Pharmacy Daily

Friday 3rd July 2026

Today's issue of *PD*

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

TGA warns over weight pill safety

THE Therapeutic Goods Administration (TGA) has advised that ITCHA SSS capsules, marketed for weight management, have been found to contain oxedrine, an undisclosed prescription-only (Schedule 4) medicine.

TGA testing found that the capsules contained 60.5mg of oxedrine, where dosage of greater than 30mg daily is prescription-only medicine and should only be used under medical supervision.

Oxedrine can cause serious cardiovascular symptoms including stroke and heart attack - more **HERE**.

Non-PBS meds driving two-tier health system

A NEW national survey has revealed barriers across PBS navigation, affordability and access to treatment, with 37% of Australian patients surveyed paying out-of-pocket for non-PBS listed medicines in the last 12 months.

The report, *Australian perspectives on medicines access*, was a partnership between Patients Australia and Sandoz and is based on responses from nearly 4,000 patients and carers.

Low-income patients are around twice as likely as those on higher incomes to delay treatment altogether, or settle for a less preferred drug, because they could not access the one they needed.

In addition to out-of-pocket costs, other pressure points for patients were a lack of understanding around how PBS authority requirements affected their prescription, long waits to see a specialist, and the delay between a medicine being approved and subsidised.

"A two-tier health system is widening in plain sight," Patients Australia CEO Lisa Robins said.

"The exact same medicine is within reach for someone who can pay privately, and out of reach for someone who can't and needs to access subsidised medicines through the PBS.

"People are going into debt and burning through their retirement savings just to stay on treatment - that is not a safety net, that is a sorting machine."

Access to medicines was also impacted by shortages, with one third of respondents (33%) experiencing difficulty obtaining a medicine in the last 12 months.

Inconvenience was the most commonly reported consequence - 42% stated they had to visit multiple pharmacies, while 28% said it took more time and effort to get their medicines.

More concerningly, 27% reported missing doses while 15% took a lower dose to make it last longer.

The survey highlighted that some

patients received assistance from pharmacists, but suggested room for improvement.

Only one in three people (32%) said their pharmacist gave them information on the next steps they had to take, 19% said their pharmacist gave them clear guidance on alternatives and 14% said their pharmacist warned them about shortages in advance.

Patients Australia has called on the Federal Government to list medicines on the PBS faster, bring down the out-of-pocket costs that force people to choose between treatment and the bills, and make specialists easier to see.

Read the report **HERE**. *KB*

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Dispensary Corner

FORGET 'the quickening' - the real danger awaiting people as they age, according to a US orthopaedic surgeon, is 'the narrowing' - an evil force that steals your strength and limits your life.

Dr Howard Luks explained that as people get older, they start making things easier on themselves, like sitting down to put their shoes and socks on, or carrying two shopping bags instead of four.

"The narrowing is the slow shrinking of what your body allows you to do - or what you assume your body can or should be doing at your age," he wrote on X.

He explained that as people experience limitations, they adjust to them, rather than try to push through or overcome them, assuming there's nothing they can do about it.

"Yes - some decline is real," Luks wrote.

"But the unavoidable decline is only a small fraction of what most people are actually losing.

"The rest - the bigger part, the part that turns a 60-year-old into a frail 70-year-old - is not ageing, it is disuse."

He explained that once the narrowing starts, it accelerates on its own.

"You stop lifting heavy things. Your muscles lose fast-twitch fibres. You get weaker. You lift even less. You lose more. The loss feels like ageing. You accept it. The loop tightens..."

The good news, he says, is "you still have agency" - or in other words, use it or lose it.

Program improves antimicrobial use

A LONG-RUNNING study has found improved antimicrobial use in Australian hospitals that regularly monitored their prescribing, reinforcing the importance of antimicrobial stewardship to improve patient care and minimise antimicrobial resistance.

Launched in 2013, the National Antimicrobial Prescribing Survey (NAPS) program was developed to monitor and assess the appropriateness of antimicrobial prescribing practices, and is embedded into Australia's National Antimicrobial Resistance Strategy and hospital accreditation.

Research published in *Clinical Microbiology and Infection* based on 10 years of data from 543 Australian hospitals confirmed the program improved antimicrobial use in participating hospitals.

"Across the board we found that 74% of antimicrobials were prescribed appropriately, and hospitals that regularly monitored their antimicrobial prescribing were more likely to prescribe them better over time," said Caroline Chen, a senior antimicrobial stewardship pharmacist at the Royal Melbourne Hospital.

However, the team identified further opportunities to improve prescribing in rural hospitals which were behind their major city counterparts, and also in some common antimicrobials.

"Broad-spectrum antimicrobials, which are closely monitored or restricted by hospitals, were prescribed more appropriately than narrow-spectrum antimicrobials, which are traditionally considered low-risk and are typically unrestricted," Chen said.

Read the research **HERE**.

Nurses get PBS prescribing rights

THE Federal Government has passed historic legislation to allow specially trained nurses to prescribe medicines under the Pharmaceutical Benefits Scheme (PBS).

Changes to PBS administrative systems required for support will be ready from 01 Oct 2026, and the Pharmaceutical Benefits Advisory Committee (PBAC) has begun considering which medicines should be available for prescribing.

"Expanding the scope of practice for suitably qualified nurses will make it much easier for people in many rural and remote communities to get the medicines they need," said Health Minister Mark Butler.

PRODUCT SPOTLIGHT

Suppliers wanting to promote products in this feature should email advertising@pharmacydaily.com.au

Revive Tears - PBS-listed

Revive Tears lubricating eye drops provide long lasting and soothing relief against burning, irritation and discomfort due to dry eye.

The product moisturises, comforts and refreshes dry, tired and strained eyes.

Revive Tears helps lubricate, hydrate and protect dry eyes.

Suitable for use with contact lenses.

Contains hypromellose 3mg/g.

Suppliers: Available from Symbion, Sigma, API and CH2.

RRP: $4.32 (available in 10ml packs)

Website: CLICK HERE for more information.

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TRAVELDAILY
CRUISE WEEKLY

MIMS Monthly Update

July 2026

New Products

- **Abaloparatide (Eladynos)** is an agonist of the parathyroid hormone receptor 1 (PTHR1). It shares sequence homology with the first 34 amino acids of parathyroid hormone related peptide [PTHrP(1-34)] (76% homology) and of parathyroid hormone [PTH(1-34)] (41% homology). Abaloparatide stimulates new bone formation on trabecular and cortical bone surfaces by stimulation of osteoblastic activity. Abaloparatide causes transient and limited increases in bone resorption and increases bone density. *Eladynos is indicated for the treatment of osteoporosis in postmenopausal women at increased risk of fracture*. Eladynos is contraindicated in women who are pregnant or breastfeeding; are of childbearing potential; have pre-existing hypercalcaemia; have severe renal impairment; have unexplained elevations of serum alkaline phosphatase; have known risks for osteosarcoma such as those who have received prior external beam or implant radiation therapy involving the skeleton; have skeletal malignancies or bone metastases. Eladynos solution for injection contains abaloparatide 2 mg per 1 mL and is available in packs of one 1.5 mL prefilled pen that delivers 30 doses of 80 mcg.

- **Futibatinib (Lytgobi)** is a tyrosine kinase inhibitor that irreversibly inhibits fibroblast growth factor receptor (FGFR) 1, 2, 3, and 4 by covalent binding. FGFR signalling can support the proliferation and survival of malignant cells. *Lytgobi monotherapy has provisional approval for the treatment of adult patients with locally advanced or metastatic intrahepatic cholangiocarcinoma with a FGFR2 fusion or rearrangement that have progressed after at least one prior line of systemic therapy*. Lytgobi tablets contain futibatinib 4 mg and are available in packs of 35.

- **Insulin degludec (Tresiba)** is an ultra-long acting basal insulin that forms soluble multi-hexamers upon subcutaneous injection, resulting in a depot from which insulin degludec is continuously and slowly absorbed into the circulation leading to a flat and stable glucose lowering effect. Tresiba binds to the human insulin receptor resulting in the same pharmacological effects as human insulin. The blood glucose lowering effect of Tresiba is due to the facilitated uptake of glucose following the binding of insulin to receptors on muscle and fat cells and to the simultaneous inhibition of glucose output from the liver. *Tresiba is indicated for the treatment of diabetes mellitus in adults, adolescents and children from the age of 1 year*. Tresiba penfill solution for injection contains insulin degludec 100 units per 1 mL and is available in packs of five 3 mL cartridges.

- **Pneumococcal 21 valent polysaccharide conjugate vaccine (Capvaxive)** is a conjugated polysaccharide vaccine that protects against invasive disease and pneumonia caused by *Streptococcus pneumoniae*. Capvaxive contains serotype-specific pneumococcal purified capsular polysaccharides, which are known to contribute to the pathogenicity of pneumococci in adults. Each serotype of activated polysaccharide is individually conjugated to a carrier protein (diphtheria CRM_{197} protein), and elicits antibodies that enhance opsonization, phagocytosis, and killing of pneumococci to protect against pneumococcal disease. Capvaxive elicits a T-cell dependent immune response. Carrier protein-specific helper T-cells support specificity, functionality, and maturation of serotype-specific B-cells. Pneumococcal conjugate vaccines have decreased the frequency of disease in populations vaccinated (direct impact), and in populations not vaccinated through reduction of colonisation and transmission (indirect impact). As with any vaccine, Capvaxive may not protect all vaccine recipients. *Capvaxive is indicated for active immunisation for the prevention of pneumococcal disease caused by S. pneumoniae serotypes (3, 6A, 7F, 8, 9N, 10A, 11A, 12F, 15A, 15B, 15C, 16F, 17F, 19A, 20A, 22F, 23A, 23B, 24F, 31, 33F, and 35B) in adults 18 years of age and older.* Capvaxive is contraindicated in individuals with a history of a severe allergic reaction (e.g. anaphylaxis) to the active substances and diphtheria toxoid. Capvaxive solution for injection contains 84 mcg of pneumococcal purified capsular polysaccharide antigen (4 mcg each of serotypes 3, 6A, 7F, 8, 9N, 10A, 11A, 12F, 15A, deOAc15B, 16F, 17F, 19A, 20A, 22F, 23A, 23B, 24F, 31, 33F, 35B) conjugated to approximately 65 mcg of diphtheria CRM_{197} protein. It is available in 0.5 mL prefilled syringes in packs of 1 or 10.

- **Tezepelumab (Tezspire)** is a human immunoglobulin G2 lamda (IgG2 lamda) monoclonal antibody directed against thymic stromal lymphopoietin (TSLP) that binds to human TSLP with high affinity and prevents its interaction with the heterodimeric TSLP receptor. TSLP, an epithelial cell-derived cytokine, occupies an upstream position in the asthma inflammatory cascade and plays a role in the initiation and persistence of airway inflammation in asthma. TSLP regulates immunity at the airway barrier surface, affecting dendritic cells and other innate and adaptive immune cells, and inducing downstream inflammatory processes and bronchial hyper-responsiveness. TSLP has also been shown to have indirect effects on airway structural cells (e.g. fibroblasts and airway smooth muscle). In asthma, both allergic and non-allergic triggers induce TSLP production. Blocking TSLP with tezepelumab reduces a broad spectrum of biomarkers and cytokines associated with inflammation (e.g. blood eosinophils, IgE, FeNO, interleukin (IL)-5, and IL-13). *Tezspire is indicated as an add-on maintenance treatment in patients aged 12 years and older with severe asthma who are inadequately controlled despite optimal therapy including medium or high dose inhaled corticosteroids plus another non-steroidal medicinal product for maintenance treatment*. Tezspire solution for injection contains tezepelumab 210 mg per 1.9 mL and is available in packs of 1 prefilled pen.

New Presentation

- **Selpercatinib (Retevmo Tablets)** is now available as tablets containing selpercatinib 40 mg or 80 mg in packs of 56.

New Indications

- **Daratumumab (rch) (Darzalex SC)** is now also indicated in combination with lenalidomide and dexamethasone; or bortezomib, lenalidomide and dexamethasone for the treatment of patients with newly diagnosed multiple myeloma who are ineligible for autologous stem cell transplant.

- **Melatonin (Slenyto)** is now indicated for the treatment of insomnia in children and adolescents aged 2-18 years with neurogenetic disorders with aberrant diurnal melatonin secretion and/or nocturnal awakenings, where sleep hygiene measures have been insufficient.

- **Sotatercept (Winrevair)** in combination with standard therapy is now indicated for the treatment of adults with pulmonary arterial hypertension (PAH) in World Health Organization (WHO) Functional Class (FC) IV.

New Contraindications

- **Suxamethonium chloride dihydrate (Suxamethonium Medsurge)** is now also contraindicated in patients with inherited atypical or low serum level of pseudocholinesterase, end stage hepatic failure, acute or chronic renal failure; in patients recovering from major trauma or severe burns (the period of greatest risk of hyperkalaemia is from about 5 to 90 days after the injury and may be further prolonged if there is delayed healing due to persistent infection); a patient who is not fully anaesthetised; in patients with neurological deficits involving acute major muscle wasting (upper and/or lower motor neurone lesions); in patients who have been immobilised for prolonged periods of time; in patients with cerebral palsy; and in patients with a personal or family history of congenital myotonic diseases such as myotonia congenita and dystrophia myotonica.

- **Tranexamic acid (Tranexamic-AFT)** is now also contraindicated for intrathecal or epidural administration.

Safety Related Changes

- **Entrectinib (Rozlytrek)** no longer has provisional approval and is now not indicated for the treatment of adult and paediatric patients 12 years of age and older with solid tumours that have a neurotrophic tyrosine receptor kinase (NTRK) gene fusion without a known acquired resistance mutation, are metastatic or where surgical resection is likely to result in severe morbidity, and have either progressed following treatment or have no satisfactory alternative therapy.

- **Terlipressin (acetate) (Glypressin Solution)** is no longer contraindicated in patients with current or recent ischaemic cardiovascular disease.

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.