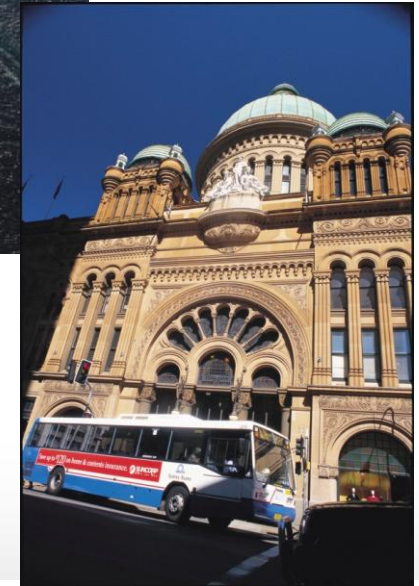


NPS MEDICINEWISE

Lynn Weekes
Chief Executive



9 Kintore
AIRSTRIP

177 Kwiwikurra Papunya 267



AUSTRALIA 2012

22.7 million people

-14% over 65 years

-2% over 85 years

Life expectancy

-78.7 years men

-83.5 years women

Migration

-170,000 per year



SPENDING ON MEDICINES

- ▶ All medicines expenditure \$18 billion
- ▶ 14% health expenditure

- ▶ PBS expenditure \$10 billion
 - Government contributed 83%
 - Patient co-payments

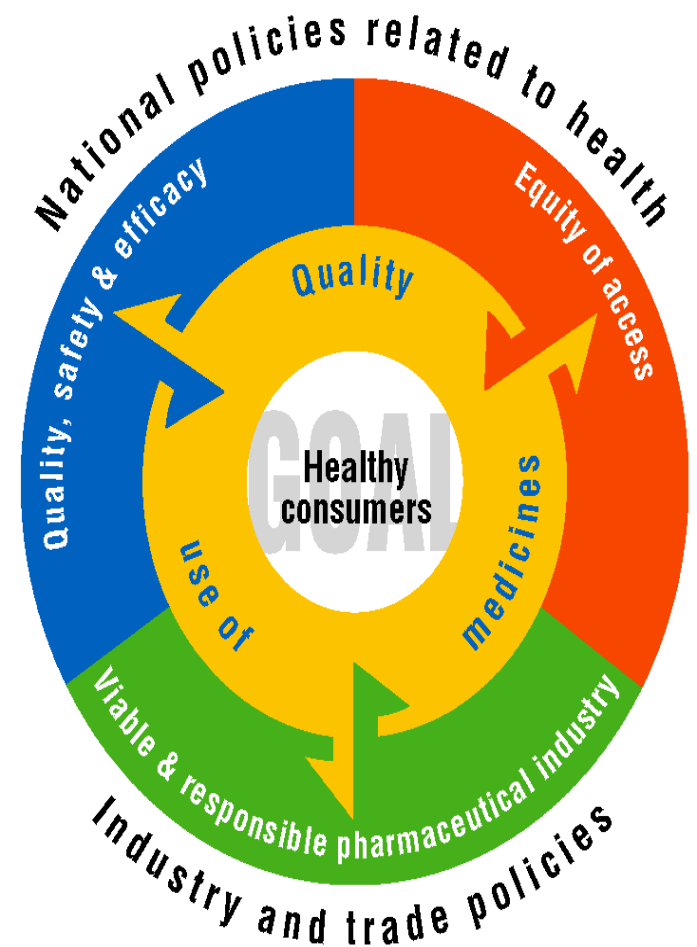
MEDICINES POLICY

High quality, efficacious & safe medicines

Equitable access

Quality use

Responsible and viable pharmaceutical industry

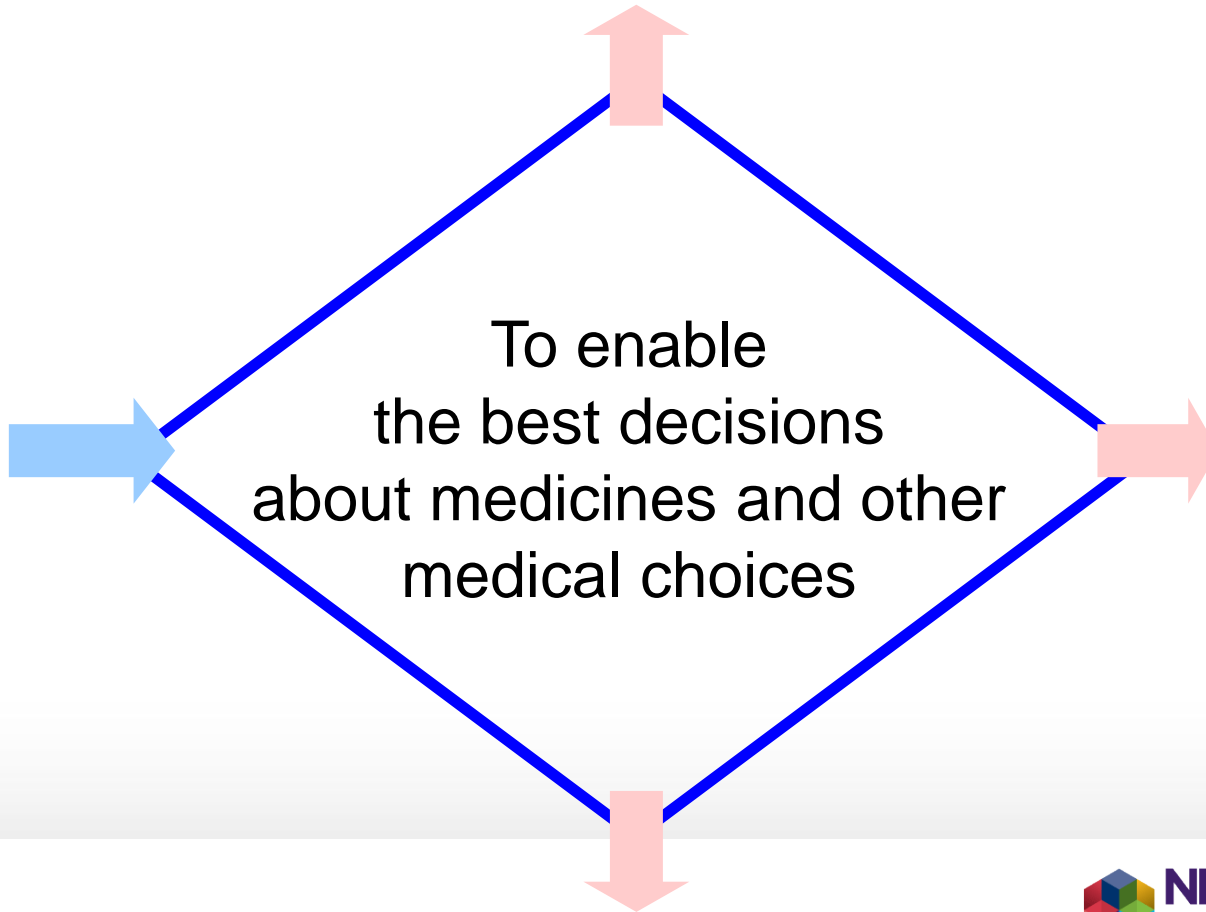


NPS MEDICINEWISE

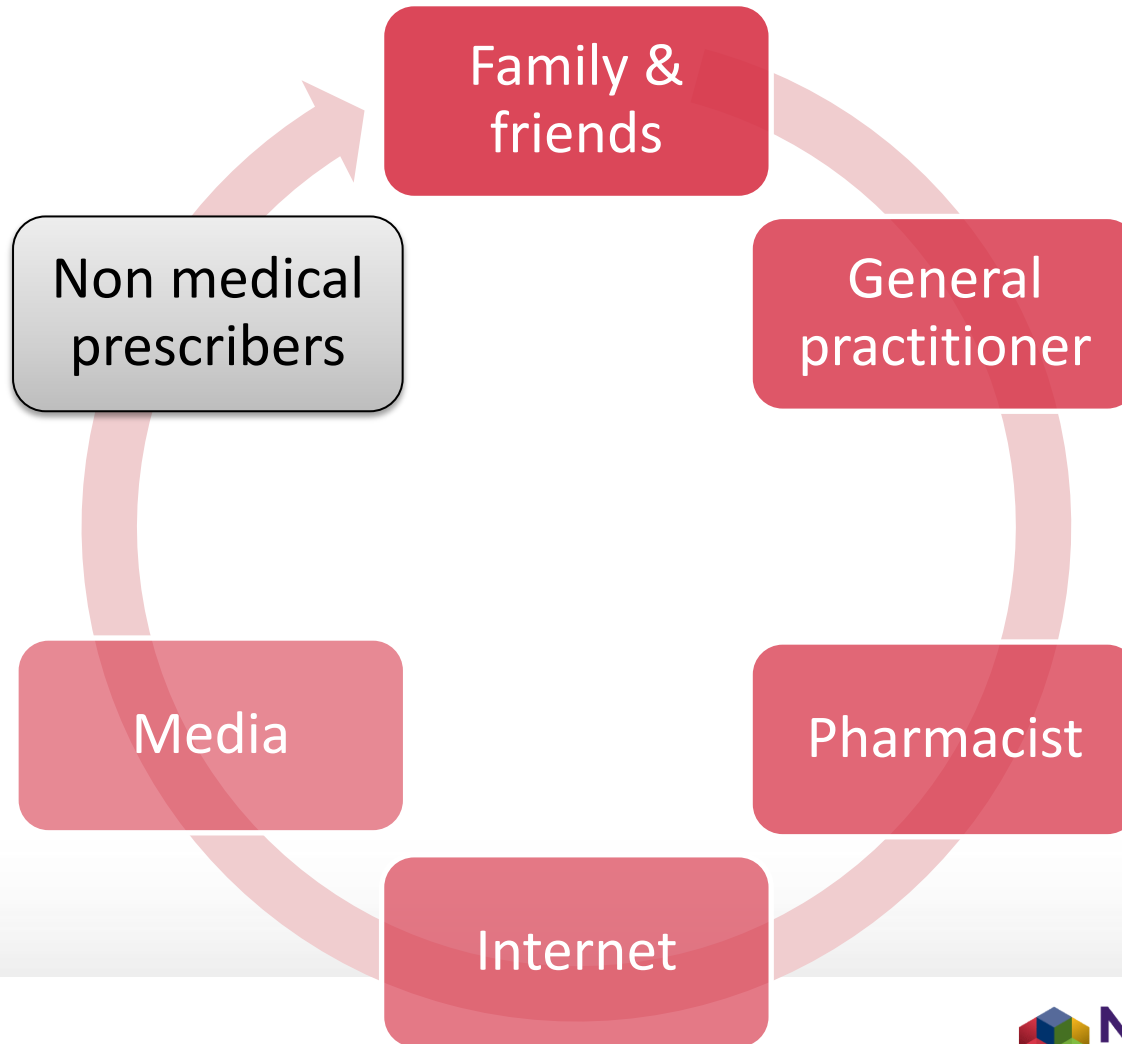
- ▶ Not for profit, mission driven
- ▶ Member based
- ▶ Arms-length from Government
- ▶ Independent, evidence based
- ▶ Required to demonstrate PBS savings
- ▶ Includes medicines and medical tests

MISSION

creating better health
and economic outcomes



GATEWAYS AND INFLUENCES



PRODUCTS AND SERVICES

INFORMATION RESOURCES

- ▶ Environmental updates
- ▶ Australian Prescriber
- ▶ New drugs
- ▶ NPS RADAR
- ▶ Medicines Update
- ▶ Topic directed updates
- ▶ NPS News
- ▶ Prescribing Practice Review
 - prescribing feedback

Australian Prescriber

VOLUME 27 | NUMBER 1 | JULY 2009

4 WAYS TO STAY ON RADAR

NPS NEWS
National Prescribing Service Newsletter

62 2009
11-12 2011-2009

NPS
National Prescribing Service Limited

PPR twenty two
Prescribing Practice Review—PPR For General Practice

Optimising safe and effective use of analgesics in musculoskeletal pain

Key messages

- Assess and document characteristics of pain in order to individualise and monitor effectiveness of treatment
- Use paracetamol first: it is effective when taken regularly in appropriate doses and has a good safety profile
- Consider the range of adverse effects and serious drug interactions with tramadol when selecting therapy where pain requires an opioid or opioid-like analgesic
- Before prescribing COX-2 selective or conventional NSAIDs, review risk of peptic ulcer, cardiac disease or renal impairment
 - COX-2 selective NSAIDs are not more effective than conventional NSAIDs and have a similar range of adverse effects

Assess the pain to guide treatment choice and review its effectiveness

Obtain a 'pain history' in addition to the physical examination?

A pain history attempts to determine the mechanisms producing pain and factors influencing the painful experience. The history should consider:

- location—is there more than one site affected?
- what makes the pain better or worse?
- character of the pain (e.g. throbbing, aching, sharp, burning)
- intensity/severity of pain
- does the pain radiate anywhere?
- timing—is the pain continuous or does it fluctuate or relate to specific events (e.g. sleep, movement)?

Proper assessment and control of pain requires patient involvement

Pain is always subjective so measuring pain must rely on recording the patient's report. A common method uses visual analogue scales which can be a sensitive and consistent means of assessing the effectiveness of analgesia on an individual basis.

ADN 81 00

National Prescribing Service Limited ACN 082 034 333
An independent, Australian organisation for Quality Use of Medicines

MEDICINEWISE

FACILITATED EDUCATION

- ▶ Primary care
- ▶ Hospitals
- ▶ Consumers



...VIA WEBSITE: WWW.NPS.ORG.AU

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Welcome to the National Prescribing Service

We are an independent, non-profit organisation providing medicines information and resources for consumers, health professionals, members and stakeholders involved in Quality Use of Medicines. Find out more about us.

For prescribers: Use of antivirals in swine influenza (H1N1, swine flu) treatment >

Ask our pharmacists Expert medicines information for the cost of a local call



Consumers
Medicines Line
1300 888 763
Mon – Fri 9am – 5pm AEST
Free consumer resources
Order or subscribe to free consumer print publications and e-alerts.
Medicine Name Finder
Use this tool to help you learn to identify your prescription medicines by the active ingredient.

Health Professionals
Therapeutic Advice & Information Service (TAIS)
1300 138 677
Mon – Fri 9am – 7pm AEST
Email an enquiry
▶ Contact us

What are you looking for?
Keywords(s):
e.g. a medicine, condition or topic
Advanced Search

Search by medicine name
Find Consumer Medicine Information leaflets (CMI) for over 1,200 medicines.
Medicine name:
Or select the first letter of your medicine:
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Health professionals
Quick links:
Activities
Publications
Tools
Patient resources
Antidepressants in children
Medication management

What's new 
... on the NPS site
01 September 2009: NPS Prescribing Practice Review 47: Managing menopausal symptoms
31 August 2009: Manager, Quality Diagnostic Referrals Program
24 August 2009: Community Update 20
23 August 2009: Forget the colour, shape or brand: it's the active ingredient that counts
20 August 2009: Strong interest demonstrates value of prescribing data project
More
 Keep track of what's new by RSS feed

Spotlight on ... MedicinesTalk
Winter edition:
▶ a good night's sleep
▶ shed the extra kilos
▶ plus more ...
Information for consumers by consumers

Spotlight on NPS RADAR
Timely, independent information about new drugs
August issue:
▶ Rivaroxaban
▶ Teriparatide

Don't gamble with your health
Get to know your active ingredient
Watch this video

Get to know your medicines
In-language resources in
中文 Italiano Македонски
Tiếng Việt Hrvatski Ελληνικά

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This site complies to the HITECH standard for trustworthy health information: verify here.

...IN PRESCRIBING SOFTWARE

The screenshot displays the Medical Director 2.96 interface. The patient profile for Fred Smith includes personal details, allergies, and a list of medications. A pop-up window titled 'NPS RADAR' provides detailed information for Desvenlafaxine (Pristiq), including its classification as a new drug for major depressive disorder with a restricted benefit. It also offers prescribing tips, dosing instructions, and patient information.

#	Drug name	Strength	Dose	Freq	Instr.	Qty.	Rpts.	Rpt. Int.	Ltd. Elapse	\$	Reg. 24	Purpose	Last script	Authority No.	Approval No.	Authority Indicat
1	DESVENLAFAXINE TABLET	50mg		daily		28	5				R No					

NPS RADAR

Desvenlafaxine Major depressive disorder
Pristiq Restricted benefit
New drug

Prescribing tips

- There is no evidence that desvenlafaxine is more effective, safer or better tolerated than venlafaxine or other antidepressants.

Dosing

- Doses above 50 mg/day are unlikely to provide further clinical benefit and are associated with a higher incidence of adverse effects.

Patient info

- The tablet casing may be visible in the faeces.
- Do not take any other prescription or herbal medicines (e.g. St John's wort, tramadol) without speaking with a doctor or pharmacist.

See the [complete NPS RADAR review](#) for more details.

Close

CLINICAL SELF AUDITS

- ▶ General practitioners and pharmacists
- ▶ Self-audits of records (paper or electronic)
- ▶ Assesses practice in comparison with guidelines
- ▶ Feedback and c

The screenshot shows a web-based clinical audit interface. The title bar reads "Clinical e-Audit - Optimising management of type 2 diabetes". The main content area is titled "Optimising management of type 2 diabetes" and includes a summary: "1 patients completed and 1 patients started/incomplete. 20 patients are required for this clinical audit".

The interface is divided into several sections:

- Patient list:** A sidebar on the left shows a tree view of audit categories for patient "Jo, Blogg". The "Current antidiabetic agent(s)" category is selected and highlighted in blue. Other categories include Patients details, Lifestyle interventions, Renal function, Management of blood glucose levels, Lipid profile, Blood pressure, Complications of type 2 diabetes, Management of dyslipidaemia, Management of hypertension, Aspirin therapy, Medication adherence, and Ongoing management.
- Instructions:** A tab at the top right of the main content area.
- Data Collection:** The main content area displays the "Current antidiabetic agent(s) — Jo, Blogg," section. It contains a table with the following data:

Recommended target HbA1c:	< 7.0%
Chosen target HbA1c:	< 4%
Recent HbA1c:	Not entered
Chosen target HbA1c:	is lower than recommended target
Chosen target HbA1c:	achieved
Recommended target HbA1c:	
- Management Plan:** A tab at the top right of the main content area.
- 9.1. Planned action(s):** A list of checkboxes for planned actions:
 - review lifestyle
 - review medication adherence
 - add another oral antidiabetic agent
 - consider insulin
 - initiate insulin
 - no action
- Enter any other additional planned action(s):** A text input field containing "sdfg".

NPS NEWS
National Prescribing Service

39
Pain

Reducing risk in regular medication

Regular medication can be a double-edged sword. While it can help manage chronic conditions, it can also increase the risk of adverse events. This article discusses strategies to reduce these risks.

Improving adherence in chronic disease

Chronic disease management often requires long-term medication use. Improving adherence is a key challenge for healthcare providers. This article explores various interventions to help patients stay on track.

Pharmaceutical industry: a new era of transparency

The pharmaceutical industry is facing increased scrutiny from regulators and the public. This article examines the impact of new transparency requirements and how they will shape the future of drug development.

For more information, visit www.nps.gov.au

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TAIS

Therapeutic Advice & Information Service

1300 138 677



NPS medimate
For medicines without the mix-ups

National Prescribing Service Limited

4 WAYS TO STAY ON RADAR

NPS RADAR provides four ways to access free, accurate and balanced, evidence-based updates on new drugs, research and PBS listings. Over 20,000 people have signed up for the service. With four ways to access RADAR, keeping track is even easier:

1. Email alert
2. Website
3. Major prescribing software
4. Hard copy

Register online at www.npsradar.org.au or email info@nps.org.au for a hard copy.

NPS RADAR
Rational Assessment of Drugs and Research

www.npsradar.org.au

NPS is an independent, Australian organisation for the Quality Use of Medicines, funded by the Australian Government Department of Health and Ageing. NPS27

Australian Prescriber

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AAAACHOO!

Harvey catches a cold

Common colds need common sense – they don't need antibiotics

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Common colds need common sense

NPS MEDICINEWISE

Common colds need common sense

they don't need antibiotics

take it easy



relieve your symptoms



see your doctor or pharmacist if it gets worse



Common colds are caused by viruses and may last 5-7 days.

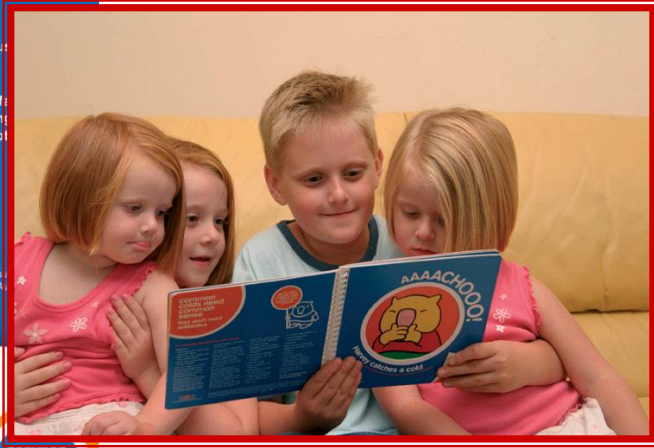
Antibiotics:

- won't help your cold get better faster
- won't stop your cold from getting worse
- won't stop a cold spreading to other people

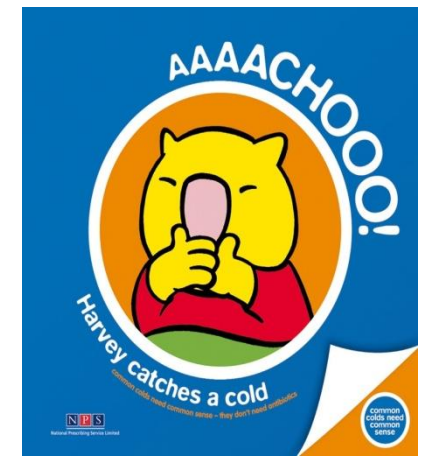
For more information visit www.gottacold.com



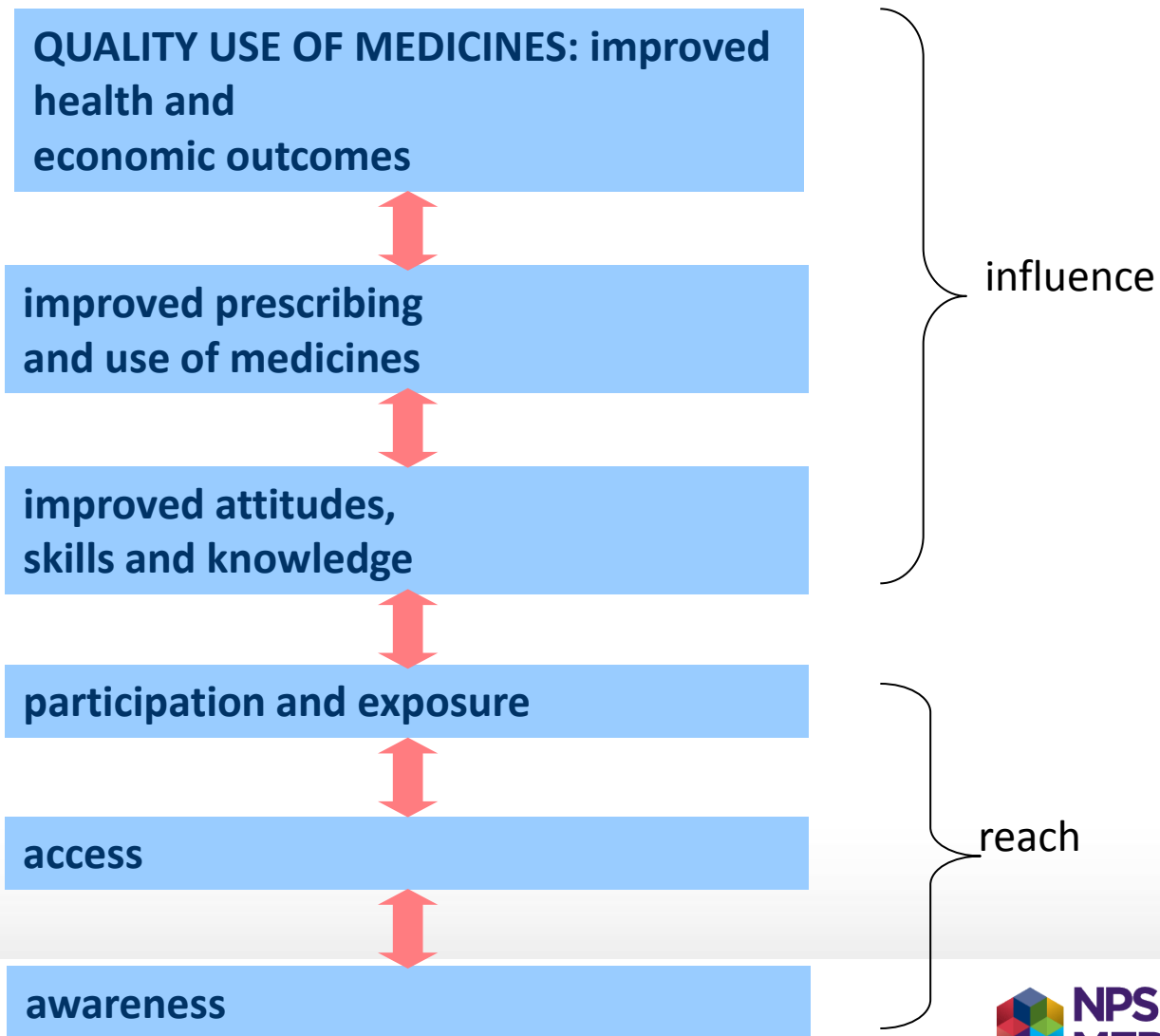
NPS is an independent, Australian organisation promoting the Quality Use of Medicines. NPS is funded by the Australian Government Department of Health and Ageing.



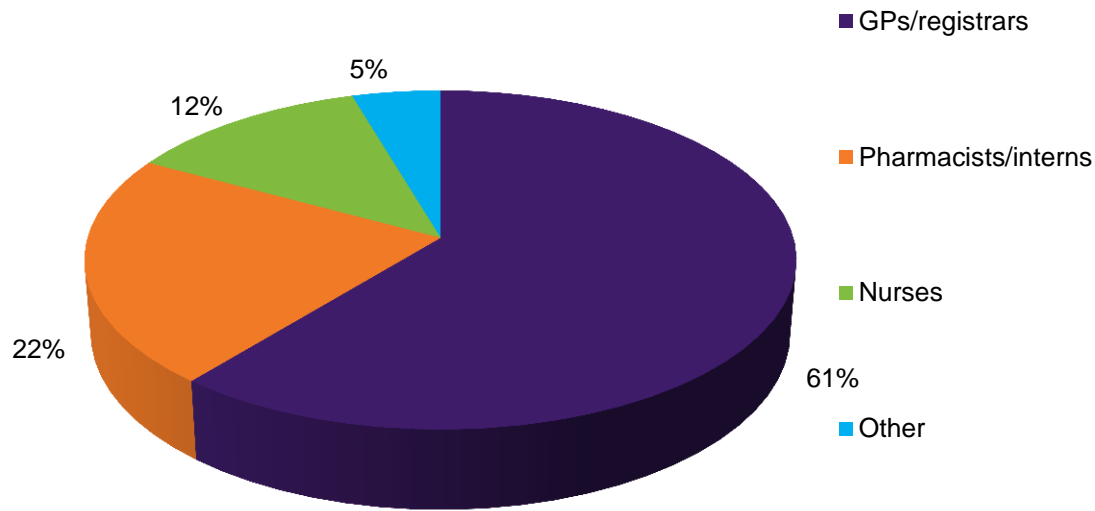
common colds need common sense



EVALUATION



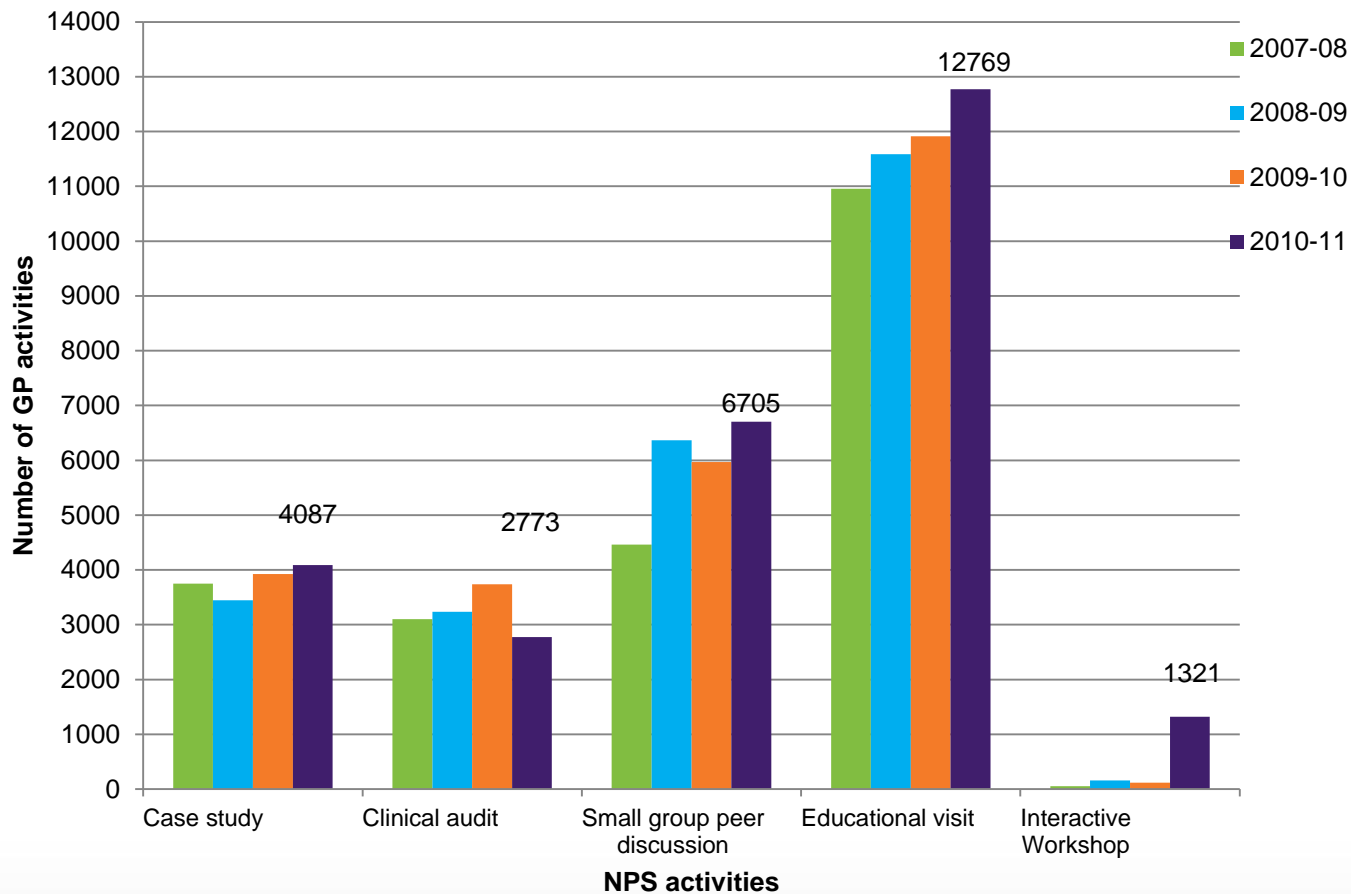
WHO PARTICIPATES



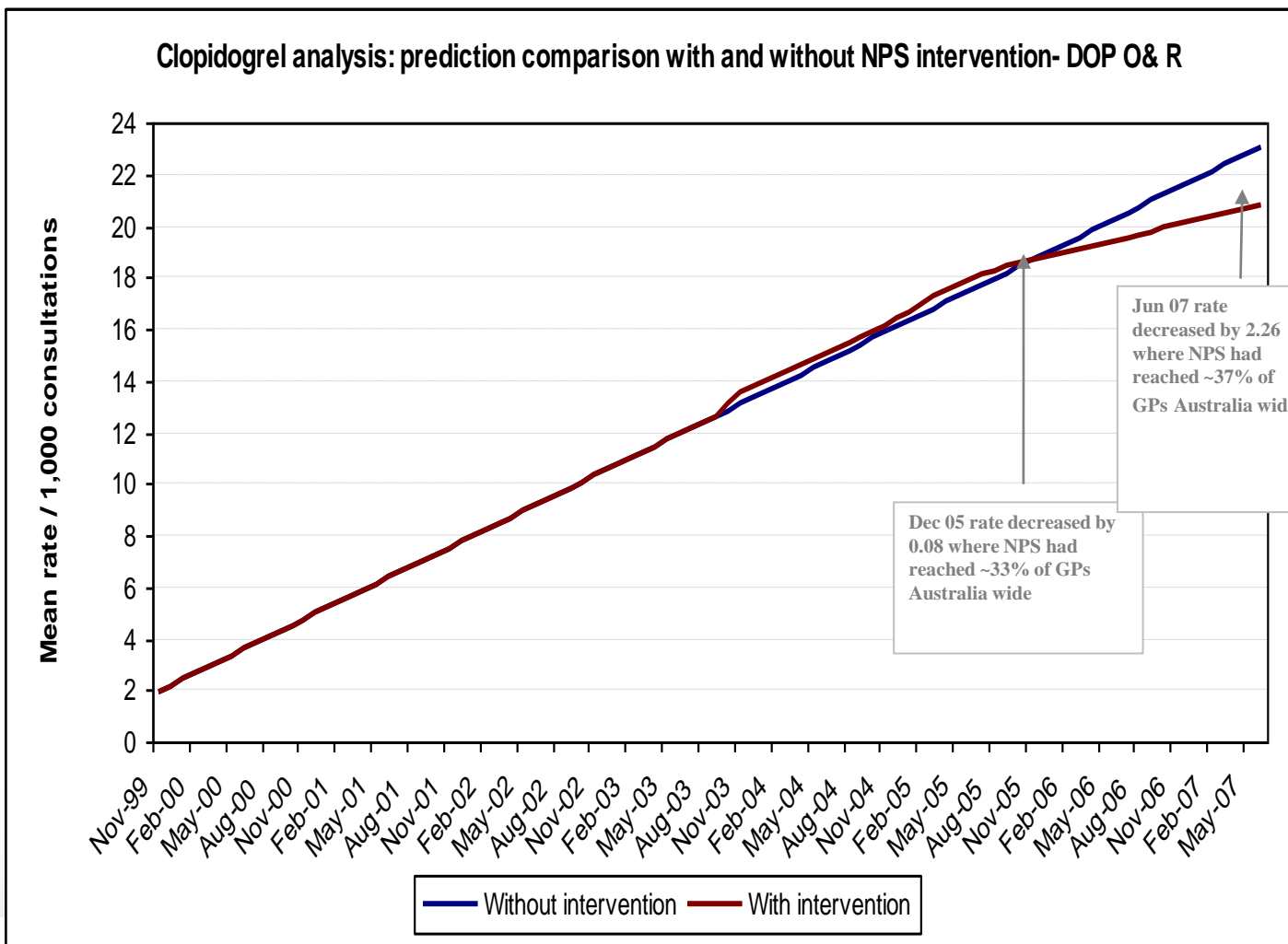
HOW MANY PARTICIPATE

Therapeutic topic	GPs	Total participants
Antiplatelet and anticoagulant therapy in stroke prevention (2009)	6,904	8,853
Management options to maximise sleep (2009)	8,924	12,123
Therapeutic choices for menopausal symptoms (2009)	9,332	12,076
Opioid use in chronic pain: use a planned approach (2010)	8,777	13,587
CVD risk: guiding lipid management (2011)	4,414	6,197
Inappropriate use of testing and supplementation for vitamin D deficiency (2011)	808	1,435

GP PREFERENCE



CLOPIDOGREL PRESCRIBING



CONCLUSION

- ▶ Independent
- ▶ Evidence – based
- ▶ Valued by doctors
- ▶ Self sustaining