

## Today's issue of PD

*Pharmacy Daily* today features four pages of news, plus a full page from Amcal.

## Amcal, Medibank flu vax program

**MEDIBANK** Live Better members can download a free flu vaccination voucher from the Live Better Rewards store to redeem at participating Amcal pharmacies across Australia.

Thousands of Australians are expected to take up this offer over the next few months, with thousands of vouchers already downloaded in less than two weeks, said Head of Amcal, Kurt O'Brien.

"For our franchise partners, this program delivers unmatched value through providing enhanced avenues of customer traffic, and ultimately, greater support to nurture in-store customer relationships, during flu season and beyond."

See **page five** for more information about Amcal's vaccination services.

## UTIPP-Q going to plan

**SUGGESTIONS** that cases being referred to GPs and specialists shows the Urinary Tract Infection Pharmacy Pilot - Queensland (UTIPP-Q) is flawed are wide of the mark, the Pharmaceutical Society of Australia (PSA), believes.

Responding to criticism of the program from the Australian Medical Association Queensland Branch (AMAQ) (**PD** 09 May), that pharmacists had missed complex conditions, PSA Queensland Branch President, Shane MacDonald, said the fact that patients had been referred to other practitioners highlighted the success of the program.

"The trial has clear referral pathways that include referring the patient to consult a GP (or other provider) if symptoms haven't resolved in 48 hours," he said.

"The fact that another provider has received the patient after referral and identified other conditions is an indication of success of the trial, it's exactly how collaborative team-based care should work."

"We are now over 8,000 occasions of service, with more and more women, not only accessing timely care from pharmacists, but



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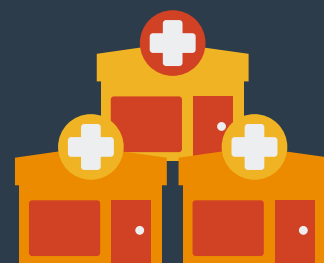
"The trial encourages collaborative team-based care - and this is exactly what is happening."

**MEANWHILE**, the AMAQ has also flagged concerns about the proposed North Queensland Pharmacy Scope of Practice Pilot (NQPSPP), which is expected to start recruiting pharmacists in the coming months (**PD** 06 May).

A survey by the medical organisation reported that more than 50% of GPs said the NQPSPP "would deter them from working in North Queensland", with 96% saying they would be concerned about patient safety if the trial is given the green-light.

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## NSW must fund rural workforce

**THE** Society of Hospital Pharmacists of Australia (SHPA) has released a report into the *Inquiry of Health outcomes and access to health and hospital services in rural, regional and remote NSW*, highlighting a critical shortage of health professionals in these communities.

SHPA CEO, Kristin Michaels, said, "the report's findings on workforce and healthcare service inequities are consistent with feedback SHPA has received from NSW hospital pharmacists over many years".

The report makes several recommendations, including calls to implement a 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy.

The SHPA is urging the NSW Government to act on all of the recommendations made in the report, citing that, despite its higher population, NSW has around 400 less hospital pharmacists than Victoria.

## Patients going without

**OFF-LABEL** prescribing of type-2 diabetes treatment, Ozempic (semaglutide), for weight-loss, by entrepreneurial online doctors is forcing patients to go without the medication, Pharmacy Guild of Australian National President, Trent Twomey, believes.

Speaking on 2GB on Fri, Twomey noted that while there was "nothing illegal" about the doctors' actions, it was "a bit immoral".

"What Ozempic has been approved for in Australia is strictly for those with type-2 diabetes who need to lose some weight," he said.

"What's happening - and I'm sure we've all seen pop-up on our social media streams or in newspaper ads around Australia - are these weight-loss doctors that you can fill out a questionnaire online.

"You don't ever actually talk to a doctor and some algorithm issues you a prescription for weight-loss, the doctor then checks [it] maybe a day or so later and you get a prescription emailed to you, and you can take that to your local pharmacy."

Twomey added that the drug's sponsor, Novo Nordisk, had said it did not have enough stock of the



medication in Australia to cater for the extra market created by off-label prescribing, "so those legitimate patients that have been on it [can't get it]".

Capital Chemist Group Business Manager, Andrew Topp, told **Pharmacy Daily** that there had been a "three to four-fold increase in demand" for Ozempic in recent months.

Topp said the global supply chain has been feeling the same pressure, with a long lead time for the medication.

"Intermittent deliveries are nowhere near enough to meet demand," he said.

Meanwhile the Therapeutic Goods Administration (TGA) has reported that supplies of both the 0.25/0.5 mg semaglutide (rys) 1.34 mg/mL and 1 mg semaglutide (rys) 1.34 mg/mL solution for injection pre-filled pens are expected to be boosted from 15 Jun.

**CLICK HERE** for more.

## Abatacept shortage eases

**SUPPLY** of abatacept is improving, with the Therapeutic Goods Administration (TGA) advising health professionals that normal prescribing of intravenous preparations can resume.

While shortages of subcutaneous products has eased, the TGA noted that supplies will remain constrained throughout Jun, with the regulator extending the Serious Scarcity Substitution Instrument, allowing pharmacists to offer patients whichever product is available without the need for a new prescription, until 30 Jun as a result.

"This will help patients have access to subcutaneous abatacept as supply returns," the TGA said.

## RPMA renewal

**RURAL** Pharmacy Maintenance Allowance (RPMA) renewal applications can be submitted until 14 Jun.

Applications can be made on the RPMA program page in the Pharmacy Programs Administrator Portal.

Allowances will be calculated once the RPMA Payment Matrix for 2022/23 is made available.

Call the Support Centre on 1800 951 285 for assistance.

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## Flooding event hits Tassie pharmacy

**PRICELINE** Pharmacy Glenorchy in Hobart, is undergoing extensive repairs after being hit by flooding on Thu night.

Pharmacy Guild of Australia Tasmanian Branch Director, Monique Mackrill, told **Pharmacy Daily** that severe rain combined with blocked drains in the area, to flood the store.

"The amount of water in a relatively short amount of time meant that systems were overwhelmed," she said.

"The pharmacy will need to undergo extensive repairs, however as many pharmacies do, they will trade through while the work is undertaken."

In a post on LinkedIn, Mackrill noted that "adverse weather events really highlight the complexities around pharmacy operations".

"You can't just move everything up the road due to regulatory controls and many people need access to their regular pharmacist



daily," she said.

"Like an iceberg, a lot of the issues are unseen - IT, digital and electrical connectivity is now an important part of contemporary pharmacy operations."

Mackrill noted that last week's floods were not the first to hit Hobart this year, with Bellerive Quay Pharmacy being forced to close in Jan as a result of a storm.

"Bellerive [Quay Pharmacy] has remained closed while they

undergo a full refit," she said.

"The pharmacy has unfortunately had a couple of flood damage claims recently, and the area is prone to flooding, with other traders demanding that [Clarence City] Council looks at the issues in this busy shopping strip."

With severe weather events becoming more frequent, Mackrill urged pharmacy owners to know exactly what their insurance policies cover.

## COVID changes hit migrants hard

**FAILURE** to engage and communicate people from non-English speaking backgrounds throughout the COVID-19 pandemic has adversely impacted migrants and refugees, a new study reveals.

Researchers from Flinders University found poor communications aimed at older people from culturally and linguistically diverse (CALD) backgrounds had resulted in misunderstanding of advice and non-compliance.

"It is imperative to put in place strategies that address the specific needs of all sections of the community and to provide advice in a context, format and language that is readily understood," the authors said.

The study was published in the *Journal of Multidisciplinary Health*.

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## Dispensary Corner

**AUTHORITIES** in Hyderabad, India, have busted an illegal online pharmacy that has been selling psychotropic medicines to US-based consumers for recreational use.

The Narcotics Control Bureau (NCB) raided the home and office of the pharmacy's boss, Aashish Jain, seizing almost \$700,000 in cash, *Inc 42*, reported.

The agency alleged that Jain was a key player in an international drug trafficking network, claiming he had overseen the diversions of more than 1,000 shipments of medications from India to the US over the last two years.

NCB Deputy Director-General, Sanjay Kumar Singh, said once customers had ordered a product, they would be given the option of paying using Bitcoin, PayPal or credit card, with the drugs shipped once the funds hit Jain's account.

The medications being diverted included, oxycodone, hydrocodone, alprazolam, diazepam, lorazepam, clonazepam, zolpidem and tramadol.



## Pharmacist wins rego

**FORMER** Rottneest Pharmacy owner, Jeffrey Stewart Lees, has secured condition-free registration, after mistakenly indicating that he did not meet recency of practice requirements in 2019.

The Western Australian State Administrative Tribunal was told that Lee had closed the pharmacy in May 2017, and had not practiced from that point until he sought to renew his registration in Oct 2019.

However in his application and a subsequent CV provided to the Australian Health Practitioner Regulation Agency (AHPRA) he reported that he had closed the store in May 2016, and he had not completed the required 450 hours in the past three years when he submitted his renewal application.

As a result the Pharmacy Board of Australia implemented a number of conditions on his registration.

The Tribunal noted that Lee was a "very experienced pharmacist" and had "never had a complaint against him" in 40 years of practice.

Explaining the errors in his registration renewal application and CV, Lee acknowledged that he was a person who overlooks and



forgets things, and did not keep records.

In a statement to the Tribunal, Lee said he had worked full-time at the Rottneest Pharmacy from Nov 2006 until May 2017, and provided business statements for the Rottneest Pharmacy to the Tribunal, including bank statements, records of purchases from pharmacy wholesalers and prescriptions dispensed up until May 2017.

Lee's evidence was corroborated by his partner, whom the Tribunal said was "a reliable witness".

While the Tribunal ruled in Lee's favour on his registration renewal application, he was ordered to pay costs of \$6,688.

## TGA sets date for paracetamol report

**THE** Therapeutic Goods Administration (TGA) has commissioned a report to address concerns surrounding paracetamol poisonings and deliberate overdoses.

The TGA cites a "high prevalence of accidental and deliberate paracetamol poisoning within the community, in both adults and children".

The report, set to be published in Jul, will be used to help determine if current access

restrictions to the pain relief medicine are appropriate, and if there should be any changes to its scheduling, including access or purchasing controls.

There will be a public consultation period following the report's publication, after which the Advisory Committee on Medicines Scheduling will provide advice later this year on any proposal to amend the Poisons Standard in relation to paracetamol.



## Guild Update

### Long COVID-19 study

**A NEW** study finds the effects of long-term COVID-19 are more likely to be found in women, obese people and those on mechanical ventilation.

The UK study also found only one in four patients hospitalised with COVID-19 said they were fully recovered 12 months later.

The study also reported that the most common ongoing long-COVID-19 symptoms were fatigue, muscle pain, physically slowing down, poor sleep and breathlessness.

The researchers stated that long COVID-19 was becoming a highly prevalent new long-term condition.

The study in *The Lancet Respiratory Medicine* reported more than 2,000 patients were studied post-hospitalisation, to determine the impact of long COVID.

It found women were 32 per cent less likely to be fully recovered after a year.

Those who were obese half as likely, and those on mechanical ventilation were 5 per cent less likely to be fully recovered after one year.

The full report can be accessed [here](#).



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