Maxigesic EU tick

AFT Pharmaceuticals has been notified of a decision by the European Medicines Agency to approve its Maxigesic paracetamol-ibuprofen combination analgesic for sale in Austria, Belgium, France, Croatia, Germany, Luxembourg, the Netherlands, Portugal and Spain. AFT CEO Hartley Atkinson said receiving regulatory approval in the nine additional countries would open up significant opportunities. France is the second largest potential market in the world after the USA, while the nine additions collectively currently account for over US$1.8 billion in annual sales of paracetamol and ibuprofen.

Nucala orphan drug

THE Therapeutic Goods Administration has added Nucala (mepolizumab) to its list of designated orphan drugs. The GlaxoSmithKline product is indicated for the treatment of patients with Eosinophilic Granulomatosis with Polyangiitis.

German digital health cooperation

THE Federal Government has signed a Joint Declaration of Intent on Bilateral Health Cooperation with the German Minister for Health, Hermann Grohe, with Australian Minister for Aged Care Ken Wyatt sealing the deal during the first ever G20 Health Minister’s Meeting in Berlin last week.

“Germany and Australia seek to ensure our respective health systems deliver access to quality care to all who need it,” Wyatt said, adding “in particular we are interested in sharing information about digital health”.

During the meeting Wyatt also met with the Indian Minister for Health, Jagat Prakash Nadda, to discuss the new Australia-India Memorandum of Understanding on health cooperation.

FIP urges global cooperation

THE International Pharmaceutical Federation (FIP) has called on scientists, pharmacy practitioners and educators from across the globe to work together in order to respond to the world’s “pressing health care needs”.

Speaking at the opening of the 6th Pharmaceutical Sciences World Congress in Stockholm, Sweden yesterday, FIP president Carmen Pena said the increasingly globalised world of research and manufacturing offered key opportunities to pharmaceutical scientists, with the bringing together of different fields of expertise, sectors and nationalities set to help solve health issues.

“Integration will become the key word in the success of the pharmaceutical sciences,” she said.

“Integration also means that borders between clinical trials and post-marketing surveillance are shifting to allow faster access to innovations while limiting risks for patients,” the FIP president added.

Pena noted the rise of new players in research and development which have seen a number of formerly neglected diseases become priorities, with a more open-access model driven by public and philanthropic funders set to reinforce social accountability.

For the first time scientific research has been recognised as a contributor to the United Nations Sustainable Development Goals, with governments set to report progress around key indicator including R&D expenditure as a proportion of GDP, and the number of researchers per million residents.

“Preparing a sustainable success of pharmaceutical sciences is no small task. It will require extensive and coordinated efforts to ensure that there will be a sufficient number of pharmaceutical scientists with the appropriate skills to respond to the coming challenges,” she concluded.

More than 1,000 pharmacists and pharmaceutical scientists from 73 countries have gathered in Sweden for the FIP World Congress this week which is themed ‘Future medicines for one world.’

Clinical trials funding

THE Federal Government has announced the provision of $33 million for medical research trials and fellowships, with Health Minister Greg Hunt detailing the funding as part of an announcement for International Clinical Trials Day yesterday.

Initiatives include $13 million from the Medical Research Future Fund to support studies into key public health areas which contribute to the highest burden of disease, including the application of precision medicine.

The Australian Clinical Trials Alliance will receive $5 million to support its work ensuring Australia maintains its world-leading clinical trial standards; there is $7 million over four years to help redesign state and territory clinical trial operating systems and establish a one-stop shop to “centralise, streamline and rationalise clinical trial administration”.

Other projects funded include international cooperation to address pandemics and tackle antimicrobial resistance.

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SHPA Constitution revamp

PHARMACY assistants and technicians will be able to become voting members of the Society of Hospital Pharmacists of Australia (SHPA) as part of a wide-ranging proposed makeover of the organisation’s Constitution.

The SHPA has confirmed details of the update which it says will “reflect best contemporary practice [and] allow SHPA to become a more agile and responsive organisation”. Key changes will see the introduction of remuneration for SHPA directors to acknowledge the fiduciary risk they bear “as done at all pharmacy organisations”. A new board structure would include seven elected pharmacists and three other “non-member expert directors” to provide a broader skill base.

And the Constitutional change will also see the addition of technicians and pharmacy assistants as voting members, and organisations as non-voting members, to “ensure broader perspectives inform more considered decision-making”.

Existing clauses regarding branch operations will move from the Constitution itself to instead be expressed in “supporting regulations” which will “better reflect levels of duty and obligation in the organisation”.

The Society has published a list of Frequently Asked Questions, collating feedback from discussions held by its Member Advisory Committee, consultations and an online discussion forum relating to the proposed Constitution. Key issues raised include the criteria for qualifications and classifications of technicians, and whether pharmacists would be unwilling to pay a higher level of membership fee to obtain the same voting rights as technician members.

The current semi-proportional representation for states and territories would cease on the new board, with a single elected director from each branch. Proposed remuneration fees for the board are $600 per day for a director ($1000 for the chair) for face-to-face meetings and $240 ($400 for the chair) for teleconferences, with a total combined annual budget of $52,000 annually. More info at shpa.org.au.

Weekly Comment

Welcome to PD’s weekly comment feature. This week’s contributor is Narisha Ashelford, Certified Sleep Consultant and DUIT Baby Skincare Expert.

Myth 4: I don’t need to use a barrier cream or powder on my baby’s nappy area

NAPPY change cream and powder offers protection to those sensitive areas that are exposed to urine and faecal matter. Nappy rash is extremely painful and may lead to secondary infections. Antifungal medicated creams will need to be used if the nappy rash persists. If the rash doesn’t improve within one to two weeks, consult your local doctor. If a rash has developed, make sure to use change cream that contains zinc oxide, shea or cocoa butter and other regenerative properties to better soothe these affected areas.

Protection is essential in this area, and that’s why I recommend using products with high concentration of protective ingredients and talc free liquid powder. This will mean less mess and less excessive drying when changing your baby.
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