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## AdPha releases DEI strategy ahead of IWD 2025

**ADVANCED** Pharmacy Australia (AdPha) has released the organisation’s first Diversity, Equity and Inclusion Strategy, embracing inclusion and accelerating action ahead of International Women’s Day (IWD), celebrated tomorrow.

The strategy defines diversity, equity and inclusion in the context of the organisation’s people and purpose while outlining six years of action toward inclusive leadership, diverse workforce and workplace culture, community collaboration and partnerships.

AdPha Vice President Dr Kate O’Hara, who championed the initiative with fellow Director Brenda Shum, said the strategy formalises AdPha members’ longstanding commitment to

building cultures of inclusion and respect, recognising it is the backbone of quality health care.

“Embracing diversity, championing equity, and fostering inclusivity create meaningful impacts - not just for pharmacists and their teams, but for every patient in their care,” O’Hara said.

“The strategy encompasses four clear goals relating to inclusive leadership, workplace diversity, community collaboration and partnerships and advocacy, in our pursuit of health and social equity.”

AdPha Chief Executive Kristin Michaels highlighted the strong female leadership at AdPha, saying diversity in decision-making benefits everyone.

“By empowering female leadership we foster a more inclusive culture and entrench more diverse perspectives, which strengthen our decision-making and professional impact,” Michaels said, adding that “this not only enhances our work but also brings

lasting benefits to our members, their networks, and the profession as a whole.”

The DEI strategy is **HERE**.

**MEANWHILE**, Michaels shared with *Pharmacy Daily* her thoughts on women in pharmacy and leadership ahead of IWD.

“IWD for me is a great opportunity to stop and reflect, to remember where we have come from in relation to gender and social equity, and where we still have some mountains to climb!

“I’ve been honoured to spend my career working in healthcare, supporting and being supported by some incredible women who I have worked alongside.

“It has definitely been inspiring, but also given me a huge respect for the courage required to be a leader anywhere that you are underrepresented.

“I see that courage in spades in so many of the amazing women leaders in pharmacy, from Sue Kirsra leading Australia’s largest



hospital pharmacy team at Monash Health, to Shania Liu impacting leading research both here and internationally, and our amazing AdPha Vice President, Dr Kate O’Hara who not only leads our organisation, but spearheads initiatives in sustainability, digital health and pharmacist recognition to lift the whole profession.

“In the prevailing political climate, fighting for visibility, representation and empowerment has never been more important, and IWD is an opportunity to raise our voices to acknowledge and celebrate us all.”

See **page 3** for our IWD special. **KB**

### Today’s issue of *PD*

*Pharmacy Daily* today features three pages of news, plus the **March MIMS Update**.

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## Role for pharmacists in DV

**INTEGRATING** domestic violence (DV) education into the pharmacy curriculum is a vital step to equipping pharmacists with the necessary skills to effectively address DV, according to a research based on interviews with pharmacy practitioner educators from Monash University.

The researchers, led by Dr Harjit Khera and Dr Suzanne Caliph, pointed out that community pharmacists are the most accessible healthcare providers, making them uniquely positioned to identify and support individuals affected by DV.

However, they noted a lack of training in this area is a barrier to a role for pharmacists in DV cases, with interviewees citing lack of confidence and ethical and legal concerns as other challenges.

Interviewees recommended that students be trained to recognise, refer and seek guidance from professionals specifically trained to support people affected by DV.

Dr Caliph, who is also a community pharmacist, said: "Community pharmacists are frequently an underutilised resource in the management of DV". "They have the potential to play



a significant role in identifying signs of DV, offering support, and connecting patients with appropriate resources and services."

"Support from groups and individuals trained in DV, such as social workers, advocacy groups, or other healthcare professionals, could enhance training resources and provide valuable real-world contexts for pharmacy students," added Dr Khera.

The authors stated that future research should explore the perspectives and experiences of pharmacy students and pharmacists in practice settings to provide deeper insights into the barriers and facilitators of DV education in practice.

They also suggested that pharmacists undertake mental health training, as domestic violence and mental health are "deeply interconnected public health issues".

The paper is available [HERE](#). *KB*

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## More women skipping meds

**WOMEN** are twice as likely as men to skip a prescription because of cost, according to new data from the Pharmacy Guild of Australia.

The independent longitudinal research found one in four women (27%) were unable to afford their prescription medicines in the past three years because of the cost.

The figure was even higher for women aged 35-54, with one in three (35%) unable to afford their medication.

Women are twice as likely as men to say they cannot afford a prescription for themselves or their family, with the number of women who said they could not afford medicine increasing by one third since 2022.

The impact of the current cost of prescription medicine on women was a matter for all Australians, said Guild President Professor Trent Twomey, and women across Australia need more support when it comes to affordable access to prescription medicine for themselves and their family.

"In Australian families, women are often the primary caregivers and the family's health manager, taking responsibility for making health appointments and filling and paying for prescription medicines.

"The government has the power to make medicine more affordable by reducing the general copayment for PBS listed medicines," said Twomey, adding it will help relieve cost of living pressures.

## Deprescribing action week

**MEDSAWARE** Deprescribing Action Week starts 10 Mar, raising awareness about polypharmacy and deprescribing.

This year will see a focus on sustainability, highlighting the impact of medicines on the natural environment and benefits of deprescribing for patients and the planet.

Resources are available [HERE](#).

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## Dispensary Corner

**ANY** pharmacists looking for a new career opportunity? The *MV Narrative*, a “floating luxury community” from Storylines, wants to become the world’s first “blue zone at sea”, inspired by the diet, exercise and lifestyle habits of regions known for their exceptional longevity. On board is just about everything you might need for health and wellness, from PRP injections to dentists to chefs cooking up Mediterranean diet staples, as well as anti-ageing cosmetic treatments. There’s a 1,000m<sup>2</sup> wellness centre complete with a gym, yoga rooms, lap pool, relaxation pods, steam room, infrared saunas and hydrotherapy. There will also be group fitness classes and private trainers, with wellness checks, dental cleanings, eye exams and hearing screenings to highlight any issues that need attention. And here’s the (even more) exciting bit: the medical clinic will be staffed with doctors, nurses, physiotherapists, mental health professionals - and pharmacists! A compounding pharmacy will provide residents with custom medications and supplements based on their individual needs, including compounded GLP-1s for patients interested in copycat versions of diabetes and weight loss treatments like Ozempic and Wegovy. And the cost for a cabin? At \$US1 million to \$US8 million, it might be out of reach for the average pharmacist - but you could always ask about a job.

## Pharmacy leaders' perspectives on IWD

**INTERNATIONAL** Women’s Day (IWD) is celebrated tomorrow, and *Pharmacy Daily* asked some pharmacy leaders to share their thoughts on what IWD means to them personally and for women in pharmacy more generally.

### Amanda Seeto, CEO Australasian College of Pharmacy

I am in a role that is exciting, demanding, I am always learning something new, and like running a pharmacy, there is lots to do. It is not everyone’s cup of tea, and IWD gives us a chance to celebrate and recognise our freedom to choose career, family, or both.

Annabel Crabb’s statement that women “ought to work as if one did not have children, while raising one’s children as if one did not have a job” rings true for many, and I love that a career in pharmacy enables us to find that balance.

I would not be where I am now had it not been for the many times someone gave me a confidence pep talk, suggest I throw my hat in the ring for a role, or put my name forward to represent pharmacy.

So on IWD I am reminded to pay forward the generosity of encouragement that I received, and push the next generation of leaders, both men and women, out of their comfort zones to realise their potential.

### Bronwyn Clark, CEO Australian Pharmacy Council

Much of what I do at APC would not be possible without strong connections and true collaboration.

As I reflect on the #AccelerateAction theme for IWD 2025, I am reminded of the incredible people I have had the privilege of working alongside.

I recently farewelled Associate Professor Sue Kirsas, our outgoing

Board Chair.

Sue has been a trusted and invaluable mentor, someone I have learned so much from, and a driving force behind innovation in pharmacy across Australia.

This baton has now been passed to another remarkable female leader, Professor Sarah Roberts-Thompson, an experienced visionary in the pharmacy and education sector.

As we dive into preparations for our annual IPE Colloquium event, I find myself reflecting on the invaluable contributions of the Program Committee, whose insights and dedication shape this event’s success each year.

Professors Kirstie Galbraith and Rhonda Clifford are not only my colleagues but also friends - women who bring their own unique strengths and perspectives to the work that we do.

I feel incredibly grateful to work in a sector that not only attracts a high proportion of women but also fosters inspiring, determined individuals committed to making meaningful change, both in the world and for the patients they serve.

### Anna Barwick, CEO PharmOnline and 2025 OAM recipient

Having women in pharmacy leadership is essential, and while gender balance in pharmacy organisations has increased significantly since 2018, with women’s representation in leadership positions now at 58% (up from 47% in 2018), some have not yet achieved 50% - and we still have some all-male branch committee presidents.

It suggests that there are still barriers preventing women from stepping up to take the mantle of leading our profession, and

open discussion is needed to overcome them, with support and encouragement from allies.

Gender diversity means good business, good management and good governance, leading to better outcomes for all, and it is time for a shift in mindset to see balanced representation as the pragmatic choice it is.

### Krysti-Lee Patterson, MD Meitheal Services and Your Pharmacy Career Podcast host

While we’ve made progress in seeing more women in leadership roles within pharmacy, there’s still a gap when it comes to ownership - both in terms of pharmacies and entrepreneurship.

Since starting my own businesses, I’ve realised the vast opportunities available, but I’ve also noticed that the strongest support often comes from men or women outside of my immediate professional circle.

Unfortunately, within our industry, some women hesitate to uplift others, seeing them as competition rather than allies in professional growth.

We need to actively shift this mindset - true progress means bringing others along, not holding them back.

We also have work to do in ensuring that all women feel included in pharmacy.

Those from culturally and linguistically diverse backgrounds, as well as women who are neurodivergent, often face additional barriers, including stigma and exclusion.

The conversations I have in the podcast remind us that success in pharmacy isn’t just about individual achievements but about creating a profession where all women feel empowered to thrive.

## New Products

- **Fenfluramine (hydrochloride) (Fintepla)** is a serotonin releasing agent and thereby stimulates multiple 5HT receptor sub-types through the release of serotonin. Fenfluramine may reduce seizures by acting as an agonist at specific serotonin receptors in the brain, including the 5HT1D, 5HT2A, and 5HT2C receptors, and also by acting as a positive modulator of the sigma-1 receptor. *Fintepla is indicated as add-on therapy in the treatment of seizures associated with Dravet syndrome and Lennox-Gastaut syndrome in patients 2 years of age and older.* Fintepla is contraindicated in patients with aortic or mitral valvular heart disease; in patients with pulmonary arterial hypertension; and for concomitant use, or within 14 days of the administration of monoamine oxidase inhibitors. Fintepla oral solution contains fenfluramine 2.2 mg per 1 mL and is available in a 360 mL bottle.
- **Indocyanine green (Verdye)** is a diagnostic agent that has a sharply defined spectral peak absorption of near-infrared light at 800 nm in blood plasma or blood. This is the same wavelength at which the optical density of oxygenated haemoglobin in blood approximately equals that of reduced haemoglobin. Therefore, this coincidental light absorption makes it possible to measure indocyanine green concentrations in blood, plasma and serum in terms of its optical density at 800 nm, independent of variations in oxygen saturation level. Indocyanine green permits recording of the indicator-dilution curves for both diagnostic and research purposes. *Verdye is indicated for the measurement of cardiac output, stroke volume, circulating blood volumes, cerebral perfusion; liver blood flow, excretory function of the liver; and perfusion of the choroid.* Verdye is contraindicated in patients with hypersensitivity to sodium iodide (unless special precautions are taken) or iodine; in patients with hyperthyroidism, autonomic thyroid adenomas; in premature infants or neonates in whom an exchange transfusion is indicated due to hyperbilirubinemia; and if injection of Verdye was poorly tolerated in the past. Verdye powder for injection contains indocyanine green 25 mg and is available in packs of 5 vials.

## New Presentation

- **Clobetasol propionate (Xobet)** is now available as cream and ointment. *Xobet Cream and Ointment are indicated in the short-term treatment of resistant or severe inflammatory and pruritic manifestations of steroid responsive dermatoses, including psoriasis (excluding widespread plaque psoriasis), recalcitrant dermatoses, lichen sclerosus/planus and discoid lupus erythematosus in adults.* Xobet Cream and Ointment are contraindicated in dermatoses in children under one year of age, including dermatitis and nappy eruptions; in cutaneous bacterial and mycobacterial, viral (varicella, herpes simplex, herpes zoster), fungal or parasitic infections; in ulcerous wounds, rosacea, acne vulgaris, pruritus without inflammation, perianal and genital pruritus, and perioral dermatitis. Xobet Cream and Ointment contain clobetasol propionate 0.05% and are available in a 30 g tube.

## New Indications

- **Blinatumomab (Blincyto)** is now also indicated for the treatment of B-cell precursor acute lymphoblastic leukaemia in the consolidation phase in combination with chemotherapy in patients with Philadelphia chromosome negative disease, and in combination with a tyrosine kinase inhibitor in patients with Philadelphia chromosome positive disease who are unable to receive chemotherapy.
- **Durvalumab (Imfinzi)** in combination with platinum-based chemotherapy as neoadjuvant treatment, followed by Imfinzi as monotherapy after surgery, is now indicated for the treatment of adults with resectable (tumours  $\geq$  4 cm and/or node positive) non-small cell lung cancer and no known epidermal growth factor receptor mutations or anaplastic lymphoma kinase rearrangements.
- **Letermovir (Prevymis)** is now also indicated for the prophylaxis of CMV disease in adult kidney transplant recipients at high risk (donor CMV-seropositive/recipient CMV-seronegative).

## New Contraindications

- **Carbamazepine (Tegretol)** is now contraindicated in neonates below 4 weeks of age.
- **Clarithromycin (Klacid)** is now contraindicated for concomitant use with ivabradine.
- **Esomeprazole (magnesium trihydrate), amoxicillin (trihydrate) and clarithromycin (Nexium Hp7)** is now contraindicated for concomitant use with ivabradine.
- **Triptorelin (embonate) (Diphereline)** is now contraindicated in patients where there are indications that the tumour is not hormone-dependent or following surgical castration.

*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.*