

4 ways to help build strong bones



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## Today's issue of PD

*Pharmacy Daily* today features three pages of news, plus a full page from **Crampeze**, and the **MIMS May Monthly Update**.

## TGA: IV fluid shortage resolved

**THE** TGA has advised that the long-standing IV fluid shortage is now resolved, and overall supply is stable.

While use can return to normal, the TGA recommends ongoing careful and responsible use of IV fluids to support sustainable supply.

The shortage, which began in early 2023 and particularly affected multiple bag sizes of sodium chloride 0.9% and Hartmann's solution products, was caused by global supply limitations, unexpected increases in demand and manufacturing issues.

Learn more **HERE**.

## PRIME Awards entries open

**ENTRIES** are now open for the 2026 PRIME awards, which recognise excellence in healthcare communications and the Australian pharma and life sciences industry.

Categories include launch of the year, pharmacist's choice of pharma company of the year, and best PR campaign.

Learn more **HERE**.

## CWH to expand into UK

**CHEMIST** Warehouse has announced it will expand into the UK, with the acquisition of London stores from Greenlight Healthcare Limited (**PD** breaking news 04 May).

Parent company Sigma has signed a Memorandum of Understanding with Greenlight which will see it acquire a 75% interest in a number of the pharmacy group's 22 stores in and around London, with a flagship site planned for Hoxton Street in London's northeast.

Through the joint venture, Sigma will license the Chemist Warehouse brand and intellectual property and offer retail support, while Greenlight will provide the dispensary and professional services requirements and back-office support.

"International expansion is one of our four key strategic growth pillars," Sigma CEO and MD Vikesh Ramsunder told investors.

"Having proven that the Chemist Warehouse model resonates with customers in other markets, including New Zealand and Ireland, the joint venture with Greenlight now provides a measured market access into the UK."

Gary Mortimer, professor of consumer behaviour and retail marketing at the Queensland University of Technology, told **Pharmacy Daily** that foreign entry is not without its risks, as Wesfarmers-owned Bunnings learnt with its failed UK launch some years ago.

"The UK business struggled almost immediately due to issues including misjudged pricing strategy, product mix, store layouts,



and insufficient local market adaptation, leading to heavy losses," he explained.

"It appears CWH will take a more cautious approach to entry through a joint venture."

However, Professor Mortimer warned that the UK pharmacy market is very different from Australia and CWH will find itself up against strong price competition from local supermarket-owned pharmacies.

"The UK operates a liberalised pharmacy ownership model," he noted.

"This includes no restriction on who can own a pharmacy - corporates, private equity, supermarkets - and no limit on the number of pharmacies a single entity can own.

"This has created an environment that is heavily chain-dominant, alongside increasing pressure from independents," Prof Mortimer said.

In other international news, Sigma has entered a 15-year lease agreement to open a 23,000m<sup>2</sup> distribution centre in Auckland to service its New Zealand network and strengthen its supply chain.

The distribution centre will be temperature-controlled and feature a vault, cool room, and dangerous goods and freezer facilities. *JHM/KB*

## Ease cramps

**CRAMPEZE** contains magnesium and *Viburnum opulus* (cramp bark) to help relieve night cramps and mild muscle twitches and spasms.

Available in two different strengths - more on **page four**.

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1. Australian Government. Department of Health, Disability and Ageing. Australian Immunisation Handbook. Available at <https://immunisationhandbook.health.gov.au>. Accessed March 2026.  
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## \$2m fine for COVID test supplier

**THE** Federal Court has issued Key Promotional Products (KPP) with a \$1.75 million fine for the unlawful import and supply of over 240,000 units of unapproved COVID detection rapid antigen test (RAT) kits to Australian retailers between Jan and Mar 2022.

In addition, an individual associated with KPP was fined \$250,000 for aiding and abetting the unlawful import and supply of the RATs, as well as making false and misleading representations.

KPP made over 2,300 false or misleading representations in claiming that the RATs - which were not listed on the ARTG - were 'TGA approved'.

## Room for improvement in aged care RMMRs

**MEASURES** in place to address medication-related problems among aged care residents are hamstrung by high workloads, fragmented IT systems, professional siloing, and low consumer awareness of the service, according to recent research led by a team from Macquarie University.

Published in the *Australasian Journal on Ageing*, the qualitative study examined stakeholders' experiences with Residential Medication Management Reviews (RMMRs), a federally funded service led by accredited pharmacists to address polypharmacy and medication-related harm among aged care residents.

Researchers interviewed pharmacists, GPs, nurses and family carers, uncovering widespread agreement on the value of RMMRs in identifying inappropriate medicines, reducing medication burden and prompting safer, more personalised care.

However, the study found pharmacists often operate within

a fragmented system that hampers collaboration and follow-through, with limited access to integrated digital records, reliance on manual processes such as email and fax, and poor visibility of whether their recommendations were actioned by doctors.

Many also described a lack of feedback from GPs, which reduced motivation and learning, while professional silos further constrained pharmacists' influence.

Though some GPs embraced pharmacists as trusted partners, others acted as gatekeepers, selectively approving reviews or disregarding recommendations due to time pressures or scepticism about their value.

Pharmacists reported high workloads, limited remuneration and insufficient support for transitioning into the complex aged care environment.

Funding and workforce pressures also emerged as key challenges.

As a result, RMMRs were often reactive rather than proactively targeted to residents most at risk.



"The study findings highlight opportunities for clinicians to improve RMMRs by enhancing communication between stakeholders and involving residents in shared medication decisions," the study authors concluded.

"Service providers should adopt proactive, data-driven approaches to reach residents who would benefit from medication reviews in aged care."

Access the paper [HERE](#). *KB*



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## New drug listings for cancer patients

**FRUZAQLA** (fruquintinib, Takeda) is now listed on the Pharmaceutical Benefits Scheme for people with metastatic colorectal cancer (mCRC).

The once-daily oral non-chemotherapy option is a small molecule tyrosine kinase inhibitor which has antitumour effects resulting from suppression of tumour angiogenesis.

Eligible patients include those previously treated with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, an anti-VEGF agent, and an anti-EGFR agent, if appropriate.

**MEANWHILE**, two new agents have been listed on the Australian Register of Therapeutic Goods for blood cancer patients.

Niktimvo (axatilimab, Specialised Therapeutics) is a first-in-class treatment approved for eligible

Australian blood cancer patients who have developed chronic graft-versus-host disease (cGVHD) following donor stem cell or bone marrow transplants.

The anti-colony stimulating factor-1 receptor antibody specifically targets the key drivers of inflammation and fibrosis associated with cGVHD in tissues throughout the body, and was developed from groundbreaking research by QIMR Berghofer scientists.

Another new listing is Jaypirca (pirtobrutinib, Lilly), which is approved for the treatment of adults with relapsed or refractory chronic lymphocytic leukaemia or small lymphocytic lymphoma who have previously been treated with a covalent Bruton's tyrosine kinase (BTK) inhibitor.

The non-covalent BTK inhibitor extends the benefit of targeting the BTK pathway.

## Pharmacy spend grew to \$15.6b over the year.

Discover what's driving the uplift.

Read **CommBank Health Insights**



CommBank iQ Market Monitor iQ. Health industry spending between 01 February 2025 and 31 January 2026.



## Dispensary Corner

**THERE'S** nothing *Dispensary Corner* loves better than a quick and easy fix for a complex and devastating health condition, and once again, TikTok has come up with the goods.

A so-called 'pinky time' regimen has gone viral on social media - often overlooked as a source of 'medical breakthroughs' - claiming a simple daily finger exercise can help stave off cognitive decline.

According to TikTok, you twist your middle and index fingers together, touch your ring fingers to your thumbs and move your pinkies up and down for a few seconds, and *voila* - no dementia.

Disappointingly, experts are not 100% on board - but they are a little bit on board.

It seems the coordination required between muscles and joints in 'pinky time' exercises becomes more difficult with age-related mental decline, and at least one health professional reckons that doing it can help keep the mind sharp.

"Ten seconds of finger movement a day isn't going to prevent Alzheimer's on its own, but activities that challenge the brain through novelty and coordination are worth doing regularly," psychologist Dr Kelly Gonderman told American women's magazine *Bustle*.

Gonderman also refuted claims around the activity's diagnostic value in detecting cognitive decline, pointing to hand dominance, need for practice and distractions as more likely explanations for difficulty completing the task.

## Call for formal sunscreen education

A **WHITEPAPER** produced by L'Oreal Australia has identified several knowledge gaps among pharmacists and doctors around sunscreen labelling and regulation, leading to calls for formal sun protection education to be integrated into training.

A survey of around 100 participants found that while dermatologists exhibited a strong understanding of sunscreens, some GPs, pharmacists and many young people demonstrated lower levels of knowledge, especially concerning the impacts of ultraviolet A (UVA) radiation.

The findings revealed that HCPS predominantly rely on self-directed learning to stay informed about sunscreens, with 31% of dermatologists, 52% of GPs 52%, and 33% of pharmacists reporting that they had not received any formal sunscreen training.

Among consumers aged 18-24, two in three reported social media as a source of sunscreen information, raising concerns about misinformation, with recent



examples including promotion of do-it-yourself sunscreens and unfounded claims that sunscreens cause cancer or contain chemicals that act as endocrine disruptors.

Dr Cara McDonald, dermatologist and co-author of the whitepaper, said the findings pointed to opportunities to improve sunscreen literacy across the community, "particularly through clearer communication about UVA protection, more structured education for healthcare professionals and better resources to support everyday conversations".

"In a country with such a high UV burden, even small improvements in understanding could help strengthen prevention efforts."

Read the whitepaper **HERE**. *KB*

## Semaglutide promise for alcohol use disorder

A **SMALL** Danish study has reported that weekly semaglutide injections successfully reduced risky alcohol consumption in adults with obesity seeking treatment for alcohol use disorder.

The study involved 108 participants who were offered cognitive behavioural therapy and were randomised to receive either a weekly dose of semaglutide or a placebo.

At the start of the trial, patients had on average 17 days of heavy drinking over the last 30 days, and were drinking an average

2,200g of alcohol.

After six months, patients receiving semaglutide had an average of roughly five heavy drinking days over the previous 30 days, compared to nine days in the placebo group, and reduced total alcohol consumption to 650g for the semaglutide group and 1,175g for placebo.

Alcohol use disorder accounts for 5% of deaths globally and is among the most prevalent and under-treated health conditions with few medications approved to treat it - read the paper **HERE**.

## Change means resistance

**INTERNATIONALLY** recognised leader in pharmacy practice, Associate Professor Sarah Dineen-Griffin, shared the story behind her career and how it evolved in the latest episode of the *Your Pharmacy Career* podcast.

Currently working at the University of Newcastle as the program convener of the graduate certificate in pharmacist prescribing, Dineen-Griffin started working in a pharmacy as a 14-year-old.

Her career then moved through clinical roles, research, and ultimately a PhD focused on the management of common ailments in community pharmacy.

Dineen-Griffin told host Krysti Lee Patterson that it was the PhD that really shaped her career, with the research directly contributing to the design and implementation of prescribing trials NSW/ACT.

In discussion about the evolution of pharmacist prescribing in Australia, Dineen-Griffin shared that meaningful change requires a transparent and evidence-led approach with patients at the centre.

"Any time you challenge established scope of practice, there is always going to be resistance," she said.

"But meaningful change has to be evidence-led, transparent and collaborative."

She also discussed her work with FIP, where she has seen how pharmacy practice is evolving across different health systems and how Australia can learn from international models.

Listen to the podcast **HERE**.

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## New Products

- **Elacestrant (dihydrochloride) (Orserdu)** is an orally active estrogen receptor (ER)- $\alpha$  antagonist and degrader. Elacestrant inhibits the estradiol-dependent and independent growth of ER $\alpha$ -positive breast cancer cells, including models harbouring estrogen receptor 1 (ESR1) gene mutations in the ligand binding domain. Elacestrant displayed antitumour activity in patient derived xenograft models previously exposed to multiple endocrine therapies, harbouring wild type ESR1 or ESR1 gene mutations in the ligand binding domain. *Orserdu, as monotherapy, is indicated for the treatment of postmenopausal women, and men, with ER-positive, human epidermal growth factor receptor 2-negative, locally advanced or metastatic breast cancer with an activating ESR1 mutation who have disease progression following at least one line of endocrine therapy including a CDK 4/6 inhibitor.* Orserdu tablets contain elacestrant 86 mg or 345 mg and are available in packs of 28.
- **Fruquintinib (Fruzaqla)** is a small molecule tyrosine kinase inhibitor of vascular endothelial growth factor (VEGF) receptors -1, -2, and -3, with antitumor effects resulting from suppression of tumour angiogenesis. VEGF-mediated endothelial cell proliferation, and tubular formation were inhibited by fruquintinib *in vitro*. *In vitro* and *in vivo* studies showed fruquintinib inhibited VEGF-induced VEGFR-2 phosphorylation. Fruquintinib was shown to inhibit tumour growth in tumour xenograft mouse models. *Fruzaqla is indicated for the treatment of adult patients with metastatic colorectal cancer who have been previously treated with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, an anti-VEGF agent, and an anti-epidermal growth factor receptor agent if appropriate.* Fruzaqla capsules contain fruquintinib 1 mg or 5 mg and are available in packs of 21.
- **Lebrikizumab (Ebglyss)** is an immunoglobulin G4 monoclonal antibody that binds with high affinity to interleukin (IL)-13 and inhibits IL-13 signalling through the IL-4 receptor alpha (IL-4R $\alpha$ )/IL-13 receptor alpha 1 (IL-13R $\alpha$ 1) pathway, thereby blocking the downstream effects of IL-13 with high selectivity. Blockade of IL-13 signalling is expected to be of benefit in diseases in which IL-13 is a key contributor to the disease pathogenesis. *Ebglyss is indicated for the treatment of adult and adolescent patients (12 years of age and older) with moderate to severe atopic dermatitis who are candidates for systemic therapy.* Ebglyss solution for injection contains lebrikizumab 250 mg per 2 mL and is available in packs of 1 prefilled pen.
- **Tirbanibulin (Klisyri)** disrupts microtubules by direct binding to tubulin, which induces cell cycle arrest and apoptotic death of proliferating cells and is associated with disruption of Src tyrosine kinase signalling. *Klisyri is indicated for the topical field treatment of non-hyperkeratotic, non-hypertrophic actinic keratosis of the face or scalp in adults.* Klisyri is contraindicated during pregnancy or in women of childbearing potential not using contraception. Pregnancy should be excluded before treating women of childbearing potential with Klisyri. Klisyri ointment contains tirbanibulin 1% and is available in 250 mg sachets in packs of 5.

## New Presentations

- **Calcipotriol (monohydrate) and betamethasone (dipropionate) (Actobet 50/500)** is now available as a gel containing calcipotriol 0.005% and betamethasone 0.05% in a 60 g tube.
- **Glycopyrronium bromide (Axidrox)** is now available as a cream. *Axidrox is indicated for the topical treatment of confirmed severe primary axillary hyperhidrosis in adults.* It is contraindicated in medical conditions that can be exacerbated by the anticholinergic effect of Axidrox (e.g. glaucoma, paralytic ileus, unstable cardiovascular status in acute hemorrhage, severe ulcerative colitis, toxic megacolon complicating ulcerative colitis, myasthenia gravis, Sjögren syndrome autonomic neuropathy, and patients with coronary artery disease, congestive heart failure, cardiac arrhythmias, hypertension or hyperthyroidism since an increase in heart rate may occur). Axidrox cream contains glycopyrronium 1% and is available in a 50 g pump bottle.

## New Indications

- **Acalabrutinib (maleate monohydrate) (Calquence)** is now indicated as monotherapy for the treatment of patients with chronic lymphocytic leukaemia (CLL)/small lymphocytic lymphoma (SLL) who have received at least one prior therapy.  
  
It is also indicated as monotherapy or in combination with obinutuzumab for the treatment of patients with previously untreated CLL/SLL.  
  
It is also indicated in combination with venetoclax with or without obinutuzumab for the treatment of patients with previously untreated CLL/SLL.
- **Atropine sulfite (Eikance)** is now indicated as a treatment to slow the progression of myopia when initiated in children aged from 4 to 14 years. Atropine treatment may be initiated in children when myopia progresses  $\geq 0.5$  D or axial length increase of 0.2 mm per year.
- **Finerenone (Kerendia)** is now indicated in adults for the treatment of symptomatic heart failure with left ventricular ejection fraction of  $\geq 40\%$ .

- **Glecaprevir and pibrentasvir (Maviret)** is now also indicated for the treatment of adult and paediatric patients 3 years and older with acute hepatitis C virus (HCV) genotype (GT) 1, 2, 3, 4, 5, or 6 infection with or without compensated cirrhosis. This includes patients with HCV GT1 infection who were previously treated with either a regimen of an NS5A inhibitor or with an NS3/4A protease inhibitor but not both classes of inhibitors.
- **Onasemnogene abeparvovec (Zolgensma)** is now indicated for the treatment of paediatric patients with 5q spinal muscular atrophy with bi-allelic mutations in the survival motor neuron 1 (SMN1) gene with 3 or fewer copies of the SMN2 gene.
- **Pembrolizumab (rch) (Keytruda)** is now indicated for the treatment of adult patients with resectable locally advanced head and neck squamous cell cancer whose tumours express programmed cell death-ligand 1 with a Combined Positive Score  $\geq 1$ , as determined by a validated test, as a single agent as neoadjuvant treatment, continued as adjuvant treatment in combination with radiotherapy with or without cisplatin and then as a single agent.
- **Semaglutide (Wegovy FlexTouch)** is now indicated (with provisional approval) for the treatment of non-cirrhotic metabolic dysfunction-associated steatohepatitis in adults with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis).

## New Contraindications

- **Ephedrine hydrochloride (Ephedrine Hydrochloride Juno)** is now contraindicated in patients with coronary thrombosis.
- **Estradiol (hemihydrate) and dydrogesterone (Femoston 1/10 Tablets, Femoston 2/10 Tablets, Femoston-Conti)** is now contraindicated in patients with meningioma or history of meningioma.
- **Fluoxetine (Zactin)** is now contraindicated in combination with metoprolol used in cardiac failure.
- **Lopinavir/Ritonavir (Kaletra)** and **Ritonavir (Norvir)** are now contraindicated for concomitant use with suzetrigine.

*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.*