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## Today's issue of PD

Pharmacy Daily today features three pages of news, plus August MIMS Update and full pages from:

- Chemsave
- Power House Retail Brands

## Chemsave savings

FOR a limited time only, Chemsave is offering a low monthly membership fee to pharmacy owners.

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# TGA head reassures amid vape seizures

A TWO-DAY joint enforcement operation between the Therapeutic Goods Administration (TGA) and Queensland Health has resulted in the seizure of over 10,000 nicotine pouches and hundreds of illicit vaping goods.

The operation included TGA warrants, supported by Queensland Health and the Queensland Police Services, targeting three retail tobacconists in Bundaberg suspected of unlawfully possessing vapes.

Additionally, TGA and Queensland Health officers inspected six retailers in the Wide Bay region.

Federal Health Minister Mark Butler praised the operation saying, "these joint enforcement activities between the TGA and Queensland Health demonstrate the strong approach being taken to enforce the new vaping laws".

"This is a positive example of the joint commitment that the Commonwealth and states and territories have made to detect and



disrupt the illegal supply of vapes."

The seized vapes allegedly violate the new commercial possession laws under the *Therapeutic Goods and Other Legislation Amendment (Vaping Reforms) Act 2024*, which came into effect on 01 Jul.

These laws make it illegal for Australian retailers to supply any vapes, even with a prescription, and generally ban possession of vapes in retail premises.

Penalties for unlawful activities related to vaping goods include seizure, loss of product, and fines.

The public face of the TGA, Deputy Secretary, Prof Tony Lawler (pictured), spoke on Fri at the

PSA24 conference, reassuring the profession that the responsibility to ensure a vape product is safe for the public does not solely lie with community pharmacists.

He highlighted the strict controls around vape concentrations, flavours, and colours, and noted that vapes are being removed from retail settings to ensure they are managed by health professionals.

Lawler added that the Therapeutic Goods Order 100 will ensure the quality and safety of therapeutic vape products.

He acknowledged the challenge for pharmacists in assessing unregistered products but noted that regulatory reforms and strengthened border controls help manage imports.

"These products must be managed as therapeutic goods, which is why they are not sold in retail settings," Lawler commented.

He emphasised that only vapes compliant with TGA standards can be imported and sold in Australia. *JG*

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1. Prospan is clinically proven to relieve a chesty cough in 7 days vs 14 days untreated. Schaefer A, et al., Pharmazie 2016;71(9):504-509. Lang C, et al., Planta Med 2015;81:968-974. Supported by Engelhard Arzneimittel GmbH & Co. KG.

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## TWC gifts \$434k to OCA

FOR nearly two decades, TerryWhite Chemmart (TWC) has championed Ovarian Cancer Australia (OCA) through fundraising and awareness efforts.

Last week, OCA's acting CEO Christine Dixon accepted a \$434,000 cheque from the network, the result of a year-long fundraising campaign.

TerryWhite Chemmart's network put in a lot of effort to organise auctions, morning teas, raffles, treks, swims, and sell OCA merchandise to support its primary charity partner.

In the past two years, TWC has expanded the campaign to include 25 suppliers with over 170 products, donating 50 cents from each sale.

Executive General Manager Nick Munroe praised the collective effort saying, "it's incredible that our entire network - pharmacy, customers, and suppliers - has contributed to raising such an impressive amount for Ovarian



Cancer Australia".

OCA's Dixon expressed her gratitude saying, "TerryWhite Chemmart's commitment inspires us, and brings hope".

"Their \$434,000 contribution significantly enhances our ability to ensure no one affected by ovarian cancer walks alone," said Dixon.

Ovarian cancer, the deadliest cancer for women, has a five-year survival rate of 49% with no early detection test.

**Pictured:** Dan Hillier, Head of Network Capability and Communications (TWC); Bridget Bradhurst, Acting Chief National Ovarian Cancer Advocacy and Support Services (OCA); Dixon; and Munroe with the cheque. JG

## Embrace AI but keep empathy at the top

AI IS already transforming pharmacy practice from robots dispensing meds to various software, and pharmacists must adapt to stay relevant.

This was a key message from an AI session at the PSA24, where speakers and co-founders of the Audirie platform, Michael Alexander and Peter Ikladious, jointly also discussed how AI can revolutionise skill learning and patient interaction.

Studies, they noted, revealed that while pharmacists provide accurate clinical information, the delivery often falls short in patient satisfaction.

This discrepancy highlights the importance of communication techniques alongside clinical knowledge, they remarked.

"Pharmacists can leverage AI for immersive training experiences that improve counselling skills, receiving detailed feedback to refine their approach," said Alexander.

"However, the unique human touch - empathy, compassion, and warmth - remains irreplaceable by AI."

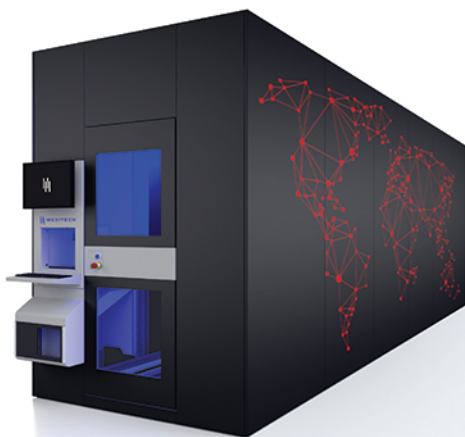
Ikladious noted, "it's not what you say, it's how you say it".

Instead of "fighting or rejecting" AI, pharmacists must learn to embrace machine learning, integrating its capabilities, while focusing on the empathetic care that defines the profession.

Both speakers stated that this balanced approach ensures that patients not only receive accurate information but also feel truly heard and cared for by their pharmacist.

The speakers then demonstrated an AI-based training tool, 'grumpy Mr Smith', where pharmacists can try out their best empathetic manner to help arrive at a health solution.

The interactive machine learning tool then graded the responses in real time.



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### Dispensary Corner

**WHATEVER** your view on the recent decision by outgoing US President Joe Biden to withdraw from the campaign, the sitting leader's performance in the CNN debate shone a spotlight on the state of his health.

According to *Bloomberg*, it turns out Biden has quite an extensive list of checks in order to maintain his control (so to speak) on the free world.

After the debate, White House Physician, Dr Kevin O'Connor revealed that President Biden sees specialists for neurology, optometry, dentistry, physical therapy, orthopaedics, radiology, cardiology, dermatology and sleep medicine all as part of his annual physical check-up.

On the other side, Trump's personal doctor published a note last year advising the Republican candidate's health as "excellent".

What else can you expect given Trump got COVID-19, before vaccines were widely available, went into hospital and was back at work in four days, having been treated with an experimental therapy cocktail.

Remember that?

Some US Presidents have had much worse health scares.

In the 1980s, Ronald Reagan was deemed to only be able to concentrate for a few minutes at a time after surviving an assassination attempt in 1981.

Back in 1919, Woodrow Wilson suffered a stroke, with his true condition guarded by his wife, who some say was really the first female US President.

## PALS unite for loneliness

**TO MARK** Loneliness Awareness Week (05-11 Aug), the Pharmaceutical Society of Australia (PSA) has partnered with Pharmacy Addressing Loneliness and Social-isolation (PALS) to launch an unprecedented training program for pharmacists.

The initiative aims to tackle loneliness as a critical social and health issue.

The program, designed by Australian pharmacist and PALS founder Jenny Kirschner, is the first global education initiative targeting health professionals.

It equips community pharmacists with the skills to identify and assist patients at risk of poor health due to loneliness.

The training includes video testimonies from pharmacists, interviews with global health leaders, and evidence-based education to deal with isolation.

Research reveals that loneliness significantly affects physical, cognitive, and mental health, with a 26% increased risk of premature death - akin to smoking 15 cigarettes a day.

It's also linked to a 32% increased risk of stroke, a 29% increased chance of coronary heart disease,

and heightened cholesterol, blood pressure, and depression.

Economically, loneliness costs Australia an estimated \$2.7 billion annually, or approximately \$1,565 per person.

PSA National President A/Prof Fei Sim emphasised the urgency of the initiative saying, "loneliness is not just a social problem as its impact on physical and mental health is clear".

"As accessible and trusted health professionals, pharmacists have a unique opportunity to champion connectivity and social cohesion in our communities."

Kirschner highlighted the initiative's significance saying, "partnering with the PSA to launch the world's first pharmacist training program on loneliness is a watershed moment for the profession".

"Addressing loneliness is deeply personal for me, and the program is my most meaningful work to date.

"Yet, this is just the beginning... there is more work that needs to be done," Kirschner commented.

By empowering pharmacists with this specialised training, the PSA and PALS aim to make a substantial difference in the lives of Australians struggling with loneliness.

To learn more, [CLICK HERE](#). JG



### Guild Update

## New 8CPA calculators for pharmacies

**TWO** new business tools have been created for pharmacy owners to understand and assess the impacts of the 8CPA on their business' outcomes.

The Guild, in collaboration with NostraData, has created two calculators: one to assess total dispense remuneration for claimable and non-claimable PBS scripts, and the other to estimate the additional funding for 8CPA programs available to community pharmacies.

"During the last year, Guild members benefited significantly from data and insights provided by our analytical tools," said Nick Panayiaris, Senior Vice President of the Pharmacy Guild of Australia.

"This new calculator will enable pharmacists to understand the impacts of changing 8CPA regulations."

The new exclusive-to-members calculator tool reflects the Guild's continuing efforts toward providing efficient and effective business support solutions for members via strategic partnerships.

It provides information that enables proprietors to make informed decisions that align with their goals and better serve their patients' needs.

To learn more, [CLICK HERE](#).

## AMA elects experienced Vice President

**PAST** President of the Australian Medical Association's (AMA) Victorian branch, A/Prof Julian Rait, was elected as the group's next Vice President.

Voted in at the AMA24 national conference on Sun, the specialist ophthalmologist will begin his term alongside President-elect Dr Danielle McMullen on 01 Oct (*PD* 25 Jul).

A/Prof Rait (**pictured**) said he was looking forward to



representing AMA members in his new role and advocating for a stronger health system for all.

He hopes to address the chronic underfunding of GP services, and other workforce issues.

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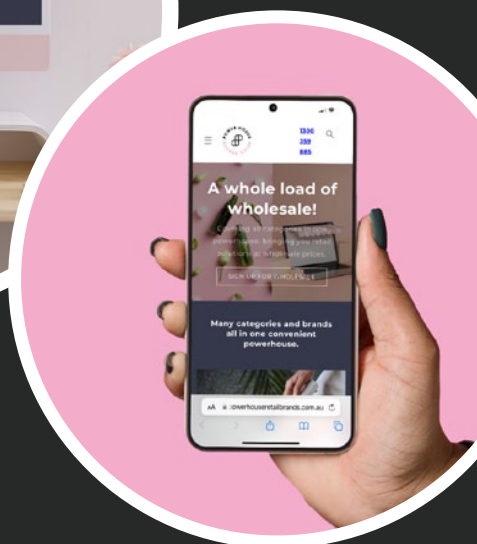
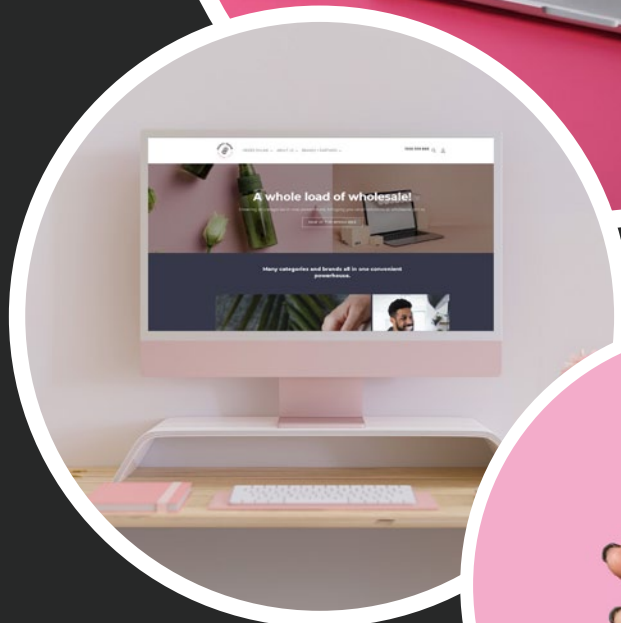
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## New Products

- **Patisiran (Onpattro)** is a double-stranded small interfering ribonucleic acid (siRNA) that targets a genetically conserved sequence in the 3' untranslated region of a number of variant and wild-type transthyretin (TTR) mRNA. Patisiran is formulated as lipid nanoparticles to deliver the siRNA to hepatocytes, the primary source of TTR protein in the circulation. Through a process called RNA interference, patisiran causes the catalytic degradation of TTR mRNA in the liver, resulting in a reduction of serum TTR protein. *Onpattro is indicated for the treatment of hereditary TTR-mediated amyloidosis in adult patients with stage 1 or stage 2 polyneuropathy.* Onpattro concentrate for infusion contains patisiran 10 mg/5 mL and is available in packs of 1 vial.
- **PrabotulinumtoxinA (Nuceiva)** blocks peripheral acetylcholine release at presynaptic cholinergic nerve terminals by cleaving SNAP-25, a protein integral to the docking and release of acetylcholine from vesicles situated within the nerve terminals. *Nuceiva is indicated for the temporary improvement in the appearance of moderate to severe glabellar lines in adult patients.* Nuceiva is contraindicated in individuals with known hypersensitivity to any botulinum toxin preparation; in the presence of infection or inflammation at the proposed injection sites; and in patients with generalised disorders of muscle activity (e.g. myasthenia gravis, Lambert-Eaton syndrome, amyotrophic lateral sclerosis). Nuceiva powder for solution for injection contains prabotulinumtoxin A 100 units and is available in packs of 1 vial.
- **Selumetinib (as sulfate) (Koselugo)** is an inhibitor of mitogen-activated protein kinase kinases 1 and 2 (MEK1/2) that is not competitive with respect to ATP. MEK1/2 proteins are critical components of the RAS-regulated RAF-MEK-ERK pathway, which is often activated in different types of cancers. Selumetinib blocks MEK activity and inhibits growth of RAF-MEK-ERK pathway activated cell lines. Therefore, MEK inhibition can block the proliferation and survival of tumour cells in which the RAF-MEK-ERK pathway is activated. *Koselugo is indicated for the treatment of paediatric patients aged 2 years and above, with neurofibromatosis type 1 who have symptomatic, inoperable plexiform neurofibromas.* Koselugo is contraindicated in severe hepatic impairment. Koselugo capsules contain selumetinib 10 mg or 25 mg and are available in packs of 60.

## New Presentation

- **Elexacaftor + tezacaftor + ivacaftor and ivacaftor (Trikafta)** is now available as granules in a composite pack containing either 28 elexacaftor 80 mg + tezacaftor 40 mg + ivacaftor 60 mg morning dose sachets and 28 ivacaftor 59.5 mg evening dose sachets or 28 elexacaftor 100 mg + tezacaftor 50 mg + ivacaftor 75 mg morning dose sachets and 28 ivacaftor 75 mg evening dose sachets.

## New Indications

- **Azelastine and fluticasone propionate (Dymista 125/50)** is now also indicated for symptomatic treatment of moderate to severe allergic rhinitis and rhinoconjunctivitis in children 6 years and older where use of a combination (intranasal antihistamine and glucocorticoid) is appropriate. Safety of Dymista 125/50 use in children aged 6 to 11 years for longer than 3 months has not been assessed.
- **Respiratory syncytial virus pre-fusion F protein vaccine, recombinant (Abrysvo)** is now available. In addition to being indicated for active immunisation of individuals 60 years of age and above for prevention of lower respiratory tract disease caused by respiratory syncytial virus (RSV), it is also indicated for active immunisation of pregnant women between 24-36 weeks of gestation for prevention of lower respiratory tract disease caused by RSV in infants from birth through 6 months of age.
- **Elexacaftor + tezacaftor + ivacaftor and ivacaftor (Trikafta)** is now also indicated for the treatment of cystic fibrosis (CF) in patients aged 2 years and older who have at least one F508del mutation in the CF transmembrane conductance regulator gene.
- **Pembrolizumab (rch) (Keytruda)** is now also indicated in combination with fluoropyrimidine- and platinum-containing chemotherapy for the first-line treatment of patients with locally advanced unresectable or metastatic gastric or gastroesophageal junction (GOJ) adenocarcinoma that is not HER2-positive; and in combination with trastuzumab, fluoropyrimidine- and platinum-containing chemotherapy for the first-line treatment of patients with locally advanced unresectable or metastatic HER2-positive gastric or GOJ adenocarcinoma, whose tumours express PD-L1 [Combined Positive Score  $\geq$  1] as determined by a validated test.

## New Contraindications

- **Bee (*Apis mellifera*), Yellow Jacket (*Vespula* spp.) and Paper Wasp (*Polistes* spp.) venom (Albey Venom)** is now contraindicated in patients with unusual reactions (renal, muscular, articular, cutaneous, neurological, or haematological) after a sting; in active or poorly controlled autoimmune disorder; in severe or uncontrolled asthma (FEV1 < 70% of predicted value); and in children under the age of 2 years. The initiation of venom immunotherapy is contraindicated during pregnancy.

*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.*