



Today's issue of PD

Pharmacy Daily today features two pages of news, plus the **September MIMS Monthly Update**.

MIMS update

MIMS has released its monthly update, which covers four new products, as well as several new indications and contraindications.

To see the full Sep update, head to **page three**.

Last chance, Qld

THE Queensland branch of the Pharmacy Guild of Australia is reminding Queenslanders that Sep is the last month to take advantage of the state's free flu vaccination program.

More than 62,000 cases of influenza have been recorded across the Sunshine State this year so far, with 86% of those cases in people who have not been vaccinated.

"Flu does not end with winter, and there's nothing worse than getting sick during school holidays," said Chris Owen, Guild's Qld President.

"We are still seeing significant numbers of cases across Queensland, and sadly, people are continuing to be admitted to hospital with serious illness."

Owen urged Queenslanders to book a free flu jab at their local community pharmacy and get protected before the spring school holidays.

More than 1.7 million people around the state have already taken action and received a flu vaccination this year.

NSW Govt announces uni scope training

IN HIS keynote address at Pharmacy Connect this morning, NSW Premier Chris Minns (pictured) announced that the University of Newcastle and the University of Technology Sydney will offer full-scope training for community pharmacists from first semester 2026 (PD breaking news).

The president of the Pharmacy Guild of Australia NSW Branch, Mario Barone, described the news as "a gamechanger".

"By embedding a nationally consistent curriculum of full-scope training in our universities, we're ensuring the next generation of pharmacists are ready to deliver expert, accessible care across 23 conditions, including reflux, acute nausea, allergies, asthma, hypertension and oral contraception," Barone said.

Minns also announced that pharmacists around the state will now be able to permanently offer treatment for common skin conditions including shingles, impetigo and psoriasis.

In addition, the government is in discussion with the Guild and the Pharmaceutical Society of Australia to look at ways of improving access to antiviral medication for the



treatment of influenza.

"Currently, these can only be accessed from doctors or qualified nurses, but we know how important these treatments are from protecting older and vulnerable members of the community," Minns said, pointing out that 900 people died in NSW hospitals last week from the common flu.

The Premier also highlighted three significant trends pressing down on the healthcare system.

"One is the regular number of people turning up to emergency departments is more than ever.

"Two is the reduction [of] the number of people visiting their local GP, and three is the falling number of GPs we have to provide those services.

"We have to be realistic and

look for safe and reliable ways to provide some of the health care outside those traditional avenues," Minns said.

The Premier urged pharmacists to sign up for the training to provide new practices.

"Pharmacists are many things, but first and foremost, you are health care professionals and you are trusted by your community.

"And if we have to call on you to provide more of that care, to expand access to support our hospitals, to treat people when they need it close to home, I know that you're putting your hand up, because that's what you've always done in the past," he concluded. KB

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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Dispensary Corner

A QUEENSLAND pharmacist has unfortunately experienced first-hand the pitfalls of generative AI tools.

Mary Baker was shocked to see herself in a Facebook advert for herbal weight-loss medication, which featured a 'before' shot thought to have been created by AI, next to a real image of Baker as the 'after' shot.

The photos were accompanied by a fictional back story explaining 'Sarah from Sydney's' success using the product:

"I have long been too self-conscious to come out from behind the counter at the community pharmacy I work in, but thanks to this miracle product, I could finally have the confidence to be myself."

Baker - the real one - told *ABC News*: "At first I couldn't help but find it kind of funny...it's just so ridiculous."

However, the pharmacist got "really quite angry" upon discovering more ads featuring herself appearing in different uniforms - but her main concern was for vulnerable consumers.

"I'm disgusted by these companies that are profiting off the weight-loss industry and things like body dysmorphia," Baker said.

"That was what upset me more than anything - the thought I could be associated with something potentially causing harm to people in terms of their mental health and the way they see themselves."

Baker has reported the scam ads to Facebook parent company, Meta.

Embracing digital key to success

THE opening plenary of Pharmacy Connect 2025 kicked off yesterday with a state of the industry panel discussion, with the eighth community pharmacy agreement (8CPA), digital health, technology and scope of practice prominent talking points.

On the panel was Guild NSW Branch President Mario Barone; Guild National President Trent Twomey; Natalie Sirianni, Director of Attain; and Karen Booth, Chair of the Australian Self-Care Alliance.

Booth noted that digital health, including e-scripts and My Health Record, is being increasingly embraced by patients and health professionals alike, allowing sharing of health information and creating data that will help predict what products and services are needed, among other things.

"They're working on a new platform that allows the different systems to talk to each other, and once that happens, it will be easier for all of us to access information from other partners," she added.

Sirianni took attendees through the last few years of pharmacist sentiment around buying and selling, with uncertainty around 60-day dispensing bringing the market to a standstill, then the 8CPA bringing it back to life.

"Younger aspiring owners in particular are excited about the opportunities presented by expanded scope," Sirianni said.

Barone pointed to the solid foundation for the industry established by the 8CPA, with pharmacists now asking how they can train themselves and their teams to embrace the future of pharmacy.

In particular, they are looking to Queensland with a view to moving their systems towards that



model, with scope of practice and pharmacist prescribing, he said.

Pointing to the Guild's 10-year vision document, *Towards 2035*, Twomey reiterated the Guild's aim of pharmacies becoming primary health care hubs over the next 10 years, with digital technology a key to success.

"We need to use digital technology to ensure that the consumer is in charge, and whichever door they choose to walk through, whether it is to receive services from a GP, a nurse, or a pharmacist, we take on the obligation to communicate with those other partners.

He also explained the Guild is working with software vendors to enable this communication, so pharmacists can focus on the person in front of them.

"If you want to maintain the value of your practice as an owner and yourself as an individual, you have to make sure that you embrace automation and digital innovation and direct your time to the high value stuff," Twomey said.

Sirianni said that, above all, it is critical that pharmacists stay on top of technology and scope and all the other changes happening apace, pointing to the example of pharmacists a few years ago who were not interested in delivering vaccinations and ended up selling their businesses.

"From a purely financial point of view, your business will suffer if you don't stay on top of what's actually happening," she suggested. *KB*

New COVID vax on the nose?

A NASAL vaccine could offer protection against COVID-19, a study led by the Centenary Institute and the University of Sydney (USYD) has found.

The vaccine is made from the SARS-COV-2 spike protein combined with Pam2Cys, an immune-boosting compound developed at the USYD's School of Chemistry, and works by stopping infection in the nose before the virus spreads to the rest of the body.

Unlike current injected vaccines, the nasal spray builds immune defences directly in the upper airways where the virus initially takes hold.

"Our study shows that a nasal vaccine can build strong immune defences right where the virus first enters the body, the nose, to help prevent infection," said Professor Warwick Britton, senior co-author of the study, from the Centenary Institute's Centre for Infection & Immunity.

"Used as a booster after a standard injection, it also gave protection to vital organs like the lungs and brain.

"These results highlight the advantages of targeting immunity in the upper airways," Prof Britton added.

Senior study co-author, Dr Anneliese Ashurst from USYD, said nasal vaccines could play an important role alongside existing COVID-19 vaccines.

While the researchers admit that more investigation is needed, the results show strong potential for nasal vaccines to complement existing COVID-19 vaccines.

New Products

- Albutrepenonacog alfa (Idelvion)** is a recombinant fusion protein linking recombinant coagulation factor IX (FIX) with recombinant albumin that effectively replaces the missing coagulation FIX needed for haemostasis and provides for longer dose regimens. The prolongation of the half-life of FIX and the enhanced systemic exposure are achieved by fusion with recombinant albumin. Albumin is a natural, inert carrier protein in plasma with a long half-life of approximately 20 days that is not involved in immune defence or immune response. Genetic fusion of recombinant coagulation FIX with albumin extends the half-life of FIX. Idelvion remains intact in the circulation until FIX is activated, whereupon albumin is cleaved, releasing activated FIX when it is needed for coagulation. FIX is activated by factor VII/tissue factor complex in the extrinsic pathway as well as factor XIa in the intrinsic coagulation pathway. Activated FIX, in combination with activated factor VIII, activates factor X. This results ultimately in the conversion of prothrombin to thrombin. Thrombin then converts fibrinogen into fibrin and a clot can be formed. FIX activity is absent or greatly reduced in patients with haemophilia B and substitution therapy may be required. Haemophilia B is a sex-linked hereditary disorder of blood coagulation due to decreased levels of FIX and results in profuse bleeding into joints, muscles or internal organs, either spontaneously or as a result of accidental or surgical trauma. By replacement therapy, the plasma levels of FIX are increased, thereby enabling a temporary correction of the factor deficiency and correction of the bleeding tendencies. *Idelvion is indicated in all patients with haemophilia B for routine prophylaxis to prevent or reduce the frequency of bleeding episodes, and for control and prevention of bleeding episodes including in the perioperative setting.* Idelvion is contraindicated in patients who have a known hypersensitivity to hamster protein. Idelvion powder for injection contains albutrepenonacog alfa 250 IU, 500 IU, 1000 IU, 2000 IU or 3500 IU and is available in packs of 1 vial of powder plus 1 vial of diluent.
- Garadacimab (Andembry)** is a specific inhibitor of activated factor XII (FXIIa). Garadacimab is a fully human IgG4/lambda recombinant monoclonal antibody which binds to the catalytic domain of activated factor XII (FXIIa and β FXIIa) and potentially inhibits its catalytic activity. FXII is the first factor activated in the contact activation pathway and initiates the inflammatory bradykinin-producing kallikrein-kinin system. The inhibition of FXIIa prevents the activation of prekallikrein to kallikrein and the generation of bradykinin, which is associated with inflammation and swelling in hereditary angioedema (HAE) attacks, thus blocking the cascade of events leading to an HAE attack. *Andembry is indicated for routine prevention of recurrent HAE attacks in patients aged 12 years and older with C1-esterase inhibitor deficiency or dysfunction HAE.* Andembry solution for injection contains garadacimab 200 mg per 1.2 mL and is available in packs of 1 prefilled pen.
- Palovarotene (Sohonos)** is a retinoic acid receptor gamma (RAR γ) selective agonist. Fibrodysplasia ossificans progressiva (FOP) (formerly referred as myositis ossificans progressiva) is a genetic condition caused by a gain-of-function mutation in the gene encoding activin A receptor type 1 (also known as activin receptor-like kinase 2), a bone morphogenetic protein (BMP) expressed by chondrocytes and osteoblasts. The mutant protein aberrantly activates the Smad1/5/8 signalling pathway, diverting mesenchymal progenitor cells from a soft tissue fate (allowing for normal tissue repair) to an osseous fate (promoting chondrogenesis and heterotopic bone formation). RAR γ is expressed in chondrogenic cells and chondrocytes, where it operates as an unliganded transcriptional repressor. Activation of RAR γ downregulates BMP signalling by reducing phosphorylation of downstream effectors Smad1/5/8. In this way, palovarotene prevents chondrogenesis and heterotopic ossification in FOP, and enables normal muscle tissue repair or regeneration to take place, reducing damage to muscle tissue. *Sohonos is indicated to reduce the formation of heterotopic ossification in adults and children aged 8 years and above for females and 10 years and above for males with FOP.* Sohonos is contraindicated in patients with a history of allergy or hypersensitivity to other retinoids; in females of childbearing potential unless all of the conditions of pregnancy prevention are met, or they are not at risk for pregnancy; in women who are pregnant; and in women who are breastfeeding (women should also not breastfeed for at least 1 month following cessation of Sohonos). Sohonos capsules contain palovarotene 1 mg, 1.5 mg, 2.5 mg or 5 mg and are available in packs of 28.
- Talquetamab (Talvey)** is a humanised immunoglobulin G4 proline, alanine, alanine bispecific antibody directed against G protein-coupled receptor family C group 5 member D (GPCR5D) on multiple myeloma cells and the cluster of differentiation 3 (CD3) receptor on T cells. Talquetamab promotes enhanced T cell-mediated cytotoxicity through recruitment of CD3-expressing T cells to GPCR5D-expressing cells. This leads to the activation of T cells and induces subsequent lysis of GPCR5D-expressing cells mediated by secreted perforin and various granzymes stored in the secretory vesicles of cytotoxic T cells. Based on the expression of GPCR5D on plasma cells with minimal to no expression detected on B cells and B cell precursors, talquetamab targets multiple myeloma cells particularly, reducing potential off-target effects toward other cell lineages. In addition to non-malignant plasma cells, GPCR5D is expressed on healthy tissues such as epithelial cells in keratinised tissues of the skin and tongue. *Talvey as monotherapy has provisional approval for the treatment of adult patients with relapsed or refractory multiple myeloma, who have previously received at least four prior therapies, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 antibody.* Talvey solution for injection contains talquetamab 3 mg per 1.5 mL or 40 mg per 1 mL and is available in packs of 1 vial.

New Indications

- Cabozantinib ((S)-malate) (Cabometyx)** is now indicated for the treatment of adult patients with locally advanced/unresectable or metastatic, well-differentiated extra-pancreatic or pancreatic neuroendocrine tumours who have progressed on at least one prior systemic therapy other than a somatostatin analogue.

- **Guselkumab (Tremfya)** is now indicated for the treatment of adult patients with moderately to severely active ulcerative colitis who have had an inadequate response, lost response, or were intolerant to either conventional therapy, a biological treatment, or a Janus kinase inhibitor; and moderately to severely active Crohn's disease who have had an inadequate response, lost response, or were intolerant to either conventional therapy or a biological treatment.
- **Pembrolizumab (rch) (Keytruda)** is now indicated in combination with pemetrexed and platinum chemotherapy for the first-line treatment of adult patients with unresectable advanced or metastatic malignant pleural mesothelioma, and as monotherapy for the treatment of adult and adolescent (12 years and older) patients with recurrent locally advanced or metastatic Merkel cell carcinoma.

New Contraindications

- **Ocrelizumab (Ocrevus)** is now contraindicated in patients with current active infection; in a severely immunocompromised state; and with known active malignancies.

*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.*