

RX Futures Webinar:

Unlocking Your Full Scope Potential

Pharmacy is changing. Are you ready to grow with it?

**Natalie French**Full Scope Pharmacist & Head
of Professional Services,
Chempro Chemist

RX Futures

*For pharmacy students, interns,
and early career pharmacists***Wednesday 27 August****6:30pm to 7:30pm AEST****Join on Zoom****Chloe Kappel**MIMS College Intern
of the Year 2024

As more states roll out pharmacist-led services like resupply, prescribing, and health checks, future pharmacists need more than just clinical knowledge. You'll need to master real-world consulting skills, build confidence in taking patient histories, and rethink how pharmacy workflows can support expanded services.

This free webinar is designed with pharmacy students, interns, and early career pharmacists in mind. You'll get the inside scoop from leaders who've been where you are- and are now shaping the future of pharmacy.

Whether you're prepping for your first placement, battling through intern year, or are early on in your registration- this is your chance to upskill and feel more ready to step into full scope.

**Suzanna Nash**Chief Pharmacist,
Australasian College
of Pharmacy**Register now**

Today's issue of PD

Pharmacy Daily today features two pages of news, plus a front cover from **The Pharmacy Guild of Australia**, and a full page from **Minfos**.

Scope webinar

THE Pharmacy Guild of Australia is holding a free Rx Futures webinar to provide early career pharmacists, interns and students with the practical know-how needed for expanded pharmacist services. See **cover page** for details.

All-in-one software

MINFOS pharmacy software is a single solution to manage an efficient dispensary and a profitable retail business, giving clear visibility across all modules.

Learn more on **page three**.

PSA welcomes new ECP CSI leaders

THE Pharmaceutical Society of Australia (PSA) has introduced the new leaders for the Early Career Pharmacist (ECP) Community of Specialty Interest (CSI), a group that will inspire and empower Australia's next generation of pharmacists.

Dr Ayomide Ogundipe (**pictured**) has been re-appointed for a third term as Chair of the Early Career Pharmacist Leadership Group and ECP Director on the PSA National Board.

Joining her on the board are:

- James Buckley, Queensland
- Joshua Cooper, Victoria
- Elissar Mansour, NSW
- Zineb Medrek, ACT
- Rhiannon Price, WA
- Abby Richardson, Queensland
- Lucy Rowell, Tasmania
- Leon Tcha, NT
- Raymond Truong, SA.

In Leon Tcha, the Early Career Pharmacist CSI leadership group now includes a representative practising in the Northern Territory, a first since the group's inception.

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When announcing the new leadership team, Dr Ogundipe reaffirmed her commitment to a thriving ECP community.

"I'm honoured to be reappointed to the PSA Board for my third and final term as the Early Career Pharmacist Director," Dr Ogundipe said.

"It's been a privilege to represent and advocate for my peers during such a transformative time in pharmacy," she continued.

"As I step into this final term, I remain deeply committed to ensuring that early career pharmacists have a strong voice

in decision-making and policy development."

Dr Ogundipe welcomed the new members of the ECP CSI Leadership Group, pointing to the unique experience, drive and perspective each member brings, noting they will be instrumental in shaping the future of the profession.

"This leadership group represents the best of what's next - thoughtful, engaged pharmacists who are ready to make a real impact in their communities and across the profession," she said.

"It's incredibly exciting to support a new cohort of leaders who are ready to represent and advocate for early career pharmacists at all levels."

"I want to thank [previous board members] Jala Moushi, Keiran Batavia, Shaylee Mills, Monique Licht and Erin Cooper for their support and dedication in building our CSI into the thriving, connected community it is today," Dr Ogundipe concluded. **KB**

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References: 1. CELEBREX RELIEF® (celecoxib) Product Information.

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Dispensary Corner

THERE is a way to relieve pain without medicine, researchers have discovered.

Psychiatrists from James Madison University and Case Western Reserve University found that being given a medical diagnosis alone can bring relief from pain - even without treatment.

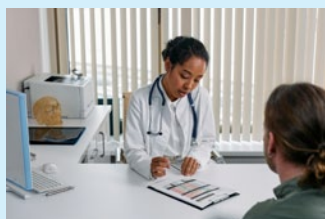
Dubbed the 'Rumpelstiltskin Effect', simply naming a medical condition can have very real benefits, including helping alleviate some symptoms.

Patients often describe feeling a wave of relief after finally receiving a diagnosis, whether for a neurodevelopmental condition such as ADHD, or something as common as a stress headache.

Writing in *BJ Psych Bulletin*, the researchers explained: "A clinical diagnosis invites patients to see their experiences through a medical lens.

"This diagnosis functions not only as a medical label but also as a social tool for making previously unarticulated suffering comprehensible."

While the researchers are hopeful that their findings will make healthcare professionals more aware of the power of diagnosis, they concede that further investigation is needed to fully validate the effect.



PBAC outcomes disappoint

THE Pharmaceutical Benefits Advisory Committee (PBAC) has knocked back Lilly's application for PBS listing of its high-profile anti-dementia drug Kisunla (donanemab) (**PD** 22 May) at its Jul 2025 meeting.

In commenting on the decision, the PBAC acknowledged there is "a high clinical need for effective disease modifying treatments for Alzheimer's disease" (AD) and noted that existing treatments have "only modest effectiveness".

However, it pointed out that while clinical trials demonstrated that donanemab can potentially delay the progression of early AD by around six weeks, there is a lack of consensus among clinicians over whether these results would translate into meaningful improvements for patients.

In addition, the specialist diagnostic testing required in order to determine a patient's suitability for donanemab treatment was considered too great a burden, especially for those who did not ultimately qualify for it.

While patients are still able to pay for Kisunla privately at \$4,700 per infusion, the cost would prove prohibitive for most.

"This is a disappointing outcome for patients, their families, the Alzheimer's community, and for Lilly," said Tori Brown, General Manager, Lilly Australia & NZ.

"It's a decision that doesn't reflect the true value of Kisunla for patients, their families, the health system and society as a whole.

"Lilly is working to fully understand the implications of this outcome and potential next steps," Brown said.

The PBAC also rejected MSD's application to have its cancer drug pembrolizumab (Keytruda) PBS-

listed for all usages for which it is now registered on the Australian Register of Therapeutic Goods (ARTG) - the so-called pan-tumour funding model.

"MSD Australia & NZ is astonished that after eight years of dialogue and consideration, the PBAC... has outright rejected a funding proposal that would have removed inequities of access to a cancer-treating immunotherapy in Australia," the company stated.

"This decision will leave some cancer patients bereft of reimbursed treatment options, while foregoing an opportunity to deliver equity of cancer care to thousands of Australians, including those with certain rare cancers."

The drug is currently registered for 35 indications, of which 15 are partially or fully PBS funded.

Among the drugs that did get the PBAC nod were abaloparatide (Eladynos, Theramex) for osteoporosis; guselkumab (Tremfya, Janssen-Cilag) for severe Crohn's disease; tacrolimus ointment (aZematop, Arrotex) for atopic dermatitis; and insulin degludec (Tresiba, Novo Nordisk), a new form of insulin for type 1 diabetes.

See the full outcomes **HERE**. **KB**

Ultra Violette goes back to drawing board

THE company behind Lean Screen, the sunscreen claiming an SPF of 50+ which was found in recent testing by Choice to have an SPF of 4 (**PD** 12 Jun), has withdrawn the product from the market and is urging customers to claim a refund.

Ultra Violette commissioned several labs to test Lean Screen, and received results with "significant and atypical variability", with SPF ratings of 4, 10, 21, 26, 33, 60, 61 and 64.

In addition to recalling the product, Ultra Violette said that it will no longer use the third-party manufacturer that made the product, or the testing laboratory that provided the original SPF results.

It has also committed to testing all new products at a minimum of two different independent labs prior to launch, and retest all products off the shelf every 18 months.

"We are deeply sorry that one of our products has fallen short of the standards we pride ourselves on and that you have come to expect of us," the company said.

Your views about biosimilars

Researchers are looking for pharmacists to complete a short survey on their views and experience with biosimilar substitution.

You will have the chance to receive a summary of the results and go into the draw for one of four \$100 gift vouchers.

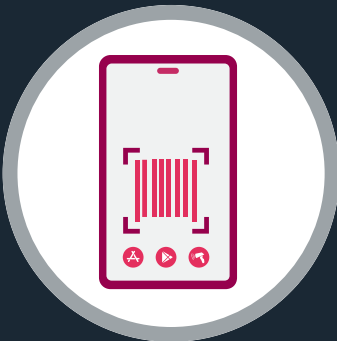
CLICK HERE to find out more about the survey





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