "with social distancing continuing to be in practice as a result of COVID-19, the MedAdvisor app will allow our members to help

their customers manage their medication when they are not able to visit local pharmacies".

MedAdvisor CEO, Robert Read, said the company was delighted to welcome Pharmacy Alliance to the MedAdvisor family.

He said the deal would help pharmacists work smarter "by streamlining the important tasks of dispensing medications and promoting improved adherence and health outcomes for patients".

The MedAdvisor app features a secure, digital script wallet which, helps customers organise and manage their eScripts and easily send them directly to a pharmacy's dispensing workflow.

NPS MedicineWise opioid information

NPS MedicineWise has today released new survey results showing that while almost 80% of people know there's a link between opioids and dependence, most really aren't sure what an opioid actually is.

The YouGov Galaxy poll conducted last Nov found that only about half of those surveyed were able to correctly identify morphine (56%), oxycodone (51%) and codeine (49%) as opioids, while only a quarter thought tramadol (27%) and fentanyl (26%) were opioids.

On the other hand about a third of participants thought that paracetamol (32%) and ibuprofen (31%) were opioid medicines.

NPS MedicineWise's Dr Jill Thistlethwaite said improving knowledge was the first step to tackling opioid related harm.

"Every day in Australia three people die and 150 are hospitalised because of harm from pharmaceutical opioids."

A new educational program titled *Opioids, chronic pain and the bigger picture* is now online at nps.org.au/opioids, along with a video produced in partnership with the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists.

The video aims to inform people considering opioids for chronic non-cancer pain - see pharmacydaily.com.au/videos.



Dispensary Corner

PATIENTS of a pharmacy on the west coast of Ireland have been getting a little extra when collecting their prescriptions over the last month.

With authorities in the Emerald Isle placing restrictions on movement and “cocooning” people aged over 70 years, pharmacy owner, John Staunton, wanted to treat his patients.

So he opted to dispense a Jacob’s Club Milk chocolate bar with every script, wrapped with a message encouraging patients to “relax and have a little break”, with the traditional tea-break snack.

Speaking with Irish radio station, *Today FM*, Staunton said he wanted to give customers something nice as they continue to follow Government advice to keep their distance from each other.

“The thing that I noticed throughout all this was that it’s lonely,” he said.

“I was just looking for something to perk up the day of somebody when they’re out [doing] what we call ‘weird shopping’, because everything’s weird at the minute.”

Despite the challenges COVID-19 has presented Staunton tells his patients, “community spirit will beat this virus”.

“Social distancing, hand washing and keeping in touch with friends helps us to stay healthy,” he said.

“A little chat and a cuppa helps also!” - not to mention sating those chocoholic cravings.

Health systems lack female input

GLOBAL health systems are weaker than they should be due to a lack of female involvement in leadership, a US-based pharmacist believes.

Addressing an International Pharmaceutical Federation (FIP) webinar focused on “challenging the narrative on leadership in gender equity in the COVID-19 pandemic”, Howard University College of Pharmacy Clinical Assistant Professor, Miranda Law, said “the narrative needs to change” when it comes to gender gaps in leadership and pay.

Law noted that World Health Organization (WHO) data showed close to 70% of the healthcare workforce is female, however 75% of leadership roles in the sector globally are held by men.

“As it currently stands the health systems [around the world] are not as strong as they should or could

be,” she said.

“Women do not have an equal say in the design of health policies and plans due to their lack of leadership roles.

“In the past we’ve all probably discussed health system strengthening as this broad overarching idea, but in this current pandemic never has it been more important for us to make sure that each of our countries’ health systems, our policies and our plans are functioning to the best of their ability, which isn’t necessarily always the case in the present time.”

Law added that gender inequity is causing a talent drain, with people eschewing career paths which do not fit in with gender norms.

“The current separation of roles based on gender drives both the pay gap between men and women, and can lead to loss of talent for



those who do not pursue roles that their gender does not fit into,” she said.

“The 2018 Gender Wage Report shows that around the world women are earning 20% less than men, and it has been like this for at least a decade.

“To even begin to fix this, gender norms and roles need to be broken down and the narrative needs to change.”

Labor seeks PBS migraine drug listings

AUSTRALIAN Labor Party (ALP) Senate Whip, Senator Anne Urquhart, is calling on the Federal Government to subsidise two migraine treatments recommended by the Pharmaceutical Benefits Advisory Committee (PBAC).

Urquhart urged the Senate to support a motion calling for the immediate listing of Emgality and AJOVY, “to provide relief to those suffering from migraine”.

Speaking in the Senate on Tue, Urquhart said “approximately 4.9 million people in Australia suffer from migraine, of which 400,000 are chronic migraine sufferers”.

Responding to Urquhart’s comments, Government Senator, Jonathon Duniam, said the



Coalition’s policy was to list medicines recommended by PBAC, however he noted that “to date, the multinational drug companies that make these medicines have not provided PBS listing proposals that are consistent with the advice of the expert PBAC”.

“The Government cannot compel these drug companies to list their medicines,” he said.

Fake Cialis alert

THE Therapeutic Goods Administration has highlighted an attempted counterfeit of erectile dysfunction medication Cialis 20mg, which after testing has been found to contain the undeclared substance sildenafil, rather than tadalafil as is included in the genuine product.

The fake tablets have not been tested for safety or efficacy, with distinguishing features including the use of lot number 05668 at the top of the blister package, the display of four languages on the back of the blister pack rather than three, and the use of a white, red and black logo stating “Lilly ICOS” on the blister pack’s rear.

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