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and Hospital Formulary Management

Evaluation of Three 5-HT₃ Receptor Antagonists in the Prevention of Postoperative Nausea and Vomiting in Adults

S. Wang, PharmD, J. Greco, MD, R. A. Joseph, PharmD
Candidate, M. Feuerman, MS, and B. Malone, MS

Consensus Panel Recommendations for the Assessment and Management of Breakthrough Pain, Part 2: Management

BOOK REVIEW

The Language of Life: How Cells Communicate in Health and Disease

Author: D. Niehoff, PhD Reviewer: M. Noble, PhD

HEALTH CARE AND LAW

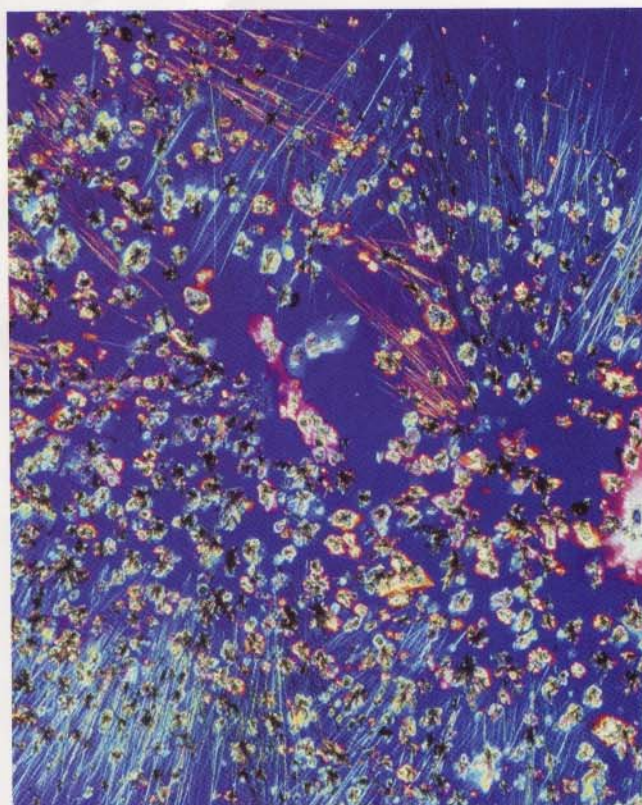
Psychologists Gain a Foothold in the Battle for Prescribing Privileges

R. I. Field, JD, MPH, PhD

DRUG FORECAST

Ezetimibe/Simvastatin (Vytorin[®]): A Dual Approach to Treating Hyperlipidemia

K. Touchstone, PharmD Candidate, L. Stark, PharmD Candidate, M. Honeywell, PharmD, M. Scott, PharmD, and E. Branch III, PharmD



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6/24
 To Marilyn
 Dix
 Smith
 FYI!
 DAVID



Happy Anniversary!

David B. Nash, MD, MBA

This past May (last month), our Department of Health Policy at Jefferson Medical College, Thomas Jefferson University, helped to celebrate the 10th anniversary of ISPOR (the International Society for Pharmacoeconomics & Outcomes Research) at its annual meeting in Washington, DC. I'd like to tell you a few facts about ISPOR and its relevance to our readership.

ISPOR's mission is to "translate pharmacoeconomics and outcomes research in practice to ensure that society allocates scarce healthcare resources wisely, fairly and efficiently."¹ The Society's vision has, at its center, health care researchers in concentric circles, surrounded by health care regulators, providers, payers, and patients. This universe is then subdivided into four sectors: education, communication, international development, and research.

Jefferson's Department of Health Policy has had a perfect 10-year attendance record and has exhibited our research at all past ISPOR meetings. We have seen the membership grow from 400 people in 1995 to 2,700 in 2005. The membership is equally divided, with nearly one third coming from the pharmaceutical industry, one third from academia (namely, schools of pharmacy, medicine, health administration, public health, and the like), and the remaining third spread among government policy organizations and other subspecialty groups. Nearly 50% of the members live in the U.S., one third are from Europe, and the remainder are split between Asia and Canada.

In my view, ISPOR has done a remarkable job of promoting a global pharmacoeconomics agenda. For example, the annual meeting now attracts more than 1,000 submitted research abstracts. International meetings are scheduled soon, to be held in Florence, Italy, and Shanghai, China. The Society's valuable lexicon/encyclopedia ("lexipedia"), entitled *Healthcare Cost, Quality and Outcomes: ISPOR Book of Terms*,² is a best-seller and one of the most efficient ways to learn

about our field of outcomes research for pharmaceutical agents. ISPOR's scholarly journal, *Value in Health*, has a global following, and its peer-reviewed research demonstrates a dizzying array of pharmacoeconomic and outcomes-based studies of all kinds of agents.

We in the Department of Health Policy at Jefferson have been privileged to be active participants in ISPOR. Each year, our fellows have given podium presentations, displayed posters, and moderated various academic sessions at the meetings. We also have reunions every spring as we bring together most of our more than two dozen graduates of our fellowship training program from all around the nation.

Here is the connection to your P&T committees. You might consider these questions:

1. Are you regular readers of *Value in Health* or the ISPOR newsletter called *Connections*?
2. Could members of your P&T committee define the basic terms presented in the ISPOR paperback, *Healthcare Cost, Quality, and Outcomes*?
3. How does your P&T committee stay abreast of the lightning-fast developments in biotechnology, the Medicare Modernization Act, and related public policy issues?

I, for one, am proud of our long affiliation with ISPOR and urge each of you to consider the benefits of membership. If you would like to learn more about ISPOR, you can visit the Web site (www.ispor.org) or call the headquarters in Lawrenceville, New Jersey (609-219-0773). Tell them David Nash sent you!

As usual, I am interested in your views. You can reach me at my e-mail address, david.nash@Jefferson.edu.

REFERENCES

1. International Society for Pharmacoeconomics & Outcomes Research. Available at: www.ispor.org. Accessed May 18, 2005.

2. Berger ML, Bingefors K, Hedblom EC, et al. (eds). *Health Care Cost, Quality, and Outcomes: ISPOR Book of Terms*. Lawrenceville, NJ: ISPOR.

David Nash

CALL FOR PAPERS

P&T is now accepting article submissions from its readers. We welcome a wide variety of manuscripts, including drug class reviews, disease state management reviews, pharmacoeconomic analyses, strategies for coping with medication errors, outcomes research evaluations, DUEs, P&T committee experiences, commentaries, book reviews, and letters to the editor.

We are also interested in receiving articles for both continuing education (CE) and continuing medical education (CME) credit. Articles to be considered for dual accreditation should provide an overview of topics that are directly relevant to health care practitioners.

Please see our author guidelines at PTCommunity.com. You can contact the editor, Sonja Sherritze, via telephone: 267-685-2779, or e-mail: ssherritze@medimedia.com.