



Guild welcomes GSK's early price disclosure move

NICK O'DONOGHUE

An early move to reduce the price of F2 medicines by manufacturer, GlaxoSmithKline (GSK), will help minimise stock shortages over Easter, the Pharmacy Guild of Australia believes.

With mandatory price disclosure for all medicines listed on the F2 formulary set for 1 April, GSK has announced it will cut prices from 1 March, to assist pharmacists deal with stock management, issues.

Welcoming the announcement, a Guild spokesperson told *Pharmacy News* it was a "responsible action".

"We think that it's a welcome and responsible action from GSK, in trying to assist the proper stock management of medicines at a very precarious time," the spokesperson said.

"It should smooth out some of the problems which are widely expected on 1 April."

The GSK medicines affected by price disclosure are Amoxil



(amoxicillin), Aropax (paroxetine), Augmentin (amoxicillin and clavulanic acid), Avandamet (rosiglitazone and metformin) and

Lamictal (lamotrigine).

David Herd, GSK's director of health care environment, said the company wanted to assist pharmacists

and build trust in the business.

In an editorial, published in the Guild's *Fore Front* newsletter today, Wendy Phillips, Guild executive director, warned there would be "some supply disruption", because of the changes.

"The significant price reductions for many PBS medicines on 1 April are likely to create challenges to the certainty of supply for consumers," she said.

"This is because there will be market incentives for wholesalers to delay the purchase of stock during the pre-April price cut period until after the price cut occurs. Also, pharmacies will need to minimise stock of some products to avoid a major, overnight loss of stock value.

"Despite the best efforts on the part of community pharmacies, this may result in low stock levels and therefore some supply disruption."

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CONTINUED DISPENSING WINS NPS SUPPORT

NICK O'DONOGHUE

Claims there is no need for continued dispensing as patients on chronic medications could go without "for a week or two", have been dismissed by the NPS.

Dr Lynn Weekes, NPS CEO (pictured), said while there was probably a low risk for patients who had taken the medicines regularly if they stopped for a few days, she was concerned that without continued dispensing, patients might go without the medicines for an extended period of time.

"By participating in continued dispensing arrangements pharmacists have to consider whether the benefits of continued supply outweigh the potential risks," she said.

"One of the advantages of continued dispensing is it ensures continuation of supply, which may be important for a patient's ongoing adherence to a medicine.

"Continued dispensing is a good opportunity for pharmacists to provide an intervention that will encourage the patient to go back to their doctor and continue with the prescription."



The issue emerged in a letter sent by Professor Geoff Dobb, AMA national vice president, to Grant Kardachi, PSA national president, that said the draft guidelines for continued dispensing, drawn up by the PSA, undermined collaboration between doctors and pharmacists.

A spokesperson for the Pharmacy Guild of Australia told *Pharmacy News* it welcomed Dr Weekes's comments.

"She's saying it might be that there is a low risk for patients on those drugs if they stop for a few days, but the trouble is if they go without it, there is a risk that they might get complacent and then say, 'maybe I don't need these medicines at all'," the spokesperson said.

"That wouldn't happen if they were able to get them on day one from the pharmacist.

Under the proposed rules, pharmacists will be able to provide emergency supplies of prescription medicines to customers who have been unable to get a new prescription from their GP.

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MEDICINE UPDATES

PNEUMOVAX 23 DOSE CONCERNS

The Therapeutic Goods Administration (TGA) is advising health professionals not to routinely give immunocompetent patients a second dose of Pneumovax 23 due to the risk of local injection site reactions.

As published in *Australian Prescriber's Medicines Safety Update*, the TGA made the recommendation following a review of an apparent increased rate of injection site reactions following revaccination with Pneumovax 23.

The advice differs from current recommendations in the *Australian Immunisation Handbook*, which advise routine revaccination five years after the first dose.

However, revaccination should be considered for patients at high risk of serious pneumococcal disease, provided that at least five years have passed since the previous dose of Pneumovax 23.

TGA WARNING ON ATOMOXETINE

Health professionals have been



warned about the risk of significant increases in blood pressure with the use of atomoxetine (Strattera)

The TGA says the risk was identified from an analysis of combined data from clinical trials sponsored by Eli Lilly, atomoxetine's manufacturer.

Atomoxetine is contraindicated in patients with symptomatic cardiovascular diseases, moderate to severe hypertension or severe cardiovascu-

lar disorders.

The drug should also be used with caution in patients with hypertension, tachycardia or cardiovascular or cerebrovascular disease, and in patients with, or with a family history of, congenital or acquired QT prolongation.

VICTRELIS GETS APPROVAL

Victrelis (boceprevir) an oral treat-

ment for chronic viral hepatitis C (HCV) genotype 1 infection, has been gained TGA approval.

Victrelis is indicated for the treatment of chronic hepatitis C in a combination regimen with peginterferon alpha and ribavirin in patients aged 18 years and older with compensated liver disease who are previously untreated or who have failed previous therapy.

NEW BISOLVON FOR KIDS

In the lead up to the winter 2012 cold and flu season, Bisolvon has also launched Chesty Kids Strawberry Liquid and Bisolvon Dry Honey Lime Pastilles.

Suitable for kids aged two years and over, Bisolvon Chesty Kids (bromhexine) comes in a strawberry flavour and thins mucus down, and helps to clear the chest.

Bisolvon Dry Honey Lime Pastilles (dextromethorphan) is formulated to rapidly relieve irritating dry coughs while soothing the throat.

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DANGER LURKS IN ONLINE DRUGS

KIRRILLY BURTON

The Therapeutic Goods Administration (TGA) has issued a warning on the risk of serious adverse events including disfigurement and death when patients purchase unregistered products on the internet.

The warning, issued in *Australian Prescriber* highlighted nine safety alerts since 1 July, 2011, relating to herbal products bought over the internet, which were found to contain prescription medicines.

The most common herbal products reported were for slimming or weight loss and erectile dysfunction.

The TGA had received several safety alerts since 1 July 2011, related to herbal products for improving sexual function, which had been found to contain sildenafil (Viagra).

Reports also showed additional prescription medicines, such as glibenclamide, had been included in these herbal products bought overseas and advertised on the internet.

"When taken at high doses, glibenclamide-containing products have resulted in severe hypoglycaemia and death," the TGA wrote.

The warning also related to the increasing unregulated sale of



injectable cosmetic products on the internet including fillers and botulinum toxin-like products.

The TGA had received reports from consumers who had experienced severe reactions, such as anaphylactic reactions and facial scarring from the products, Marketed as 'Do it yourself' cosmetic kits.

TGA tests on herbal slimming and weight loss products purchased over the internet also revealed varying amounts of the anorectics, sibutramine and fenfluramine, and the laxative phenolphthalein.

"Health professionals are in a unique position to discuss the use of health products with their patients and are encouraged to discuss the potential problems associated with the use of medicines and medical devices," the TGA said.

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STUDY CONFIRMS PPI – FRACTURE LINK

CHRIS BROOKER

Further evidence has emerged to link long-term use of proton pump inhibitors with an increased risk of hip fractures.

Data from 79,899 postmenopausal US women showed that chronic PPI use was associated with a 36 per cent increased risk of hip fracture, after adjustment for BMI, physical activity and calcium intake.

The risk was greatest among those who had the longest duration of PPI use, or who had a history of smoking. The latter group recorded a 50 per cent increased risk of hip fracture.

Added to previous evidence from systematic reviews which reached similar conclusions, the authors said the findings provided "compelling evidence" of an association between PPI use and hip fracture. And given PPI use was continuing to increase, it was an important finding.

"In view of the steadily growing prevalence of regular PPI use, our estimates of an absolute increase in risk of five hip fractures per 10,000 person years associated with PPI use suggest the potential for a high burden of fractures attributable to PPIs across the population," the authors said.



"Our data suggest the importance of carefully evaluating the need for long term, continuous use of PPIs, particularly among individuals with a history of smoking."

Among the 79,899 women in the study, there were 893 hip fractures that occurred over an eight year period.

The number of participants who were using PPIs increased from 6.7 per cent in 2000 to 18.9 per cent in 2008.

The authors said revised labelling in the US and other countries incorporating concerns on increased fracture risk was welcome.

The findings were published in the *British Medical Journal*.

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