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## Today's issue of PD

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

- Dispense Assist
- Perrigo

## Low-cost solution

**DISPENSE** Assist is a low-cost staffing solution with dispensary technicians available 24/7 at rates as low as \$6.14 per hour.

See more on **page four**.

## Delayed ovulation

**PERRIGO'S** emergency contraception medicine EllaOne is most effective in the 24 hours after intercourse, and can delay ovulation.

See more on the **page five**.

## Life expectancy up

**THE** Australian Institute of Health and Welfare's (AIHW) latest report, *Australia's health 2024: in brief*, has revealed that boys and girls born in Australia today can be expected to live 81.2 years and 85.3 years respectively.

This is an increase of about 40% since the start of the 20th century and is the fourth best among OECD countries, stated the agency.

The AIHW report confirmed the country fared well in the COVID-19 pandemic when compared with other OECD countries, with one of the lowest confirmed prevalences of infections.

To learn more **CLICK HERE**.

## ABF to fight illicit vapes

**THE** Australian Border Force (ABF) will ramp up the fight against black market nicotine products with the appointment of Erin Dale (pictured) as its new interim Illicit Tobacco and Cigarette Commissioner.

Awaiting her formal appointment, Dale is currently an ABF Assistant Commissioner, leading the Tobacco and E-Cigarette Taskforce.

She has previously held various senior executive positions across ABF, including leading all national and regional border operations at the Australian ports, overseeing travel, trade facilitation, and enforcement functions.

Since new regulations banning the import of disposable vapes began on 01 Jan (*PD* 29 Nov 2023), the ABF and TGA have jointly seized close to 2.9 million illicit vapes.

Additionally, until 30 April, the



ABF reported it had seized more than 112 tonnes of tobacco and 608 million cigarettes.

The establishment of the Commissioner role follows the recent launch of the government's \$63.4 million 'Give Up For Good' campaign, which is raising awareness of the impacts of smoking and vaping, and encouraging people to take up the expanded quit support services. *JG*

## Bird flu 'almost a pandemic in slow motion'

**SCIENTISTS** are increasingly worried that gaps in bird flu surveillance could hinder efforts to prevent a new pandemic, according to *Reuters* interviews with several disease experts.

Since 2020, researchers have monitored a new H5N1 avian flu subtype in migratory birds.

However, the virus' spread to 129 dairy herds across 12 US states suggests it could become transmissible between humans.

Infections have also been detected in various mammals, including alpacas and house cats.

"It almost seems like a pandemic unfolding in slow motion," said Scott Hensley, a



microbiology professor at the University of Pennsylvania.

While the current threat is low, early detection of human transmission is crucial for timely vaccine development, testing, and containment measures.

## NRT effectiveness

**LOW** completion rates of nicotine replacement therapy (NRT) indicate pregnant women need more support to quit smoking, revealed a UNSW-led study published in *JAMA Network Open*.

Dr Annelies Robijn, study lead author and pharmacoepidemiologist, said, "while there is some data on smoking cessation pharmacotherapy use during pregnancy, it's outdated".

"Our goal with this study was provide evidence of what's happening currently in practice and compare this to the clinical guidelines."

Prescription NRT was used by less than 2% of women in New Zealand, with minimal use of it in the other countries, where NRT is potentially more often purchased without a script.

Among the women who did use prescription NRT, the majority did not take it long enough to quit successfully.

"The research findings highlight the need for robust information about safety and effectiveness regarding the use of NRT during pregnancy," commented Dr Robijn.

"Armed with better knowledge, pregnant women and clinicians can make informed choices around quitting smoking," she added.

The study found the low use of varenicline and bupropion, not recommended in pregnancy, aligned with current clinical guidelines.

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Sigma Healthcare	10010872	10010579	-	10033846	-	10002918
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## AMH Aged Care Companion New Release May 2024

Evidence-based information to address the most common age-related illnesses and drug treatment challenges.



## Sanofi's vax is free on NIP

**SANOFI'S** vaccine, MenQuadfi, is now available for free to adolescents under the National Immunisation Program (NIP).

The vaccine protects against invasive meningococcal disease caused by *neisseria meningitidis* serogroups A, C, W, and Y (ACWY).

Adolescents aged 14 to 16 and those aged 15 to 19 who missed their school vaccinations can receive MenQuadfi at no cost.

Community pharmacies, through the NIP Vaccinations in Pharmacy Program, offer convenient access to MenQuadfi and other missed NIP vaccinations, stated the company.

Dr Iris Depaz, Head of Medical, Vaccines, Sanofi Australia said, "meningococcal disease can occur at any age and progress rapidly, but young people are more vulnerable".

"The tragedy of young people being severely disabled by meningococcal disease makes the role of the NIP adolescent program all the more important.

"Community pharmacists and



nurses going into schools are on the frontline in providing adolescents with protection against this serious and sometimes deadly disease."

Free meningococcal ACWY vaccines have been available to teens via the NIP since 2019, helping prevent severe illness, disability, and death.

Sanofi also highlighted MenQuadfi's eco-friendly packaging, which is plastic-free and fully recyclable, replacing paper leaflets with a QR code to reduce environmental impact.

Further, by 2027, Sanofi aims to eliminate blister packs from all vaccine packaging.

The vaccine's side effects include injection site pain, erythema, swelling, malaise, headache, myalgia, and dizziness or fainting. *JG*

## Oncology nonadherence a global issue

**NEW** research has shed light on why cancer patients choose not to take their prescribed self-administered medications.

Atlantis Health, a leading global patient agency specialising in behavioural science, has revealed key findings from its Global Oncology Patient Nonadherence study.

Three main themes emerged: doubting treatment, reclaiming identity and control, and reducing disruption.

Patients expressed scepticism of the medication's necessity and efficacy, concerns over losing personal identity and control, and difficulties incorporating treatment into their daily lives.

The global study revealed that 56% of participants reported some level of nonadherence to their prescribed anti-cancer medications, mirroring existing research on self-administered oncology treatments.

CEO Jonny Duder said, "these

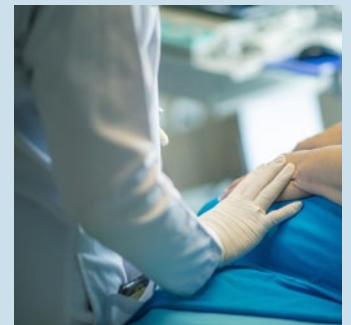
findings are valuable, especially to life sciences companies".

"Together we can provide people living with cancer targeted support for managing their disease and treatment for optimal outcomes."

Additionally, the study assessed engagement with digital health tools, patient organisations, and pharmaceutical-sponsored support initiatives.

It also explored how patients perceive their cancer and what motivates them to stick to their medication routines.

To learn more **CLICK HERE**.



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### Dispensary Corner

**INADEQUATE** sleep is linked to a host of health problems all resulting in several prescription medicines dispensed by pharmacists to weary patients.

In Australia, over one-third of adults miss out on the recommended seven to nine hours of sleep per night, costing the economy a whopping A\$45 billion annually, according to *The Conversation*.

Enter sleep tourism - a clear sign of just how sleep-deprived we've become.

According to CQ University research fellows Charlotte Gupta and Dr Dean Miller, the future of travel might just be hotels and resorts solely focused on sleep for weary travellers.

Picture this: you arrive at your hotel after a gruelling flight all bleary eyed, and a sleep butler greets you with a pillow menu and a schedule for a sleep meditation session.

Your room is equipped with an AI-powered smart bed, blackout shades, blue light-blocking glasses, and weighted blankets.

Forget about sightseeing or adventurous activities like eating Parisian pastries under the Eiffel Tower or ice skating at Rockefeller Center.

This trend is an offshoot of the global wellness tourism industry, which is worth over US\$800 billion (A\$1.2 trillion) and growing.

However, for sleep tourism to truly work, prioritising sleep on return is a must.

So folks, stay off devices and maintain good sleep hygiene and slumber on.

## CTG includes S100 meds

**THE** Closing the Gap (CTG) PBS Co-payment Program has been expanded to include section 100 (S100) PBS medicines dispensed by community pharmacies, approved medical practitioners, and private hospitals in Australia.

This expansion is in addition to the section 85 (general schedule) medicines which are also dispensed under this program.

The initiative also covers all section 100 PBS medicines supplied under Continued Dispensing arrangements.

Starting from 01 Jan 2025, the program will extend to all section 85 and 100 PBS medicines currently dispensed by public hospitals around the country.

The CTG PBS Co-payment Program aims to improve access to PBS medicines for First Nations people with or at risk of chronic diseases, and addresses the significant barrier of medicine costs.

It helps ensure they can adhere to their prescribed medication regimen, reducing the likelihood



of setbacks in the prevention or management of their conditions.

Registered participants on the CTG PBS Co-payment Register who would normally pay the full general PBS co-payment amount now pay the concessional rate.

Those who already pay the concessional rate receive their medicines for free, without any co-payment costs.

Additionally, the Remote Area Aboriginal Health Services (RAAHS) program complements this initiative by allowing clients in remote areas to receive free PBS medicines directly from their RAAHS without the need for a normal PBS script. JG

## Top scientist to head The Florey Institute

**PROFESSOR** Peter van Wijngaarden (pictured) has been appointed as the new Director and CEO of The Florey Institute of Neuroscience and Mental Health.

Board Chair Martin Adams praised van Wijngaarden as an outstanding leader and clinician researcher, who can help elevate The Florey's global impact.

Adams also thanked retiring Director Prof Trevor Kilpatrick for his leadership, highlighting the structural changes he oversaw.

Van Wijngaarden is Professor of Ophthalmology at the University of Melbourne and has served as



Deputy Director at the Centre for Eye Research Australia.

His research interests include retinal imaging, artificial intelligence, multiple sclerosis and Alzheimer's disease.



### Guild Update

## New financial year, new wage rates calculator

**THE** new financial year has now arrived, and so has the Guild's updated Annualised Wage Calculator.

Guild members can use this helpful tool to assist in calculating the necessary minimum Award wage that must be paid to staff for the FY 2024/25.

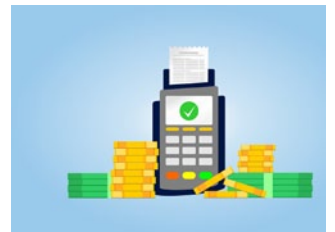
From the first full pay period commencing on or after 01 Jul, minimum wages and certain allowances under the Pharmacy Industry Award 2020 increased by 3.75%.

The Superannuation Guarantee has also increased from 11% to 11.5% from that same period.

The Annualised Wage Calculator accounts for these changes in entitlements to help calculate annualised salary arrangements and/or an annualised hourly rate.

The Guild's updated 2024/25 FY Annualised Wage Calculator is ready to go, along with hourly Wage Summary Sheets for the FY 2024/25.

Guild members can access them **HERE**.





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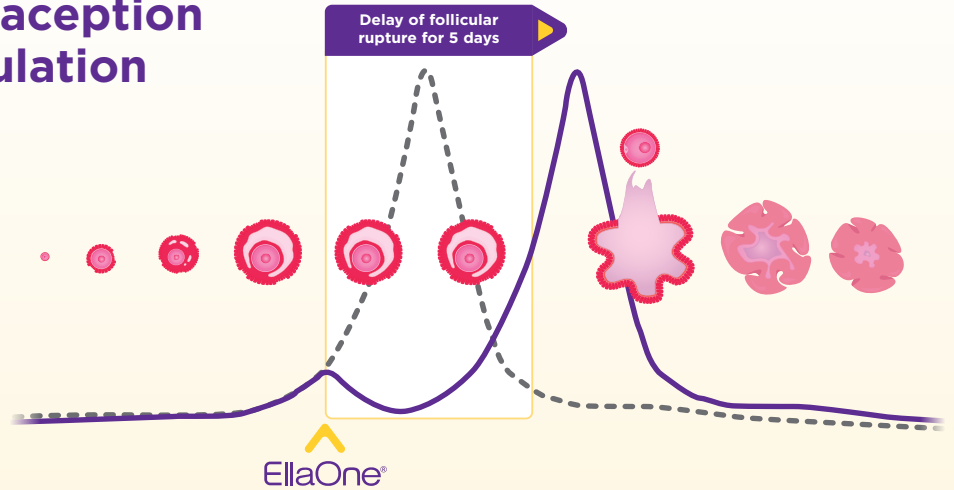
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# EllaOne® IS **2.5x MORE EFFECTIVE** THAN LEVONORGESTREL WITHIN THE FIRST 24 HOURS<sup>1,2</sup>



## Oral emergency contraception works by delaying ovulation

- Luteinising Hormone (LH) surge triggers ovulation however it is **difficult to predict** when this will occur.<sup>3,4</sup>
- Only **12%** of women ovulate on **Day 14**.<sup>3,4</sup>
- EllaOne® can prevent ovulation, **even after** the LH surge has started.



EllaOne® is approved for use up to **120 hours**<sup>2</sup>



**5 DAYS**

LNG is **ONLY** approved for use up to **72 hours**<sup>5</sup>



**3 DAYS**

## ARE YOU STOCKING AUSTRALIA'S MOST EFFECTIVE ORAL EMERGENCY CONTRACEPTIVE?

- **90% of Women** ask for Emergency Contraception in the **first 24 hours** after unprotected intercourse.<sup>4</sup>
- EllaOne is **most effective** within **24 hours** after unprotected sex.<sup>1-2</sup>
- UPA, the active ingredient in EllaOne, delays ovulation **more effectively** than LNG, to reduce the risk of falling pregnant.<sup>1-3</sup>
- EllaOne is the **preferred option** for Oral EC in patients with a **BMI >26kg/m<sup>2</sup>** or **weight >70kg**.<sup>8</sup>

## CPD MODULES AVAILABLE

via **GuildEd & Australasian College of Pharmacy**



## ASK YOUR PHARMACIST ABOUT THIS PRODUCT.

**References:** **1.** Glasier AF, Cameron ST, Fine PM, et al. Ulipristal acetate versus levonorgestrel for emergency contraception: a randomised non-inferiority trial and meta-analysis [published correction appears in Lancet. 2014 Oct 25;384(9953):1504]. Lancet. 2010;375(9714):555-562. **2.** EllaOne Product Information. Last date of revision 15 November 2021. **3.** Cooper GS, Ephross SA, Weinberg CR, Baird DD, Whelan EA, Sandler DP. Menstrual and reproductive risk factors for ischemic heart disease. Epidemiology. 1999;10(3):255-259. **4.** Trussell J, Rodriguez G, Ellertson C. New estimates of the effectiveness of the Yuzpe regimen of emergency contraception. Contraception. 1998;57(6):363-369. **5.** Norlevo Product Information. Last date of revision 09 January 2020. **6.** Nappi RE, Lobo Abascal P, Mansour D, Rabe T, Shojai R; Emergency Contraception Study Group. Use of and attitudes towards emergency contraception: a survey of women in five European countries. Eur J Contracept Reprod Health Care. 2014;19(2):93-101. **7.** Brache V, Cochon L, Deniaud M, Croxatto HB. Ulipristal acetate prevents ovulation more effectively than levonorgestrel: analysis of pooled data from three randomized trials of emergency contraception regimens. Contraception. 2013;88(5):611-618. **8.** Pharmaceutical Society of Australia. Non-prescription medicine treatment guideline: Emergency contraception. Canberra: PSA; 2022. Perrigo Australia. ABN 56009293136. 25-29 Delawney Street, Western Australia, 6021, AUSTRALIA. MAT-3286.



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## New Products

- **Etrasimod (as arginine) (Velsipity)** is a sphingosine 1-phosphate (S1P) receptor modulator that binds with high affinity to S1P receptors 1, 4 and 5 (S1P1, 4, 5). Etrasimod has no activity on S1P2 or S1P3. Etrasimod partially and reversibly blocks the capacity of lymphocytes to egress from lymphoid organs, reducing the number of lymphocytes in peripheral blood thereby lowering the number of activated lymphocytes in the tissue. The mechanism by which etrasimod exerts therapeutic effects in ulcerative colitis (UC) is unknown but may involve the reduction of lymphocyte migration into the intestines. *Velsipity is indicated for the treatment of adults with moderately to severely active UC who have had inadequate response, loss of response or intolerance to conventional, biologic or Janus kinase inhibitor therapies.* Velsipity is contraindicated in patients who in the last 6 months, have experienced a myocardial infarction, unstable angina pectoris, stroke, transient ischemic attack, decompensated heart failure requiring hospitalisation, or New York Heart Association class III/IV heart failure; in patients with a history or presence of Mobitz type II second-degree or third-degree atrioventricular block, sick sinus syndrome, or sino-atrial block, unless the patient has a functioning pacemaker; during pregnancy and in women of childbearing potential not using effective contraception; in breastfeeding women; and in active malignancies. Velsipity tablets contain etrasimod 2 mg and are available in packs of 28.
- **Spesolimab (rch) (Spevigo)** is a humanised antagonistic monoclonal immunoglobulin G1 antibody blocking human interleukin-36 receptor (IL36R) signalling. Binding of spesolimab to IL36R prevents the subsequent activation of IL36R by cognate ligands (IL36  $\alpha$ ,  $\beta$  and  $\gamma$ ) and downstream activation of pro-inflammatory and pro-fibrotic pathways. IL36R signalling is differentiated from TNF- $\alpha$ , integrin and IL-23 inhibitory pathways by directly and simultaneously blocking both inflammatory and pro-fibrotic pathways. Genetic human studies have established a strong link between IL36R signalling and skin inflammation. *Spevigo is indicated for the treatment of flares in adult patients with generalised pustular psoriasis.* Spevigo concentrated solution for infusion contains spesolimab 450 mg/7.5 mL and is available in packs of 2 vials.

## New Presentation

- **Semaglutide (Wegovy FlexTouch)** is now available as a product specifically indicated for weight management. *It is indicated as an adjunct to a reduced-energy diet and increased physical activity for chronic weight management (including weight loss and weight maintenance) in adults with an initial Body Mass Index (BMI) of  $\geq 30 \text{ kg/m}^2$  (obesity), or  $\geq 27 \text{ kg/m}^2$  to  $< 30 \text{ kg/m}^2$  (overweight) in the presence of at least one weight-related comorbidity; and for weight management in adolescents ages 12 years and above with initial obesity [(BMI  $\geq 95^{\text{th}}$  percentile) as defined on sex and age-specific BMI growth charts (CDC.gov)] and body weight above 60 kg.* Wegovy FlexTouch is available in packs of single pre-filled disposable pens containing 4 doses of 0.25 mg, 0.5 mg, 1 mg, 1.7 mg or 2.4 mg semaglutide per dose.

## New Indication

- **Tozinameran and famtozinameran (Comirnaty Original/Omicron BA.4-5)** is now indicated (with provisional approval) for active immunisation to prevent COVID-19 in individuals 6 months of age and older in accordance with official recommendations.

## New Contraindications

- **Bupropion hydrochloride (Zyban SR)** is now contraindicated in children.
- **Rifampicin (Rifadin)** is now contraindicated for concomitant administration with lurasidone.

*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.*