

## Today's issue of PD

*Pharmacy Daily* today features four pages of news, plus the **MIMS April Update**.

## Horny warning

**PEOPLE** who have supplies of 24K Rhino capsules are being warned that the product contains "high-risk ingredients", by the Therapeutic Goods Administration (TGA).

The TGA reported that testing of the product found undeclared substances including sildenafil.

"In Australia, advertising and supply of 24K Rhino capsules is illegal, as the product has not been entered into the Australian Register of Therapeutic Goods (ARTG)," the TGA said.

"The TGA has not evaluated the products and the manufacturing location has not been approved.

## Budget boosts QUM funding: DoH

**MOVES** to defund NPS MedicineWise announced in the Federal Budget include an additional \$3.9 million investment in quality use of medicines (QUM) activities, a Department of Health (DoH) spokesperson said.

The not-for-profit agency told *Pharmacy Daily* that there had been no warning about the decision prior to last Tue's Budget (PD 05 Apr).

However, the DoH spokesperson said the move will see funding to redesign the existing Quality Use of Diagnostics, Therapeutics and Pathology (QUDTP) Program, so as to deliver targeted, responsive and efficient activities that ensure public confidence and knowledge about using medicines and diagnostics test safely and effectively.

"The changes will enhance the ability of the Australian Commission on Safety and Quality in Health Care (ACSQHC) to co-ordinate and drive quality and

safety improvements related to use of medicines and diagnostics across the Australian health system," the spokesperson said.

"ACSQHC is responsible for leading quality and safety in healthcare and has substantial content knowledge.

"By consolidating QUM activities within the ACSQHC, this reform will leverage its expertise and system-wide reach, including through existing inter-jurisdictional clinical committees.

"The ACSQHC activities will be complemented by competitive grant and procurement processes to fund quality use of medicines and diagnostic educational activities, for both health professionals and consumers, to support the optimal use of therapeutics and diagnostics, as well as promote innovation and value for money.

"Over \$10m annually will be made available for Health Professional Educational grants.



"The current grant to NPS expires in Jun 2022, and a further six months of grant funding is being made available to enable NPS to continue to deliver important QUM activities whilst supporting the transition of activities to the ACSQHC and to the new grant and procurement initiatives, so as to ensure minimum disruption in services.

"Over the following months, the Department intends to engage with relevant stakeholders regarding the opportunities presented within the redesigned program."



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## Qld moves to increase flu vax access

**EMERGENCY** orders issued by the Queensland Government will authorise pharmacists to administer influenza vaccines to children aged five years and older.

The temporary measure - which will be in place until 07 Jun - removes the anomaly of pharmacists being allowed to give five-year-olds COVID-19 vaccines, but not flu shots.

Pharmaceutical Society of Australia (PSA) Queensland Branch President, Shane MacDonald, welcomed the move to lower the minimum age of patients to whom pharmacists can administer flu vaccines, but added the organisation "is deeply concerned this is only temporary".

"This is a sensible change, and not a moment too soon," he said.

"Children can be influenza super-spreaders and vaccination is the best line of defence for themselves and those around them.

"The upcoming school holidays are a great opportunity for kids to come

in for their COVID-19 and influenza vaccines on the same day.

"Flu vaccines are available now, so make an appointment for the whole family today through your local pharmacy."

While Queensland has led the way authorising pharmacists to administer flu jabs to children, MacDonald voiced frustration that the State Government has yet to follow the rest of the country in opening up access to National Immunisation Program (NIP) flu shots for people aged 65 years and older (**PD 28 Mar**).

"It makes no sense that a mum can bring her kids into the pharmacy for their flu vaccine, but grandma and grandpa can't join them," he said.

"Why do they need to join the queue at a government clinic, or make an appointment with a GP?"

"We must join the rest of the country by removing barriers to vaccination and aligning the funding and regulation of pharmacist-

administered vaccinations with that of all other authorised immunisers."

**MEANWHILE**, Victorian Shadow Minister for Health, Georgie Crozier, has called on the Andrews Government to follow Queensland's lead in lowering the age limit for pharmacists to administer flu vaccines to five years in line with the COVID-19 shot.

"As we are constantly told of the importance of masks for children and getting vaccinated, it makes no sense to me that this Government is inconsistent on this very issue," she said.

Crozier called on Victorian Health Minister, Martin Foley, to meet with the Pharmacy Guild of Australia to discuss the anomaly in vaccine authorisations and "explain to them why community pharmacists are unable to vaccinate children with the flu vaccination when they are allowed to vaccinate these same children with COVID vaccinations".

## Vaxelis approved

**THE** Therapeutic Goods Administration (TGA) has approved six-in-one paediatric combination vaccine, Vaxelis.

The vaccine's active ingredients include, Diphtheria toxoid, Haemophilus influenza type B polyribose ribitol phosphate, hepatitis B surface antigen, Pertactin, Pertussis filamentous haemagglutinin, Pertussis fimbriae 2 + 3, Pertussis toxoid, Poliovirus and Tetanus toxoid.

The primary vaccination schedule consists of two to three doses, with an interval of at least a month between shots, and can be given from six weeks of age.

Where a dose of a hepatitis B vaccine has been given at birth, Vaxelis can be used for supplementary doses from six weeks of age.

**CLICK HERE** for more information .

## Britain welcomes Ukrainian pharmacists

**BRITAIN'S** Royal Pharmaceutical Society (RPS) is offering three years' complimentary associate membership to pharmacists fleeing war-torn Ukraine, *Pharmacy Business* reports.

The membership offer aims to help Ukrainian pharmacists to settle and practice in the UK.

RPS CEO, Paul Bennett, said the offer would give refugees access to practice guidance, the *Pharmaceutical Journal* online and its one-on-one professional

advice service.

"We are doing our bit to support those when they need it most and will be speaking with other healthcare organisations and the All-Ukrainian Pharmaceutical Chamber (AUPC) to make sure every Ukrainian pharmacist travelling to Great Britain is welcomed. It is also right that this offer is available to any refugee pharmacist from any area of conflict, arriving in Great Britain," he said.

## TGA flags 'pragmatic approach' on ads

**THE** Therapeutic Goods Administration (TGA) has confirmed that it will "adopt a pragmatic approach" to cases where product advertisers hold stock of hard copy advertisements that are not strictly compliant with the 2021 Advertising Code.

The TGA noted the mandatory statement requirements in the 2021 Code have been simplified compared to the previous 2018 version, but said it recognises that companies may still be using

up stocks of existing hard copy collateral.

The TGA "will not seek to take enforcement action where advertisers comply with the requirements for mandatory statements in the 2018 Code, rather than the 2021 Code," according to an update yesterday.

However in cases where ads can be easily amended such as online and in social media, these must transition to the new 2021 requirements by 30 Jun.

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## Naloxone take home program

**THE** Pharmacy Programs Administrator is working with the Department of Health to support registration for all pharmacies to participate in the National Take Home Naloxone Program, which will be implemented in all Australian states and territories from 01 Jul 2022.

The 2022-23 Federal Budget saw the Government commit \$19.6 million over four years to the program, which will see Naloxone available nationally at no cost and without a prescription to anyone who may experience, or witness, an opioid overdose or adverse reaction.

The rollout follows the evidence-based evaluation of the Take Home Naloxone trial which ran though to 30 Jun last year (**PD** 26 Nov 2019).

## Healthcare Heroes drives sales up

**ALLIANCE** Pharmacy members are reaping the rewards of participating in the group's Healthcare Heroes program, recording a 10% increase in like-for-like sales in 2021.

The retail and marketing program was launched in Oct 2020 to cultivate a more profitable and sustainable customer-centric business model, by positioning community pharmacy as experts in pain, immunity and diabetes-related management.

One of the inaugural Alliance Pharmacy Healthcare Heroes - Old Bar Pharmacy owner - Akash Mehta (**pictured**), said he was thrilled with the program's results.

"Since joining Healthcare Heroes, our overall sales have increased by 20%, with front-of-shop sales up by 17%, medicines by 24%, and basket size increasing from \$17 to \$22," he said.

"Our catalogue performance is also well above the national average, at 32%.



"In addition, we have more than 1,000 Healthy Rewards loyalty customers, half of whom signed up within the first four weeks of launch.

"The changes driven by the pandemic have required us to adapt and change as well.

"We are so grateful for the support and guidance provided by Alliance Pharmacy, including

hands-on merchandising and layout support to better meet our community's needs.

"We also benefited from the Healthcare Heroes program's integrated national marketing campaigns, which included in-store activations for osteo pain and immunity, targeted digital catch-up TV, and local, geo-targeted social advertising geo-targeted."

## Perth's Lord Mayor turns to Wizard

**CITY** of Perth Lord Mayor, Basil Zempilas (**pictured**), has teamed up with Wizard Pharmacy to boost uptake of influenza vaccines.

With Western Australia opening its borders to national and international travel after two years of COVID-induced isolation, Zempilas received his shot from Wizard pharmacist, Hayley-Marie Oladejo, at the group's Enex 100 store in the heart of the city.

Zempilas said the process of booking an appointment was simple and he was able to get the vaccine during his lunch break.

"The team at Wizard Pharmacy had me jabbed and on my way in



just 15 minutes," he said.

Oladejo noted that during the 2019 flu season - the last before COVID restrictions were introduced - the State recorded 80 flu-related deaths, five of which were children aged 10 years and younger.

## Supply Only PBS items clarification

**THE** Federal Department of Health has issued a clarification on "Supply Only" items which are in the process of being deleted from the Pharmaceutical Benefits Scheme (PBS).

Prior to being completely removed, products in a Supply Only state will be available for dispensing, but not prescribing, for a period of up to 12 months.

Decisions about whether an item will be available for Supply Only prior to the deletion will be made on a case-by-case basis, taking into account whether patient access to treatment will be detrimentally affected if the item is not listed as Supply Only.

Generally medicines with alternative "a flagged" brands listed on the PBS will not be listed as Supply Only, because patients will be able to access an alternative brand with their existing prescription.

The length of time an item is available as Supply Only will also vary, taking into consideration factors such as when a patient may need to return to their prescriber as part of usual care.

Supply Only items are now listed in the PBS Schedule and are defined as pharmaceutical benefits, meaning pricing mechanisms and Guarantee of Supply provisions still apply.



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### Dispensary Corner

**THE** Christian pre-Easter period of Lent is characterised by fasting, self-denial and contemplation, but one US man is taking it to extremes by announcing he's giving up everything but beer.

Del Hall from Ohio is the owner of the 16 Lots Brewing Company, and began his annual all-beer diet in 2019, promising to only consume the liquid amber ale for 40 days running.

Incredibly, that first year he lost about 20kg and says he "just felt great".

The initiative has since been repeated each year, with an additional goal of raising money for charity.

He reassured his concerned friends and relatives about the health impacts of the all-beer diet, saying he had absolutely consulted his doctor.

"She said 'you're an idiot if you do this', but she knows how strong-willed I am," he said.

"Once she knew I was determined to see this through, she recommended I take multi-vitamins, stay hydrated, and not do anything stupid," he told Cincinnati broadcaster WKRC.

Although he will drink water to keep his fluid levels up, all his calories during Lent will come from beer, Hall said.

In 2022 he's raising money for the Ken Anderson Alliance, a charity group which works to assist adults with disabilities, in honour of his daughter who has special needs.

He's also hoping to lose another 20kg this year, with his pre-Lent weigh-in at 122kg.

## NEW PRODUCTS

Suppliers wanting to promote products in this feature should email [newproducts@pharmacydaily.com.au](mailto:newproducts@pharmacydaily.com.au)

### MedView Chat

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Website: See MedView Chat in action  
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MedView Chat

## HEALTH & BEAUTY

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Website: <https://dermaltherapy.com.au/products/lip-care/lip-balm-enriched-manuka-honey>



## New Products

- Cabotegravir (Vocabria)** inhibits HIV integrase by binding to the integrase active site and blocking the strand transfer step of retroviral deoxyribonucleic acid (DNA) integration which is essential for the HIV replication cycle. *Vocabria is indicated in combination with rilpivirine tablets for the short-term treatment of Human Immunodeficiency Virus type 1 (HIV-1) infection in adults who are virologically suppressed (HIV-1 RNA < 50 copies/mL) and have no known or suspected resistance to either cabotegravir or rilpivirine for: oral lead in to assess tolerability of cabotegravir prior to administration of cabotegravir prolonged-release suspension for injection plus rilpivirine prolonged-release suspension for injection and oral therapy for adults who will miss planned dosing with cabotegravir prolonged-release suspension for injection.* Vocabria is contraindicated in patients receiving rifampicin, rifapentine, phenytoin, phenobarbital, carbamazepine and oxcarbazepine. Vocabria tablets contain cabotegravir 30 mg and are available in a pack size of 30.
- Cabotegravir and rilpivirine (Cabenuva).** Cabotegravir inhibits HIV integrase by binding to the integrase active site and blocking the strand transfer step of retroviral deoxyribonucleic acid (DNA) integration which is essential for the HIV replication cycle. Rilpivirine is a diarylpyrimidine non-nucleoside reverse transcriptase inhibitor (NNRTI) of HIV-1. Rilpivirine activity is mediated by non-competitive inhibition of HIV-1 reverse transcriptase (RT). Rilpivirine does not inhibit the human cellular DNA polymerases  $\alpha$ ,  $\beta$  and  $\gamma$ . *Cabenuva is indicated for the treatment of Human Immunodeficiency Virus type 1 (HIV-1) infection in adults who are virologically suppressed (HIV-1 RNA < 50 copies/mL) and have no known or suspected resistance to either cabotegravir or rilpivirine.* Cabenuva is contraindicated in combination with anticonvulsants: phenytoin, phenobarbital, carbamazepine and oxcarbazepine; antimycobacterials: rifabutin, rifampicin, rifapentine; glucocorticoids: systemic dexamethasone (except as a single dose treatment); St John's wort (*Hypericum perforatum*). Cabenuva prolonged release suspension for injection contains cabotegravir 600 mg/3 mL and rilpivirine 900 mg/3 mL in separate vials and is available in a pack size of 1 + 1 single-dose vials with 2 syringes, vial adaptors and needles.
- Tixagevimab and cilgavimab (Evusheld)** are two recombinant human IgG1k monoclonal antibodies, with amino acid substitutions to extend antibody half-life (YTE) and to reduce antibody effector function and potential risk of antibody-dependent enhancement of disease (TM). Tixagevimab and cilgavimab can simultaneously bind to non-overlapping regions of the spike protein receptor binding domain (RBD) of SARS-CoV-2. *Evusheld has provisional approval for the pre-exposure prophylaxis of COVID-19 in adults and adolescents aged 12 years and older weighing at least 40 kg, who have moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments that make it likely that they will not mount an adequate immune response to COVID-19 vaccination or, for whom vaccination with any approved COVID-19 vaccine is not recommended due to a history of severe adverse reaction (e.g. severe allergic reaction) to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s).* Evusheld solution for injection contains tixagevimab 150 mg/1.5 mL and cilgavimab 150 mg/1.5 mL in separate vials and is available in a pack size of 1 + 1 vials.

## New Indications

- American (*D. farinae*) and European (*D. pteronyssinus*) house dust mite allergen extracts (Actair)** is now indicated for the treatment of house dust mite allergic rhinitis with or without conjunctivitis in adults, adolescents and children 5 years and over diagnosed with house dust mite allergy.
- Elasomeran (Spikevax)** now has provisional approval for the active immunisation to prevent coronavirus disease 2019 (COVID-19) caused by SARS-CoV-2 in individuals 6 years of age and older.
- Progesterone (Utrogestan 200)** is now indicated for the treatment of unexplained threatened miscarriage in women with bleeding in the current pregnancy and a history of at least three or more previous miscarriages.

## New Contraindications

- Trimethoprim/sulfamethoxazole (Septrin Forte)** is now contraindicated in blood dyscrasias, megaloblastic bone marrow, severe renal insufficiency characterised by creatinine clearance < 15 mL/min; premature babies or during the first six weeks of life, because of the risk of producing kernicterus (it should probably not be given to infants less than 3 months of age); and in combination with dofetilide.

*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.*