



The Pharmacist Activist

Volume 2, No. 12 • December 2007

Editorial

We are Blessed! To Whom Much is Given...

Notwithstanding the difficult challenges that pharmacy and some individual pharmacists continue to face with respect to our professional responsibilities, we have been blessed! There are times when I need to remind myself of that as it is so easy to become fully immersed with the problems encountered by our profession. It is important that I count my blessings throughout the year and not just during the Thanksgiving and Christmas season.

As pharmacists, most of us are productively employed, receive good salaries, and live comfortably. Most of us have more than we need. And it is all too easy to forget or ignore the admonition, “to whom much is given, much is required.” How have I/we responded? How have I/we shared our abundance?

Many pharmacists can respond that we give much to others by the very nature of our responsibilities in serving patients, providing important advice, and contributing to the maintenance and improvement of their health. As important as these services are, we are getting paid to provide them. To what extent are we engaged in activities to help others on our own time?

“Giving” is often defined in monetary terms (and I will come back to that). However, some of the most important things we can do for others do not cost us anything. All of us know individuals who would greatly appreciate a phone call, an email, or a letter with a message of encouragement. As I write this, my thoughts turn immediately to one

of my former students, a young woman who is battling cancer that is considered terminal. I need to call her to let her know that she is in my thoughts and prayers. Less than two weeks ago one of our students died suddenly at the age of 19. I had not yet come to know him, but I know his father who was one of my former students. I need to call him without further delay to express my sympathy. Other situations also come to mind and I am certain that you can also quickly identify individuals who would value your encouragement.

We are also in a position to help individuals we do not even know. I have had the privilege of serving on the Board of Directors of World Vision (www.worldvision.org). This experience has greatly expanded my awareness and sensitivity to the needs (starting with clean water) of a large fraction of the world's population. World Vision's primary commitment is to help children, and my wife and I have found that our sponsorship of several children (at a nominal cost) has been a very fulfilling experience. There are also many other ministries and humanitarian organizations that put our monetary gifts and our time to good use for the benefit of those with great needs.

What have we given back to the profession of pharmacy from which we derive our livelihood? At the very least, we have a responsibility to be members of the professional associations that we need as advocates for our professional role and services in optimizing drug therapy and protecting and improving the health of the patients we serve.

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PUBLISHING

We can not eliminate the personal and professional problems that so many are experiencing. But there is great opportunity to help others (and ourselves) who would greatly benefit from the encouragement, hope, and good will we are in a position to provide. A Christmas letter we just received concludes with a verse with a wonderful message from Longfellow's "I heard the bells on Christmas day..."

Yet pealed the bells, more loud and deep:
"God is not dead, nor doth he sleep:
the wrong shall fail, the right prevail,
with peace on earth, good will to men."

We wish you a joyous Christmas season and a happy and healthy new year!

Daniel A. Hussar

The Pharmacist Activist Editor's Note

With this issue we mark the completion of the second 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. We would like to believe that there is a growing number of pharmacist activists. However, we need many more and this 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.

I have been asked on a number of occasions how we make *The Pharmacist Activist* available free of charge. Although I do not receive compensation, and NEWS-Line Publishing produces this newsletter at its cost, there are considerable expenses in developing and producing it. I wish to express my deep appreciation to the benefactor who is committed to the provision of editorial commentary that will stimulate discussion/debate and objective information on new drugs, and who has provided the financial support necessary to cover the publishing costs. 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 142 new therapeutic agents marketed during the 2002-2007 period. Additional information is provided at the top of page 3.

Daniel A. Hussar

NEW DRUGS

2002 - 2007

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New Drugs of 2007

Generic name	Trade name	Manufacturer	Therapeutic classification	Route of administration	FDA classification ^a	New Drug Comparison Rating ^b
Aliskiren hemifumarate	Tekturna	Novartis	Antihypertensive agent	Oral	1-S	3
Ambrisentan	Letairis	Gilead Sciences	Agent for pulmonary arterial hypertension	Oral	1-P, O	4
Bismuth subcitrate potassium	in Pylera with metronidazole and tetracycline	Axcan	Antiulcer agent	Oral	1, 4-S	3
Doripenem	Doribax	Ortho-McNeil	Antibiotic	Intravenous	1-S	3
Eculizumab	Soliris	Alexion	Agent for paroxysmal nocturnal hemoglobinuria	Intravenous	P, O ^c	5
Ixabepilone	Ixempra	Bristol-Myers Squibb	Antineoplastic agent	Intravenous	1-P	4
Lanreotide	Somatuline Depot	Ipsen; Tercica	Agent for acromegaly	Subcutaneous	1-S, O	3
Lapatinib	Tykerb	GlaxoSmithKline	Antineoplastic agent	Oral	1-P	4
Lisdexamfetamine dimesylate	Vyvanse	Shire	Agent for attention deficit hyperactivity disorder	Oral	1-S	3
Maraviroc	Selzentry	Pfizer	Antiviral agent	Oral	1-P	4
Nilotinib	Tasigna	Novartis	Antineoplastic agent	Oral	1-S, O	3
Paliperidone	Invega	Janssen	Antipsychotic agent	Oral	1-S	2
Raltegravir	Isentress	Merck	Antiviral agent	Oral	1-P	4
Retapamulin	Altabax	GlaxoSmithKline	Antibacterial agent	Topical	1-P	4
Rotigotine	Neupro	Schwarz Pharma	Antiparkinson agent	Transdermal	1-S	4
Sapropterin dihydrochloride	Kuvan	BioMarin	Agent for phenylketonuria	Oral	1-P, O	5
Temsirolimus	Torisel	Wyeth	Antineoplastic agent	Oral	1-P, O	4

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

^bNew Drug Comparison Rating (NCDR): 5 = important advance; 4 = significant advantage(s); 3 = no or minor advantage(s)/disadvantage(s), or advantage(s) and disadvantage(s) of similar importance; 2 = significant disadvantage(s); 1 = important disadvantage(s).

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

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