

Tuesday 20th May 2025



Today's issue of *PD*

Pharmacy Daily today features two pages of news, plus full pages from:

- Dispense Assist
- Direct Chemist Outlet

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DISPENSE Assist is a low-cost staffing solution with dispensary technicians available 24/7, at rates from as low as \$7.42 per hour, for services that include compounding, DAAs and any other required tasks.

See page three for more.

A different script

THE Direct Chemist Outlet brand offers clout, support and buying power, with 127 pharmacies and growing. Learn more about what DCO can offer on page four.

Expanded prescribing for Vic pharmacists

THE Victorian Government has committed to supporting expanded scope of practice for pharmacists, improving Victorians' access to safe and effective healthcare from their local pharmacist.

Announced as part of today's 2025-26 Budget, it includes an investment of \$18 million to fund pharmacists to deliver expanded care through consultations in community pharmacies.

The number of conditions for which treatments can be prescribed will increase to 22 acute and chronic health conditions, aligning with similar programs in other jurisdictions.

Pharmacists who complete post-graduate training will be able to assess and treat additional conditions such as allergies, nausea and high blood pressure, giving Victorians greater flexibility in accessing care.

The government has also announced all streams of the Victorian Community Pharmacy

Statewide Pilot, which has been trialled since Oct 2023 (*PD* 20 Oct 2023), will become permanent.

This includes treatment of urinary tract infections and many skin conditions, such as psoriasis, as well as prescribing for ongoing hormonal contraceptive and travel health vaccination.

The Pharmaceutical Society of Australia (PSA) Victorian President, Dr Amy Page, applauded the announcement, saying the move represents significant progress towards realising the full potential of pharmacists.

"In Victoria, around the country and overseas, consumers have valued the ability to access safe and effective treatment of conditions such as uncomplicated urinary tract infections and shingles," Dr Page said.

"And they have also appreciated being able to access hormonal contraception and an increasing range of travel health services from more providers," she added. Unlike in other states, patients will be able to access the service without the cost of a consultation fee, which has been lauded for "placing health equity front and centre in the program design", helping people in vulnerable priority populations to access care.

"There should be no wrong doors to our health system; clearly defined referral pathways will mean all consumers who seek to access these services are triaged and directed to the appropriate level of care for their needs," said Dr Page.

She also acknowledged Premier Jacinta Allan and Health Minister Mary-Anne Thomas for "their leadership and their recognition of the skills and medicines expertise of pharmacists".

Anticipating resistance from doctors' groups, the government has pointed out the scheme will help reduce pressure on the health system and support Victorians who "cannot wait or pay for a visit to their GP". KB





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Dispensary Corner

WHEN a post on social media asked doctors to name the most reliable red flag for serious illness in a patient, the winner was not a sign or a symptom, but a few seemingly innocuous words.

"I feel fine, but my wife made me come in" was an almost certain guarantee that something was seriously wrong.

Another sure bet was a sentence starting, "I don't want to be a bother, but..." which probably means a heart attack, usually in an older woman.

Meanwhile, "Oh, there's just one other little thing..." as a patient heads toward the door, and it could well be cancer.

And forget years of medical diagnostics training - a further indication of a serious illness or medical emergency is 'a mother's intuition', several doctors suggested.

"Last week was the last time I questioned a mother's intuition," one said on Reddit.

"She said her college-aged child with no pre-existing conditions just seemed to be 'a bit off'," the doctor explained.

"Her child showed no signs of depression or suicidal ideation and just as we were about to discharge them, he stroked."

DDI alerts: more harm than good?

AUSTRALIAN clinical pharmacists investigating the impact of drug-drug interaction (DDI) alerts on rates of DDIs and associated patient harms found that implementing them, without tailoring them to clinical context, is unlikely to reduce patient harms.

These alerts target the co-prescription of two potentially interacting medications and are a frequent feature of hospital electronic medical records (EMRs), explained the study authors.

However several studies have shown the signals are often overridden by prescribers, usually due to excessive alerts leading to 'alert fatigue', and there have been few controlled studies evaluating the effectiveness of DDI alerts.

The study included five hospitals in NSW and Queensland, and compared data before and after DDIs were introduced.

Only the highest level of severity (major-contraindicated) was operational, and included approximately 7,500 DDI alerts.

Pharmacists completed a detailed audit of patients' medical records to determine whether potential DDIs were clinically relevant, and considered whether the benefit of prescribing the combination outweighed any risks to patients.

Where medications were



administered, they also looked for evidence of harm.

They found that introducing alerts have no effect on the prevalence of clinically relevant DDIs, and make no difference to patient-related harms.

While there was a decrease in the number of potential DDI alerts after implementation, the majority were not clinically relevant, "creating high levels of noise for end-users and fostering conditions ripe for alert fatigue", the authors wrote.

"Future research should focus on identifying safe, efficient and cost-effective ways of refining DDI alerts, including ways of effectively capturing drug interactions beyond drug pairs, so that expected clinical benefits are achieved, and negative consequences resulting from excessive alerting are minimised," they concluded.

Read the study HERE. KB

TGA safety alert risperidone

THE Therapeutic Goods Administration (TGA) has acted to reduce the risk of errors when administering risperidone (Risperdal and generic) to children.

An investigation into reports of overdosing of the medication, which is used to treat behavioural disorders, found errors due to misunderstanding of dosing instructions and incorrect use of dosing syringe.

The investigation revealed most cases involved accidental administration of 10 times the prescribed dose (for example, 5mL instead of 0.5mL), with symptoms including sedation, tachycardia and hypotension.

In response, the TGA has mandated an update to Product Information and Consumer Medicines Information with clearer dosing instructions and visual aids.

Pharmacists should ensure all caregivers are aware of the correct dosing instructions; provide a clear explanation of how to measure the exact dose using the supplied syringe; and remind caregivers to read the dosing label carefully before administration and confirm their understanding, especially with first-time users.

Read more **HERE**.



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EDITORIAL

Editor - Karina Bray
Deputy Editor - Matt Lennon
Journalists - Adam Bishop, Myles
Stedman, Janie Medbury
Editor-at-large - Bruce Piper

Associate Publisher - Jo-Anne Hui-Miller Editorial Director - Damian Francis

ADVERTISING AND MARKETING Head of Sales & Marketing

advertising@pharmacydaily.com.au

GENERAL MANAGER & PUBLISHER

ACCOUNTS

accounts@traveldaily.com.au

Suite 1, Level 2, 64 Talavera Rd Macquarie Park NSW 2113 Australia Tel: 1300 799 220 (+61 2 8007 6760)

info@pharmacydaily.com.au



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