Pharmacy Daily

Friday 7th Feb 2025

Invest in pharmacists, says PSA

IN ITS pre-Budget submission, the Pharmaceutical Society of Australia (PSA) is urging the Federal Government to invest in pharmacists, supporting them to step up to help ease pressure on the wider healthcare system and deliver better patient outcomes.

The submission highlights opportunities to support pharmacists as medicine experts to improve the quality use of medicines and medicine safety in all areas of practice, and improve patient access to equitable healthcare.

The PSA is calling for equitable funding of pharmacist services, including rural and after-hours loading; raising vaccination remuneration in line with other health professions; funding the Integrating Pharmacists within Aboriginal Community Controlled Health Services program; increased funding for involvement in multidisciplinary chronic illness management; and funding measures that bring standards and guidelines in line with growing scope of practice.

"Pharmacists are ready and willing to do more for our patients - now we need the tools and support to do so sustainably," said PSA President A/Prof Fei Sim.

"This budget is an opportunity to address longstanding inequalities in funding, giving pharmacists the recognition that they deserve."

SA leads on pharmacist vaccinations

SOUTH Australian pharmacist immunisers can now authorise and administer any vaccine within their individual scope of practice, including for the first time travel health vaccines for cholera, rabies and typhoid.

The decision was announced yesterday by the Minister for Health and Wellbeing Chris Picton, and the government has also removed red tape regulating age cohorts for vaccinations, which has constrained and disincentivised service provision by pharmacists.

The Pharmaceutical Society of Australia (PSA) has commended the South Australian Government for its "decision to remove the regulatory shackles holding pharmacists back from fully using their skills and expertise to protect people from vaccine-preventable diseases".

PSA South Australia and Northern Territory President Dr Manya Angley celebrated the announcement.

"From today, South Australian pharmacists will be authorised to prescribe and administer vaccines from the same vaccine formulary as every other vaccinator - the Australian Immunisation Handbook," Dr Angley said.

"This will dramatically improve access and convenience for South Australians," she said.

"No longer will patients need to wait for pharmacists to review unnecessarily complex legal authority before safely authorising and administering recommended vaccines, including travel health vaccines.

"South Australia is leading the nation in scope of pharmacist-administered vaccines, a fact that we should be very proud of."

PSA National President Associate Professor Fei Sim heralded the "nation-leading" reforms and called for other jurisdictions to adopt the SA approach.

"Today's announcement in South Australia means that pharmacists will be able to prescribe and administer vaccines consistent with their skills and knowledge, rather than be held back by regulation.

"Regulation should enable, rather than restrict good health care provision," A/Prof Sim said.

"This approach will unlock a new level of care, and should be the standard all other states and territories aspire to."

The government is encouraging South Australians to obtain their travel vaccinations six to 12 weeks before they leave Australia to ensure they have time to develop full immunity, and also because some vaccines require several doses to achieve the best protection.

The government pointed out there are also certain requirements for vaccines such as Yellow Fever, so travellers will need to speak to a GP or pharmacist for more information. *KB*

Today's issue of *PD*

Pharmacy Daily today features two pages of industry news, plus the **February MIMS Update**.

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Dispensary Corner

IN THE latest instalment of the eggs-are-good vs eggs-are-bad saga, recent research by Monash University found that, among older adults at least, eating eggs 1-6 times per week is linked with lower all-cause mortality and cardiovascular disease mortality than eating eggs rarely or never.

So, with that win for team eggs-are-good on board, you might be tempted to pop a few on the boil.

But do you really know how to cook an egg?

You see, if it's taking you less than 32 minutes, you're not doing it right.

Italian researchers have found the optimal method of boiling an egg so it's evenly cooked with maximum nutritional content.

In short - and at 32 minutes, it's really not that short - you alternate an egg between a pan of boiling water kept at 100°C and a bowl kept at 30°C, transferring the egg from one to the other every two minutes for a total duration of 32 minutes.

The so-called periodically-cooked eggs had a soft yolk similar to that of a sous vide egg, while the consistency of the white was somewhere between that of sous vide and soft-boiled egg.

The periodically-cooked egg yolks also contained higher levels of healthy polyphenols.

The discovery is unlikely to take the world of eggs by storm, but the authors reckon the method could have applications in the curing and crystallisation of other materials.

Pharmacists present to loneliness inquiry

PHARMACY Addressing Loneliness and Social isolation (PALS) and the Pharmaceutical Society of Australia (PSA) provided evidence yesterday to the NSW Legislative Council Standing Committee on Social Issues regarding its inquiry into the prevalence, causes and impacts of loneliness in NSW.

Pharmacists engage with patients an average of 18 times each year, PALS pointed out in its submission, and given their trusted status, have significant opportunities to help identify, screen for, address and prevent loneliness.

The impacts of loneliness on physical, cognitive and mental health, and health behaviours (such as medication use) are significant and costly, with the adverse health outcomes of loneliness estimated to cost the economy $2.7 billion per year.

PALS made four recommendations:

- Funding to support the rollout of PALS' world-first Pharmacist Training program on Loneliness throughout NSW to all pharmacists;
- A partnership between PALS and the NSW government to develop and deliver a public health campaign addressing loneliness;
- NSW government to invest in the roll-out of a validated loneliness screening tool through pharmacy;
- Funding to pilot pharmacist involvement in social prescribing initiatives in collaboration with local organisations, helping to connect patients with local community services.

PALS Founder Jenny Kirschner highlighted the world-first Pharmacist Training Program on Loneliness, which includes a module that specifically addresses loneliness in pharmacists, acknowledging that health professionals can also feel lonely.

"I was very happy to present at the Inquiry to raise awareness about the role pharmacy can play in addressing loneliness", she told ***Pharmacy Daily***.

The PSA recommended funding for: training on loneliness; the roll-out of a validated loneliness screening tool; mental health first aid training for pharmacists; the delivery of remunerated telehealth consultations between pharmacists and people who are isolated; and a partnership with the NSW government to provide educational materials on loneliness to pharmacists.

"It was a great opportunity to discuss how pharmacists can help to alleviate the burden of loneliness for the people of NSW," Amanda Fairjones, PSA NSW State Manager, told ***Pharmacy Daily***. *KB*

Pictured: PSA NSW Vice President Lily Pham, PALS Founder Jenny Kirshner, and PSA NSW State Manager Amanda Fairjones.

IPA delivers 9.1% sales growth in 2024

INDEPENDENT Pharmacies Australia (IPA) has announced a significant 9.1% growth based on like-for-like pharmacy sales year-on-year in 2024.

Retail sales (middle and front of shop) experienced a 6.7% increase over the same period.

IPA said the surge follows a strategic reorganisation designed to better support its network of around 1,100 member pharmacies across the country.

According to Steven Kastrinakis, Managing Director of IPA, 2024 signalled an opportunity for the organisation to provide strong support for pharmacy members within the IPA network.

"The last year has been a rewarding one for our Advantage Pharmacies, Alliance Pharmacies, Chemist Discount Centres, Pharmacy Catalyst members and other independent pharmacies that we support.

"We've worked closely with all our members to minimise the 60DD impact and seize opportunities through full scope of practice and the 8CPA strategy implementation," Kastrinakis said, adding they had outperformed the market by 3.1 percentage points in both middle-of-shop and front-of-shop categories.

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MIMS Monthly Update

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New Products

- **RelabotulinumtoxinA (Relfydess)** is a *Clostridium botulinum* type A neurotoxin product that blocks the release of acetylcholine from the presynaptic cholinergic neuronal synapse to produce muscle relaxation. The heavy chain of botulinum toxin type A mediates attachment to the presynaptic surface of cholinergic neurons and internalisation of the bound toxin occurs by endocytosis. The catalytic light chain is then translocated across the vesicular membrane into the cytosol. The light chain is an enzyme that cleaves the synaptosome-associated protein of 25 kDa in the nerve terminals to block binding of acetylcholine vesicles with the cell membrane and prevent the release of acetylcholine from vesicles into the synapse. When injected intramuscularly, the toxin induces partial paralysis of the affected muscle which temporarily reduces muscle activity, leading to the transient reduction of glabellar lines or lateral canthal lines. Muscle function will return gradually with regrowth of the nerve fibres with new nerve terminals (normally within 12 weeks) to innervate the muscles, reversing the denervation by toxin administration. *Relfydess is indicated in adult patients for the temporary improvement in the appearance of moderate to severe glabellar lines at maximum frown and lateral canthal lines seen at maximum smile.* Relfydess is contraindicated in patients with known hypersensitivity to any botulinum toxin and in the presence of infection at the proposed injection sites. Relfydess solution for injection contains relabotulinumtoxinA 150 units per 1.5 mL and is available in packs of 10 vials.

- **Tislelizumab (Tevimbra)** is a humanized IgG4 variant monoclonal antibody against programmed cell death protein 1 (PD-1), binding to the extracellular domain of human PD-1 with high specificity and affinity. Binding of the PD-1 ligands, PD-L1 and PD-L2, to the PD-1 receptor found on T-cells inhibits T-cell proliferation and cytokine production. Upregulation of PD-1 ligands occurs in some tumours, and signaling through this pathway can contribute to inhibition of active T-cell immune surveillance of tumours. Tislelizumab competitively blocks the binding of both PD-L1 and PD-L2, inhibiting PD-1-mediated negative signaling and enhancing the functional activity in T-cells in *in vitro* cell-based assays. *Tevimbra is indicated in combination with platinum-based chemotherapy for the first-line treatment of patients with unresectable, locally advanced or metastatic oesophageal squamous cell carcinoma (OSCC) with a PD-L1 expression ≥ 1% as determined by a validated test; as monotherapy for the treatment of adult patients with unresectable, recurrent, locally advanced, or metastatic OSCC after prior chemotherapy; in combination with pemetrexed and platinum-containing chemotherapy for the first-line treatment of patients with locally advanced or metastatic non-squamous non-small cell lung cancer (NSCLC), with PD-L1 expression ≥ 50% but no epidermal growth factor receptor or anaplastic lymphoma kinase genomic tumour aberrations; in combination with carboplatin and either paclitaxel or nab-paclitaxel for the first-line treatment of patients with locally advanced or metastatic squamous NSCLC; and as monotherapy for the treatment of patients with locally advanced or metastatic NSCLC after prior chemotherapy*. Tevimbra concentrate for infusion contains tislelizumab 100 mg per 10 mL and is available in packs of 1 vial.

New Indications

- **Alectinib (Alecensa)** is now indicated as an adjuvant treatment in adult patients following tumour resection of anaplastic lymphoma kinase-positive non-small cell lung cancer (tumours ≥ 4 cm or node positive).

- **Daratumumab (rch) (Darzalex)** is now indicated in combination with carfilzomib and dexamethasone for the treatment of patients with relapsed or refractory multiple myeloma who have received at least one prior therapy.

- **Daratumumab (rch) (Darzalex SC)** is now indicated in combination with carfilzomib and dexamethasone for the treatment of patients with relapsed or refractory multiple myeloma who have received at least one prior therapy and in combination with pomalidomide and dexamethasone after at least one prior therapy including lenalidomide and a proteasome inhibitor.

- **Osimertinib (mesilate) (Tagrisso)** is now indicated as monotherapy for the treatment of patients with locally advanced, unresectable (stage III) non-small cell lung cancer whose tumours have activating epidermal growth factor receptor mutations and whose disease has not progressed during or following platinum-based chemoradiation therapy.

- **Semaglutide (Wegovy FlexTouch)** is now also indicated as an adjunct to standard of care therapy to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction or non-fatal stroke) in adults with established cardiovascular disease, with a BMI ≥ 27 kg/m^2, and without established type 1 or type 2 diabetes.

New Contraindications

- **Atazanavir and cobicistat (Evotaz)** is now contraindicated for concomitant use with drugs that are strong inducers of CYP3A4; and apalutamide, encorafenib, ivosidenib, and ritonavir.

- **Levothyroxine sodium (Eltroxin)** is now contraindicated for concomitant use with antithyroid agents for the treatment of hyperthyroidism during pregnancy.

- **Nirmatrelvir and ritonavir (Paxlovid)** is now contraindicated for concomitant use with enzalutamide.

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.