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## Today's issue of PD

Pharmacy Daily today features four pages of news including an article from the Pharmacists' Support Service.

## R U OK? Day

PHARMACISTS are being urged to reach out and offer support to colleagues who may be struggling with the pressures the profession is facing during the ongoing COVID-19 crisis as part of today's R U OK? Day campaign. See **page three** for more.

# Vic releases COVID infection data

**CONFIRMATION** that 65 Victorian pharmacists have tested positive for COVID-19 "makes a mockery" of suggestions the pharmacy workforce does not face an increased risk of infection, former Pharmaceutical Society of Australia CEO, Shane Jackson, believes.

Commenting on data released by the Victorian Department of Health and Human Services (DHHS), which revealed a total of 3,286 health workers in the State have contracted the virus, Jackson said the figures showed pharmacists were an at-risk group, despite submissions to the Fair Work Commission (FWC),

which suggested infection control measures used in pharmacies made them lower risk.

"[This] makes a mockery of submissions to Fair Work that suggested pharmacists weren't at greater risk of COVID-19," he said.

Pharmacy Guild of Australia Victorian Branch President, Anthony Tassone, said the breakdown of data relating to health worker infections was welcome, noting "it is a concern when any of our frontline health workers, including pharmacists test positive for COVID".

"Community pharmacies were very quick to adapt their practices to help minimise the risk of infection during the first wave of COVID-19.

"Thankfully there have been far fewer reports from pharmacies of their staff waiting for test results as the quicker turnaround for any necessary contact tracing is essential to help tackle this pandemic, as well as allowing our essential workers to return to work as soon as they can.



"For any positive COVID-19 test result in a community pharmacy – this will result in a likely shutdown of that pharmacy and isolation and quarantine of any staff who were close contacts.

"The Guild again calls on the Victorian government to make funding available to offset the professional clean down costs for primary healthcare practices, including pharmacies should this occur.

"There are pharmacies genuinely struggling financially during the COVID-19 pandemic without the added burden of clean down costs if this was to happen."

# OPIOIDS: REDUCING HARMS FROM LONG-TERM USE

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\*Lopatka L et al., J fur Menopause 2007;2:3-7. Schellenberg et al., Evid Based Complement Alternat Med 2012. Drewe J et al., Phytomedicine 2013;15(20):659-666.





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## Sildenafil to remain prescription only

A **THIRD** attempt to push for sildenafil to be down-scheduled is set to be rejected due to the risks to consumers and the “lack of patient follow up in a pharmacy setting”.

Recommendations of the Advisory Committee on Medicines Scheduling (ACMS) published in the Therapeutic Goods Administration (TGA) notice of interim decisions to amend (or not amend) the current Poisons Standard, flagged risks around the potential for incorrect diagnosis by pharmacists, misuse and adverse events.

Outlining the reasons for rejecting the application for sildenafil to be down-scheduled, a delegate of the Secretary of the Department of Health noted that erectile dysfunction can be a symptom of underlying conditions, which require medical practitioner diagnosis, ongoing monitoring and treatment.

“Sildenafil had been considered for down scheduling on two previous occasions, in 2017 and 2018,” the delegate said.

“On both occasions, I found that sildenafil did not meet the Schedule 3 scheduling factors and that proposed education and checklist



material was insufficient to mitigate the risk of down-scheduling.

“In my view, the applicant has not presented, and I have not found, any new compelling clinical evidence to support the inclusion of sildenafil in S3.

“I have considered the proposed risk mitigation strategies outlined in the Appendix M entry put forward by the applicant and found it did not systematically assess the risks associated with sildenafil use.

“I acknowledge that while pharmacists would not be making an initial decision as to whether treatment with sildenafil should be

initiated.

“However, I have strong concerns that if down-scheduled there is a risk of repeat supply without medical intervention and lack of follow up.

“I find that the potential for harm in the absence of medical practitioner oversight carries more weight than the benefit of increased patient access.

“Having considered the need for medical practitioner oversight and the risks to consumers with the lack of patient follow up in a pharmacy setting, I am of the firm view that the current scheduling of sildenafil under S4 is appropriate.”

## S3 eletriptan

**MIGRAINE** treatment, eletriptan, is set to be down-scheduled to Pharmacist-Only in certain dose sizes from 01 Feb 2021.

The Therapeutic Goods Administration (TGA) notice of interim decisions to amend (or not amend) the current Poisons Standard, a delegate of the Secretary of the Department of Health noted that eletriptan “satisfies the Schedule 3 scheduling factors on the basis that the risk profile of eletriptan is well defined and the risk factors for adverse effects, interactions and contraindications are known, identifiable and manageable by a pharmacist”.

The S3 entry of eletriptan is set to be for tablets containing 40mg or less per tablet, when in a pack containing not more than two dosage units.

“I have decided to include a pack size limit in the new S3 entry to mitigate the risks of medication overuse headache, unintentional and intentional overdose,” the delegate said.

**CLICK HERE** to read the interim decisions in full.

## Amended S2 listing for IR ibuprofen

**DIVIDED** immediate release (IR) preparations of ibuprofen containing up to 400mg of the molecule in packs of 12 dosage units or less, when labelled not for the treatment of children under 12 years of age, are to be included in an amended Schedule 2 listing from 01 Feb 2021.

Outlining the decision a delegate of the Secretary of the

Department of Health, said they were satisfied that the S2 criteria have been met and the quality use of 400mg ibuprofen IR can be achieved through appropriate labelling, packaging and the provision of professional advice when necessary, mitigating risks associated with incorrect dosing.

The delegate added the risk from harm from overdose using ibuprofen IR was minimal.

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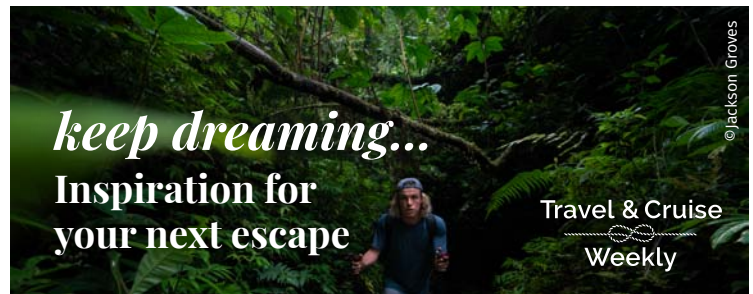


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## Suicide + pharmacy: what can we do?

### OPINION

Kay Dunkley is Executive Officer, Pharmacists' Support Service.



THE number of people dying by suicide in Australia each year is higher than our national road toll, with eight Australians dying by suicide every day.

The impact of suicide is devastating because behind every statistic is a human life with family, friends and colleagues.

Most of us are touched by suicide at some time. Most suicides are preventable.

As health professionals we are often there when people are at their lowest ebb and are well placed to make a difference when someone is in crisis.

World Suicide Prevention Day and R U OK? Day both fall on 10 Sep each year, although every day is a day to ask someone how they are going if we are concerned by a change in their mood or behaviour.

This year the R U OK? Day message is "There's more to say after R U OK?"

The R U OK website [www.ruok.org.au](http://www.ruok.org.au) provides simple steps which can be used by us all to check in with our patients, our customers, our family and friends and also our work colleagues.

This year has been a challenging one for everyone and circumstances have made it even more important for us all to stay connected and be willing to support those around us.

Pharmacists, alongside other health professionals including doctors, nurses, dentists and also vets, have a higher rate of suicide than the general population.

As pharmacists we often spend more time with our work colleagues than with our family.

We may notice a change in a colleague's mood or behaviour.

If we are concerned about someone we work with it is important to be prepared to reach out to that person.

Some tips towards making a difference to the suicide statistics when you are concerned about someone:

#### 1. Ask how someone is going.

- Keep it casual but private, the location should be away from other people who may interrupt.
- Ask an open ended question.
- Tell them why you are concerned.
- If they are not ready to talk, let them know you are available to talk when they are ready. Try again without being insistent on another day and let them know that you care.

#### 2. Listen

- Listen without giving advice or trying to solve the problem.
- Don't judge or criticise and acknowledge that what they are going through is tough.
- Be patient and sit with silence and emotions.
- Show you have heard by reflecting back what they have said in your own words.
- If you need to clarify thoughts of suicide ask clearly and unambiguously "Are you thinking of suicide?" or "Are you thinking of killing yourself?" You will not be putting the idea into their mind and it gives them permission to talk about suicide if it is on their mind.
- Never promise confidentiality about thoughts of suicide.

#### 3. Encourage action

- Ask about their support network.
- Ask how you can help, right now and going forward.
- Ask if something has helped previously in a similar situation.
- If someone is having thoughts of suicide link them to professional help. This could be an urgent appointment with their GP or counsellor or a helpline such as the Suicide Call Back Service 1300 659 467 or Lifeline 13 11 14.
- If you are concerned about someone who is having thoughts of suicide do not



leave them alone until they are linked up with further help.

#### 4. Follow up within a week

- Let them know you have been thinking about them.
- Ask how they are going.
- Stay in touch and be there for them. Genuine care and concern can make a real difference.

As members of the pharmacy profession we belong to a community.

The Pharmacists' Support Service was established by the pharmacy community to provide support over the telephone to pharmacy colleagues who are going through difficult times or are feeling stressed.

The service is provided by trained volunteers who are all pharmacists or retired pharmacists. It is available every day of the year from 8.00 am to 11.00 pm AEST/AEDT on 1300244910. We are as close as your phone and if you need to call we will be there.

#### Useful resources:

- [www.ruok.org.au](http://www.ruok.org.au)
- [www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)
- [www.lifeline.org.au](http://www.lifeline.org.au)
- [www.supportforpharmacists.org.au](http://www.supportforpharmacists.org.au)
- [www.blackdoginstitute.org.au/ten/](http://www.blackdoginstitute.org.au/ten/)
- [coronavirus.beyondblue.org.au/impacts-on-my-work/essential-services.html](http://coronavirus.beyondblue.org.au/impacts-on-my-work/essential-services.html)

## PSA honours WA's finest

THE Pharmaceutical Society of Australia (PSA) Western Australia Branch, has feted three exceptional pharmacists' commitment to the profession.

PSA WA Branch President, Dr Fei Sim, named Angela Boyatzis as WA Pharmacist of the Year, for her "impressive work in the area of sleep management and health care".

Karis Butler has been named as WA Early Career Pharmacist of the Year, for her work in guiding other pharmacists on how to implement important steps in their pharmacy when it came to burns management.

"Our profession is in safe hands with early career pharmacists like Karis coming through the ranks," Sim said.

The PSA WA Lifetime Achievement Award went to Pascale Ng Cheong Ng Tin, in recognition of her dedication to the profession in a career spanning more than 30 years.

"Pascale has made significant contributions to the pharmacy profession as an educator, advocate and innovator," Sim said.

## Allergy treatment critical in 2020

TACKLING the signs of hay fever and asthma will be key to avoiding symptoms being mistaken for respiratory infections, including COVID-19, this spring, the Australasian Society of Clinical Immunology and Allergy (ASCI) warns.

Noting that face masks, which have played a role in containing the spread of COVID and the flu also offer some protection from allergens, the ASCIA said "regular and correct treatment of hay fever and asthma is more important than ever in 2020", with resultant reductions in sneezing and coughing cutting viral spread.



## CBD scheduling a big step forward

**PLANS** to down-schedule cannabidiol (CBD) to Pharmacist-Only preparations will be “a major step forward for the profession of pharmacy,” former Pharmacy Guild of Australia National President, Kos Sclavos, believes.

Welcoming the interim scheduling decision announced by the Therapeutic Goods Administration (TGA) yesterday (**PD** breaking news), Sclavos told **Pharmacy Daily** that “this decision will see pharmacists play a key role in the management of patients using medicinal cannabis”.

The measure, with a proposed implementation date of 01 Jun 2021, will mean medicinal cannabis can be provided by a pharmacist, in accordance with additional supply requirements specified in Appendix M of the Standard.

Currently cannabidiol in preparations for therapeutic use is under S4 or S8 in various jurisdictions, with most products only available through the Special

Access Scheme (SAS).

The proposed new entry in S3 specifies “cannabidiol in oral, oral mucosal and sublingual formulations for therapeutic use” when either plant derived, or if synthetic contains only the CBD enantiomer in daily doses of 60mg.

In the Therapeutic Goods Administration (TGA) and the notice of interim decisions to amend (or not amend) the current Poisons Standard, the delegate of the Secretary of the Department of Health, noted that a proposal to exempt CBD from scheduling had been rejected.

“I am not satisfied that CBD can be supplied at the general sales level, with reasonable safety, and without any access to health professional advice,” the delegate said.

“The external evaluation report found that whilst CBD has low toxicity, adverse events and drug interactions are possible.

“On that basis, it is my firm view that CBD is unsuitable for general



sales.

“Due to uncertainty of adverse effects, the effects of longer term use and the potential for drug interactions, I find that the risks cannot be managed with packaging and labelling in the absence of pharmacist advice.”

Data from the TGA released earlier this month revealed more than 61,000 SAS Category B applications for unapproved medicinal cannabis product were approved up 31 Aug.



### Dispensary Corner

**ONCE** again the saying ‘not all heroes wear capes’ sprints to mind, after a pharmacist saved a patient from a few awkward moments trying to figure out how to use their medication.

A slightly humbled Melbourne-based ear nose and throat specialist took to Twitter to confess a prescribing faux-pas that was picked up by a pharmacist.

“So I made an embarrassing mistake today and got saved by the pharmacist again,” the doctor said.

“I clicked prednisolone enema instead of oral.

“The script was printed.

“Pharmacist called, are you sure you want enema? We suggest oral.”

Responding to the tweet another doctor noted “right drug, wrong orifice”.

While another suggested the medic had developed a new specialty - “rear nose and throat”.

Other responses noted pharmacist/physician interactions were generally “amicable and full of respect”, despite professional leaders clashing from time to time.

### Vale Bogovic

**PHARMACISTS** from the Royal Children’s Hospital (RCH) Melbourne are mourning the sudden passing of the hospital’s Deputy Director of Pharmacy, Antun Bogovic.

In a tribute posted on Twitter yesterday, staff from the RCH described Bogovic as a generous and “vibrant contributor to the collaborative efforts across children’s hospitals and paediatric units”, and “a mentor and inspiration to a large number of pharmacists who have trained and worked at RCH”.

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