Pharmacy Daily
Mon 6th February 2023



# Pathway to major Medicare reforms

**THE** Pharmacy Guild has welcomed the agreement among federal, state and territory leaders to make health reform a priority over the next 12 months.

This is in response to the Health Minister Mark Butler who has released the highly anticipated 'Strengthening Medicare Taskforce Report' (***PD*** breaking new Fri).

Butler confirmed the Government had committed $750m to deliver the highest priority investments in primary care in line with the recommendations, with the plan to be included in this year's Federal Budget.

The report urges patient-centred care, supported by an expansion of multidisciplinary arrangements to manage the health of Australia's ageing population with more complex and chronic diseases.

New blended funding models, integrated with the existing fee-for-service GP arrangements, will allow teams of GPs, nurses, midwives and allied health professionals to work

together to deliver the care people need, while recommendations also include an overhaul of the My Health Record platform and improvements to better connect clinical IT systems.

The Taskforce found that strengthening primary care with a greater range of health professionals working to their full scope of practice will optimise use of the health workforce across a stretched primary care sector.

This will deliver increased access to healthcare and improved equity of outcomes in rural, regional and remote areas, the report explained.

Recognising the unique challenges in rural and remote Australia, the report calls for a greater role for Primary Health Networks, including to commission nursing and allied health services to bolster general practice teams in these areas.

The Pharmacy Guild spokesperson said "we agree with the Prime Minister and the Health Minister that the interests of patients must always be at the centre of any healthcare reform.

"The Pharmacy Guild looks forward to engaging with all levels of government as well as other health professionals in negotiating better outcomes for patients and their communities.

"We support the Health Minister when he said that at a time of workforce constraints, it doesn't make sense as a country not to have every healthcare professional work to the top of their scope of practice," the spokesperson concluded.

## Psychedelics S8

**FROM** 01 Jul this year, medicines containing the psychedelic substances psilocybin and MDMA (3,4-methylenedioxy-methamphetamine) can be prescribed by specifically authorised psychiatrists for the treatment of certain mental health conditions.

The TGA will permit the prescribing of MDMA for the treatment of post-traumatic stress disorder and psilocybin for treatment-resistant depression.

For these specific uses, psilocybin and MDMA will be listed as Schedule 8 (Controlled Drugs) medicines in the Poisons Standard.

Learn more **HERE**.

## Today's issue of *PD*

***Pharmacy Daily*** today features four pages of news.

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## JSHealth fined

**THE** TGA has issued an infringement notice of $13,320 to Sydney company JSHealth Vitamins Pty Ltd for alleged breaches of the Therapeutic Goods Act 1989.

JSHealth Vitamins supplied a complementary medicine that TGA alleged did not conform with legal requirements.

The product included an ingredient extracted from fennel, foeniculum vulgare.

This ingredient is not recommended for children under 12 years and should not be taken by women who are pregnant or likely to become pregnant, or breast-feeding women, the TGA has advised.

However, the label of the medicine did not include the required warning statements advising of this nor did JSHealth Vitamins have consent to supply the medicine without these warning statements on the label.

This infringement notice follows the recall of the complementary medicine by JSHealth Vitamins, TGA concluded.

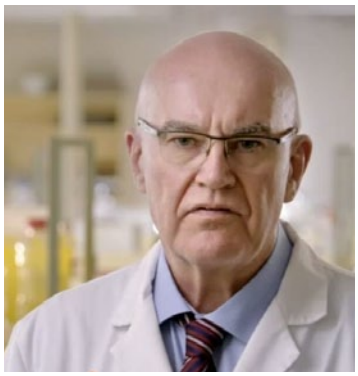
# John Skerritt to retire

**THE** public face of the Therapeutic Goods Administration (TGA), Prof John Skerritt (**pictured**), has decided to retire (***PD*** breaking news Fri) from his position of Deputy Secretary Health Products Regulation Group, effective from 18 Apr.

The Health Minister Mark Butler said in his statement that Prof Skerritt, who has been in the role since 2012, "leaves behind quite an extraordinary record of public service.

"During this time it was his reassurances that left Australians confident in the approval and regulation of medicines, vaccines, and treatments."

Adding, Prof Skerritt has had many achievements over the course of his career including implementing the Medicines and Medical Devices Review, a digital transformation, the regulation



of medicinal cannabis, the rapid registration of COVID vaccines and treatments, and playing a leading role in international harmonisation of regulation.

"Prof Skerritt's legacy will be large, but he will leave behind a strong and capable team.

"I wish to thank Prof Skerritt for his work and wish him well in his retirement," Butler concluded.

## Guilt, fear and sadness on script errors

**DESPITE** evidence showing that the causes of medication errors can be traced back to multiple factors in the healthcare setting, healthcare professionals still often feel the blame for them, a new study has found.

The research showed that healthcare professionals described a variety of negative emotions when reporting medication administration errors, such as feelings of fear, disturbed mood, sadness, and guilt.

However, immediate reassurance and guidance from seniors and colleagues helped them cope with the situation effectively.

"Adequate support and guidance may not only help solve the problem at hand, but also prevent further medication errors and encourage an open reporting culture," said the first author of the study, Doctoral Researcher Sanu Mahat from the University of Eastern Finland.

The study, by the University of Eastern Finland and King's College, London, was published in *BMC Health Services Research*.

## Falsified meds

**PHARMACISTS** are at the forefront of the fight against substandard and falsified (SF) medicines, the International Pharmaceutical Federation (FIP) told the World Health Organization Executive Board in Geneva, Switzerland, last week.

The FIP statement drew attention to a collaboration with the WHO to create a university course on fake medicines that has been successfully piloted and called for further implementation beyond the pilot.

Yifan Zhou, the FIP chairperson of external relations for the International Pharmaceutical Students' Federation, said "the course was well received by both teachers and students in a pilot.

"It improved knowledge of fake medicines and was deemed useful for professional practice.

"Further full implementation of this course in curricula beyond the pilot has, therefore, the potential to reinforce the capacity of health systems to protect communities from fake medicines.

"This is a great example of successful collaboration and action at a global level," he concluded.

To find out more about the European Commission funded project **CLICK HERE**.

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# Paracetamol pack sizes to change

**THE** TGA has published an interim decision to reduce the maximum pack sizes for various paracetamol products.

Each year in Australia around 225 people are hospitalised and 50 Australians die from paracetamol overdose, with rates of intentional overdose highest among adolescents and young adults, the TGA has reported.

The interim decision proposes to amend the Poisons Standard to reduce the maximum size of packs available for general sale (e.g. supermarkets and convenience stores) from 20 to 16 tablets or capsules; reduce the maximum size of 'Pharmacy Only' packs from 100 to 32 tablets or capsules; and making other pack sizes of up to 100 tablets or capsules 'Pharmacist Only' medicines.

Packs of paracetamol on general sale and 'Pharmacy Only' sale would also be required to be in blister packaging to deter overdose from ingesting large numbers of tablets

or capsules, the TGA explained.

To further minimise the harm from paracetamol overdose, the TGA said it is encouraging retailers such as supermarkets to restrict sales to a single pack at a time.

The TGA is also requesting consumers to not stockpile paracetamol at home and to appropriately store paracetamol and other medicines.

The decision follows an independent expert report commissioned by the TGA that examined the incidence of serious injury and death from intentional paracetamol overdose.

The decision by the TGA took into account responses to the initial public consultation in Sep-Oct 2022 and advice from the Advisory Committee on Medicines Scheduling.

The TGA said the decision strikes a balance between minimising the incidence and harm from intentional self-poisoning and access to paracetamol for the treatment of acute and chronic pain.

Learn more **HERE**.

## Shave week

**THE** Leukaemia Foundation is raising awareness for blood cancer, with World Cancer Day just passed (04 Feb) and by ramping up to 'Shave Week' between 15-19 Mar.

Sign up for the shave **HERE**.

## Work with dust

**THE** Federal Government has acted to reduce the rates of occupational respiratory disease in Australia and eliminate silicosis, an incurable lung disease caused by long-term exposure to silica dust.

Nearly one in four engineered-stone workers who have been in the industry prior to 2018 have been diagnosed with silicosis or other silica dust-related diseases.

This number is predicted to rise, the Government stated.

A grant of $3.95m will support Lung Foundation Australia to focus on prevention and awareness, strengthen the dust disease evidence base, and build research capability.

This grant targets education to prevent workers from developing dust diseases and highlight the risks of working in dust-generating industries.

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## Dispensary Corner

**YOU'VE** heard of the thunderstorm asthma phenomenon, but US researchers have now found that airborne particulate matter can impact more than just your breathing.

A fascinating paper published in the *Management Science* journal has found that expert chess players are more likely to make mistakes when air pollution levels are high.

The scientists used computer models to analyse the quality of a series of chess tournaments, finding that indoor air quality significantly impacted players' ability to make strategic moves.

They used special air quality sensors installed at tournament venues in Germany during 2017, 2018 and 2019 where players made over 30,000 chess moves.

An increase of 10 micrograms per cubic metre of fine particles in the air increased the probability of making an erroneous move by as much as a whopping 26.3%, the analysis confirmed.

Co-author Juan Palacios from the Sustainable Urbanization Lab at Massachusetts Institute of Technology said "we find that when individuals are exposed to higher levels of air pollution, they make more mistakes, and they make larger mistakes".

While the research focused exclusively on chess players, the researchers said it had implications for anyone required to make difficult or complex decisions in polluted areas, with a resulting overall economic cost to wider society.

# NZ fluoxetine shortages

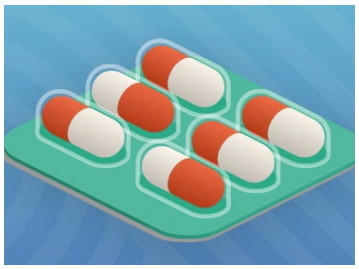
**PHARMACISTS** in New Zealand are struggling with a short supply of fluoxetine hydrochloride, with the country's national medicines procurement agency Pharmac confirming there are issues around a change in brands from Fluox to Arrow-Fluoxetine.

Previously stocks of Fluox had been anticipated to be available until 01 Jun, at which point the product is being delisted.

However now Teva, the supplier of replacement brand Arrow-Fluoxetine, has indicated there will be limited supply throughout Feb.

The medication is generally used to manage depression and anxiety, and Kiwi pharmacists have been ordered to dispense a maximum of seven days' supply "to ensure it is distributed fairly".

Pharmac said it "appreciated that this change adds significant burden to pharmacists' workload", adding that it is "looking at ways we can support them" through the issue.



The dispensing limit, which also has a proviso allowing pharmacists to dispense more than a week's supply at their discretion in cases where it's difficult for patients to get to the pharmacy, is in place until 28 Feb, by which stage it's anticipated the supply issue will have been resolved.

Teva has indicated there will be two large shipments of the new product delivered in Feb, but it may take one to two weeks for supply to reach pharmacies once the product arrives in New Zealand.

## Scholarships now closed

**THE** Pharmacy Programs Administrator (PPA) has confirmed that the application for this year's Rural Pharmacy Scholarship Scheme (RPSS) and the Aboriginal and Torres Strait Islander Scholarship Scheme (ATSIPSS) closed on 31 Jan.

The PPA said it would shortly begin reviewing the applications it has received, and that once the assessment process has been finalised all applicants will be advised of the outcome.

Applications opened last Nov, with both scholarships offering one year's confirmed funding - more at ppaonline.com.au.

## POC medicines

**BRITAIN'S** Medicines and Healthcare products Regulatory Agency (MHRA) has announced a new regulatory framework for Point of Care (POC) manufacturing of innovative medicines.

The UK would be the first country to introduce such guidance, which means new medicines with extremely short shelf lives, as well as highly personalised drugs, can more easily be made in or near a hospital setting or ambulance.

The framework aims to minimise regulatory barriers to innovative manufacturing while ensuring safety, quality and effectiveness.

## Weekly Comment

Welcome to ***Pharmacy Daily's*** weekly comment feature.
This week's contributor is **David Dutka, Commercial Director at Omnicell Australia**

### What are your biggest challenges in retail pharmacy?

**WHETHER** you are facing staff shortages, stock management issues, laborious tasks or simply want to maximise your pharmacy's profitability - we can help alleviate several friction points and take you on a seamless journey of pharmacy automation.

Omnicell's solutions are designed to improve safety, optimise inventory and workload. Pharmacy workflow automation is a solution that replaces manual tasks with error-free, insight-driven pharmacy workflows, reducing costs and improving productivity and operational effectiveness in the business.

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