

Today's issue of PD

Pharmacy Daily today features three pages of news.

Court approves Sigma-CWH merger

BREAKING

THE final hurdle for Sigma's acquisition of Chemist Warehouse has been cleared, with today's court approval of the merger.

The Federal Court of Australia made orders today approving the proposed scheme of arrangement (the Scheme), under which Sigma will acquire 100% of the issued shares in CW Group Holdings Limited.

Sigma said in an ASX announcement that it expects Chemist Warehouse to lodge an office copy of the Court orders with ASIC on Tue 04 Feb, at which time the Scheme will become legally effective and binding on Chemist Warehouse shareholders.

Implementation of the Scheme is expected to occur on Wed 12 Feb and Chemist Warehouse shareholders will be provided with the Scheme Consideration on that date in respect of all Chemist Warehouse Shares held on the Scheme Record Date, which is Thu 06 Feb.

"New Sigma shares issued under the Scheme are expected to commence trading on a normal settlement basis on 13 Feb 2025," Sigma said.

New programs agreement to kick off

THE Pharmaceutical Society of Australia (PSA) and the Australian Government are ready to negotiate the first dedicated agreement on pharmacy programs, both parties have announced.

The agreement will cover a range of pharmacy programs that no longer sit within the 8th Community Pharmacy Agreement, which include medication management programs (including Home Medicines Reviews and Residential Medication Management Reviews), First Nations programs, and rural workforce and training programs.

The new agreement will see PSA and the Commonwealth work together, alongside other pharmacy stakeholders, to strengthen programs that pharmacists deliver across the health system.

PSA National President Assoc Prof Fei Sim said the agreement was an opportunity to reform programs to ensure they are fit-for-purpose, now and into the future.

"This agreement is an opportunity to reform program rules and funding arrangements to maximise the impact of pharmacists across the health sector," Associate Professor Sim said.

"In negotiating a standalone agreement with the Australian Government, we are advocating for the changes we have long known need to happen, allowing pharmacists to best serve our communities," she said.

With security of funding for the programs assured, the PSA is turning its focus to removing barriers that have prevented

pharmacists from playing a greater role in patient care.

Advanced Pharmacy Australia (AdPha) has also welcomed the opening of consultation.

"We look forward to helping shape pharmacy programs that better support the safe and effective care of older Australians, and improve medicines access for Aboriginal and Torres Strait Islander peoples," said AdPha President Tom Simpson.

The Government says that the new agreement will ensure the programs are cost-effective and provide value for patients and pharmacists through improved program design and delivery, noting that the independent cost-effectiveness review of existing pharmacy programs run by Deloitte will inform the agreement's content.

Mark Butler, Minister for Health, said that the new agreement will support the Government's ongoing commitment to improving patient health outcomes and providing cheaper medicines.



"Community pharmacies already play an integral role in the health care of their local communities," Butler said.

"The Government wants to see pharmacists play a larger role in the primary care sector by further supporting patients."

Butler added that he was "looking forward to working with the PSA and other pharmacy stakeholders to improve pharmacy programs to meet the health needs of Australians".

The PSA will soon be seeking feedback from pharmacists and stakeholders on program arrangements and barriers. KB



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Adrian Staltari
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OCP could reduce ovarian cancer

THE oral contraceptive pill (OCP, or 'the Pill') could help reduce the risk of ovarian cancer by reducing the number of ovulations, according to new research from the University of South Australia (UniSA).

Using AI to screen for risk factors of ovarian cancer, the researchers found that the oral contraceptive pill reduced the risk of ovarian cancer by 26% among women who had ever used the Pill, and by 43% for women who had used it after the age of 45, while women with two or more children also had reduced risk.

"This poses the question as to whether interventions that reduce the number of ovulations could be used as a potential target for prevention strategies for ovarian cancer," said UniSA researcher Dr Amanda Lumsden.

New paracetamol rules will reduce harm

PARACETAMOL scheduling changes that took effect over the weekend will help reduce the risk of intentional and unintentional harm, including in children and adolescents, said the Pharmaceutical Society of Australia (PSA).

General sale pack sizes available from supermarkets or grocery stores have been reduced from 20 to 16 tablets, Pharmacy Medicine (S2) packs are limited to 50 tablets, and larger packs are Pharmacist Only Medicine (S3).

Paracetamol tablets in general sale packs and Pharmacy Medicine packs will also be required to be in blister packaging, which can reduce overdose and impulsive attempts to self-harm by slowing the consumption of multiple tablets or capsules.

The PSA strongly supports the move, which will reduce the risk of overdose and poisoning.

However, with approximately 16% of pharmaceutical poisoning

hospital admissions in children under five being attributed to paracetamol, the PSA said there is more to be done.

"The sobering reality is that we are leaving our kids vulnerable to harm, particularly when it comes to common medicines around the house," said PSA National President Associate Professor Fei Sim.

"By limiting the maximum pack sizes of paracetamol, we are opening the door to a conversation about the risks and benefits of these medicines - both in the pharmacy and at home - and take steps as a community to promote the safe use of medicines.

"By involving pharmacists in the supply of larger paracetamol pack sizes, we strike the right balance between access and safety, giving pharmacists and pharmacy assistants the opportunity to help patients manage their pain



effectively while reducing the risk of misuse and harm."

Assistant Minister for Health and Aged Care, Ged Kearney, pointed out that around 225 people are hospitalised with liver injury and 50 people die from paracetamol overdose each year.

"The TGA's decision to limit the size of paracetamol packs struck a balance between protecting young Australians from harm while also ensuring those in pain can access the medicine," Kearney said.

"My thanks to the TGA for its sensible and measured decision, and to the pharmacists and retailers around the country who have responded so robustly." KB

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Dispensary Corner

IF you have been a guest on a cruise ship, you may have partaken in of their free ice cream parties.

Now, one cruise ship performer has revealed the real reason behind these events - to make space for dead bodies in the freezer.

"If the crew suddenly makes a bunch of ice cream available to the passengers, free ice cream party, it's often because more people have died on the ship than they have room for in the morgue," claimed Dara Starr Tucker in a recent TikTok video.

"I believe they said [the morgue] held about seven people and if more than seven people died on that particular ship, they would have to start moving bodies to the freezer which meant they needed to make room in the freezer.

"So they would have to take out a lot of the ice cream and other frozen goods in order to make room for the other bodies."

Dr Amy White is the director of medical operations for Vikand, which provides medical services for more than 150 ships on 33 cruise lines.

Dr White confirmed Tucker's claims, but pointed out that modern cruise ships now have more facilities to handle such unfortunate situations.

According to research based on 78 ocean and river cruise lines, including Carnival and Royal Caribbean, 623 deaths were recorded between 2000 and 2019, so it's unlikely there will be much free ice cream.

Unaffordable meds: an SAS solution?

EXCLUSIVE

WITH the cost of medications driving people to import medicines at risk to their health and finances, health ethicist Dr Narcyz Ghinea (pictured) argues there has to be a better way - and there could be a role for pharmacists, he told *Pharmacy Daily*.

Statistics show that around 10% of Australians do not take, or delay taking, prescribed medicines due to cost, and a survey of people over 45 found that 22% were unable to afford them at some point in the last year.

Yet others are making choices such as skipping meals, delaying bill payments, borrowing money or selling assets to buy medicine.

One option available to patients is to import medicines at a discount through the Personal Importation Scheme (PIS), and almost 200,000 Australians over 45 do so each year.

But with one recent review finding that up to 25% of medicines in global circulation are substandard or fake, people who choose to import medicines risk their health and - given that some are still very expensive - their finances, especially if they do not work.

Dr Ghinea, from the University of Sydney School of Public Health, told *Pharmacy Daily* that pharmacists could play a role in helping with affordability, though options are limited under current regulations.

"As things stand, I don't think pharmacists can do much more than encourage or prescribe generics when available, as they are a tightly regulated profession," Dr Ghinea said.

"Compounding easily copied small molecule drugs is a way pharmacists could help with affordability, but there has been

a crackdown recently, especially around Ozempic," said Dr Ghinea.

"While this is ostensibly for public safety, in the US, the industry has been actively working to stop compounding of cheaper versions of their products for obvious reasons," he said.

However, Dr Ghinea does see some potential through the Special Access Scheme (SAS), which doctors and (depending on the drug category) other health professionals use to obtain unapproved medicines.

"What I would like to see is the Special Access Scheme extended to include affordability considerations.

"Currently, monetary considerations are explicitly excluded as a valid justification for using the SAS, at least for Category B [for non-life-threatening conditions].

"So a doctor can use unapproved drugs if it is not otherwise available in Australia, but if it is available, they can't use the scheme to access a cheaper version from abroad," Dr Ghinea said.

This leaves patients to their own devices to import drugs via the PIS without any oversight.



"From the patient's perspective, there is no difference between a drug being unavailable and unaffordable, so such a situation is, in my view, unjustified and a form of systemic injustice.

"If doctors can source unapproved medicines through pharmacists using the SAS, why can't patients also use pharmacists to source cheaper versions of products they can't otherwise afford?"

"It seems to me the barriers are artificial, as there are already systems and supply chains in place to source unapproved medicines."

See his recent paper [HERE](#). KB

Fact sheets on discontinued insulin products

THE Australian Commission on Safety and Quality in Health Care has created new fact sheets for clinicians and patients affected by the discontinuation of various insulin products in Australia.

Novo Nordisk discontinued the Protaphane InnoLet human insulin (rys) 100 IU/mL injection multidose cartridge on 01 Feb.

Pharmacists can dispense a Protaphane Penfill human insulin (rys) 100 IU/mL injection multidose cartridge in the place

of a Protaphane InnoLet cartridge without a new prescription from the prescriber, under a Serious Scarcity Substitution Instrument (SSSI) created last year.

However, pharmacists should use their clinical judgement.

With other insulin product discontinuations also expected, healthcare providers will play a crucial role in helping minimise patient impact.

The fact sheets for clinicians and patients can be found [HERE](#).