

■ Volume 3, No. 12 • December 2008

# Editorial Updates and Perspectives

ome current events have added emphasis to my comments in recent editorials in *The Pharmacist Activist* and some examples are noted below:

### **Integrity**

In my September commentary on APhA's executive search, I identified the personal qualities and experiences that I recommended be given the highest priority in the consideration of candidates. I intentionally identified "integrity" first. The alleged effort of the Governor of Illinois to "sell" Presidentelect Obama's Senate seat, as well as the Wall Street investor's scam that has defrauded individuals and organizations of an estimated \$50 billion, have shocked our society even at a time when dishonesty and deception are so pervasive. However, two of the books I have read this year are encouraging. Winners Never Cheat (by Jon M. Huntsman) provides valuable experiences and observations regarding the importance of honesty and generosity in our professional and personal responsibilities. In his book, Axiom, Bill Hybels provides numerous experiences and perspectives on leadership including "the three Cs"—character, competence, and chemistry. He notes that it is no "accident" that character is identified first.

# Pharmacy ownership

In my September editorial I discussed the North Dakota law that requires that the majority ownership of pharmacies must be held by licensed pharmacists. North Dakota is the only state that has such a law but some European countries have a similar requirement. As in North Dakota, some large retailers in Europe are attempting to overturn these requirements. As reported in the December 16 issue of the *Financial* 

Times, a preliminary legal opinion of Europe's top court found that European law allows European Union member states to put curbs on who may own and operate pharmacies. A senior legal adviser at the European Court of Justice observed that restrictions such as requiring pharmacy owners to be qualified pharmacists are justified because of the need to "protect public health."

## Sale of cigarettes in pharmacies

My October editorial urged the discontinuation of the sale of cigarettes in pharmacies and identified the decision of the city of San Francisco to ban the sale of cigarettes in pharmacies as the "tipping point" that will increase the momentum to get cigarettes out of all pharmacies. On December 11 the Boston Public Health Commission approved a ban (to become effective in 60 days) on the sale of tobacco products at health and educational institutions, including pharmacies and drug stores and college and university campuses. In the December 12 issue of The Boston Globe it is reported that CVS and Walgreens have said they intend to comply with the regulation. Although these actions of these large cities are steps in the right direction, pharmacies that sell cigarettes should voluntarily discontinue their sale because it is the right thing to do, rather than being forced by regulations to do so.

The sale of cigarettes in pharmacies is a topic of a letter from a physician in the November 1 issue of *Family Practice News* for family physicians. His letter includes the following observations: "That... chain drugstores continue to profit from the sale of cigarettes makes a mockery of the pharmacist as an ally in health promotion...I recently received a packet from CVS/Caremark purporting to educate me about 'safe and effective drug therapy' in the management of

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coronary heart disease....I filed this packet next to my recent photographs of the electronic billboard at one local CVS that alternately flashes, 'We accept ALL Medicare Rx Plans' and 'Marlboro Carton \$30.49'."

CVS claims that it does not "promote" the sale of cigarettes. However, its actions indicate otherwise and are an embarrassment to the profession of pharmacy.

#### <u>Perspectives</u>

Wrong priorites - During this time of economic chaos, the highest priority appears to be given to helping the huge organizations (e.g., banks, investment organizations) that, in many cases, have been poorly managed or, perhaps, have become so large that they can't be effectively managed. It would appear that very little attention has been given to helping the individuals and families who own small businesses, who have lost their jobs, or who, in spite of their best efforts, are experiencing serious financial hardships. Many of these individuals are not in a position to wait until pennies from the billions of dollars provided to large organizations trickle down to them. These are also the individuals who have paid the taxes that permit the government to bail out the large organizations, some of which have failed because of mismanagement, incompetence, and/or greed. The government has its priorities wrong!

Executive compensation – One of the most disturbing aspects of the failures of many financial and other organizations is the amount of the compensation provided to current and departing executives. In some of these situations, these are the same individuals who should assume most of the responsibility/blame for the failure of their organization. Yet many receive compensation in the tens of millions of dollars.

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#### Author/Editor

Daniel A. Hussar, Ph.D. Philadelphia College of Pharmacy University of the Sciences in Philadelphia

#### **Publishers**

Christopher J. Polli • G. Patrick Polli II

Assistant Editor - John Buck Publications Director - Jeff Zajac Graphic Artist/Designer - Joe Monte

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The Pharmacist Activist 661 Moore Rd., Ste. 100, King of Prussia, PA 19406 610-337-1050 • Fax: 610-337-1049 E-mail: pharmacistactivist@news-line.com



Only occasionally do we hear of bonuses not being provided and, rarely, if ever, do we hear of these individuals being willing to return/contribute some of their wealth for the benefit of their organization or former colleagues who have lost their jobs and are experiencing financial hardships.

Fortunately, there are some who respond to a "higher calling" and a commitment to help others. Every once in awhile when I find myself wondering what it would be like to be wealthy, I think of my good friend who was wealthy when he was the CEO of a major company. However, he was willing to accept a 75% reduction in compensation and give up other perks to accept the appointment as president of a humanitarian organization that serves the needs of the poorest of the poor throughout the world.

A solution – I have discovered a solution for many of society's problems. The city of Philadelphia had gone 25 years without any of its major professional sports teams winning a national championship. This situation was so distressing for many that we were at risk of losing our reputation of being the city of "brotherly love." But this fall, the Philadelphia Phillies won the World Series. My wife and I, along with two million other people, went to the victory parade. What a wonderful celebration of the people who were literally squeezed next to each other on the sidewalks for the length of the parade route and "high-fiving" everyone within reach! It did not matter what language you spoke, it did not matter what color your skin is, it did not matter who you were voting for, it did not matter what your job was (or wasn't). The camaraderie, the joy, and the love were so impressive that I could only wish that we could capture that atmosphere and positive emotion and use it in every one of our responsibilities and relationships.

Best wishes for a wonderful Christmas season and a healthy and enjoyable new year!

Daniel A. Hussar

# Pharmacist Editor's Note

ith this issue we mark the completion of the third year of publication of *The Pharmacist Activist*. The response from readers has been very gratifying and your comments confirm what we have considered to be the importance of the topics we have selected for coverage. The need for activism on the part of many pharmacists will be a continuing message in the editorials. Please encourage your pharmacist colleagues and pharmacy students to sign up (www.pharmacistactivist.com) to receive this publication free of charge.

NEWS-Line Publishing produces this newsletter at its cost, and I do not receive compensation for my responsibility as author/editor. However, there are considerable expenses in producing it and I wish to express my appreciation to the benefactor who is committed to the provision of editorial commentary that will stimulate discussion/debate, as well as objective information on new drugs, and who has provided financial support. I also wish to express my personal appreciation to Chris Polli, Patrick Polli, Jeff Zajac, John Buck, and Joe Monte for their expertise and enthusiasm in publishing *The Pharmacist Activist*.

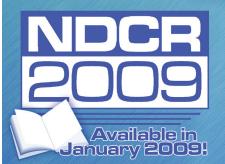
I am also asked about the availability of information regarding all of the new drugs. I have just completed a book (for which there is a charge) that provides the most important information about each of the 158 new therapeutic agents marketed during the 2002-2008 period. Additional information is provided on page 3.

Daniel A. Hussar

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#### New therapeutic agents marketed in the United States in 2008 New Drug administration classificationa Comparison Rating **Generic name** Trade name Manufacturer Therapeutic classification Adolor; GlaxoSmithKline Alvimopan Entereg Agent for postoperative ileus 0ral 4 **Bendamustine** Cephalon 1 - P, 0hydrochloride Treanda Antineoplastic agent Intravenous 4 C1 inhibitor ViroPharma Agent for hereditary angioedema P, 0<sup>b</sup> 5 (Human) Intravenous Cinryze Certolizumab UCB Agent for Crohn's disease $\mathsf{S}_\mathsf{P}$ 3 pegol Cimzia Subcutaneous Nycomed; Omnaris: Intranasal; 3 1-5 Ciclesonide Alvesco Sepracor Corticosteroid oral inhalation Clevidipine The Medicines 3 Cleviprex 1-5 butyrate Company Antihypertensive agent Intravenous Desvenlafaxine succinate Pristiq 0ral 3 Wyeth Antidepressant 1-5 Difluprednate Durezol Sirion Corticosteroid **Ophthalmic** 1 – P 4 Eltrombopag Agent for immune thrombocytopenic GlaxoSmithKline olamine Promacta Oral 1 - P, 04 purpura Etravirine Intelence Tibotec 0ral 1 – P 4 Antiviral agent Methylnaltrexone Agent for opioid - induced bromide Relistor Wyeth Subcutaneous 1-5 4 constipation Nebivolol hydrochloride **Bystolic Oral** 1-5 3 Forest Antihypertensive agent Agent for cryopyrin — associated Rilonacept Arcalyst periodic syndromes P, 0b 5 Regeneron Subcutaneous Agent for immune thrombocytopenic Romiplostim 5 **Nplate** Subcutaneous Amgen Sinecatechins **Bradley** Agent for genital warts **Topical** 1-S2 Veregen Agent for chorea in Huntington's Tetrabenazine Ovation; Prestwick 0ral 1 - P5

New Drug Comparison Rating (NDCR): 5 = important advance; 4 = significant advantages; 3 = no or minor advantage(s)/disadvantage(s); 2 = significant disadvantages; 1 = important disadvantages



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Author: Daniel A. Hussar, B.S. (Pharmacy), Ph.D., Remington Professor of Pharmacy, Philadelphia College of Pharmacy, University of the Sciences in Philadelphia

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<sup>°</sup> FDA classification of new drugs: 1 = new molecular entity; 0 = designated orphan drug; P = priority review; S = standard review

<sup>&</sup>lt;sup>b</sup> A biological approved through an FDA procedure that does not assign a numerical classification

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Editor's Note: All issues of Volumes 1 (2006), 2 (2007), and 3 (2008) of The Pharmacist Activist are available without charge at www.pharmacistactivist.com.

There is a cumulative index for Volumes 1 and 2 in the December, 2007 issue.