

## Discounters not always cheapest

Nick O'Donoghue

RESULTS from a new consumer survey carried out by Choice show discount pharmacies are not always the cheapest place to buy medicines.

While the survey found people were benefiting from the competition created in the market by discounters, Choice spokesman Christopher Zinn said they still need to shop around.

Results from the survey revealed some items sold in stores claiming to be low-cost were twice the price compared with the same products sold in traditional retail chains.

"If price is your main concern, then you really do need to shop around.

"You can't presume that a pharmacy claiming to be a discounter is offering the cheapest prices across the board.



"For example, we found that a 100-tablet box of Panamax painkillers was selling for \$3.80 at a 'discount pharmacy' and only \$1.55 at a retail pharmacy chain, making it less than half the price," he said.

The survey of 900 Choice members compared prices between traditional and discount pharmacies for the top ten selling items on the Pharmaceutical Benefits Scheme as well as personal care products.

The results found consumers could save 50 per cent on an antibiotic at one discounter,

while the price difference on a moisturising cream was 25 per cent lower when compared with traditional retailers.

"That's a hefty difference and might come as a surprise to those consumers who presume that prescription drugs sell at a standard price," Mr Zinn said.

The majority of respondents who bought medications through a discount pharmacy said they were satisfied with the level of professional advice they received.

"Cheaper medications shouldn't come at the cost of professional advice. The government pays pharmacists to provide this advice.

"So, as a consumer, you should never feel reluctant to demand advice and good service from your pharmacist – discount or otherwise," the Choice spokesman said.

To comment [click here](#).

## Agreement passed despite concerns

THE FEDERAL Opposition has warned that pharmacy's medication continuance program will come under scrutiny following criticism from other stakeholders as it voted in favour of the Fifth Community Pharmacy Agreement.

In a speech to the House of Representatives, Shadow Minister for Health and Ageing Peter Dutton said that plans to allow pharmacists to dispense some medicines without a doctor's prescription, agreed to under the agreement, would require close examination.

"The coalition has been informed that further details

surrounding this change are yet to be finalised and that appropriate consultations with all stakeholders are still to take place. It is also understood that these changes will require legislative change at a state level and therefore will provide an opportunity for further scrutiny," he said.

Mr Dutton also flagged a review of location rules, commissioned under the fourth agreement and due for completion soon, as an area of concern but agreed to support the Health Legislation Amendment (Australian Community Pharmacy Authority

and Private Health Insurance) Bill 2010, which enables the implementation of the fifth agreement.

"The Fifth Community Pharmacy Agreement does not differ greatly from past agreements put in place by the coalition, which shows that the Rudd government realises the efficacy of those past arrangements," he said.

Health minister Nicola Roxon said the Opposition's support for the legislation showed that there was mutual appreciation for the vital role that community pharmacists played.

To comment [click here](#).

**PHARMACY**   
*More care. less cost.*



great reasons to join  
**THE CLEVER  
DISCOUNT MODEL**



**BRAND**



**BUYING**



**SYSTEMS**



**MARKETING**

**Pharmacy**   
**NEWS**  
**twitter**  
**FOLLOW US  
ON TWITTER**

**ADVERTISE**

To advertise please  
contact Rebecca Stevens  
at [rebecca.stevens@reedbusiness.com.au](mailto:rebecca.stevens@reedbusiness.com.au)

# Weight loss drug indicated in CVD events

**Jennifer Joseph**

PHARMACISTS are being urged to carefully review the Product Information (PI) for the prescription weight-loss drug sibutramine, following 61 reports of suspected adverse reactions received by the Therapeutic Goods Administration (TGA).

The latest Medications Safety Update from the TGA, published in *Australian Prescriber*, reveals the regulatory body is reviewing the safety of sibutramine and encouraging health practitioners to report any adverse events after results of the Sibutramine Cardiovascular Outcomes (SCOUT) trial indicated higher rates of heart attack and stroke in patients who are overweight or obese.

The TGA said the majority of adverse reactions have occurred in women (47), with the most commonly reported adverse events being dizziness,

palpitations, tachycardia and hypertension.

"Of concern is the number of reports where sibutramine has been used 'off label', ie prescribed for example to patients with a BMI less than that specified in approved indications for use (BMI greater or equal to 30 kg/m<sup>2</sup> in obese patients, and greater or equal to 27 kg/m<sup>2</sup> where diabetes mellitus type 2 or dyslipidaemia are present)," said the TGA's summary.

Sibutramine, an orally administered serotonin (5-hydroxytryptamine, 5HT) and noradrenaline reuptake inhibitor, indicated for weight loss, should only be prescribed to patients who have not adequately responded to an appropriate weight-reducing regimen alone.

The SCOUT trial, which studied subjects older than 55 years that had a history of manifest cardiovascular disease, or type 2 diabetes mellitus, showed higher rates of cardiovascular events



**ADVERSE REACTIONS:** Sibutramine warning

such as heart attack and stroke in patients using sibutramine, than in those receiving a placebo.

While the rates were statistically significant in overweight and obese patients at high risk of a cardiovascular event, the difference was not statistically significant in overweight and obese patients with type 2 diabetes mellitus.

Also reported in the Medications Safety Update, the TGA has received 22 reports

of suspected adverse events associated with exenatide (Byetta) including cases of pancreatitis.

Exenatide, registered for use as adjunctive therapy to improve glycaemic control in patients with type 2 diabetes who are taking metformin, a sulfonylurea, or a combination of these drugs, but are not achieving adequate glycaemic control, was the sole suspected medicine in four of five cases reported as pancreatitis.

The TGA recommends that patients are informed of the characteristic symptoms of acute pancreatitis, and if this diagnosis is suspected exenatide and other potentially suspect medicines should be discontinued.

Groups at risk of drug-induced pancreatitis include the elderly; those on multiple medications; HIV positive; diagnosed with cancer; or receiving immunomodulatory agents.

To comment [click here](#).

## COMMENTS

### NEW AACP CHAIR [\(LINK\)](#)

I wish Debbie Rigby a great big congratulations. I cannot think of anyone more capable or deserving of this honoured position. She will do well and lead us to a successful future given the set backs of the fifth agreement.

**Elizabeth Sabolch**

### IODINE IMPORTANT [\(LINK\)](#)

It is important to note that the average diet in Australia provides 100mcg of iodine. The NHMRC thus recommends supplementation of 150mcg per day, so that the total intake is 250mcg.

Fabfol Plus, an Australian made pregnancy and breastfeeding supplement contains 150mcg of iodine, and has done so since 2005 after we read the reports by Professor Eastman at the time.

**Bruce Irvine - Flinders Research**

### HEROIN HELPS ADDICTS [\(LINK\)](#)

I'm addicted to gambling - can we get someone to give me \$100 a day to stop me going to the TAB? Or how about a free bottle of single malt a day so I don't need to feed my beer addiction?

You are kidding. Heroin is illegal.  
**Stephen Boyle**

### MINOR AILMENTS SCHEME [\(LINK\)](#)

Such nonsense belittling of the work pharmacists do in the community setting is not only degrading to the profession but also shows [doctors'] lack of understanding of the roles pharmacists play in this day and age. We don't aim to be doctors, we aim to be experts in drugs treatments and promoting evidence based safe and effective use of medicines.

As for treating minor conditions in the community, like it or not, we are the first point of call for minor ailments, we are a lot more

accessible (no appointments/long waiting times required usually), we are trained to screen the low level ailments from those which need medical referral and with the appropriate protocols being followed there is no reason why we can't use our clinical judgement to treat patients with minor ailments.

It's about time people understand the free service we offer to community (and you don't get much professional advice for free these days).

**Jon**