

GUILD bulletin



The Pharmacy
Guild of Australia

NSW BRANCH | May 2016



*Think Pharmacy First.
Ask Your Pharmacist.*

*Put your pharmacy first.
Join our national advertising campaign!*



Don't miss out! See pages 7-9 for more information.

www.guild.org.au

THE PHARMACY GUILD OF AUSTRALIA (NSW BRANCH)

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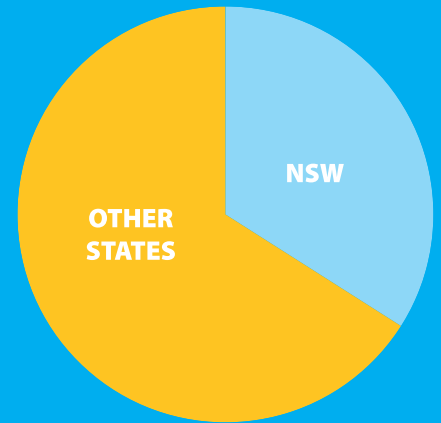
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NSW PHARMACIES
DISPENSED IN EXCESS
OF **64 MILLION**
PRESCRIPTIONS LAST
YEAR, APPROX **34%**
OF ALL PRESCRIPTIONS
AUSTRALIA WIDE



THERE ARE APPROX
1,800 PHARMACIES
IN NSW DISPENSING
PHARMACEUTICAL
BENEFITS TO THE
COMMUNITY

PHARMACISTS ARE ONE
OF THE MOST TRUSTED
PROFESSIONS, AGAIN
RANKING **2ND** OUT OF
30 IN THE ROY MORGAN
IMAGE OF PROFESSIONS
SURVEY 2015

1	Nurses
2	Pharmacists
3	Doctors
4	Engineers
5	School teachers
6	Dentists
7	High Court Judges
8	State Supreme Court Judges
9	Police
10	University lecturers



NSW COMMUNITY
PHARMACIES CONTRIBUTE
APPROX **\$6.4 BILLION** TO
THE STATE'S ECONOMY
AND EMPLOY MORE
THAN **22,000** STAFF



The Guild Advocates for Community Pharmacy

As the election schedule became more obvious, the NSW branch ramped up its advocacy on your behalf. The branch committee members and leaders in Guild membership have undertaken discussions with a wide range of politicians from all sides of politics. The message is simple – the present community pharmacy model works. If there is one thing the Guild asks its members to do, it is to invite your local federal representative into your pharmacy and explain the wide range of professional services and activities you undertake. Seeing is believing.

On 27 April, the NSW Guild held a member dinner in support of Labor candidate for Dobell, Emma McBride, who is a pharmacist and a strong supporter of community pharmacy. Stephen Jones MP, Federal Member for Throsby and Candidate for Whitlam, was guest of honour and the dinner was also attended by Hon Matt Thistlethwaite MP, Member for Kingsford Smith, and pharmacist Noel D'Souza, Mayor of Randwick. There were over 40 Guild members and NSW branch committee members in attendance and this event signals the start of a wider engagement and advocacy program with politicians and members across NSW. Over the coming weeks, the NSW branch committee and I will be planning a program of member information nights that are designed to keep you up to date with our political advocacy in the lead up to the proposed 2 July election, and also the continual changes that are taking place in the industry.

Please Be Careful

The ownership and operation of pharmacies by pharmacists underpins the community pharmacy model in which we presently operate. The assumption is that the professionalism of the pharmacist governs their behaviour to the betterment of the public and provides better health outcomes to patients. The belief is that whilst a pharmacist will necessarily consider the financial aspects of their activities, there is always a counterbalance in that pharmacists will take a personal interest in the supply of medicines to the public and put adequate safeguards in place to protect it. Recently, the Guild has received a number of worrying member communications that indicate a small number of pharmacists appear to have forgotten their professional obligations and are behaving in a manner that may well affect us all, by bringing our profession into disrepute. It is timely then that pharmacy owners are reminded of the penalties that exist within the National Health Act for "cowboy" behaviour. Legislation was altered in the PBS sustainability package to accommodate the allowable maximum one dollar discountable co-payment. No greater or other discount is legal.

National Health Act 1953

Section 103 – Offences

- 1) An approved pharmacist shall not give, promise or offer a gift, rebate or reward as an inducement to a person to present, or in consideration of a person's presenting, a prescription for the supply of a pharmaceutical benefit.

Penalty: \$1,000

- 2) Except as prescribed, a pharmacist to whom a prescription is presented shall not:
 - a. Supply, in purported pursuance of this Part, anything other than the pharmaceutical benefit that is directed to be supplied in the prescription; or
 - b. In exchange for the prescription make a payment in money or give any other consideration to the person presenting the prescription.

Penalty: \$2,000 or imprisonment for 12 months, or both.

The Federal Government is committing substantial resources to reign in the 10% of health spending that is wasted or misappropriated. High-priced PBS items will have tracking codes attached and the PBS Compliance Division is asking for whistle blowers to report rorting or inappropriate behaviour in the Medicare space.

Likewise, a failure to understand the legislative framework that allows pharmacists to administer influenza vaccines within community pharmacy is also causing some concerns. A pharmacist must have undertaken accredited vaccination training before being legally entitled to administer the 'flu vaccine and in NSW, the pharmacy must have a suitable vaccination room that at minimum meets the NSW Pharmacist Vaccination Standards published by the NSW Ministry of Health on 5 June 2015. The Standards can be found here: www.health.nsw.gov.au/pharmaceutical/Documents/pharmacist-vacc-standards.pdf and full legislative compliance details can be found here: www.legislation.nsw.gov.au/viewtop/inforce/subordleg+392+2008+cd+0+N/?dq=Regulations%20under%20Poisons%20and%20Therapeutic%20Goods%20Act%201966%20No%2031

Failure to comply with the legislative framework could see your APHRA registration and your professional indemnity insurance placed at risk. It is worth noting that the NSW Pharmacy Guild commenced advocacy for pharmacists administering influenza vaccines nearly a decade ago. Since that time, a lot of Guild resources (*your* Guild's resources) have gone into developing this new professional activity. Administering the influenza vaccine is the most significant change in a pharmacist's role for years and is the forerunner of much more change and increased responsibility in primary health care. Let's not wreck the momentum and appetite for change with unthinking or ill-considered behaviour.

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Unprofessional or illegal behaviour places us all at risk, the public and profession together.

The Guild Provides Services to Members

In early June, you will receive your member subscription renewal invoice for the 2016-2017 membership year. The Pharmacy Guild is the only organisation that represents community pharmacy owners and we work tirelessly for you each and every day. Just a few of the benefits of your membership are:

- QCPP membership discount (save \$400)
- Free ProjectSTOP access – now mandatory in NSW
- GuildCare discount – free access to platform (save \$500)
- Exclusive access to the Guild's new 'Health Advice Plus' program to aid in maximising your pharmacy professional services. www.healthadviceplus.com.au
- Advertising your pharmacy on the member only Find-A-Pharmacy website
- Exclusive member discounts (e.g. Gold Cross products and services, training, endorsed products, etc.)
- Advocacy and the lobbying of government to protect your interests as an owner of a community pharmacy
- Fighting to keep supermarket chains out of pharmacy and maintaining the community pharmacy model
- Industrial Relations information and advice
- Work Health and Safety advice
- Guild events and networking opportunities
- Guild Learning & Development at special prices
- Regular communications to keep you informed of what is happening in the industry

- Guild Digest Benchmarking Tool
- Guild Rental Report (free download or printed copy \$55)
- Guild Products e.g. Controlled Drug Registers, Plaques and Badges
- Membership subscriptions can now be paid by monthly Direct Debit, a convenient method of payment that assists you in managing cash flow.

We at the Pharmacy Guild sometimes fail to communicate the depth and breadth of services and benefits we offer to our members. At the NSW branch, we have a full team of dedicated people who provide HR and IR advice, Learning and Development pathways, business management systems and advice, health services and advice, and advice in Primary Health Network engagement to name a few. We are here to help you and welcome contact with you or invite you to visit us at our office in St Leonards.

There is strength in numbers. Support your Pharmacy Guild so we can support you.

Until next month.

Cheers



Mark Douglass, Acting President



Wedderburn
SINCE 1896

Dispensing Balances
Baby Scales, Personal Scales,
Stadiometers

Wedderburn and The Pharmacy Guild are able to offer special prices on these selected products. For more details contact Wedderburn.

Dispensing Balances (Approved)
SDAJ 1200 g x 0.01 g
SDSJ 620 g x 0.01 g

Personal Scale
WM203 300 kg x 100 g

Professional Baby Scale
TIBD590 20 kg x 10 g

PHARMACY GUILD SPECIAL OFFER

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www.wedderburn.com.au tel: 1300 970 111



 The Pharmacy Guild of Australia

 **PHARMACY connect**

9-10 September 2016
Four Points by Sheraton Sydney

 **GUILD'S NEW CONFERENCE**

REGISTER NOW:
www.pharmacyconnect.com.au



Changes to National Diabetes Services Scheme

There is some noise in the market about the impending changes to the National Diabetes Services Scheme (NDSS), not all of it accurate or helpful. To address that, below is some background information.

From 1 July 2016, the Government is introducing changes to the National Diabetes Services Scheme (NDSS). These changes are designed to improve access to the products and ensure the ongoing sustainability of the scheme.

Existing ordering processes will remain in place until 30 June 2016.

What are the changes affecting community pharmacy from 1 July 2016?

- NDSS products will no longer be available through Diabetes Australia (DA) or state and territory diabetes organisations, or the agents of Diabetes Australia.
 - This means people will no longer be able to order products via the Diabetes Australia shops, the NDSS 1300 number or via the website.
 - Diabetes Australia and state and territory diabetes organisations will instead focus efforts on continuing to provide education services for people with diabetes.
- The Australian Government is NOT cutting funding to the NDSS, but is redirecting resources and products from Diabetes NSW centres across the state to community pharmacies.
- While orders will continue to be placed through Diabetes Australia via NDSS Connect, NDSS products will be delivered through the Community Service Obligation (CSO) distribution network of pharmacy wholesalers, usually within 24 hours.
- For the first time insulin pump consumables (IPCs) will be available through community pharmacy Access Points, though there will not be a requirement to carry base stock.
- Replenishment stock will continue to be supplied to community pharmacy Access Points at no charge, including IPCs.
- There will be more flexibility in stock ordering, ensuring the pharmacy has the stock they require.

More information will be provided over the coming weeks regarding the mechanisms for ordering stock, payment of the \$1 for each NDSS Product supplied and IPCs.

Community Pharmacies have made up more than 90% of all NDSS Access Points in Australia for over ten years, so members need to ensure that people can be confident that if they have not accessed pharmacy for this before,

they will receive a high level of service.

IPC users have already been advised of upcoming changes, unfortunately without preparing pharmacy staff on how to respond to enquiries. Members can assure people enquiring about the changes that the pharmacy will be able to order and supply IPCs from 1 July. Members may also like to take the details of the IPC user making the enquiry, in order to communicate with them closer to the time to confirm mutually suitable ordering arrangements.

What are the changes for NDSS Registrants to access for Blood Glucose Test Strips from July 1?

- People with type 2 diabetes not using insulin will receive an initial six month supply of subsidised blood glucose test strips.
- After six months, they will be eligible for further access to subsidised test strips if their doctor or other authorised health provider considers it clinically necessary to use test strips. This change follows the independent advice of the expert Pharmaceutical Benefits Advisory Committee.
- Access to blood glucose test strips for people using insulin will remain unchanged.
- There are no changes to the range of products available or the Registrant co-payments.

Questions from the public regarding diabetes products or the NDSS may be directed to the diabetes organisation in your local state/territory in the first instance. More information will be provided to stakeholders over the coming weeks and included on the Department's website at www.health.gov.au

Find a Pharmacy

Last month I wrote about the importance of ensuring that your pharmacy was listed on www.findapharmacy.com.au.

The impending changes to the NDSS outlined above demonstrate the value of including information about the NDSS, Diabetes Advice and related services like disposal of sharps, to take full advantage of Find A Pharmacy.

If you haven't looked at your pharmacy's profile on Find A Pharmacy recently, I urge you to do so and to populate all the information fields. Not only can you update your opening hours online at www.guild.org.au/my-guild, you can also ensure this consumer-focused service displays real time information about your pharmacy.

Supply of Hepatitis C medicines

In mid-April it was announced that AbbVie's VIEKIRA PAK and VIEKIRA PAK-RBV will be listed on the PBS on 1 May.

Continued page 6

Drug	Brand	TGA Sponsor	Strength/Form/Qty	DPMQ	Price To Pharmacy
Ombitasvir, paritaprevir, ritonavir tablets; dasabuvir tablets	VIEKIRA PAK	AbbVie Pty Ltd	12.5mg/75mg/50mg tablets x 56 plus 250mg x56	\$NA	\$NA
Ombitasvir, paritaprevir, ritonavir tablets; dasabuvir tablets with ribavirin	VIEKIRA PAK-RBV	AbbVie Pty Ltd	12.5mg/75mg/50mg tablets x 56 plus 250mg x56 plus 200mg x168	\$NA	\$NA
Ombitasvir, paritaprevir, ritonavir tablets; dasabuvir tablets with ribavirin	VIEKIRA PAK-RBV	AbbVie Pty Ltd	12.5mg/75mg/50mg tablets x 56 plus 250mg x56 plus 600mg x56	\$NA	\$NA

The above are in addition to the four new medicines for treating hepatitis C listed on the PBS from 1 March 2016:

Drug	Brand	TGA Sponsor	Strength/Form/Qty	DPMQ	Price to Pharmacy
Daclatasvir	Daklinza	Bristol Myers Squibb Australia Pty Ltd	30mg tablets x 28	\$7,813.54	\$7,736.61
			60mg tablets x 28		
Sofosbuvir	Sovaldi	Gilead Sciences Pty Ltd	400mg tablets x 28	\$19,444.62	\$19,367.69
Ledipasvir with Sofosbuvir	Harvoni	Gilead Sciences Pty Ltd	90mg + 400mg tablets x 28	\$22,213.54	\$22,136.61
Ribavirin	Ibavyr	Clinect Pty Ltd	400mg tablets x 28	\$160.95	\$150.53
			600mg tablets x 28	\$237.81	\$210.00

However, as many members have discovered, the current remuneration and supply chain arrangements for these very high cost medicines are unsuited to the challenges of supplying these medicines to patients in a timely manner. When the 6th CPA was being negotiated, neither the pharmacy wholesalers nor the Guild knew about the high costs associated with the listing of these medicines.

In early April, a workshop was held in Canberra and attended by high ranking Government officials as well as high-level representatives from organisations directly or indirectly involved in the supply chain, including: community and hospital pharmacists, consumer groups, wholesalers, manufacturers and prescribers.

In the outcome from the Workshop, the Guild has strongly requested the following be implemented as soon as possible and ideally by 1 May, to ensure our members are able to readily dispense these medicines:

- Pharmacy wholesalers provide pharmacies with trading terms that allow sufficient time for reimbursement by Medicare for the cost of the medicine and by the ATO for the GST component on the medicine.

- Manufacturers provide pharmacy wholesalers with trading terms that allow sufficient time for the wholesaler to be paid by the pharmacy before payment is due.
- For pharmacies to be provided with a reasonable return of goods policies so that our members are not left stranded if a prescription is not collected.

The demand for these hepatitis C medicines is likely to rise significantly over coming weeks as existing patients seek to have repeats dispensed, while new patients commence therapy at the same time.

The simplest and most pragmatic solution is to ensure that there are sufficient trading terms available through the supply chain to align with the Medicare and GST reimbursement timeframes for community pharmacies, while at the same time ensuring that the 230,000 Australians living with hepatitis C can get affordable access to these life-changing treatments.

It is important to remember that if your pharmacy is unable to dispense prescriptions for these very high cost medicines, to be prepared to refer patients to where the prescription can be dispensed. If there are no local options for having the prescription dispensed, suggest the patient contacts their prescriber or calls Hepatitis Australia on 1800 437 222 (1800 HEP ABC).

The Guild realises that our members are concerned with the risk this situation has on the well regarded professional reputation of community pharmacy. We are committed to resolving this matter quickly and will continue to work with the Government, manufacturers and wholesalers so that our members can dispense these medicines confidently, without risking the financial viability of their pharmacy.

If you are able to dispense and supply hepatitis C medicines, why not update your pharmacy profile on Find A Pharmacy, and include this in the services provided.

Pharmacy Connect 2016

On Friday 9 September and Saturday 10 September, the NSW Branch of The Pharmacy Guild of Australia will be hosting this new event at the refurbished Four Points by Sheraton Sydney (Darling Harbour).

Save the date in your diary, as Pharmacy Connect will be the vehicle for the launch of some exciting initiatives in the professional services space, as well as hosting elements from the former Pharmacy Business network event.



9-10 SEPTEMBER 2016
FOUR POINTS BY SHERATON SYDNEY

To check out the program visit pharmacy-connect.com.au

Until next time

Steve Waller



The Pharmacy's Guild's highly effective national consumer advertising campaign which was launched in 2014 will enter a new phase in mid-June with the launch of the Second Chapter of the Discover More, Ask Your Pharmacist campaign.

The campaign is designed to strengthen community pharmacy's position among consumers as a trusted source of health service and advice.

The iconic Gold Cross brand features in the campaign as a central component to generate and reinforce that trust following research showing recognition of the Gold Cross reached 54% during the first chapter of the campaign.

The creative approach of Chapter 1 centred on an animation of a community pharmacy run by a husband-and-wife team (Eugene and Petunia) providing a range of health services in the town of 'Whatchoocan-Sea'.

Chapter 1 included television and digital advertising, as well as in-store material featuring the call to action of 'Discover More. Ask Your Pharmacist'.

Post-campaign research showed 75% of customers who used a pharmacy between two and six times a year, were more likely to consider using a pharmacy for advice/treatment after seeing the TV ad.

The target audience for Chapter 1 was women aged between 24 and 45 and building on this, Chapter 2's target audience has been expanded to include women aged up to 55 which includes women 'caring up' for parents and 'caring down' for children.

The campaign's objective is to encourage more customers (especially women aged 24-55) to visit their local pharmacy for advice and services.

In Chapter 2, the campaign will be digital-focussed to maximise and intensify the targeting of the key

audience. The campaign will include digital ads, display ads in relevant online publications, mobile targeting and search engine maximisation. The campaign will also include in-store material (staff badges, prescription backs and fridge magnets).

The campaign website features 'find a pharmacy' and video presentations from real pharmacists on featured healthcare services.

The animated ads will highlight health care services provided by community pharmacy, specifically baby care and asthma care (caring down for children) and medications management and diabetes care (caring up for parents).

The call-to-action has been strengthened for Chapter 2 asking the target audience to Think Pharmacy First. Ask Your Pharmacist.

All ads push the audience to the askyourpharmacist.com.au campaign website and all visitors to the website are encouraged to go to the 'find a pharmacy' location.

Underpinning the campaign will be the key messages that the health of our loved ones can be a challenge but your community pharmacist is someone qualified to help. Consumers are urged to look for the Gold Cross on their pharmacy's door and to be confident that whether it's baby care, asthma, diabetes or managing your medicines, their community pharmacist can help.

It is really easy for members to be involved with this campaign. Members just need to register their interest online at guild.org.au/askyourpharmacist. So put your pharmacy first and register now to join our national advertising campaign.

Once you've registered your interest, you will be kept up to date in the lead up to the campaign, so that you know when the campaign is about to launch and when you can expect to receive your complementary in-store material.

For more information visit: guild.org.au/askyourpharmacist or email: askyourpharmacist@guild.org.au
Or feel free to call the Guild on: **02 6270 1888**



*Think Pharmacy First.
Ask Your Pharmacist.*



Frequently asked questions

What is the Ask Your Pharmacist campaign?

The Guild's engaging and highly effective national consumer advertising campaign was launched in 2014, with the aim of strengthening community pharmacy's position as a trusted source of health service and advice.

The iconic gold cross brand tile features prominently in the campaign as a central component to generate that trust.

In Chapter 1 of the campaign, the creative approach centred on a charming animation of a community pharmacy run by a husband and wife team (Eugene and Petunia) providing a range of health services in the town of 'Whatchoocean-Sea'.

The first chapter of the campaign included television and digital advertising, as well as in-store material featuring the call to action **Discover More. Ask Your Pharmacist.**

The campaign is proven to increase positive regard for community pharmacy as a source of featured health advice and services amongst target audiences. **Post-campaign research showed 75% of customers who used a pharmacy between two and six times a year, were more likely to consider using a pharmacy for advice/treatment after seeing the TV ad.**

The second chapter of the campaign is due to start in June.

Who is the target audience?

The target audience for Chapter 1 was women aged between 24 and 45. Research conducted by the campaign team found women aged in this range are typically in care roles.

In the next Chapter 2, this audience has been expanded slightly to include women aged up to 55 in order to reach more women 'caring up' for parents and 'caring down' for children.

With this specific targeting, members should not expect to see the ad in mainstream media. However, you should know that women in this age group will see the ad online and be more likely to visit your pharmacy for advice/treatment as a result of seeing the ad.

What is the campaign's objective?

The campaign's objective is to encourage more customers (especially women aged 24-55) to visit their local pharmacy for advice and services.

All ads push the audience to the askyourpharmacist.com.au campaign website and all visitors to the website are then prominently encouraged to 'find a pharmacy' location.

Chapter 2 is the next phase of the national consumer campaign, refined and designed to build on the impact of Chapter 1. This time, the campaign will be digital-only, maximising and intensifying the targeting of our key audience.

The campaign will include 2 x 15 second digital ads, display ads in relevant online publications, mobile targeting and search engine maximisation. The campaign will also include in-store material (staff badges, prescription backs and fridge magnets).

The campaign website features 'find a pharmacy' and video presentations from real pharmacists on featured health care services.

The animated ads will highlight health care services provided by community pharmacy, specifically baby care and asthma care (caring down for children) and medications management and diabetes care (caring up for parents).

The call-to-action has been strengthened for Chapter 2 asking the target audience to

Think Pharmacy First. Ask Your Pharmacist.



When will Members see it or learn about it?

The Guild will be inviting members to register interest in being involved in the campaign through national and branch communication channels.

Those who do register an interest will receive direct mail updates on campaign progress and a countdown to launch date. These emails will also outline how members can be involved.

Every member pharmacy interested in being involved will be provided with a pack of in-store material that connects with the campaign brand.

This complimentary campaign pack will include:

- Gold Cross decal for front window
- A3 campaign posters
- Staff badges
- Fridge magnets
- Personalised script covers listing your services
- Artwork for use in your pharmacy's Facebook page or local newspapers

How can Members be involved?

The Guild makes it really easy for members to be involved with the campaign through providing engaging and effective in-store material.

- 1 Members who wish to be involved need to register their interest online at guild.org.au/askyourpharmacist and make sure to update their details in myGuild
- 2 Once you've registered your interest, you will be kept up to date in the lead up to the campaign, so that you know when the campaign is about to launch and when you can expect to receive material.
- 3 By displaying the Gold Cross tile in your pharmacy you can take advantage of the advertising campaign's push to 'look for the gold cross'

What are the key messages of the campaign?

- Looking after the health of your loved ones can be a challenge
- Your community pharmacist is someone qualified to help
- Look for the Gold Cross on your pharmacy's door
- Whether it's baby care, asthma, diabetes or managing your medicines
- Your community pharmacist can help
- Think Pharmacy First. Ask Your Pharmacist.

What is the benefit of the campaign to Guild members?

Members benefit from the national advertising campaign's effectiveness in encouraging more customers to 'Ask Your Pharmacist', positioning community pharmacy as a trusted and accessible source of health advice and services.

Following Chapter 1 of the campaign, 75% of customers who use a pharmacy between two and six times a year were more likely to consider using a pharmacy for advice/treatment after seeing the ad.

The advertising campaign asks people to 'look for the gold cross in the window'. Recognition of the gold cross reached 54% during the campaign.

The *Ask Your Pharmacist* campaign is a great opportunity to unite community pharmacies behind a single and engaging brand that promotes the role as trusted health service providers.

When will the campaign start again?

Chapter 2 of the campaign will be in-market from mid June –mid November 2016.

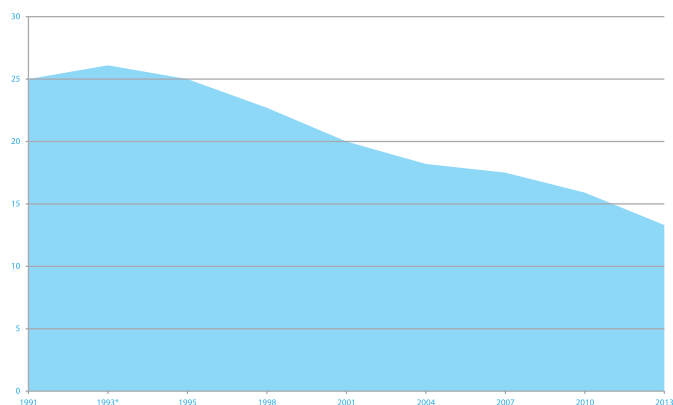
Don't miss this fantastic opportunity. Together we'll encourage Australians to 'Think Pharmacy First.' when it comes to health care services.

For more information visit: guild.org.au/askyourpharmacist or email: askyourpharmacist@guild.org.au
Or feel free to call the Guild on: **02 6270 1888**.



Nicotine Replacement Therapy

Daily smokers aged 18 years or older from 1991 to 2013
(% of Australian population)



Aboriginal and Torres Strait Islander Smoking

- Aboriginal and Torres Strait Islander Australians aged 14 years or older were two and a half times as likely as non-Indigenous Australians to smoke daily in 2013: 32% (Indigenous) compared to 12.4% (non-Indigenous).
- The proportion of Aboriginal and Torres Strait Islander Australians aged 14 years or older smoking daily declined from 35% in 2010 to 32% in 2013, and the number of cigarettes smoked per week declined significantly, from 154 in 2010 to 115 in 2013.

Reference: www.health.gov.au/internet/main/publishing.nsf/content/tobacco-kff

Nicotine is the drug in tobacco that causes dependence.

This dependence is reinforced by:

- The rapid delivery of nicotine to the brain that inhaled cigarette smoke provides (10-19 seconds)
- Positive reinforcement linked to dopamine release in the brain
- Relief of withdrawal symptoms by continued smoking

Nicotine withdrawal symptoms

Symptoms include cravings, plus four (or more) of the following within 24 hours of cessation – depressed mood, insomnia, irritability frustration or anger, anxiety, difficulty in concentrating, restlessness, decreased heart rate, increased appetite or weight gain. These symptoms cause clinically significant distress and are not due to a general medical condition and are not better accounted for by another mental disorder (DSM-IV). Nicotine Replacement Therapy (NRT) provides lower nicotine levels than those achieved by smoking and relief from physiological withdrawal symptoms. This helps resist the urge to smoke cigarettes.

Delivery of nicotine via the oral mucosa (gum/inhaler) and transdermally (patch) is slower than delivery by smoking. NRT medications do not contain other toxic substances found in cigarettes such as carbon monoxide and tar, they do not

produce dramatic surges in blood nicotine levels and they do not produce strong dependence.

The 'Cochrane Review' (Silagy et al 2001) found that:

- odds ratio for abstinence with NRT compared to control was 1.73 (patch 1.76, gum 1.66 and inhaler 2.08)
- these odds were largely independent of the intensity of additional support provided to the smoker
- in highly dependent smokers there is significant benefit of 4mg gum over 2mg gum (odds ratio 2.67)
- NRT increases quit rates approximately 1.5 to 2 fold regardless of setting "All of the evidence indicates that nicotine administered as a medication is always safer than that obtained by cigarette smoking." (Benowitz 1998)

Reference: www.health.nsw.gov.au/policies/GL/2005/pdf/GL2005_036.pdf

Pharmacy has a pivotal role to play in the provision of NRT and advice on its use. At present, there are two pharmacy voucher schemes providing NRT for patients in NSW

The first is the *Quit for new life* voucher scheme.

The *Quit for new life* program provides best practice smoking cessation support to women having an Aboriginal baby and those within their household who are nicotine dependent. The program is an initiative of the NSW Ministry of Health in partnership with NSW Kids and Families and is primarily being delivered across NSW through Aboriginal Maternal and Infant Health Services (AMIHS) and Building Strong Foundations (BSF) programs within Local Health Districts (LHDs).

Women attending participating services for antenatal and postnatal care will be offered comprehensive smoking cessation support. This includes brief advice, referral to *Quitline*, free Nicotine Replacement Therapy (NRT) and extended follow-up support. The sustainability of the program will be promoted through practice change strategies that embed smoking cessation support into routine delivery of maternity care.

Please see sample voucher over page.

The second is Give Up, Gain Life vouchers obtained via *HealthShare NSW*

HealthShare NSW is a statewide organisation established to provide high quality shared services to support the delivery of patient care within the NSW Health system.

Employees of NSW Ministry of Health may present with a voucher in your pharmacy.

The voucher is to be for four weeks supply of a suitable NRT as determined by the pharmacist.

Please note that the voucher can be redeemed for four weeks' supply of patches, gum and spray formulations only (not inhaler).

Please see sample voucher over page.

Voucher for Nicotine Replacement Therapy Quit For New Life Program

Health worker to complete

Dear Pharmacist,

_____ is receiving support to quit smoking as part of the Quit For New Life Program*. She smokes the first cigarette within _____ minutes of waking and smokes _____ cigarettes daily.

I have recommended Nicotine Replacement Therapy to assist with her quitting. Please assess and if deemed suitable supply two weeks supply of appropriate nicotine replacement products.

NB: NOT TO BE REDEEMED FOR PATCHES.

Health workers name _____ Tel _____
Signature _____ Date _____
Patient UR Number _____ Voucher _____/6

Health worker to complete if partner is eligible for NRT

Please also supply two weeks supply of appropriate nicotine replacement products for the partner
 Yes No

Pharmacist to complete

Pharmacy trading name _____
ABN _____ EFT Details: BSB _____ / _____ Acc No. _____
Email _____ Tel _____
Address _____
Date of issue of product _____ / _____ / _____

<i>For pregnant woman:</i> Name, dosage and quantity of product supplied _____ Retail price (including GST) \$ _____ Full name of patient _____ Patient's signature _____	<i>For partner:</i> Name, dosage and quantity of product supplied _____ Retail price (including GST) \$ _____ Full name of partner _____ Patient's/Partner's signature _____
---	--

Payment details (for pharmacist)

To enable payment, please FAX this form to the Pharmacy Guild of Australia, NSW Branch on 02 9467 7151

Payment will be made by Electronic Funds Transfer (EFT)

For any queries, please call Janenne Wilson from the Pharmacy Guild of Australia on 02 9467 7140.

*The Quit For New Life Program is a NSW Health initiative supporting pregnant Aboriginal women (and their families) to quit smoking and remain smokefree.

Voucher for Nicotine Replacement Therapy HealthShare

Voucher No. _____

Dear Pharmacist,

_____ is receiving support to quit smoking as part of the HealthShare Program.

Please assess the client and provide **four weeks supply** of NRT, either patches, gum or spray (all strengths). Please have the client sign the voucher and then fax to **02 9467 7151** to enable payment.

Pharmacist's name _____
Signature _____ Date _____
Client's Name _____ Client's D.O.B. _____
Client's Signature _____

NRT Supply

Patches Brand _____ Strength _____ Qty _____
 Gum Brand _____ Strength _____ Qty _____
 Spray Brand _____ Strength _____ Qty _____

Pharmacist to complete

Pharmacy trading name _____
ABN _____ EFT Details: BSB _____ / _____ Acc No. _____
Email _____ Tel _____
Address _____
Date of issue of NRT _____ / _____ / _____ Total retail amount (incl. GST) \$ _____

Payment details (for pharmacist)

To enable payment, please SCAN or FAX this form to the Pharmacy Guild of Australia, NSW Branch.
Email: janenne.wilson@nsw.guild.org.au
Fax: 02 9467 7151

Instructions

1. Scan or fax a copy to Pharmacy Guild today.
2. Retain the original for your records.

Electronic Funds Transfer (EFT) Payment will be made by from The Pharmacy Guild of Australia (NSW Branch)

For any queries, please call Janenne Wilson from the Pharmacy Guild of Australia on 02 9467 7140.

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The Pharmacy Guild of Australia

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Fentanyl Transdermal Patches

Pharmacist's Duty of Care

The following professional guidelines have been prepared by NSW Health to assist pharmacists to identify and respond appropriately to the misuse of Fentanyl patches. It is quite clear from recent coronial findings that a pharmacist's duty of care extends beyond the process of dispensing a valid prescription. The appropriateness of the quantities of opioid medication supplied and the time interval of supply must reflect good clinical management of the patient's condition.

- Fentanyl transdermal patches are indicated for the treatment of severe and disabling chronic pain, with application every 72 hours (3 days) in strengths reflecting rates of absorption ranging from 12 micrograms/hour to 100 micrograms/hour.
- Fentanyl is a highly potent, synthetic opioid analgesic that is approximately 100 times more potent than morphine and has a narrow window between therapeutic doses and potentially toxic or lethal doses.
- Fentanyl in all forms of presentation is Schedule 8 throughout Australia.
- Depending on the brand, fentanyl 100 microgram/hour patches may contain up to 16.8mg of fentanyl. Significant quantities of fentanyl remain in the patch after the 72 hours transdermal application of the patch is exhausted.
- Fentanyl patches are being sought by some drug dependent persons for abuse purposes, whereby the fentanyl is extracted from the patches by a variety of methods and injected.
- The injection of fentanyl extracted from fentanyl patches is of high risk because the amount of fentanyl extracted on each occasion is unknown and unreliable, and additionally because of the potency of fentanyl.
- There have been a number of deaths of persons reported after having injected fentanyl obtained from extracting it from fentanyl patches. The number of deaths occurring as a result of abuse of fentanyl extracted from fentanyl patches is of increasing concern.
- Information from NSW Police indicates that fentanyl patches are being sought for trafficking purposes. Individual patches are being cut into ten pieces and one tenth of a patch is sold for the purpose of extracting fentanyl for injection.
- Pharmacists should be alert to the possibility of inappropriate prescribing of fentanyl patches, including the prescribing of fentanyl patches as private prescriptions. Each pack of five patches should be sufficient for two weeks of continuous treatment for each patient.
- Generally the long term prescribing of a Schedule 8 opioid exceeding an oral morphine equivalent daily dose (OMEDD) of 60mg daily should be in accord with the written support of an appropriate specialist physician, such as a pain specialist, and in accordance with a clearly documented therapeutic plan.
- Any concerns about the appropriateness of the prescribing of fentanyl patches should be discussed with the prescriber in the first instance, with any continuing concerns reported to the Duty Pharmaceutical Officer, by telephoning the Ministry of Health's Pharmaceutical Regulatory Unit on 02 9391 9944.
- Any concerns regarding the presentation of fraudulent prescriptions for fentanyl patches should be immediately reported to the local police.





Sydney Addiction Seminars 2016

Dear Colleagues,

The Sydney Addiction Seminars will be hosted again this year by Drug Health Services, RPAH, and held in the Scott Skirving Theatre from 7pm-9pm on Wednesday evenings as per the programme below.

There will be four seminars this year, presented by experts from four Local Health Districts. Participation will now also be possible by webinar for those who cannot attend in person.

Wednesday 22nd June 2016. "Are we there yet?" Paul Haber

The first 3 months experience of the new Hepatitis C treatments in practice, with an emphasis on AOD settings.

Presenter: Professor Paul Haber is Clinical Director, Drug Health Services, Sydney Local Health District.

Wednesday 14th September 2016 "Death Becomes Her." Mark Hardy

The journey of setting up and administering a Mortality and Morbidity Process in your LHD, with illustrative cases including lessons from coroner's cases.

Presenter: Dr Mark A Hardy is Staff Specialist in Addiction Medicine, Sydney Road Centre, Manly NSW.

Wednesday 23rd November 2016. "Paradigm shift in the management of the alcohol intoxicated frequent flyer." Nghì Phung

Patients with repeated presentation for alcohol intoxication to hospitals are a major challenge and drain on health resources. Can we do more than just an offer to sober up in

ED? How does capacity assessment shift the care paradigm and health outcomes? These issues will be explored with case studies and a literature scan.

Presenter: Dr Nghì Phung is Medical Director of Addiction Medicine at Western Sydney Local Health District

Please note these seminar details are subject to change, please check on the News and Announcements page.

<http://sydney.edu.au/medicine/addiction/seminars/index.php>

Venue: Scott Skirving Theatre, RPAH, Camperdown. Webinar details will be advised closer to the date.

6.30pm for introductions and refreshments, session starts 7pm. No booking necessary, but to assist with catering and to request parking voucher (limited number) please RSVP interest to abbie.white@sydney.edu.au or call Drug Health Services, RPAH (02) 9515 6419.

This seminar series attracts 2 points/hour for RACGP QA&CPD (activity number 715352).

The seminars are kindly supported by Indivior and Mental Health and Drug and Alcohol Office of NSW Health.



Stage 1 of MMR Accreditation

Stage one is open to pharmacists and interns who would like to become accredited to conduct Medication Management Reviews (MMR, includes HMR & RMMR) and grow their professional services. Upon successful completion, pharmacists will be eligible to commence stage two of accreditation through the AACP. This course is offered as a one day course with 6 online webinars as pre-learning.

Date: Sunday 17th July 2016

Location: Pharmacy Guild House, 84 Christie Street, St Leonards

Cost:

Guild Members \$480 incl. GST | Non-members: \$630 incl. GST

For more information contact Sara Shams

Tel: 02 9467 7158 | Email: sara.shams@nsw.guild.org.au

How Qualified is Your Workforce?

As a Registered Training Organisation, we are currently experiencing high levels of enrolments across the various certificates we offer and are working with approximately 350 pharmacy assistants around NSW to assist them in obtaining qualifications of their choosing to further their professional development while working in a community pharmacy environment.

For those of you who may be considering supporting their team members to study in the workplace, it is a proven fact that a qualification in community pharmacy can bring many benefits to you and your business. Employees encouraged to study for a qualification while supported by experts in their field can act as a means of both staff retention and employee satisfaction, whilst being a key driver of customer satisfaction for those visiting your pharmacy.

Currently, our most popular course is **SIR30112 Certificate III in Community Pharmacy**, which is best targeted to those for whom community pharmacy is a career choice and can see a long-term future working for you and with your customers.

Did you know there are four different Certificate III qualifications to choose from? This allows you to select qualifications that meet the needs of your pharmacy. Before enrolling in any certificate, encouraging and mentoring your team will assist you both in choosing the qualification that best suits both the needs of the student and of the pharmacy.

SIR30112 Certificate III in Community Pharmacy

Comprehensive product knowledge and health information including cough and cold, allergies and asthma management.

Grow and specialise your employee's career with key pharmacy roles: health conditions, front-of-shop operations, merchandising and display, marketing, stock control, dispensary operations and key product and health categories

SIR30112 Certificate III in Community Pharmacy (Health)

This qualification is designed to provide students with the skills and knowledge to assist your customers with comprehensive health and product knowledge advice to achieve and maintain good health. As well as the core units, this qualification includes units on common health conditions and key product categories. The qualification would ideally suit a pharmacy assistant who works in the Professional Services Area and provides customers with comprehensive advice and information.

SIR30112 Certificate III in Community Pharmacy (Marketing & Merchandising)

This qualification is designed to provide students with key knowledge and skills in the areas of marketing and merchandising, including the construction and design of displays, merchandising pharmacy products to generate customer interest and the development of marketing and promotional strategies to achieve maximum results. The health units included in the elective section will also assist a pharmacy assistant in managing a scheduling change. This qualification would ideally suit a pharmacy assistant who has responsibility for merchandising and marketing activities within your pharmacy.

SIR30112 Certificate III in Community Pharmacy (Dispensary)

This qualification is designed to provide students with the basic skills required to develop their career and commence work as a dispensary assistant. The units included in this qualification meet Pharmacy Board of Australia requirements that pharmacists "ensure that dispensary assistants or dispensary technicians undertake and complete a recognised training course that provides them with the skills and knowledge to, under the direct personal supervision of a pharmacist, assist in the selection, processing and labelling of prescription medicines." This qualification would ideally suit a pharmacy assistant who has chosen to become a dispensary assistant within a community pharmacy.

If you would like to know more about our courses, how they are structured and how much they cost (either Fee For Service or Traineeship), please do not hesitate to contact us via the details below – we would love to talk to you.

THE PHARMACY GUILD OF AUSTRALIA (NSW BRANCH)

84 Christie Street, St Leonards NSW 2065 | Locked Bag 2112, St Leonards NSW 1590 | RTO: 0452

Tel: 02 9467 7130 | **Fax:** 02 9467 7165 | **Email:** learning@nsw.guild.org.au | **Web:** www.guild.org.au/nsw



When do Certain Types of Leave Accrue?

With both winter holidays and flu season soon to be upon us, I thought it would be timely to talk about one of the more complex issues in industrial relations.

This article is intended to provide members with some guidance in relation to the accrual and taking of annual leave, personal/carer's (sick) leave and long service leave.

Across the multiple roles I have had as an Industrial Relations lawyer, one of the most common questions I get asked is:

"Is [employee name] entitled to take leave while they [insert situation]"

More often than not, the situation I am asked about is parental leave or an absence from work as part of a worker's compensation claim.

The reason this question is so complex is that it involves the interaction of several pieces of legislation and the answer will vary depending on the jurisdiction in which the question is asked. For clarity, the below answers relate only to New South Wales.

The first table below shows whether annual leave, personal/carer's leave or long service leave accrue in particular situations. The second table shows whether leave may be taken during certain periods.

Does Leave Accrue?								
	Annual Leave	Personal Carer's Leave	Long Service Leave	Unpaid Leave or Unauthorised Absence	Compassionate Leave	Worker's Compensation	Parental Leave	Community Service Leave
Annual Leave	Yes	Yes	Yes	No	Yes	No	No	Yes
Personal / Carer's Leave	Yes	Yes	Yes	No	Yes	No	No	Yes
Long Service Leave	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes

Can Leave be Taken? (If Accrued)								
	Annual Leave	Personal Carer's Leave	Long Service Leave	Unpaid Absence	Compassionate Leave	Worker's Compensation	Parental Leave	Community Service Leave
Annual Leave	Yes	No	No	Yes	No	No	Yes	Yes
Personal / Carer's Leave	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Long Service Leave	No	No	Yes	Yes	No	Yes	Yes	Yes

Hopefully this will help answer some of those tough questions. However, if you do have any questions regarding

leave entitlements and the taking of leave by employees, please contact the Guild and we will be happy to assist.

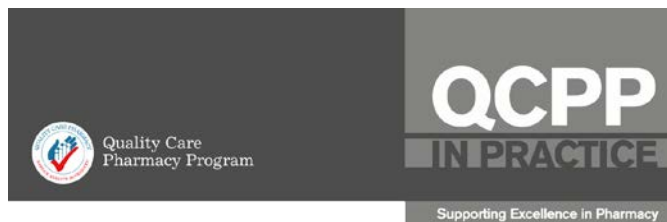
Christopher Mahoney
Senior Workplace Relations Adviser
Pharmacy Transformation

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Ensure your pharmacy is living QCPP every day and well prepared for a pending QCPP assessment. Complete your QCPP Maintenance Checklist today.

The NSW QCPP team is located in the NSW Branch. We are available to provide pharmacies with information and advice regarding all aspects of QCPP. Contact your QCPP team for assistance with any questions you might have relating to QCPP in your pharmacy.

Key business benefits of maintaining your QCPP Accreditation

It's no secret that quality accredited businesses have enhanced business practices compared to those that do not achieve quality accreditation. This is backed by several studies both within the pharmacy industry and the broader health industry.

QCPP Accreditation provides a platform to support key business practices within a quality management framework that assists in sustaining viable pharmacy businesses.

Maintaining your QCPP Accreditation can ensure pharmacy operations achieve their purpose and that the pharmacy delivers services efficiently and consistently to your customers.

Some of the key business outcomes pharmacies experience from maintaining QCPP Accreditation:

1. Studies have shown customers who access QCPP Accredited pharmacies are more satisfied with pharmacy services and generally receive a higher level of medication and health advice.
2. Customers have a greater intention to return to the pharmacy when it is QCPP Accredited.
3. QCPP Accredited pharmacies have more pharmacy assistant staff with higher certificate qualifications. This means they are able to help customers access the right health solution for their needs or appropriately refer to a pharmacist for specialised advice and support.
4. Accredited pharmacies employ more dispensary assistants, which promotes workflow and increases the productivity of the dispensing process.
5. Pharmacies who remain QCPP Accredited manage risk and regularly review in-store policy and procedures to maintain and provide excellent services in the highly competitive pharmacy market.

Through maintaining your QCPP Accreditation, pharmacy businesses can demonstrate to the local community that their pharmacy team is dedicated to meeting a recognised standard in the best interests of Australian healthcare.

Dates For QCPP Workshops:

QCPP S2/S3 REFRESHER TRAINING WORKSHOPS		
LOCATION	VENUE	DATE
Dubbo	Dubbo RSL	9 May 2016
Penrith	Penrith Panthers	24 May 2016
Mudgee	Club Mudgee	25 May 2016

KEEPING IT GOING WORKSHOPS		
LOCATION	VENUE	DATE
St Leonards	The Pharmacy Guild 84 Christie Street St Leonards NSW 2065	17 May 2016 9:30-11:30am
St Leonards	The Pharmacy Guild 84 Christie Street St Leonards NSW 2065	21 June 2016 9:30-11:30am

MedsASSIST

As you may be aware, the MedsASSIST Informing Medicine Decisions Program has been launched by the Pharmacy Guild of Australia.

How does MedsAssist affect Quality Care?

Answer:

All pharmacies please refer to the example: List of Recordable Pharmacist Only Medicines. Please edit to reflect the recording of codeine based products via the MedsAssist Program.

It is important to note that data entry into ProjectSTOP for pseudoephedrine-containing products is mandatory in NSW, as it is a legislative requirement. MedsASSIST is a clinical decision support tool and its use is not mandatory, however, entering that information into MedsASSIST will help pharmacy staff in their ongoing care of patients to make appropriate clinical judgements on medicine access.

Guild Intern Training Program Intent to Engage an Intern



Guild Pharmacy
Academy

INTERN TRAINING

If you are considering employing an Intern Pharmacist in 2016, now is the time to start the process. The NSW Branch of the Pharmacy Guild can assist by listing your pharmacy on our Intern Training Program website - www.nsw-intertrainingprogram.com. Just complete the form below and return it to the Guild.

First Name		Surname	
Pharmacy Name			
Full Address <i>(incl Suburb & Postcode)</i>			
Email			
Phone		Mobile	

Special requirements or other details:

Once you register your intent to engage an intern, Guild ITP will list your pharmacy and details on the Guild ITP website for review by graduates seeking placements.

Please note any special requirements or details that may enhance your offer, or help in the selection process.

Prospective interns will contact your pharmacy directly to discuss the available position.

We ask that you contact the NSW Guild as soon as possible when you have filled the position, to remove your pharmacy details from the website.

If your intern enrolls in the Guild ITP with a friend, they are eligible for a \$250 discount!

Thank you for registering your intent to engage an intern with Guild ITP. We will contact you to confirm receipt of your registration and to provide further information on the promotion of your placement.

Get the Competitive Edge

Guild ITP provides the highest level of support for Interns and Preceptors, including unique workplace visits and a simple and easy to follow Preceptor Manual. Guild ITP is committed to ensuring that our interns are at the absolute forefront of 6CPA professional services, providing them with the Competitive Edge.

Return completed form to:

Guild Intern Training Program

Locked Bag 2112

St Leonards NSW 1590

Phone: 02 9467 7124 Fax: 02 9966 9750

Get the Competitive Edge.

www.guild.org.au/NSW



'Til Death Us Do Part...

For some older pharmacists, the prospect of 'dying in harness' can be appealing – no need to plan the date of retirement or worry about farewell functions or what you will do when you retire!

Pharmacies can only be owned by registered pharmacists. There are special rules related to the continued operation of a pharmacy following the death of an owner.

The pharmacy must be sold within 6 months of the pharmacist owner's death, extensions can be applied for to the Pharmacy Council of NSW, but an executor must be seen to be in the process of selling the pharmacy.

The pharmacy cannot be sold until probate has been granted.

Pharmacy Council of NSW

The Pharmacy Council requires a letter from the solicitor or executor of the estate as soon as practicable following the pharmacist's passing. The letter must include the date that the pharmacist owner passed away. The solicitor and executor must ensure in the letter that they are aware the pharmacy is to **be sold within 6 months of the owner's passing.**

Medicare Department of Human Services

Medicare is to be advised on the passing of the owner as soon as practicable following their death. The pharmacy continues to trade with the current Section 90 Approval number and the payments will continue to be paid into the current bank account registered with Medicare Department of Human Services.

Once probate has been granted, Medicare require certified copies of the:

- Death certificate
- Will
- Letter of Probate

These documents, together with the:

- Medicare application for permission to carry on a business as a pharmacist Section 90
- Medicare application for permission to carry on business as a pharmacist by the legal representative of a deceased approved pharmacist Section 91
- Evidence of the identity of the applicant, in the form of a certified copy that includes the applicant's photograph and signature, such as a driver's licence, passport or other photo ID or a statutory declaration signed by the applicant, to the effect that the applicant is the person named in the document

In summary:

Nothing can be done until probate has been granted and this can take up to 3 months and sometimes longer.

The documents are to be provided to the NSW PBS Approvals Clerk and they will be sent to the national office of Medicare Department of Human Services to approve. This can take up to 3 weeks.

Following the Medicare Department of Human Services national office approval, the Section 90 Approval number ceases and it will become a Section 91.

A new Approval number will be issued in the name of the beneficiary. New bank account details will need to be provided for continuance of payments until the pharmacy/s are sold.

If you require clarification or assistance please contact Michele Roache on 9467 7171 email michele.roache@nsw.guild.org.au



employment

reception@nsw.guild.org.au - 02 9467 7100

This is a listing service only. The list is compiled from information supplied by each individual pharmacist or pharmacy and is printed as a service to members. The Guild makes no claims as to the suitability of any applicant nor does it provide details of the position available. Listings will run for three months unless requested otherwise.

Positions Available

CONTACT	SUBURB	POSITION	PHONE/EMAIL
Chris	East Maitland	F/T Manager Pharmacist	02 4933 7230
Bushra Aslam	Lane Cove/Bankstown	F/T & P/T Pharmacy Interns	02 8079 2201
Eloise	Lane Cove	F/T & P/T Pharm Assistant	02 9563 4900 / recruitment@metrofarm.com.au
Alvina	Nowra	PT/Casual Pharmacist	02 4421 3946 / alvinafoo8@gmail.com
Tania	Armidale	F/T Pharmacist	0418 941 493 / tdi@bigpond.com
Adel Eskander	North Richmond	F/T P/T Pharmacist	0403 154 341 / adelspharmacy@hotmail.com
Sophie	Berala/Auburn	P/T Pharmacist (Fri & Sat)	sophie@pharmacy4less.com.au
Sophie	Sydney City	F/T Pharmacist	sophie@pharmacy4less.com.au
Mel Wasowski	Chatswood	Pharmacist in Charge	recruitment@pharmacy4less.com.au
Debbie	Warialda	F/T Pharmacist	02 6729 1511
Janet	Hornsby	F/T Pharmacist	02 9482 3122
Ameerul Hussein	Claymore	P/T Intern Pharmacist	claymorepharmacy@bigpond.com
Ameerul Hussein	Claymore	P/T Pharmacy Assistant	claymorepharmacy@bigpond.com
Mary	Fairlight	F/T Pharmacist	0410 455 782
Viren	Kirrawee	F/T Intern Pharmacist	0450 522 275
Viren	Kirrawee	F/T Pharmacist Manager	0450 522 275
Peter Mikhail	Elanora Heights	P/T Pharmacist	02 9913 8696 / peter.mikhail@mediadvice.com.au
Tara Newton	Blaxland	F/T & P/T Pharmacist	officemanager@blaxlandpharmacy.com.au
Tanya	Nowra	P/T Pharmacist (Saturday)	02 4421 6976 / nowrajunction.pos@chemistoutlet.com.au
Michael	Terrigal	F/T Pharmacist/Pharm Manager	0407 245 505 / mcunico4000@gmail.com
Anthony	Willoughby	Pharmacist - Saturday AMs	0411 272 282 / custommademedicine@hotmail.com
Reza	Dee Why	P/T Pharmacist in Charge	0425 223 408
Hsing	Tamworth	F/T Intern & F/T Pharmacist	pforte888@gmail.com / 02 6766 1818

Locum Pharmacists Seeking Work

SYDNEY NORTH

Michael O'Donnell	0425 291 661
Raymond Goodman	0407 110 543
Nima Patel	02 9528 0553
John Mansell	0413 924 144
Doug Padman	0416 222 066
Vivian Luong	0434 629 983
Jenny Wong	0420 512 199
Max Segal	0416 165 517

SYDNEY SOUTH

Michael O'Donnell	0425 291 661
David Haworth	0429 944 040
Darijo Cakarun	0403 173 495
Raymond Goodman	0407 110 543
Nima Patel	02 9528 0553
Maryan Zarif	0433 421 173
John Mansell	0413 924 144
Doug Padman	0416 222 066
Vivian Luong	0434 629 983
Jenny Wong	0420 512 199
Max Segal	0416 165 517

INNER CITY

Michael O'Donnell	0425 291 661
Raymond Goodman	0407 110 543
Nima Patel	02 9528 0553
Maryan Zarif	0433 421 173
John Mansell	0413 924 144
Doug Padman	0416 222 066
Vivian Luong	0434 629 983
Jenny Wong	0420 512 199
Max Segal	0416 165 517

SYDNEY WEST

Michael O'Donnell	0425 291 661
Darijo Cakarun	0403 173 495
Raymond Goodman	0407 110 543
Nima Patel	02 9528 0553
Maryan Zarif	0433 421 173
John Mansell	0413 924 144
Doug Padman	0416 222 066
Vivian Luong	0434 629 983
Jenny Wong	0420 512 199
Max Segal	0416 165 517

SYDNEY EAST

David Haworth	0429 944 040
Michael O'Donnell	0425 291 661
Darijo Cakarun	0403 173 495
Raymond Goodman	0407 110 543
Nima Patel	02 9528 0553
John Mansell	0413 924 144
Doug Padman	0416 222 066
Vivian Luong	0434 629 983
Jenny Wong	0420 512 199
Max Segal	0416 165 517

COUNTRY

Nancy Zaki	0424 691 229
David Pay	0411 401 426
Margaret Joliffe	0428 526 564
David Haworth	0429 944 040
Graham Dunkley	0403 399 137
Doug Padman	0416 222 066
Vivian Luong	0434 629 983
Jenny Wong	0420 512 199
Max Segal	0416 165 517



PHARMACY CONNECT REGISTRATIONS NOW OPEN

Online registration and accommodation bookings for the Pharmacy Guild's new national conference, Pharmacy Connect, are now open.

Registrations received prior to 1 June 2016 will go into the draw to win 3 nights' accommodation at Four Points Sheraton Sydney, Darling Harbour.

Pharmacy Connect will be held in Sydney on 9-10 September at the newly refurbished Four Points by Sheraton Sydney, Darling Harbour.

The program will include future-focused business and clinical education sessions, a trade exhibition with 60+ exhibitors, Welcome Reception and Gala Dinner.

The event has been developed to meet the need identified by pharmacy owners, pharmacy managers and manufacturers for an industry conference in the second half of the year which replicates the successful components of the Australian Pharmacy Professional Conference (APP), and where the Pharmacy Guild can launch initiatives from the Sixth Community Pharmacy Agreement, along with private initiatives.

Open to pharmacists, pharmacy owners, pharmacy staff, pharmacy group executives, pharmacy managers, interns and students, Pharmacy Connect will provide:

- Industry updates and trends
- Business growth, profitability and management topics
- Advice and practical examples of successful/profitable implementation of professional services
- The latest clinical updates
- Networking and interaction opportunities with peers, industry leaders and suppliers
- Access to business mentoring

Full registration fees include access to sessions, morning and afternoon teas, lunches, a Welcome Reception ticket, conference satchel, handbook and a DVD of conference sessions (Gala Dinner tickets are an optional extra).

For registration and accommodation pricing, visit the Pharmacy Connect website at:
www.pharmacy-connect.com.au

Vitamin K Deficiency Linked to Increased Risk of CVD in New Study

Arteriosclerosis, Thrombosis, and Vascular Biology, the journal for the American Heart Association, just published an 11-year study that draws a clear line between vitamin K deficiency and an increased risk of coronary heart disease.

To date, 19 Vitamin K-dependent proteins (VKDPs) have been described, with important roles in coagulation, platelet function, and vascular biology. Produced in an inactive form, all VKDPs obtain biological activity through the conversion of a glutamic acid residue into glutamate, a complex process requiring vitamin K.

"Western populations are not afflicted with blood diseases because of a vitamin K1 deficiency. Clearly we get enough vitamin K in our diets to effectively coagulate blood; however, our total K status outside the liver – particularly Vitamin K2 status – plays an important role in maintaining and supporting our heart and bone health," says Dr. Hogné Vik, chief medical officer with NattoPharma, world leader in vitamin K2 research and development and exclusive global supplier of MenaQ7® Vitamin K2 as MK-7.

The authors investigated whether VKDP activity was associated with cardiovascular disease in a random sample of 709 multi-ethnic adults free of cardiovascular disease drawn from the Multi-Ethnic Study of Atherosclerosis (MESA), who were followed up with for 11 years. The circulating des-γ-carboxy prothrombin (DCP) concentrations were measured to indicate lower VKDP activity. [Note: des-γ-carboxy prothrombin (DCP) is also known as protein induced by vitamin K absence/antagonist-II (PIVKA-II).]

The results showed that ischemic cardiovascular disease incidence rates were higher with greater concentration of DCP. Further, that subjects with the lowest activity of VKDP revealed two-times higher risk of cardiovascular events than people with the highest activity of VKDP.

"The study showed that a total of 84% of the cohort participants had a DCP >2 ng/mL (considered the threshold for VKDP inactivity), so the majority of participants were vitamin K subdeficient. Moreover, it has been shown that participants with higher DCP concentrations (i.e., lower VKDP activity) tended to be older," continues Dr. Vik, adding that a similar finding was shown by E. Theuvsen et al. (2014): that adults above 40 years showed the largest tissue-specific vitamin K deficiency after children.

Further, there are other studies where VKDP correlates with cardiovascular survival risk:

- Schlieper et al. 2011 showed that lower levels of circulating dp-cMGP may serve as a predictor of mortality in dialysis patients.
- Mayer et al. 2016 concluded that concomitant abnormality of uncarboxylated MGP leads to about a two-fold increase of the relative mortality risk in chronic patients with vascular disease.
- Liu et al. 2015 showed that higher dp-ucMGP predicts total non-cancer and cardiovascular mortality, but lower coronary risk.

"Researchers have identified populations that consume large amounts of Vitamins K1 and K2 have better heart and bone health outcomes. Intervention studies have also demonstrated that adding vitamin K reduces cardiovascular risk factors," concludes Dr. Vik. "This is yet another important study showing that a lack of K vitamins, particularly vitamin K2, results in increased cardiovascular risk. This finding should raise awareness of this important class of proteins as a potential contributor to cardiovascular disease protection."

To review the study, visit <http://atvb.ahajournals.org/content/early/2016/03/31/ATVBAHA.116.307273.abstract>.

Scientists call for action on tropical disease. Australian doctors urged to be on alert for mosquito-borne viruses

The Australasian Society for Infectious Diseases (ASID) - Australasia's peak body representing infectious disease experts - is reminding GPs to be on heightened alert for tropical diseases in Australians with febrile illnesses, especially those who have travelled overseas.

Mosquito-borne diseases pose a particular threat to travellers in tropical countries, they say, and for Australians who live in the tropics.

The call is being made from the official launch of the International Congress for Tropical Medicine and Malaria which will today hear that multi-drug resistant malaria is now established in parts of Laos, Myanmar, Cambodia, Thailand and Vietnam - favourite destinations for Australian tourists.

There has also been another confirmed case of Dengue in Queensland's north, and a tourist returning from Vietnam recently diagnosed with Zika Virus.

"The tropical disease threat to Australians comes from both within our borders and abroad," said ASID President Professor Cheryl Jones.

"General Practice is the first point of call for most

Australians when sick. We therefore encourage Australian doctors to become better informed about the returned traveller with fever," she said.

Although Australia has had no reports of locally transmitted malaria for over 50 years, an increasing number of Australian travellers are visiting malaria-endemic countries, resulting in just over 300 national notifications in 2014.

Preventing malaria in returned travellers focuses on adherence to malaria chemoprophylaxis and mosquito bite avoidance measures.

Resistance to the front-line anti-malarial drug artemisinin was first confirmed on the Cambodia-Thailand border in 2008 and has now also been detected in Myanmar, Vietnam and Laos. There is no effective replacement therapy for artemisinin, and salvage therapy is required. Every year thousands of Australians travel to this region but so far, none have returned with the most drug-resistant strain of the disease.

Some malaria strains commonly caught in Asia can lie dormant in the liver cells and surface over a year after return from travel.

Dengue is another cause of illness in travellers returning to Australia and in recent years, cases have more than tripled. The risk of local transmission from imported cases is a particular concern, and there is currently an outbreak in North Queensland.

Meanwhile, the world remains on Zika Virus alert, which may be associated with microcephaly through mother-child transmission.

"With malaria-resistance growing and no antiviral treatment available for Dengue, Zika and other mosquito-borne viruses, it is imperative that Australian doctors are able to identify these diseases and refer patients swiftly," said Professor Jones.

Innovative new methods to prevent and treat malaria and other tropical diseases is the focus of discussion at the official launch of the International Congress for Tropical Medicine and Malaria in Brisbane today, officiated by former Governor-General of Australia Dame Quentin Bryce and moderated by ABC veteran health reporter Norman Swan. ASID and the Australian Society for Parasitology (ASP) are co-hosting the ICTMM which will run in Brisbane from 18-22 September 2016, attracting around two thousand international tropical medicine experts and offering practical clinical advice alongside breaking research.

"There has never been a more critical time for Australian health professionals to get up to speed with developments in tropical medicine. With the increase in global travel, the impact of climate change and the prevalence of tropical diseases in our region we need to make sure we are prepared," said Professor Jones.

Medicines sector reforms deliver consumer benefits and a sustainable PBS

Consumers, taxpayers and the national health system will benefit from the significant savings being delivered by medicine suppliers since 1 April.

The direct contribution the medicine supply chain is making to these savings will ensure the PBS is sustainable into the future, enabling the reinvestment of savings into the funding of new, breakthrough medicines for Australian consumers.

Key players in the medicines supply sector said the consumer benefits of the latest round of PBS reforms - the costs of which are being borne across the sector - are helping to ensure that the PBS remains one element of Australia's health system that is fiscally sustainable.

Health Minister Sussan Ley announced that some 400 medicines will fall in price as a result of the PBS reforms that are being funded by the medicines supply sector, and which took effect on 1 April.

Over the five years from 2015 to 2020, these reforms will result in the Federal Government saving around \$17 billion in medicine costs to the benefit of taxpayers and individual patients.

While these reforms impose a considerable burden on the medicines supply sector, they are ensuring that the PBS remains fiscally affordable and sustainable into the future. Because of these reforms, the annual budgetary cost of the PBS in recent years has been flat or falling in stark contrast to other areas of the health system such as hospitals and the MBS.

The Parliamentary Budget Office has projected that PBS costs will grow at a rate that is less than the overall economy through to 2025. This an extraordinary turnaround given the earlier predictions in multiple Intergenerational Reports that the PBS could effectively break the Federal Budget.

At a time when the sustainability of Australia's health system is headlining public debate, it needs to be acknowledged that the contribution of the medicines supply sector in delivering this ground-breaking PBS reform stands out like a beacon for the wider health sector.

Joint statement issued by: *Medicines Australia, the Generic and Biosimilar Medicines Association, the Pharmacy Guild and the National Pharmaceutical Services Association, representing the manufacturers, wholesalers and dispensers of PBS medicines.*

Rotary bowel cancer program rolls out nationally with Australian developed test

Pharmacies participating in Rotary's annual bowel cancer screening awareness initiative this year will receive Clinical Genomics Australian-developed tests nationally. The faecal immunochemical test (FIT) will be included in the Rotary BowelCare and Bowelscan programs in all Australian states in 2016. The campaign runs from April to May for Bowelcare and in May for Bowelscan.

This year, the partnership involving Rotary Bowelscan and BowelCare has expanded nationally to include the new regions of Victoria, Western Australia and Tasmania. The BowelCare Program runs from the 1st April to 31st May 2016. The Bowelscan Program runs from the 1st May to 31st May 2016.

The partnership will see over 120,000 uniquely Rotary-branded tests manufactured by Clinical Genomics distributed to select participating pharmacies as part of the Rotary Bowelscan and BowelCare programs. The FIT is one of the most effective and easiest ways to screen for and reduce the risk of bowel cancer.

Gastroenterologist Dr Howard Hope said the national inclusion of the Clinical Genomics test was an important next step for the already successful Rotary program. "Bowel cancer is the second most common newly diagnosed cancer in Australia, but it is treatable if diagnosed early," Dr Hope said. "Rotary encourages people to take that all important test. The Clinical Genomics test is based on the latest technology and has a very high sensitivity. This partnership provides a great service to Australians."

Richmond Manyweathers from BowelScan says the adoption of the Clinical Genomics test nationally will assist the program to continue to save lives and alleviate suffering. "The Rotary inspired programs encourage Australians pick up a bowel cancer test from their pharmacy," Mr Manyweathers said. "Last year over 4,000 people were referred for additional follow up after the test, which shows the impact of this program."

Rod Chippindale from BowelCare says community pharmacies play a vital role in the success of the awareness initiative. "Pharmacies do a great job of displaying the kits and promotional materials to encourage people to pick up a test," Mr Chippindale said. "This year all pharmacies will know they are providing the same top quality test and efficient follow up process to their customers."

Clinical Genomics VP, Asia Pacific Warren Bingham says the ongoing partnership with Rotary is a source of great pride as it aims to reduce deaths from bowel cancer through early detection.

“Since 2005 we have distributed more than twenty million tests globally. We are very pleased all Rotary program participants across Australia will be included in this figure,” he said.

Clinical Genomics is a Sydney-based biotechnology company operating a TGA-licensed manufacturing facility and a NATA-accredited laboratory. The test used in the Rotary program was developed in Australia by Clinical Genomics. It is based on the version currently distributed to Australian healthcare professionals and Quest Laboratories in the USA.

Unhealthy habits killing us slowly

The Stroke Foundation is urging Australians to ditch their unhealthy habits in the wake of a new report revealing our lifestyle choices are putting us at direct risk of life-threatening chronic diseases.

The Australian Institute of Health and Welfare report released this week shows that smoking, excessive alcohol consumption, obesity and insufficient exercise are all directly linked to stroke, cardiovascular disease, diabetes and some cancers.

Stroke Foundation Chief Executive Officer Sharon McGowan said the increasing prevalence of these comorbidities was alarming.

“We know there are increasing numbers of people in our community living with stroke risk factors highlighted in this report, such as obesity, poor nutrition, lack of physical activity and high blood pressure,” Ms McGowan said.

“The good news is most of these risk factors are preventable. Better detection and prevention of chronic disease will help people become healthier and stay out of hospital – saving lives and reducing the burden on our health system.

“An integrated health check is the best way to find out your risk of chronic disease by taking into account all risk factors, instead of assessing each one individually.

“This report is further evidence of the benefits which could be achieved through the implementation of a nationally consistent integrated health check program. The sooner GPs and primary care providers routinely offer an integrated health check, the earlier they can act to prevent a life-threatening event,” she said.

Ms McGowan said the report highlighted the direct association between six of the seven key risk factors and stroke.

“Too many families continue to be devastated by strokes

that could have been prevented. By making simple lifestyle changes or seeking treatment for chronic conditions such as high blood pressure, people could avoid the suffering and disability caused by stroke,” Ms McGowan said “We need to help people understand their risk of stroke and other chronic diseases, and empower them to make the necessary changes to their lifestyle to avoid suffering a devastating health crisis.

“Stroke remains one of the leading causes of death and adult disability in Australia. More focus must be given to prevention, earlier diagnosis and referral of patients at risk of chronic disease. GPs and primary care providers play an important role here.

“This report highlights the critical need for an integrated health check program to detect the risk of stroke, heart disease, chronic kidney disease or type 2 diabetes.

“We must get better at identifying those who are at high risk of becoming sick, and stopping them from joining the more than seven million Australians who are already living with a chronic disease.”

To view the full report visit www.aihw.com.au



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Removal of Products from Apotex Portfolio

Apotex will be ceasing supply of two PBS listed prescription products from its portfolio. The PBS delisting date is yet to be confirmed, and stock will remain available at wholesalers until exhausted.

The move follows months of ongoing, significant and widespread price reductions and Pharmaceutical Benefit Scheme (PBS) changes imposed by the Government across the broader pharmaceutical industry.

Apotex products to be removed are (including anticipated exhaustion at wholesaler level):

- Paracetamol/Codeine Tablets 500mg/30mg Blister Pack 20 (early Q4 2016)
- Cephalexin Suspension 125mg/5ml Bottle 100ml (mid-late Q4 2016)
- Cephalexin Suspension 250mg/5ml Bottle 100ml (mid-late Q4 2016)

Apotex Managing Director, Roger Millichamp says Apotex has been incurring sustained losses by supplying these particular products under current legislated PBS pricing regimes.

“Apotex has a long history of litigation and bringing generic medicines to market, which has delivered considerable savings to the PBS.

“However, ongoing price reform pressures have placed these particular products’ pricing to customers at less than the cost of product manufacture,” said Mr Millichamp.

“While Apotex is committed to and supports ongoing reliable access to affordable generic medicines, a strong PBS, and a sustainable generic medicines sector for patients, continuing price reductions could compromise the industry’s ability to ensure patients continue to have access to essential medicines in the future.”

At the recent APP conference, the Generic and Biosimilar Medicines Association (GBMA) cited the PBS currently has 68 medicines listed at, or below, ex-manufacturer price of \$2, and a further 149 medicines priced between \$2 and \$5.

Mr Millichamp said although it was a tough decision to make, the impact of legislated pricing reform has resulted in significant losses for some Apotex-supplied products which cannot be sustained.

Apotex continues to be an active contributor to the Generic Medicines Working Group (GMWG) and its discussions with Government, and is working with its customers to allow them to make alternative supply arrangements.

Apotex will work within the TGA’s framework for Medicine Shortages Information to inform the market of timelines for impending cessation of product supply.

Apotex over the counter (OTC) paracetamol and codeine products will not be affected by the deletions, and will remain available in the market.

Caution! Diagnosis Creep

An editorial in the latest edition of Australian Prescriber suggests that some guidelines prepared by expert panels are broadening definitions of disease. This means more and more healthy people are being labelled as ‘sick’.

In the article published online, Dr Ray Moynihan, senior research fellow at Bond University in Queensland, suggests that expansion of disease definitions risks more children and adults being wrongfully diagnosed.

“Diagnosis creep often results from experts expanding the definitions of common conditions, such as high blood pressure or depression, meaning more people can become labelled with the condition,” says Dr Moynihan.

The editorial also examines how many panellists in the USA had multiple financial ties to drug companies that may benefit from expanded patient populations. Dr Moynihan explains that while for some newly labelled patients there will no doubt be benefits, for others with mild problems, or at very low risk of illness, a diagnosis can bring more harm than good. This could lead to unnecessary treatment and use of resources that could be better directed to those in genuine need.

“The decisions made by guideline panels ultimately influence whether or not an individual is labelled as ‘diseased’, changing their life’s narrative forever,” says Dr Moynihan.

“Health professionals and the public should be more informed about how we are reaching contemporary definitions of disease. Although diagnostic criteria are regularly changed with the best intentions, there are also challenges because of the potential for unintended harms.”

The author puts forward Choosing Wisely Australia® as an example of an initiative led by health professionals that challenges the notion that ‘more is always better’. Choosing Wisely Australia provides evidence-based recommendations on tests and treatments that are unnecessary, or of proven low value.

To read the full issue, or to subscribe for free to our digital edition, go to nps.org.au/australianprescriber.



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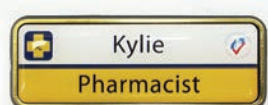
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