

Today's issue of PD

Pharmacy Daily today features two pages of news.

IPE Colloquium 2026 scholarships

THE Australian Pharmacy Council (APC) is encouraging pharmacy students and interns to apply for a scholarship to attend the IPE Colloquium 2026 event on Tue 05 May in Canberra.

There are 10 scholarships on offer, with five reserved for students and interns who identify as Aboriginal and/or Torres Strait Islander.

The event promises an incredible line up of speakers, including mental health advocates, consumers with lived experience, disability researchers and policy makers.

Applications close 09 Feb - learn more [HERE](#).

PBS Wegovy edges closer

HEALTH Minister Mark Butler has committed to including Wegovy (semaglutide, Novo Nordisk) on the PBS, following the Pharmaceutical Benefits Advisory Committee's (PBAC) recommendation for the listing at its Nov meeting (PD Breaking News 19 Dec 2024).

Minister Butler confirmed his plans to work with Novo Nordisk to see the medication listed on the PBS for severe obesity (BMI of 35 or higher) with established cardiovascular disease.

"We'll be working with the company to sit down and agree a price that works for them but also works for taxpayers because we're committed to listing every recommendation we receive from that group of experts," Minister Butler said on *Sunrise*.

"Right now, there's more than 400,000 Australians who pay private prices just to get this weight-loss benefit and other



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benefits as well, but that's as much as \$4000 or \$5000 a year," he said.

"It's beyond the means of many Australians who really would benefit from this.

"It's an equity issue as well as a health issue from my perspective."

Minister Butler acknowledged there is also likely to be a "very big bill for taxpayers".

"So it's incumbent on us as the government to negotiate a good price," he said. *KB*

Biosimilars policy saves Finns €41m

A FINNISH government policy mandating substitution of biologic medicines with their biosimilar counterparts (where available) has resulted in estimated savings to the nation's PBS-equivalent of €41 million (A\$71m) in 2025 when compared with 2022 before the changes were rolled out.

Under the program, doctors are required to prescribe a biosimilar in place of its reference biologic, unless therapeutically contraindicated or the patient is under 18, with pharmacists also able to initiate substitution.

Patients can decline the biosimilar at the pharmacy, but must pay the price difference between the two versions.

Within Europe, Finland has long been regarded as a leader in terms of biosimilar use, having supported substitution since 2015.

The current program began in Apr 2024 with enoxaparin preparations used to prevent and treat venous thrombosis, and rolled out in earnest on 01 Jan 2025 for biologics used to treat rheumatic diseases, psoriasis, asthma and inflammatory bowel diseases.

In the first nine months of 2025, there were savings of €27 million, projected to be €41 million when the final months are included.

This included savings of just under €600,000 through drug substitutions at the pharmacy alone, calculated as the difference between the cost of the prescribed medicine and the medicine supplied by the pharmacy.

Paracetamol, antidepressants top poisons centre referrals

AN ANALYSIS of clinical toxicology specialist referrals from the NSW Poisons Information Centre (PIC) has revealed a high burden of disease from intentional self-harm, particularly with commonly accessible substances like paracetamol and other non-opioid analgesics.

The team looked at over 600,000 calls received by the NSW PIC between 2017 and 2022, of which 12,475 (1.9%) were considered complex or severe enough to escalate to clinical toxicologists for more expert input.

Paracetamol was the most frequently reported substance in referred calls (14%), followed by ethanol (10%), quetiapine (8%),

snakebite (6%) and diazepam (5%).

The most common categories of drug poisonings included non-opioid analgesics (22%), antidepressants (20%), atypical antipsychotics (14%), and opioids (8%).

More than half (53.4%) were considered deliberate self-poisoning, 18% accidental exposure, 7% adverse reactions, 5% recreational and 5% therapeutic error.

The team observed that from 2017 to 2022, the proportion of NSW PIC calls referred to clinical toxicologists increased from 1.5% to 1.9%, "which possibly reflects a growing need for toxicologist input", they suggested.

The median age of callers was 32, consistent with the finding that young adults are more frequently involved in deliberate self-poisoning incidents, and just over half (53.7%) were women.

They also noted a summer peak, likely influenced by higher risk of snake bites and exposures linked to festive activities.

"By identifying these referral patterns, the study establishes a foundation for future research aimed at improving clinical management guidelines and developing public health and education initiatives to prevent poison exposures," the authors wrote in *Emergency Medicine Australasia* - read the paper [HERE](#).

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Dispensary Corner

THE uncontrollable urge to laugh during a serious moment is something most of us have experienced at some point in our lives.

Now scientists are trying to get to the bottom of this conundrum and figure out the best way to keep a straight face during inappropriate moments of amusement.

Trying to suppress a giggle can actually intensify the urge, a team of researchers from University of Gottingen in Germany pointed out.

To find out what one *should* do in this scenario, the team ran three experiments with a total of 21 participants, who listened to jokes while facial electromyography recorded tiny muscle reactions involved in smiling and laughter.

The subjects were instructed to either focus on a colourful wallpaper as a distraction, suppress their facial expressions or to use a method called reappraisal, which meant reinterpreting the jokes in a less amusing way.

It turns out that the latter option - mentally reframing a funny situation - was the best way to put a lid on laughter.

However, the researchers did admit that this all goes out the window if the scenario includes another person who also cannot control their laughter!



Supplements not always the answer

AS THE use of weight loss injections increases, pharmacists are well-placed to guide patients on health and wellbeing around diet and supplements.

Dual-qualified pharmacist and nutritionist Sarah Gray (**pictured**) spoke to **Pharmacy Daily** about helping patients meet nutritional needs and addressing symptoms and other concerns arising from the use of Wegovy, Mounjaro and the like.

While adequate protein intake to prevent the loss of muscle mass is important, Gray said protein supplements in the form of powders are not always recommended, and it is better to meet requirements through food.

"Protein supplements may be helpful in some cases, such as helping people meet or top up protein targets due to low appetite, those struggling with nausea or early satiety, people having trouble recovering from exercise, or older people at higher risk of sarcopenia," she told **Pharmacy Daily**.

"Ideally, it is best to have a food-first approach, but as food intake can reduce significantly, powders added to yoghurt, smoothies, porridge or snacks can be helpful."

When selecting a product, Gray suggested pharmacists recommend one with fewer additives, low in added fillers and artificial sweeteners, and importantly one the patient tolerates and enjoys.

"Start slow and assess tolerance before adding to every meal," she advised.

Patients experiencing gut symptoms from weight loss injections may ask pharmacists about their options, and again Gray said the best way to support gut health is through



diet, including a variety of fruits and vegetables, fibre-rich whole grains, legumes and fermented foods.

"If symptoms persist or dietary variety is limited due to reduced appetite, probiotic supplementation may be considered," she said.

"I have not seen robust evidence to show which specific strains and which dose are for GLP-1 users, but *Lactobacillus* and *Bifidobacterium* show promise for general gut symptoms," she explained.

"Including probiotics, prebiotics and fermented foods in the diet, along with adequate fibre, is a good place to start."

Probiotics are live microorganisms, often added back into processed foods - yoghurt and kefirs usually contain probiotics but check labels to be sure.

Prebiotics are fibres that feed beneficial gut bacteria and help probiotics thrive - for example garlic, onion, leeks, barley, red kidney beans.

Fermented foods such as tofu, tempeh, miso and kimchi may or may not contain live probiotic strains, but still offer gut health

benefits, she said.

Constipation is a common side effect of weight loss injections due to delayed gastric emptying, and reduced food intake, Gray pointed out.

"Aim to get adequate fibre through food, with a mix of soluble and insoluble fibre - for example, oats, fruits, veggies, beans, legumes, and whole grains.

"A psyllium husk or other fibre supplement may be needed if diet alone does not help."

She also warned that reduced thirst may increase the risk of dehydration.

"Actively encourage regular fluid intake, and consider an oral rehydration solution," she suggested.

No other supplements, including vitamins and minerals, are routinely recommended, but she pointed to the need for regular medical check-ins to monitor for any deficiencies, as well as bone health which can also be affected by weight loss.

"If dietary assessment indicates something may need proactive supplementation, it is best for the patient to see a dietitian," she concluded. *KB*