FROM MSHP PRESIDENT
John Clark:

Happy New Year!

Hopefully everybody has recovered from the busy season of holidays that has just passed. If you were fortunate enough to be in attendance at the ASHP Midyear Clinical Meeting in December, then you have cause to be a bit wearier; however, the knowledge and connections that were made are well worth it.

It is amazing that we are halfway through another MSHP year. At this point, many members are in full swing in the residency process for the next class of postgraduate learners. It seems like just a few days ago that I was attending the annual MSHP Resident Welcome Event.

The MSHP Board continues to work with our committees to provide robust value to our membership. I am pleased to announce that Lindsey Smith has been appointed as Chair of the Early Careerist Network. We are sure to see some exciting things geared toward our newer practitioners.

Finally, the Honors and Awards Banquet and Annual Meeting are only a few short months away – mark your calendars for Monday, May 14th and Tuesday, May 15th. The Annual Meeting Committee has been diligently working on a great agenda that includes both talented local speakers as well as national presenters. Paul Bush, President of ASHP, will be delivering the keynote address, highlighting clinical well being and workplace resilience and Erin Fox, Senior Director, Drug Information and Support Services at the University of Utah Health, will be presenting on drug shortages and their subsequent impact. Please be on the lookout for the call for MSHP award nominations; this is a great time to highlight the great work of your colleagues or institution.

If you would like more information about getting more involved, please don’t hesitate to contact any member of the Board or committee chair. As always, if there are any questions, comments or feedback, we would love to hear from you. Please don’t hesitate to email president@mashp.org.

John
Local Student Clinical Skills Competition Winners 2017

Congratulations to the following pharmacy students, who won their local ASHP Clinical Skills competitions last fall and competed at the national competition at the Midyear:

Northeastern University: Amanda Roy and Xander Miller
MCPHS University-Boston: Joseph Oliva and Eli Philips
MCPHS University-Worcester/Manchester: Mohannad Al-Nalbolsi and Ricardo Myers
Western New England University: Christy LaPlante and Alexandra Feldenzer

Massachusetts Student Societies of Health-System Pharmacy at the Midyear 2017

Northeastern University
Xander Miller and Amanda Roy

MCPHS University-Boston
Heba Edrees, Trisha LaPointe (faculty), Kerilyn Petrucci
MSHP Legislative Advocacy Pays Off in Washington, DC

As part of ASHP Policy Week Legislative Day on September 27, 2017, Massachusetts pharmacists Charles Berds, Snehal Bhatt, Nicole Clark, Christopher Fortier, Melissa Ortega, and Linda Spooner met with Massachusetts Senators, Congressional representatives and their staffs, advocating for many pharmacy issues, including 340B, Drug Pricing and Provider Status. Due to these efforts, Massachusetts Senator Elizabeth Warren joins Senator Ed Markey and Congressional representatives Niki Tsongas, Joseph Kennedy, Seth Moulton and Stephen Lynch as cosponsors to the Pharmacy and Medically Underserved Areas Enhancement Act, which will amend the Social Security Act to include pharmacists on the list of recognized healthcare providers. To find out how you can help promote advocacy in the profession of pharmacy, visit https://www.ashp.org/Advocacy-and-Issues.

Legislative Update from MSHP

MSHP and MHA submitted shared comments to the Board of Pharmacy on the draft Sterile Compounding regulations (See comments here). Those comments were developed with the input from several hospitals and experts across the state. The Legislative Committee thanks all those who added those thoughtful comments and MHA for being a valuable partner and resource as sterile product changes have evolved from a bill to a law and now to regulations. The Legislative Committee will continue to work with MHA and the Board of Pharmacy to craft a safe and workable regulatory scheme for sterile product compounding.

Looking forward to Spring!

Save the Date for 2018 MSHP Spring Event!

May 14 and 15, 2018: Sheraton Framingham Hotel and Conference Center, Framingham, MA.
Read More
Technicians’ Forum

From ASHP:
Inaugural ASHP Pharmacy Technician Forum Executive Committee: Call for Recommendations

ASHP recently launched the Pharmacy Technician Forum and is currently seeking recommendations for technicians to serve on the inaugural Pharmacy Technician Forum Executive Committee for the 2018-2019 term.

The Executive Committee will be comprised of five pharmacy technicians who will advise ASHP on the optimal benefits and services, education, tools, professional practice policies, and resources technicians need to enhance and advance their careers and to further elevate their vital roles as members of the interprofessional patient care team. The deadline for recommendations is February 5, 2018.

ASHP is especially interested in appointing pharmacy technicians to this inaugural committee who reflect a diverse pool of knowledge, practice expertise, and have a strong interest to represent pharmacy technician workforce needs and abilities on a national level.

Individuals must complete the online Submission Form to recommend themselves or someone else for appointment. Individuals may also make more than one recommendation. If you have any questions, please contact Tyffani Wingfield in the Office of Member Relations at membership@ashp.org.

For more information about the Pharmacy Technician Forum, please visit ashp.org/technicians.

From PTCB:
PTCB Earns Accreditation from the American National Standards Institute (ANSI)

The Board of Governors of the Pharmacy Technician Certification Board (PTCB) announced today that the PTCB Certified Pharmacy Technician (CPhT) Program has earned accreditation from the American National Standards Institute (ANSI) Personnel Certification Accreditation Program through December 2022. ANSI is the first personnel certification accreditation body in the US to meet internationally accepted practices for accreditation.

“PTCB is proud to be placed in the elite group of certification organizations accredited by ANSI. PTCB is the leading pharmacy technician certification program and our commitment to excellence and transparency is unwavering,” said William Schimmel, PTCB Executive Director & CEO. “ANSI scrutinized PTCB’s internal management practices as well as our CPhT Program development with an emphasis on impartiality and fairness to customers. The ANSI review also featured a two-day onsite assessment. We were the first pharmacy technician certification program to receive accreditation by the National Commission for Certifying Agencies (NCCA) in 2006, and now we are the first and only program to achieve ANSI accreditation.”

PTCB Announces New Pharmacy Technician Certification Examination (PTCE) Content Outline and Updated Education/Training Requirement for CPhT Certification

WASHINGTON, DC -- The Pharmacy Technician Certification Board (PTCB) announces two significant changes to its Certified Pharmacy Technician (CPhT) Program that will take effect on January 1, 2020. The first is an updated Pharmacy Technician Certification Exam (PTCE) content outline, focusing the scope of the exam on core knowledge relevant across practice settings. The second is an updated education/training requirement. Both changes are supported by PTCB’s most recent job analysis of pharmacy technicians conducted in 2016. With these changes, PTCB reaffirms its commitment to ensuring that the certification of pharmacy technicians improves medication safety and patient care. PTCB is conducting a 90-day open online comment period to allow members of the pharmacy community to submit comments regarding implementation of the new education/training requirement.

Read more.
ASHP Survey Confirms Patient Care Affected by Shortage of Small-Volume Parenteral Solutions: Pharmacists Call Shortage of IV Fluid Bags “Severe”

BETHESDA, Md. — The results of a survey released today by ASHP illustrate the considerable impact shortages of small-volume parenteral (SVP) solutions are having on daily operations and patient care in most hospitals across the country.

Nearly all of the respondents (99.1 percent) to the informal, non-scientific survey indicated that their hospital has been affected by the shortage. More than 60 percent called the shortage “severe” and noted that limited inventory of the critical product has required healthcare providers to adopt new procedures and use alternative therapies to treat patients.

More than three-quarters of the respondents had less than two weeks’ supply of SVPs in inventory at the time of the survey. Survey respondents are taking a variety of steps to mitigate the shortages, including using alternative methods of administration such as IV push, intramuscular injections, or oral dosage forms (84.5 percent); using non-formulary premixed solutions and/or frozen products (64.4 percent); and implementing protocols that restrict the use of product (60.1 percent).

SVPs are solutions of 100 mL or less used in nearly every hospital in the United States to dilute intravenous medications. The shortages are primarily a result of hurricane-related damage to pharmaceutical manufacturing plants in Puerto Rico.

The shortage of SVPs is the latest in a series of shortages of critical medications, including sodium bicarbonate and epinephrine. Drug shortages pose a significant threat to the safety and quality of patient care in hospitals and other healthcare settings and may result in delayed treatment and increased risk of adverse reactions and medication errors.

“We strongly believe that the current drug shortage situation is unacceptable and unsustainable,” said ASHP CEO Paul W. Abramowitz, Pharm.D., Sc.D. (Hon.), FASHP. “It threatens harm to patients, wastes valuable healthcare resources, causes great uncertainty, and disrupts the healthcare system.”

ASHP has led efforts to find solutions to minimize and prevent drug shortages for nearly 15 years. The association works closely with officials in the FDA’s Drug Shortages Program and collaborates with the University of Utah Drug Information Service to track drugs in short supply. The ASHP Drug Shortages Resource Center features recommendations for managing current inventory and, when available, recommendations for alternative therapies.

In November 2017, ASHP initiated a congressional call to action with key stakeholders, asking Congress to take immediate action to address the public health crisis caused by persistent shortages. The association also hosted a roundtable discussion where participants identified 11 recommendations to address the ongoing patient-care challenges associated with drug shortages.

The full text of the ASHP survey report is available here.

Upcoming Newsbriefs Feature:

We are looking forward to a new “Member Spotlight” section in the MSHP Newsbriefs, starting with the Spring 2018 issue. We plan to highlight members, their accomplishments and contributions. More information will be forthcoming via email.
Practice Changing News

Editor: Jonathan Zand, PharmD BCPS
All views expressed are those of contributing members and the sources listed but are not views or statements of either MSHP or ASHP.

Ambulatory care, cardiology, and hospital practice: Biotin supplements interfere with diagnostic laboratory assays

Biotin (vitamin B7), which is contained in many vitamin preparations and sold OTC to promote hair, skin, and nail growth, can interfere with certain types of lab test results. Interference has been documented with troponin (a marker of cardiac tissue injury) and thyroid function assays. In most reports troponin values have been artificially decreased, but increased troponin values have also been described. Artificially low values of serum thyroid stimulating hormone (TSH) and increased triiodothyronine (T3) and thyroxine (T4) levels have been documented in patients taking biotin supplements. The US Food & Drug Administration issued a safety warning concerning this issue. Pharmacists should query patients about biotin or vitamin intake when lab results are unexpected. It is reasonable to repeat thyroid tests at least two days after discontinuation of biotin-containing supplements.


General practice: Oral cation exchange resins interact with absorption of other medications.

Thanks to Lynne Sylvia, PharmD, Senior Clinical Pharmacy Specialist-Cardiology at Tufts Medical Center, for her contribution.

The US Food & Drug Administration released a safety communication regarding the potential for binding between sodium polystyrene sulfonate (SPS, Kayexalate) and other medications taken within a 3-hour administration period. An in vitro study involving six commonly-administered medications – amlodipine, amoxicillin, furosemide, metoprolol, phenytoin, and warfarin - showed significant binding between the cation exchange resin and each of these medications. The results of this study suggest that sodium polystyrene sulfonate ingestion may also interfere with absorption of other medications. Based on these findings, the product labeling has been revised to recommend that sodium polystyrene sulfonate administration be separated from all other medications by at least 3 hours (and 6 hours in patients with gastroparesis) to reduce the risk of binding other oral medications.

Source: FDA Drug Safety Communication: FDA recommends separating dosing of potassium-lowering drug sodium polystyrene sulfonate (Kayexalate) from all other oral drugs (September 27, 2017)

General practice: Egg allergy of any severity requires no special precaution in administering seasonal influenza vaccine.

Numerous studies have demonstrated that ovalbumin containing influenza vaccines are safe for use in individuals with egg allergy, addressing concerns about an increased risk of allergic reactions to the vaccine in this population. Accordingly, the 2017 update of guidelines from the American Academy of Allergy, Asthma, and Immunology (AAAAI)/American College of Allergy, Asthma, and Immunology (ACAAI) Joint Task Force on Practice Parameters no longer recommends inquiring about egg allergy before influenza vaccine administration. Individuals with egg allergy of any severity should undergo yearly influenza vaccination administered in the usual manner according to standard indications and contraindications, without special precautions for reported egg allergy.

Complementary and alternative medicine: Flavocoxid associated with drug induced liver disease

Flavocoxid oral capsules (Limbrel) contain two plant flavonoids (baicalin and catechin) and are marketed for patients with osteoarthritis. Based upon at least 30 credible reports of serious adverse effects, including drug-induced liver disease and hypersensitivity pneumonitis, the US Food and Drug Administration recommends that patients stop using flavocoxid. Pharmacists should advise patients to stop taking this product immediately and contact their doctors to determine whether follow-up is recommended.

Source: Limbrel capsules by Primus Pharmaceuticals: FDA Advisory – Linked to potentially life-threatening health problems (December 20, 2017)

Critical Care: Role of cyclosporine in management of Stevens-Johnson syndrome/Toxic epidermal necrolysis (SJS/TEN)

There are no well-established medical therapies for Stevens-Johnson syndrome/toxic epidermal necrolysis (SJS/TEN) beyond high-quality supportive care. Immunosuppressive or immunomodulating therapies used in many critical care units and burn centers include systemic corticosteroids, IVIG, and cyclosporine. None of these interventions has been adequately studied in randomized trials, but there is increasing evidence that cyclosporine may slow the progression of SJS/TEN. In a meta-analysis of observational studies including 134 patients with SJS/TEN who were treated with cyclosporine, the observed mortality was approximately 60% lower than the expected mortality using the SCORTEN assessment tool. Cyclosporine may be considered a reasonable and evidence-supported medical intervention, in addition to supportive care in a critical care unit, for the treatment of SJS/TEN.


Ambulatory care; toxicology: Another risk of using quinine for relieving nocturnal leg cramps

Quinine is no longer routinely recommended for nocturnal leg cramps due to the potential for serious side effects including cardiac arrhythmias, thrombocytopenia, hemolytic uremic syndrome [HUS]-thrombotic thrombocytopenic purpura [TTP], and severe hypersensitivity reactions. A recent report illustrates common features among individuals with quinine-associated drug-induced thrombotic microangiopathy (DITMA). Most patients had drug-induced fever, nausea, headache, or confusion. Many reported symptoms within hours of quinine ingestion. All had acute kidney injury and most required dialysis. Most had quinine-hapten antibody formation. Individuals presenting with thrombotic microangiopathy require specific questioning about quinine ingestion since the source may be a beverage or a tablet purchased via the internet.


Pediatrics; ambulatory care: Providing caregivers with appropriate measuring devices helps avoid medication dosing errors

A recent study demonstrates the value of providing caregivers with liquid measuring tools that closely match the prescribed dose volume. In a study of 491 parents of children 8 years and younger, nearly 84% of caregivers made at least one dosing error and in nearly one third of cases double the prescribed dose was measured. The fewest errors were made when caregivers were given a 5 mL oral syringe to measure a 2 mL dose and a 10 mL oral syringe to measure a 7.5 mL dose. More accurate measurements were made when the dose was prescribed in mLs only rather than teaspoonsful (tsp).

Infectious diseases; ambulatory care:
Corticosteroids should not be prescribed to non-asthmatic patients with lower respiratory tract infection.

Corticosteroids are frequently used for symptom relief in patients with acute bronchitis, although little data support use for this indication. In a randomized study that compared oral prednisolone with placebo in 401 adult outpatients with acute cough illness, symptomatic lower respiratory tract infection, but no indication for initial antibiotic therapy, there was no difference in symptom severity, duration of cough, or peak expiratory flow rate. Patients with chronic obstructive lung disease or asthma were excluded. This study supports current recommendations, which is to not give corticosteroids to patients with acute bronchitis/cough illness who do not have asthma or chronic obstructive pulmonary disease (COPD) exacerbation.


---

**Thank You to Our Industry Sponsors**

**MCKESSON**
Empowering Healthcare

**DrFirst**

**PharMEDium**
AmerisourceBergen

**Mallinckrodt Pharmaceuticals**

---

**ASHP Pharmacy News**

12/22/2017 Consensus report calls for action on high drug prices

12/21/2017 Tell patients about gadolinium retention before injecting GBCA, FDA says

12/13/2017 User Fee Act, pending legislation focus on drug costs

12/13/2017 Pharmacists, technicians will soon need LGBTQ education to practice in D.C.

12/13/2017 Regulators seek input on reasons for high drug costs

12/11/2017 Hurricane responses are never routine

12/8/2017 Shortage of small-volume parenteral solutions hits hard

12/8/2017 Pharmacy forecast says strategic planning helps calm chaos

12/8/2017 Spotlight shines on pharmacogenomics

12/5/2017 Donors treated to high-level overview of federal activities

12/4/2017 At 75 years, ASHP still working to serve profession

11/29/2017 Students help Medicare beneficiaries optimize their Part D benefit

11/28/2017 CMS releases medication review performance data as part of Medicare Star ratings

11/28/2017 Lack of information threatens ability to plan for drug shortages
Get Involved in the MSHP Annual Meeting!

MSHP is seeking submissions for two distinct opportunities at the 2018 Annual Meeting: **professional posters and clinical pearls!** Read below for more information on each. Attendees are encouraged to submit to one or both categories.

**Professional Posters**
Back for another year, MSHP will be hosting a poster review session at its Annual Meeting on May 15th. This is a great forum to showcase the excellent work you do at your institution on a daily basis. Selected presenters would be required to be present at the May 15th session (i.e., one author per poster needs to register for and be present at the meeting). Abstracts should be limited to the following sections - Introduction, Methods, Results, and Conclusions. There is a 400-word limit excluding the title, authors, and section headers. Please indicate if the abstract has been presented at another meeting.

**Clinical Pearls**
New this year! MSHP is excited to host a one hour CE session comprised of seven 8-minute pearls! A clinical pearl is a focused presentation on one particular aspect of medical management, incorporating the clinical conundrum, presentation of literature, and data conclusion - all in the span of a brief few minutes. This is the perfect opportunity for both junior and seasoned presenters to get involved in the Annual Meeting. In fact, new practitioners and residents (with preceptor guidance) are encouraged to submit. There is a 150 word limit excluding the title, authors, section headers, and one learning objective.

**Submission Deadlines**
Submissions for both, professional posters and clinical pearls, are due by **Monday February 19, 2018.**

[Click here to submit a poster.](#)
[Click here to submit a clinical pearl.](#)

All submissions will be reviewed for content in a blinded fashion. Poster and pearl decisions will be made and communicated to authors by **Friday, March 9, 2018.**

Join an MSHP Committee!

- Looking for a way to make a difference in your pharmacy community by participating in MSHP?
- Not sure you want to dive right into running for a leadership position?
- Then why not consider a position on an MSHP committee?

MSHP is looking for interested pharmacists and technicians like you to provide input and feedback!

Check out this link [http://www.mashp.org/?page=committee](http://www.mashp.org/?page=committee) at MSHP and send us an email, or contact us via [FB](#) or [Twitter](#).

**Communications Committee**

**Board Advisor:** Martin Goldberg

**Website, Newsletter Layout and Publication:** McKenna Management

**Social Media Subcommittee**
- Mark Sciaraffa
- Shannon Kean
- Margaret Wey

**Newsletter Subcommittee**
- Barbara Irby
- Jonathan Zand

**Thanks to our Contributors**
- John Clark, Trisha LaPointe, Jason Lancaster, Aimee Dietle, Jared Ostroff, Xander Miller, Dave Seaver, Nicole Clark, Jonathan Zand, Lynne Sylvia, Erin Taylor, Yulia Murray, Monica Mahoney, McKenna Management, Barbara Irby

**Comments & Suggestions on our Newsbriefs?**

Please email us at admin@mashp.org.