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## PSA recognises NSW excellence

**THE** Pharmaceutical Society of Australia (PSA) has announced the winners of the PSA NSW Excellence Awards, recognising outstanding pharmacists who have demonstrated excellence in their practice and dedication to improving healthcare outcomes for their communities.

The NSW Pharmacist of the Year is clinical pharmacist Ammar Altayib, who has received several recent award nominations, among them the AdPha Clinical Pharmacy Award last year.

The former Sudanese refugee has numerous academic qualifications, including a Masters in Pharmacy, and is currently completing a PhD.

In addition to his hospital role, the father of four also works on Saturdays at Queanbeyan Pharmacy, teaches Arabic and is a leader in his local community.

The NSW Lifetime Achievement Award was awarded to David North in recognition of his five decades of outstanding service to pharmacy and the Illawarra community, for which he received the Medal of the Order of Australia in 2019.

His career has spanned community pharmacy ownership, hospital pharmacy leadership,

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and significant contributions to professional development and mentorship.

NSW Early Career Pharmacist of the Year Lily Pham has quickly established herself as a leader in pharmacy, and is Vice President of the PSA NSW Branch Committee.

The PhD candidate has played a key role in policy submissions, stakeholder engagement and expanding pharmacists' scope of practice, particularly in mental health.

Peter Figliuzzi was recognised for his leadership, initiative and commitment to patient care in being awarded NSW Intern of the Year.

During his intern year, Figliuzzi developed a hospital discharge medication management system to ensure patients understood medication changes, reducing confusion and enhancing adherence, while his proactive engagement with veteran patients improved health outcomes. *KB*

### Today's issue of PD

*Pharmacy Daily* today features three pages of industry news.

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### New PBS listings, TGA meds update

**NOW** in effect as of 01 Mar, new medicines on the PBS include AbbVie's Skyrizi (risankizumab) for severe psoriatic arthritis and Roche's Vabysmo (faricimab) for macular oedema secondary to retinal vein occlusion.

With Skyrizi already PBS listed for adults with severe chronic plaque psoriasis, AbbVie has welcomed its listing for severe psoriatic arthritis (PsA) in adults.

It works by inhibiting the interleukin-23 cytokine, which can help reduce the inflammation responsible for the stiffness, swelling and pain in and around the joints caused by PsA.

Skyrizi is administered via a pre-filled pen, with patients requiring four doses per year after two initial starter doses.

Melbourne-based rheumatology professor Andrew Ostor pointed to the importance of having a range of therapeutics for PsA with differing mechanisms of action and modes of administration, as each patient has unique needs and responds differently to treatment.

"Having another option available on the PBS for severe psoriatic arthritis is great news for patients and doctors," Professor Oster said.

Around 20,000 Australians have macular oedema secondary to retinal vein occlusion (RVO), which is where a blockage in a retinal vein leads to fluid build-up in the macula, and could potentially benefit from the listing of Vabysmo.

The drug was already PBS-listed

for wet age-related macular degeneration and diabetic macular oedema, and Dr Hemal Mehta, a Sydney ophthalmologist involved in clinical trials with Vabysmo, welcomed the new subsidy for RVO "at a time when rates of retinal and macular disease are on the rise".

**MEANWHILE**, Sanofi has announced the Australian Register of Therapeutic Goods (ARTG) listing of Dupixent (dupilumab) for uncontrolled chronic obstructive pulmonary disease (COPD) in adult patients.

The drug was already registered for the treatment of severe atopic dermatitis and a severe form of asthma, and is the first biological therapy for COPD.

It comes as a pre-filled device that contains dupilumab 300mg for subcutaneous injection every two weeks.

"Dupilumab acts to address the underlying cause of inflammation in these patients, thereby delaying disease progression," said respiratory specialist Professor Philip Bardin of Monash University.

"Despite the widespread use of inhaled medications for COPD, this complex inflammatory airways disease remains one of the leading cause of preventable hospital admissions in Australia," he continued.

"Belonging to the first new class of treatment for COPD in more than a decade, dupilumab has the potential to change the way a severe form of this debilitating disease is managed."

### Arexvy safety data out

**AUSVAXSAFETY** has published the first Australian safety data on Arexvy respiratory syncytial virus (RSV) vaccination in people aged 60 years and older, reporting low adverse event rates.

The safety surveillance data covered more than 2,000 Arexvy vaccine recipients between 29 Feb 2024, which is when the vaccine became available in Australia through the private market for adults aged 60 years and older, and 27 Sep 2024.

It showed that over 63% of recipients experienced no side effects in the first three days after vaccination.

The most common adverse events reported were local reactions (30% - mainly pain, swelling and redness at the injection site); fatigue (21%); myalgia (muscle ache - 13%); and headache (12%).

Fewer than 5% of respondents reported missing work, study or routine duties in the three days after vaccination, and the proportion of respondents reported medical attendance to a GP or hospital was low, at 0.4%.

Dr Lucy Deng, AusVaxSafety Clinical Lead, said, "This is the first post-marketing active surveillance data published in Australia for the Arexvy RSV vaccine and is testament to Australia's commitment to ongoing vaccine safety through robust monitoring."

"Reassuringly, the rates of adverse events reported to AusVaxSafety following Arexvy RSV vaccination are consistent with expectations from clinical trial data and other international surveillance



activities," Dr Deng continued.

The paper is also the first to examine post-marketing safety data on Arexvy vaccine administered concomitantly (given on the same day) with other vaccines.

Those who received Arexvy concomitantly with another vaccine reported slightly higher rates of adverse events (43% vs 36% for Arexvy alone), impact on routine activities (7.3% vs 3.7%) and medical attendance (0.7% vs 0.4%) than those who received only the Arexvy vaccine.

AusVaxSafety is also actively monitoring the safety of Abrysvo, a new RSV vaccine for older adults and pregnant individuals, and Beyfortus (nirsevimab), a new long-acting, injectable monoclonal antibody product used to prevent severe RSV disease in infants.

"Our active surveillance activities ensure that these new RSV prevention products are performing as safely as we expect them to in real-world conditions," Dr Deng said.

The data was published in *Lancet Regional Health - Western Pacific*.

Read the paper [HERE](#). KB

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## Dispensary Corner

**SNEEZING** can be an annoying bodily function, but did you know it could also land you in the emergency department?

Last month, a 35-year-old man from California sneezed so violently that it caused him to suffer a life-threatening stroke.

Ian Applegate was racked by a series of explosive sneezes when he was sitting in his car with his wife Jennifer and their four-year-old son.

He knew something went seriously wrong on the third sneeze, after which he felt a sudden blinding headache and dizziness, followed by pins and needles on his left side.

As it turns out, the sneeze had caused him to tear the inner lining of the artery in his neck, which then caused a blood clot to develop and block blood flow to his brain, triggering a stroke.

Applegate was rushed to hospital, where doctors gave him blood-thinning medication to prevent further blood clots.

He is not in the clear yet though, and remains in hospital undergoing rehabilitative therapy to help retrain the muscles on his left side.

The engineer, who is soon to become a father-of-two, hopes to return home before the birth of his daughter in Apr.

"It was a pretty hard sneeze but I've never experienced anything like this in my life...I'm scared to sneeze now," Applegate said.

While rare, sneeze injuries are well documented, including broken ribs, burst lungs and brain tissue tears - best to always say 'bless you', just in case!

## Prison opioid guidelines

**BURNET** Institute researchers, in partnership with Western Health, have developed recommendations for the use of opioid agonist treatment in custodial settings, with pharmacists playing a key role in providing continuity of care between prison and after release.

More than half the 40,000 people incarcerated in Australia experience drug addiction, including to heroin and other opioids, and when released have an increased risk of death from drug overdose.

Opioid agonist treatment is used to treat heroin addiction, and reduces drug use and drug-related harms, including the likelihood of contracting infectious diseases, and the risk of overdose.

The *National consensus statement on opioid agonist treatment in custodial settings* makes 19 recommendations to government, relevant health authorities and custodial health services about how and when opioid agonist treatment should be offered in prison settings and how people can remain on the treatment after they are released from prison.

Key recommendations from the study include prompt recognition and treatment of opioid withdrawal and connection to community-based treatment providers on release.

Lead author Dr Jocelyn Chan said the treatment allowed people to gradually reduce their dependence on opioid drugs.

"Opioid agonist treatment helps sustain the body's tolerance to the drugs so that if people use drugs again once they're released from prison, they are less likely to overdose, which is a leading cause of death among people released from prison," she said.

"When proper support networks



have been established once the person has been released from prison, they will gradually be able to come off the treatment."

Dr Chan said the guidelines would improve treatment for people who inject drugs who were incarcerated.

Co-author and pharmacist, Professor Suzanne Nielsen, a member of the expert group that informed the recommendations, said it was important that a pharmacist was involved in the development of the consensus statement.

"We know pharmacists are critical in providing access to pharmacotherapy, and in supporting continuity of care between jurisdictional and community settings," Professor Nielsen told *Pharmacy Daily*.

"Recommendations in the consensus statement support this critical role and highlight the importance of working with pharmacies to ensure scripts enable continuity of care and work with availability of supervised dosing.

"The inclusion of pharmacist expertise within the expert group recognises the importance of the role of pharmacy in providing access to these evidence-based treatments for opioid dependence."

The statement was published in the *Medical Journal of Australia* today - the full paper is [HERE](#). KB

## Govt announces 50 new UCCs

**THE** Federal Government has committed \$664 million for 50 new Medicare Urgent Care Clinics throughout Australia by mid-2026 if it is re-elected.

The commitment builds on the existing 87 Medicare Urgent Care Clinics, many of which include pharmacies, allowing a one-stop-shop for medical care needs.

It will result in an estimated 80% of Australians living within 20 minutes of a clinic.

However, the Royal Australian College of GPs (RACGP) has warned the new urgent care clinics will not solve Australia's patient care challenges, and has raised concerns about how they will be properly staffed.

RACGP President, Dr Michael Wright, questioned whether the clinics are the answer to improving patient care across Australia, and called for the funding of existing general practices to expand their current services, including for more after-hours services.

"We are now seeing more than \$1 billion will be spent on setting up these clinics, and we still have no sign of an evaluation to show whether they are providing value for money, or helping people keep away from hospital," he said.

"Spending millions setting up new clinics is not value for taxpayers' money," he said.

Dr Wright cited reports that each visit to an urgent care clinic costs around \$200, and while cheaper than a visit to a hospital emergency department, it is far more expensive than a GP visit.