Pharmacy DAILY
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Guild Update

This week's update from the Guild

Pharmacy Assistant of the Year

Briohny O'Malley from Bunbury Drive-In Chemist in Western Australia (pictured above) has been named the Pharmacy Guild of Australia and GSK's 2010 National Pharmacy Assistant of the Year.

Briohny said she was absolutely thrilled to be chosen as the PATY and that, although the judging day was nerve wracking, it was a great experience to be able to learn from so many fantastic people.

GSK National Training Manager Andrew Prott said that the quality and standard of this year's finalists was extremely high and that they have set the bar for next year's competitors. "This competition is a reflection of the dedication and passion that the finalists have for their jobs and the industry. The finalists have all demonstrated that they are leaders who aspire to develop not only themselves but all those around them," he said.

The judges said that all the finalists were of such a high calibre, but that Briohny stood out as someone who could perform well under pressure and had an extensive knowledge of the pharmacy industry. As the national winner, Briohny received some terrific prizes, including $5000 cash and professional development with Guild Training to the value of $4000.

The Pharmacy Guild of Australia

Collaboration is key - PSA

THE Pharmaceutical Society of Australia has proferred an olive branch of peace to the Pharmacy Guild, saying the organisations need to work together to ensure the long-term sustainability of the pharmacy industry in Australia.

PSA President Warwick Plunkett has warned that community pharmacy will need to "undertake major structural changes" over the next two years, due to "inevitable outcomes from the government's primary health-care reform agenda and the enormous financial impact that will result from generic medicine price disclosure".

He said that PSA is keen to work with the guild "to address these issues and develop an agreed common approach that can deliver a successful outcome for pharmacists, government and consumers".

The attempted rapprochement follows a provocative speech at the opening of the Pharmacy Australia Congress (***PD*** Fri) in which Plunkett criticised the Guild for its exclusive approach during the Fifth Agreement negotiations.

Plunkett said the PSA wanted to work closely with the Guild in a number of areas including the 5CPA's Medicines Use Reviews and Clinical Interventions.

"Working with the Guild and other stakeholders will help ensure that these and other programs are efficacious and produce the best possible results for consumers and for the aims of health-care reforms," Plunkett said.

"PSA believes the future of the pharmacy profession is reliant on the provision of remunerated professional services and together with the Guild is working to ensure these programs are properly and quickly developed and implemented."

He said that PSA's new field officer program, which aims to provide on-the-spot support for pharmacies undergoing practice management changes, also provided "great scope for collaborative action.

"There are demonstrably many areas where PSA and the Guild are working closely together for the common benefit of the pharmacy profession," he said, adding:"It is important that this collaboration only grow and strengthen into the future".

MyHospitals launch

THE Health Department yesterday announced that the new MyHospitals website will be online nex tmonth, providing information about public hospitals in all states and territories of Australia.

The site will allow "every Australian to find clear, comparable and user-friendly information" about the hospitals, with participation a condition of the health reform agreement at the COAG meeting in April which has been signed by every jurisdiction except Western Australia.

WA has, however, agreed to participate anyway, and the site will compare waiting times for elective surgery and emergency department care, as well as listing bed numbers and allied health services.

Private hospitals will also eventually be included, with about 50 already agreeing to take part.

Pharmacy E-Bulletin

THIS week's edition of the RGH Pharmacy E-Bulletin gives an overview of phosphodiesterase 4 inhibitors in COPD - download at auspharmlist.net.au/ebulletin.php.

New screen content

TORCHMEDIA, which supplies advertising screens in a range of Pharmacy Guild member pharmacies across Australia,has add 20 new Hot Health topics, reflecting a "new focus on relevant content in the channel".

The 30-second clips aim to address the most common health challenges and concerns of shoppers in a retail pharmacy, with advertisers able to run a 10-second follow up which presents their product as a solution.

Topics covered include cold and flu, pain relief and cholesterol treatment, with the company set to launch 20 more in the short tem.

See www.torchmedia.com.au.

WIN AN A'KIN RADIANCE SERUM

Pharmacy Daily has teamed up with **A'kin** this week and is giving 5 lucky readers the chance to win an A'kin Pure Alchemy Cellular Radiance Serum.

Keep skin looking radiant and youthful naturally with the help of A'kin Pure Alchemy Cellular Radiance Serum. Enriched with a combination of Omega 9 and Omega 3 & 6 essential fatty acids from rosehip and echium, Vitamin E and Pro Vitamin A, this potently active serum is high in antioxidants to leave skin feeling firm, smooth and brightened.

For your chance to win this great prize, simply send through the correct answer to the daily question below:

List 2 key ingredients found in the A'kin Pure Alchemy Cellular Radiance Serum

Email your answer to: **comp@pharmacydaily.com.au**

First correct entry received each day will win!

Hint: Visit: **www.purist.com**

Congratulations to yesterday's lucky winner: **Carmel Brown** from **Priceline Pharmacy Ballarat**.

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FDA approvals

THE US Food and Drug Administration has approved a new injectable antibiotic to treat a range of acute conditions including the 'superbug', methicillin-resistant Staphylococcus aureus (MRSA).

Teflaro (cetaroline fosamil) is a cephalosporin agent, and is also indicated for the treatment of community acquired bacterial pneumonia (CABP) and acute bacterial skin and skin structure infections (ABSSSSI).

"These are serious and potentially life-threatening infections for which new treatment options are needed," the FDA said.

MEANWHILE the FDA has also approved a new indication for Afinitor (everolimus), for the treatment of patients with subependymal giant cell astrocytoma (SEGA) associated with rare genetic disorder tuberous sclerosis which cannot be treated with surgery.

The drug was given the OK under the FDA's accelerated approval program, with Afinitor first approved for the treatment of kidney cancer in Mar 2009.

New combos added to PBS

THE Pharmaceutical Benefits Scheme now includes two new combination medications for the treatment of hypertension, which were among nine new drugs added to the PBS yesterday.

The hypertension additions include Sevikar (***PD*** 25 Oct) (olmesartan with amlodipine) and Exforge (amlodipine with valsartan and hydrochlorothiazide), which have both been listed on a cost-minimisation basis compared with the constituent components at equivalent doses.

Both are indicated for the contorl of hypertension in a patient who is not adequately controlled by the drugs in the respective combination.

Also new to the PBS is Aloxi (palonosetron) injection for the treatment of nausea and vomiting associated with chemotherapy.

Prograf XL (tacrolimus) once daily prolonged release capsules have been added as an Authority Required listing for patients with organ or tissue transplants.

And a new six-month prolonged release formulation of Diphereline (triptorelin) has been listed for locally advanced or metastatic prostate cancer.

Other Nov additions include Humira (adalimumab) as a pharmaceutical benefit for people with severe active polyarticular course juvenile idiopathic arthritis, as an alternative for prescribers to the currently listed option for the condition, Enbrel (etanercept).

And Riamet (artemether with lumefantrine) trablets have been listed for the treatment of malaria due to Plasmodium falciparum, while Alphagan (brimonidine tartrate) 0.15% eye drops have been listed in both the general and optometrical schedules on a cost-minimiation basis against brimonidine 0.2% eye drops.

Sigma shares hold up

SHARES in Sigma Pharmaceuticals have dipped about 3% to 43.5c after the firm announced it would "vigorously defend" a class action brought by aggrieved investors (***PD*** yesterday).

Reports today estimate that the lawsuit could involve a total claim amounting to up to $100 million.

DISPENSARY CORNER

HYGIENE is very high on the agenda for a group of unemployed students in the Czech republic, who have set up their own naked cleaning agency.

The 'Crazy Cleaners' charge a fairly handsome fee of about $100 per hour for their services, with 15 male and female staff on the books who are prepared to work in their undies, topless or even stark naked.

"Nobody likes cleaning and everyone likes to look at a good body," said the firm's 21-year-old founder Katka Kopecka.

"Quite often the people asking for our services are busy business people who want to wind down.

"Watching someone clean your house in underwear is a nice way for them to relax," she added.

Kopecka also reassured that the operation is all above board.

"This is not a prostitution service, it's just a cleaning service," she insisted.

November MIMS Monthly Medicine Update

NEW PRODUCTS

Berinert **(human C1 esterase inhibitor)** is a highly purified, freeze-dried C1 esterase inhibitor concentrate derived from human plasma shown to inhibit the classical complement activity in both human (IC50 = 1.05 U/mL) and rat (IC50 = 1.01 U/mL) plasma in vitro. Administration of Berinert to patients with C1 esterase inhibitor deficiency replaces the missing or malfunctioning protein in patients to relieve symptoms of hereditary angioedema (HAE). Berinert is indicated for the treatment of acute attacks in patients with HAE. The recommended dose is 20 units (U)/kg administered by slow intravenous injection at a rate of 4 mL/minute. Berinert is available as a single use vial containing 500 U per vial (50 U/mL).

Multaq **(dronedarone hydrochloride)** is an antiarrhythmic agent with electrophysiological properties of all four Vaughan-Williams classes. Multaq is indicated to reduce the risk of cardiovascular hospitalisation in patients with paroxysmal or persistent atrial fibrillation (AF) or atrial flutter (AFL), with a recent episode of AF/AFL and associated cardiovascular risk factors, who are in sinus rhythm or who will be cardioverted, on top of standard therapy. It is contraindicated in combined therapy with medicines which may induce torsades de pointes such as phenothiazines, cisapride, tricyclic antidepressants, certain oral macrolides, Class I and III antiarrhythmics and drugs that prolong the QT interval and Second- or third- degree AV block or sick sinus syndrome (except when used in conjunction with a functioning pacemaker); bradycardia < 50 b.p.m; patients with NYHA Class IV heart failure or NYHA Class II - III heart failure with recent decompensation requiring hospitalisation; coadministration with strong CYP 3A4 inhibitors such as ketoconazole, itraconazole, voriconazole, posaconazole, ritonavir, clarythromycin, cyclosporine; QTc Bazett interval ≥ 500 msec; severe hepatic impairment; pregnancy and/or lactation and severe renal impairment (CrCl < 30ml/min). The recommended dose is 400 mg twice daily, taken as one tablet with the morning meal and one tablet with the evening meal. Grapefruit juice should not be taken together with Multaq. It is available as a film coated 400 mg tablet in packs of 20's or 60's.

Omacor **(eicosapentaenoic acid (EPA) ethyl ester + docosahexaenoic acid (DHA) ethyl ester)** contains 2 omega-3 series polyunsaturated fatty acids. They are essential nutrients that cannot be synthesised by the human body in sufficient amounts and have to be obtained in the diet. Omacor is active on the plasma lipids by lowering triglyceride levels as a result of a fall in VLDL, and is also active on haemostasis and blood pressure. Omacor is indicated as adjuvant treatment in secondary prevention after myocardial infarction, in addition to other standard therapy (e.g. statins, antiplatelet medicinal products, beta-blockers, ACE inhibitors). It is also indicated for endogenous hypertriglyceridaemia as a supplement to diet when dietary measures alone are insufficient to produce an adequate response. Treatment is indicated for Fredrickson classification type IV and V (monotherapy) and IIB (add on therapy) dyslipidaemia only. Omacor is contraindicated in those allergic to soya (including soya milk, soya beans). The recommended daily dose of Omacor in postmyocardial infarction is 1 capsule daily and in hypertriglyceridaemia 4 capsules daily. As a possible rise in LDL-C has been shown in some studies with intake of Omacor 4 g/day LDL-C levels should therefore be monitored on a regular basis, especially in patients with type IV and V dyslipidaemia. Omacor is available as 1,000 mg tablets in packs of 28's.

Sevikar **(olmesartan medoxomil + amlodipine besylate)** is a combination of an angiotensin receptor blocker and a dihydropyridine calcium channel blocker, respectively. The combination of these active ingredients has an additive antihypertensive effect, reducing blood pressure to a greater degree than either component alone. Sevikar is indicated for the treatment of hypertension. Treatment should not be initiated with this fixed-dose combination. Sevikar is contraindicated in pregnancy; severe renal impairment; severe hepatic impairment or biliary obstruction; cardiogenic shock; acute myocardial infarction (within the first 4 weeks) and unstable angina pectoris. The recommended dose of Sevikar is 1 tablet daily. Sevikar is available in the following strengths in packs of 30's: Sevikar 20/5 (olmesartan medoxomil 20 mg and amlodipine as besylate 5 mg); Sevikar 20/10 (olmesartan medoxomil 20 mg and amlodipine as besylate 10 mg); Sevikar 40/5 (olmesartan medoxomil 40 mg and amlodipine as besylate 5 mg); Sevikar 40/10 (olmesartan medoxomil 40 mg and amlodipine as besylate 10 mg).

NEW FORMULATIONS

Vimpat **(lacosamide)** is now available as a 200 mg/20 mL injection.

SAFETY RELATED CHANGES

When Pradaxa (dabigatran etexilate) was coadministered with oral verapamil, the Cmax and AUC of dabigatran were increased depending on timing of administration and formulation of verapamil. The greatest elevation of dabigatran exposure was observed with the first dose of an immediate release formulation of verapamil administered one hour prior to dabigatran etexilate intake (increase of Cmax by about 180% and AUC by about 150%). The effect was progressively decreased with administration of an extended release formulation (increase of Cmax by about 90% and AUC by about 70%) or administration of multiple doses of verapamil (increase of Cmax by about 60% and AUC by about 50%). This can be explained by the induction of P-gp in the gut by chronic verapamil treatment. There was no meaningful interaction observed when verapamil was given 2 hours after dabigatran etexilate (increase of Cmax by about 10% and AUC by about 20%). This is explained by completed dabigatran absorption after 2 hours. Dosing should be reduced to 150 mg dabigatran etexilate daily and maintained on that dose when patients are commenced on dabigatran etexilate whilst receiving existing oral verapamil treatment. No data are available for the parenteral application of verapamil; based on the mechanism of the interaction, no meaningful interaction is expected.

This list is a summary of only some of the changes that have occurred over the last month. Before prescribing always refer to the full Product Information.