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## Cholesterol findings

**WOMEN'S** cholesterol levels are consistently higher than men's, according to a new study undertaken by the Baker IDI Heart and Diabetes Institute.

The study looked at around 200,000 GP patient records spanning a six year period and found middle-aged women overall had the highest cholesterol levels of all patients clocking average levels of 5.5mmol/L compared to their male counterparts who registered averages of 5.3mmol/L.

Four out of five women aged between 45 and 65 years had higher than target level LDL (bad) cholesterol levels over 2.5mmol/L, whilst 34% clocked lower than recommended levels of HDL (good) cholesterol (under 1mmol/L).

"It is concerning to find that many women are neglecting their heart health," said study author, Professor Simon Stewart.

"We know cardiovascular disease is the biggest cause of death in Australian women and this data suggests there could be over a million middle aged women and more than two million adult Australian women living with cholesterol levels above ideal levels," he added.

Overall adult women were also found to have higher bad cholesterol levels than men, with 2009 averages for the former being 5.2mmol/L compared to 5.1mmol/L for men.

Of interest was also the fact that economic status isn't correlated to cholesterol rates, with levels of good, bad and total cholesterol consistent between patients in both high and low income areas.

"The early findings of this study should serve as a wake-up call to all Australians, and in particular middle-aged Australian women," said Stewart.

"Getting LDL cholesterol levels down and HDL cholesterol levels higher is critically important for maintaining heart health and reducing risk of heart attack and stroke.

"We have been too complacent for too long about this important health issue," he added.

For more information, visit the Baker IDI website at [www.bakeridi.edu.au](http://www.bakeridi.edu.au).

## Pharmacy super ATO audits

**PHARMACY** owners across Australia are being warned to check the way that they pay their contracted staff, after a spate of Superannuation Guarantee audits by the Australian Tax Office.

Matthew Harris, a pharmacy specialist partner at accounting firm MSI Taylor, has advised **PD** of the situation, with an audit of one client resulting in an additional payment of more than \$20,000 in Superannuation Guarantee Charges, relating to five years payment of a part-time pharmacist who was paid as a contractor.

To make matters worse, this impost is not tax deductible, meaning the costs to the owner are significant, Harris said.

He warned that the ATO is also auditing PAYG Withholding tax payments in the pharmacy sector.

The ATO audits are being based around a "decision tool" on [www.ato.gov.au](http://www.ato.gov.au) which is used to determine whether a particular staffer is an employee or a contractor.

Pharmacy owners must pay employees according to the compulsory superannuation guarantee scheme, whereas contractors are responsible for their own superannuation.

However it appears that in a number of cases which follow common practice in the retail pharmacy sector, owners are paying pharmacists as contractors when in fact the ATO tool determines that they are employees - and therefore require the SGC and PAYG Withholding Tax payments.

"It is up to the employer to check if the person is a contractor or not," Harris said, with a key factor being whether the "contracted" pharmacist is paid as a sole trader (which implies that they are classed as an SGC employee), or as a Company or Trust (in which case they are a contractor).

Many pharmacists operate as sole traders with just an ABN, and in these cases it's likely that the superannuation charges will apply, regardless of any agreement to the contrary with the pharmacy owner.

In many cases pharmacists are paid an hourly rate as a contractor, and although the agreed payments may be higher to compensate for superannuation, this is irrelevant if the pharmacist is judged to be an employee by the ATO, Harris said.

## No antibiotic solution

**IMPROVED** hygiene in hospitals and stringent measures to prevent the spread of disease may be the best defense against infections, according to lead infectious disease analyst from pharmaceutical data firm Datamonitor, Hedwig Kresse.

Kresse said there was a lack of new antibiotics in development pipelines due to rising drug resistance as well as "high genericism through the antibacterials segment" reducing commercial opportunities for new antibiotic drugs.

"In the absence of new drugs, combination therapy of existing therapies remains a last resort, although this is likely to further drive resistance development," Kresse said, adding that improved hygiene in hospitals and "stringent measures to prevent spread will be paramount to counter the threat posed by these infections."

## GSK Mirixa contract

**GLAXOSMITHKLINE** has re-signed with the Guild's Mirixa Australia to continue the Seretide compliance program - and is also set to launch a new type of Mirixa program in the near future.

GSK director of Primary Care, Arthur Charlaftis, said the company was committed to supporting initiatives that enhance the quality use of medicines, such as Mirixa.

"Pharmacists are well positioned to encourage patient compliance," he said, with the program having seen improvements in compliance through pharmacist interventions.

## Lamictal warning

**THE** US Food and Drug Administration has issued a warning over GlaxoSmithKline's seizure and bipolar drug Lamictal (lamotrigine), which its says can cause aseptic meningitis.

At present the FDA is working with GSK to update the prescribing and labelling information.

The agency said that patients on Lamictal who present with meningitis with no clear cause should discontinue the drug immediately.

"Aseptic meningitis is a rare but serious side effect of Lamictal use," said Russell Katz, director of the Division of Neurology Products in the FDA's Center for Drug Evaluation and Research.

"Patients that experience symptoms should consult their health care professional immediately," he added.

## New Scot director

**THE** Royal Pharmaceutical Society of Great Britain has appointed a new Director for Scotland, Alex MacKinnon- current Head of Corporate Affairs at Community Pharmacy Scotland.

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## Cough rescheduling

**THE** National Drugs and Poisons Schedule Committee has resolved that certain substances in preparations for treating cough and cold be rescheduled to S4 for use in children less than 2 years of age; S3 for use in children aged 2-6; and S2 for people above six.

The Record of Reasons for the NDPSC meeting in Jun says that the rescheduling will apply to brompheniramine, carbapentane, chlorpheniramine, codeine, dexchlorpheniramine, pholcodine, dextromethorphan, dihydrocodeine, diphenhydramine, doxylamine, ipecachuanha, pheniramine, phenylephrine, promethazine, pseudoephedrine, senega and triprolidine.

Changes will only apply where they will not result in less restrictive scheduling, and won't apply to oxymetazoline and xylometazoline when for nasal spray use, with the recommendations referred to a delegate under the new scheduling arrangements from Jul.

## CPD Calendar

**WELCOME** to *Pharmacy Daily's* Continuing Professional Development Calendar, featuring upcoming events and opportunities to earn CPE and CPD points.

If you have an upcoming event you'd like us to feature, email [info@pharmacydaily.com.au](mailto:info@pharmacydaily.com.au).

**28 Aug-02 Sep:** 70th FIP World Congress, Lisbon, Portugal - [www.fip.org/lisbon2010](http://www.fip.org/lisbon2010).

**11-12 Sep:** Australasian Conference for Compounding Pharmacists - [www.accp.net.au](http://www.accp.net.au).

**15-18 Sep:** Pharmacy 2010, the Pharmacy Management Conference on Hamilton Island - [www.pharmacyconference.com.au](http://www.pharmacyconference.com.au).

**28-31 Oct:** PSA's Pharmacy Australia Congress in Melbourne - details [www.pac10.com.au](http://www.pac10.com.au).

**11-14 Nov:** The 36th National SHPA Conference, Medicines Management 2010 in Melbourne - [mm2010shpa.com](http://mm2010shpa.com).

**01-10 May 2011:** The PSA's 2011 Offshore Conference in Venice, Italy and Salzburg, Austria - [www.psa.org.au](http://www.psa.org.au).

## New Board requirements

**THE** Pharmacy Board of Australia has flagged the development of additional guidelines on the responsibilities of practising pharmacists who are also owners of pharmacy businesses.

The move follows the board's previous policy decision (**PD 18 Jun**) which stated that *prima facie* a pharmacist who owns a pharmacy is practising pharmacy.

The board says that in addition to meeting registration standards, including requirements for professional indemnity insurance, recency of practice and continuing professional development, proprietor pharmacists will be obliged to meet the guidelines under development "which will be open for consultation before being finalised by the board".

The project to develop the new guidelines was flagged in the minutes of the tenth official meeting of the Board which took place in Melbourne on 30 Jul.

Other issues highlighted in the

Board's post-meeting communique include its agreement on a new oral examination format, which will supersede the current state and territory exams from 01 Jan 2011.

The new exam will be 45-50 minutes in length; be run by two examiners; and will include four scenario based questions involving a patient medication profile, a primary healthcare scenario, a legal/ethic practice scenario and a communication/ problem solving scenario which all may include role play and discussion with examiners.

The new oral exam guideline will be published by the Board in Jan next year, whilst exams will be run by AHPRA on behalf of the Board every four months.

Feedback was also considered on the wide ranging consultation on guidelines for dispensing medicines, specialised supply arrangements and practice specific issues, with the Board resolving to publish the finalised guidelines on its website by the middle of this month.



## DISPENSARY CORNER

**COUGHING** up a pea-ball.

A 75-year old US man, Ron Sveden was surprised to find that his suspected lung cancer was in fact a pea sprouting in his lung.

Already an emphysema sufferer, Ron had feared the worst after months of coughing fits and fatigue, followed by weeks of dehydration and pneumonia.

His doctors also prepared for the worst after a lung x-ray revealed a sinister small dark lump in the lung tissue, and when a biopsy turned down cancer as a possibility they decided surgery was the only answer.

Whilst under the knife doctors discovered under an inflamed encrusted mass was an unidentifiable "grungy" ball that "looked like a pea".

Gobsnacked surgeons sent the mass to a pathologist, who confirmed it was a sprouting vegetable.

Following surgery Ron got the all clear and is now back home.

**TRADING** ginseng.

The Finance Department for the Czech Republic is considering a proposal from North Korea to pay back 5% of its \$11 million debt with twenty tonnes of ginseng root.

Accrued during the Soviet era, the debt to the Czech Republic was largely due to the provision of trams and heavy machinery.

Although not an "official offer" the Czech Republic minister for finance told press that "we had calls from dealers willing to trade ginseng, so it would be good business for the state".

**LEGLESS** on Kilimanjaro.

A group of three Vietnam, Afghanistan and Iraq war veterans who suffered the loss of five legs between them, has managed to conquer the epic 19,330ft climb to the top of Tanzania's Mount Kilimanjaro in just six days.

"If three amputees from three different wars and two different generations with literally one good leg can climb Kilimanjaro, our other disabled friends can get out and go hiking or go biking or swim a mile, can get out and lead a healthy life," said climber Kirk Bauer.

## WIN A REFRESHING BODY MIST



Every day this week, **Pharmacy Daily** is giving readers the chance to win a Refreshing Body Mist from the Body America, Organics with Attitude range, courtesy of **Total Beauty Network**.

Body America redefines organics with its retro chic look and commitment to protecting the body and the environment with its certified organic body pampering treats.

The 1950s inspired retro packaging pays homage to America's past, present and future, with each flavour honouring a much loved region of the United States. Body America's pin up girls are playful and innocent...an endearing attribute to be celebrated! The range has been designed for all skin types and is enriched with certified organic Aloe Vera Leaf juice to help naturally soothe and protect skin.

For a chance to win your very own Body America's Body Mist, simply send through the correct answer to the daily question below:

**What decade is the Body America range based on?**

Email your answer to: [comp@pharmacydaily.com.au](mailto:comp@pharmacydaily.com.au)

The first correct entry received will win!

Hint: Visit: [www.bodyamerica.com.au](http://www.bodyamerica.com.au)

Congratulations to yesterday's lucky winner: **Hayley Fejer** from **High Tech Health**.