



The Pharmacist Activist

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"There is a time for everything, and a season for every activity under heaven." Ecclesiastes 3:1

Editorial

The End of a Distinguished Era for the Philadelphia College of Pharmacy – And Best Wishes for Success in the Next Era!

On February 23, 1821, a group of 68 apothecaries convened in Carpenters' Hall in Philadelphia. These practical visionaries sought the betterment of their vocation and the public welfare. Their stated goal was "to advance the character and forward the interest of the profession." The deliberations of February 1821 culminated in the establishment of the Philadelphia College of Apothecaries, which became incorporated the following year as the **Philadelphia College of Pharmacy (PCP)**, the first college of pharmacy in North America.

In 1921, PCP established several science programs and the name was changed to the Philadelphia College of Pharmacy and Science (PCPS). With additional increases in programs, enrollment, and facilities, as well as plans for more expansion, an application for status as a University was submitted and, on July 1, 1998, PCPS officially unveiled its new identity as the University of the Sciences in Philadelphia (that has subsequently been designated as USciences). The University was comprised of five col-

leges, with PCP resuming its name prior to 1921 and designated as the founding College of the University.

During most of the two centuries following its founding in 1821, PCP/PCPS enjoyed a reputation as having the best or one of the best pharmacy programs in the United States. Its faculty and alumni were skilled and innovative pharmacy practitioners and scientists who provided leadership in pharmacy practice, education and research, in establishing and serving in leadership positions in national and international pharmacy organizations, in founding what became large pharmaceutical companies, and in excelling in many other areas.

On February 23, 2021, a group of PCP/PCPS alumni gathered in Carpenters' Hall to honor the abilities, courage, and boldness of the founders, and to celebrate the bicentennial anniversary of the founding of the College and the history, legacy, and leadership of its faculty and alumni over a period of two centuries. It was truly

Contents

New Therapeutic Agents Marketed in the United States in 2021 Page 3

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a distinguished and unsurpassed era in the profession of pharmacy that provides great loyalty and pride for those of us who were privileged to be involved (a special edition of *The Pharmacist Activist*, “The Spirit of 1821 – Happy 200th Birthday to the Philadelphia College of Pharmacy – Founded February 23, 1821,” was published for the occasion of the Bicentennial).

Challenges

At the beginning of the twenty-first century, PCP/USciences was in a strong professional and financial position. However, numerous challenges emerged over the most recent 20-year period which resulted in a decline in the reputation, respect for, and financial status of the University. Many of the decisions and actions made by a small number of the University leadership not only failed to reverse the decline, but exacerbated it. It is the opinion of some that the beginning of the decline corresponded to and followed the decision of the College to acquire University status. A few individuals voiced concerns and recommendations, but their warnings and advice were rejected by the leadership.

During the 2016-2020 period the financial problems accelerated and became desperate, and the University leadership concluded that the institution that had survived and thrived following world wars, the great depression, and other challenges could not financially survive as an independent entity. Their decision to explore collaboration/acquisition with/by another institution was announced, and a confidential, nontransparent search was initiated.

In early February of 2021, the President of USciences and the President of Saint Joseph’s University (SJU) in Philadelphia announced that the two institutions had entered exclusive discussions regarding merging of the institutions. In June 2021 it was announced that the leadership of the two institutions had developed an agreement and that a strategy had been initiated that would merge USciences into SJU. The agreement and its terms were classified as confidential and requests for specific information by members of the USciences community were rejected. There was also a refusal to respond to questions as to whether a partnership/merger with any institutions

other than SJU had been actively explored.

Following a year characterized by very hard work, anxiety, stress, and terminations of many USciences employees and numerous academic programs, the merger of USciences into SJU became official on June 1, 2022. The Philadelphia College of Pharmacy is now a unit within the School of Health Professions in SJU, as are other healthcare-related programs that have been provided by USciences. The Presidents of the two universities who first met and subsequently developed the agreement that has resulted in the merger of the institutions have each made the decision to depart from their Universities, rather than continuing in the institutions for which they considered a merger to be such an important action for the future.

There have been external factors (e.g., COVID-19) over which organizations have little or no control that have resulted in academic, professional, and financial challenges for universities. Most have successfully navigated these challenges. However, most of the decisions and actions of commission and omission that resulted in an unsustainable financial situation at USciences were self-inflicted by a small group of the University leaders who failed their institution and would not tolerate concerns and other courses of action. The desperate financial consequences did not have to occur and should not have occurred.

It would not be productive to identify specific individuals, decisions, and actions that have resulted in PCP/USciences not continuing as an independent institution. Indeed, those of us who are loyal and proud alumni of PCP and the other USciences programs that are now part of SJU very much want the programs from which we graduated to not only survive but thrive in the new structure, and we extend our best wishes for their future success. However, an investigative journalist could develop a case study of the PCP/USciences experience that would be worthy of inclusion in business school textbooks and of value in helping other institutions avoid or respond to the same challenges and destiny.

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New Therapeutic Agents Marketed in the United States in 2021

Generic name	Trade name (Manufacturer)	Therapeutic classification	Route of administration	FDA classification ^a	New Drug Comparison Rating ^b
Aducanumab-avwa	Aduhelm (Biogen)	Agent for Alzheimer's disease	Intravenous	P ^c	1
Amivantamab-vmjw	Rybrevant (Janssen)	Antineoplastic agent	Intravenous	P ^c	4
Anifrolumab-fnia	Saphnelo (AstraZeneca)	Agent for systemic lupus erythematosus	Intravenous	S ^c	4
Ansumimab-zykl ^d	Ebanga (Ridgeback)	Antiviral agent	Intravenous	P,O ^c	5
Asciminib hydrochloride	Scemblix (Novartis)	Antineoplastic agent	Oral	1-P,O	4
Asparaginase erwinia chrysanthemi-rywn	Rylaze (Jazz)	Antineoplastic agent	Intramuscular	S,O ^c	4
Atogepant	Qulipta (AbbVie)	Agent for migraine	Oral	1-S	3
Avacopan	Tavneos (ChemoCentryx)	Agent for vasculitis	Oral	1-S,O	4
Avalglucosidase alfa-ngpt	Nexviazyme (Genzyme)	Agent for Pompe disease	Intravenous	P,O ^c	3
Belumosudil mesylate	Rezurock (Kadmon)	Agent for graft-versus-host disease	Oral	1-P,O	4
Belzutifan	Welireg (Merck)	Agent for von-Hippel-Lindau disease	Oral	1-P,O	5
Cabotegravir/rilpivirine	Cabenuva (ViiV)	Antiviral agent	Intramuscular	1,4-P	4
Casimersen	Amondys 45 (Sarepta)	Agent for Duchenne muscular dystrophy	Intravenous	1-P,O	4
Clascoterone ^d	Winlevi (Cassiopea)	Agent for acne	Topical	1-S	2
Dasiglucagon hydrochloride	Zegalogue (Zealand)	Agent for hypoglycemia	Subcutaneous	1-S	3
Difelikefalin acetate	Korsuva (Vifor)	Agent for pruritus in chronic kidney disease	Intravenous	1-P	4
Dostarlimab-gxly	Jemperli (GSK)	Antineoplastic agent	Intravenous	P ^c	4
Estetrol mono-hydrate/ drospirenone	Nextstellis (Mayne)	Contraceptive	Oral	1,4-S	3
Evinacumab-dgnb	Evkeeza (Regeneron)	Agent for hyper-cholesterolemia	Intravenous	P,O ^c	2
Fexinidazole	(Sanofi-Aventis)	Antiparasitic agent	Oral	1-P,O	5
Finerenone	Kerendia (Bayer)	Agent for chronic kidney disease	Oral	1-P	4
Fosdenopterin hydrobromide	Nulibry (Origin)	Agent for molybdenum cofactor deficiency	Intravenous	1-P,O	5
Ibrexafungerp citrate	Brexafemme (Scynexis)	Antifungal agent	Oral	1-P	3
Idcabtagene vicleucel	Abecma (Celgene)	Antineoplastic agent	Intravenous	°	4
Infigratinib phosphate	Truseltiq (QED)	Antineoplastic agent	Oral	1-P,O	4
Lisocabtagene maraleucel	Breyanzi (Bristol-Myers Squibb)	Antineoplastic agent	Intravenous	°	4
Lonapeg-somatropin-tcgd	Skytrofa (Ascendis)	Agent for growth failure	Subcutaneous	S,O ^c	4
Loncastuximab tesirine-lpyl	Zynlonta (ADC)	Antineoplastic agent	Intravenous	P,O ^c	4

(Continued on Page 4)

(cont.) New Therapeutic Agents Marketed in the United States in 2021

Generic name	Trade name (Manufacturer)	Therapeutic classification	Route of administration	FDA classification ^a	New Drug Comparison Rating ^b
Maralixibat chloride	Livmarli (Mirum)	Agent for pruritus associated with Alagille syndrome	Oral	1-P,O	5
Mobocertinib succinate	Exkivity (Takeda)	Antineoplastic agent	Oral	1-P,O	4
Odevixibat sesquihydrate	Bylvay (Albireo)	Agent for pruritus associated with cholestasis	Oral	1-P,O	4
Pegcetacoplan	Empaveli (Apellis)	Agent for paroxysmal nocturnal hemoglobinuria	Subcutaneous	1-P,O	3
Ponesimod	Ponvory (Janssen)	Agent for multiple sclerosis	Oral	1-S	2
Remimazolam besylate ^d	Byfavo (Acacia)	Agent for procedural sedation	Intravenous	1-S	2
Ropeginterferon alfa-2b-njft	Besremi (PharmaEssentia)	Antineoplastic agent	Subcutaneous	S,O ^c	3
Samidorphan L-malate/olanzapine	Lybalvi (Alkermes)	Antipsychotic agent	Oral	1,4-S	3
Serdexmethylphenidate/ dexmethylphenidate	Azstarys (Corium)	Agent for attention deficit hyperactivity disorder	Oral	1,4-S	3
Sotorasib	Lumakras (Amgen)	Antineoplastic agent	Oral	1-P,O	5
Tepotinib hydrochloride	Tepmetko (EMD Serono)	Antineoplastic agent	Oral	1-P,O	3
Tirbanibulin ^d	Klisyri (Almirall)	Agent for actinic keratosis	Topical	1-S	4
Tisotumab vedotin-tftv	Tivdak (Scagen)	Antineoplastic agent	Intravenous	P ^c	4
Tivozanib hydrochloride	Fotivda (AVEO)	Antineoplastic agent	Oral	1-S	3
Trilaciclib dihydrochloride	Cosela (GI Therapeutics)	Agent to reduce incidence of chemotherapy-induced myelosuppression	Intravenous	1-P	4
Vericiguat	Verquvo (Merck)	Agent for heart failure	Oral	1-P	4
Vibegron ^d	Gemtesa (Urovant)	Agent for overactive bladder	Oral	1-S	4
Viloxazine hydrochloride	Qelbree (Supernus)	Agent for attention deficit hyperactivity disorder	Oral	1-S	2
Voclosporin	Lupkynis (Aurinia)	Agent for lupus nephritis	Oral	1-P	4
Vosoritide	Voxzogo (BioMarin)	Agent for achondroplasia	Subcutaneous	1-P,O	4

^aFDA classification of new drugs: 1 = new molecular entity; 4 = combination product; P = priority review; S = standard review; O = orphan designation.

^bThe New Drug Comparison Rating (NDCR) system was developed by Daniel Hussar in 2002 and is used as an indicator of the relative importance of a new drug:

5 = important advance; 4 = significant advantage(s); 3 = no or minor advantage(s)/disadvantage(s); 2 = significant disadvantage(s); 1 = important disadvantage(s).

^cA biological approved through an FDA procedure that does not assign a numerical classification.

^dApproved in 2020 but not marketed until 2021.

^eA gene therapy considered in a separate category by the FDA.

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