From MSHP
President
Melissa Ortega:

As President, I want to thank you for the privilege of allowing me to represent you this past year. I feel very fortunate to lead an organization, rich in history, that has had great influence on pharmacy practice. This past year is similar to years past, in which our profession experienced a multitude of challenges throughout the full spectrum of medication use and the pace at which these items come at us are rapid and ramped up, requiring us to evolve.

Therefore, we kicked off the 44th Annual Meeting acting out our catch slogan “Transforming Pharmacy, More Than Meets the Eye!” Our Pharmacy Transformers (pharmacists and pharmacy technicians) presented on innovative ways to transform our roles to help us become better caregivers to all our patients. It was evident that MSHP members continue to take the lead on issues that are not only impacting our profession but our community as well. They shared ideas about strategies in using positive psychology to maintain workplace resiliency, how to remove the stigma from substance use disorder, gain new perspectives on novel and existing therapies, population health, and lastly, regulatory hot topics.

Speaking of regulatory hot topics, the Annual Meeting Directors’ Forum reminded us of the changing landscape in sterile compounding oversight and “technology check technicians”. They highlighted the new Board of Pharmacy Sterile Compounding Inspection Report and the Joint Commission Compounding checklist. It was also announced, that this past month, the Board of Pharmacy published an advisory around allowing “technology check technician” when certain criteria are met. The advancement of the technician role along with the use of technology for safe and accurate medication dispensing allows expansion of practice models that support the most effective use of pharmacists: this is transformational! Please check out the www.MASHP.org website to access additional resources.

On behalf of the Society, I would like to thank the pharmacy transformers who work tirelessly behind the scenes (over 50 committee members), for their unwavering commitment to our profession and MSHP. These are volunteers that put in countless hours in organizing, communicating, and moving forward initiatives that influence our educational programming, practice advancement/ workforce development initiatives, and advocacy efforts. We would also like to congratulate and express our deepest appreciation to the outgoing Board members for their years of service to advance the practice of pharmacy in Massachusetts: Kevin Anger (Director), Richard Wojtowicz (Treasurer), and John Clark (Past President) - a huge thank you!

Lastly, I am so honored and proud to have served as your President this past year. I cannot express enough the impact that you, our MSHP members, have on the patients we serve. I encourage you to continue to share your ideas of how MSHP can best serve your needs, and I ask that you remain engaged and informed of the efforts of our organization, as there is no doubt in my mind that under Nicole Clark’s (President-Elect) leadership next year, MSHP will continue to lead transformational efforts.
MSHP Spring Event Hugely Successful

MSHP's Honors and Awards Ceremony and Installation of Officers

The annual Honors and Awards Banquet was held at the UMass Lowell Inn and Conference Center on May 14, 2019 with nearly 100 attendees. The evening kicked off with a cocktail and networking reception, followed by the awards ceremony and installation of MSHP officers. The event was a wonderful evening of honoring our pharmacy colleagues from around the Commonwealth who are achieving amazing accomplishments and helping to transform the delivery of pharmacy services.

MSHP recognized the following award winners:

**Student Excellence Award**
Kerilyn Petrucci, MCPHS University - Boston

**Outstanding Residency/Fellowship Research Project**
Chelsea Hawley, VA Boston Healthcare System

**Preceptor of the Year**
Lynne Sylvia, Tufts Medical Center

**Pharmacist of the Year Award**
Monica Mahoney, Beth Israel Deaconess Medical Center

**Technician Excellence Award**
Julie Lanza, Beth Israel Deaconess Medical Center

**MSHP William Gouveia Outstanding Service Award**
John Clark, Soliant Health

**MSHP Fellow**
Kathleen Gura, Boston Children’s Hospital

**Pharmacy Health-System Award**
Massachusetts General Hospital

For their work in the ED associated with the development of a multidisciplinary team to implement a take-home buprenorphine/naloxone kit for medication-assisted treatment of opioid use disorder (OUD) patients.

Congratulations to all the award winners this year! The great nominations this year indicate the high level of service that health-system pharmacists, students, and technicians are providing in Massachusetts. Thanks to the hardworking Honors and Awards Committee for time and effort spent in the selection process. We encourage all MSHP members to keep these awards in mind and begin to consider potential nominees for awards next year. It is a great way to encourage and honor the hard work that is done in health-system pharmacy.

The MSHP Honors and Awards nomination process usually opens up in January each year and the application information is easily found at our website www.mashp.org.

Following the awards ceremony, Melissa Ortega made her outgoing President remarks, highlighting milestone achievements of some of our MSHP members and recognizing the work of the outgoing Board members: John Clark-Immediate-Past President, Richard Wojtowicz-Treasurer and Kevin Anger-Director. In his role as Immediate-Past President, John installed the new MSHP officers for 2019-2020.

**President-Elect: Karl Gumpper**
**Treasurer: Alexander Wilkocki**
**Director: Neil Gilchrist**
**President: Nicole Clark**

The gavel was passed from current president Melissa Ortega to incoming President Nicole Clark, who gave remarks to close a wonderful evening of recognition.

Incoming President Nicole Clark receives the gavel from outgoing President Melissa Ortega
MSHP’s Annual Meeting

MSHP’s Annual Meeting “Transforming Pharmacy: More than Meets the Eye” was held on May 14th and 15th at the UMass Lowell Inn and Conference Center. Day 1 kicked off with our 5th Annual Directors’ Forum with 35 health-systems (68 attendees) participating. Ross Thompson, Vice President and Chief Pharmacy Officer, Tufts Medical Center, and Chris Fortier, Chief Pharmacy Officer, Massachusetts General Hospital, led the sterile compounding-focused programming which began with a presentation by the Massachusetts Board of Registration in Pharmacy on the recent sterile compounding regulation updates. This session was followed by a speaker panel session. Later that day, the pharmacy directors and their colleagues participated in the 5th Annual Reverse Expo, in which they interacted with 23 vendors. President-Elect Nicole Clark and the Reverse Vendor Expo Planning Subcommittee Chair Lisa McCabe served as the Masters of Ceremonies for this very successful event that allowed vendors to have dedicated meeting time with Massachusetts health-system leaders. We thank all the vendors and health systems for the 44th Annual Meeting, on Day 2, was very successful, with more than 210 attendees, including pharmacists, new practitioners, technicians, students and residents, along with 48 vendors. The programming was focused on showcasing the transformative work of our colleagues, kicking off with our keynote speaker, Dr. Robert Granko, who led an engaging presentation on resiliency and positive psychology, providing strategies to flourish in today’s workplace. We also heard from Dr. Sarah Wakeman who showcased the work she is leading at Massachusetts General Hospital aimed at removing the stigma and understanding the science and solutions to the overdose crisis. This complemented Alyssa Peckham’s session perfectly, which further described the pharmacist’s role in increasing treatment access for patients with opioid use disorder. The learning sessions throughout the day were led by a cast of transformative pharmacists and technicians from around the Commonwealth and highlighted the importance of leveraging the skills of the entire pharmacy team, including our leaders and managers and especially our technician staff. The speakers also tackled important topics like the considerations for cannabidiol (CBD) use in the hospital setting, how to use social media to promote the pharmacy profession, and some important clinical topics like CAR-T cell therapy management and antibiotic de-escalation.

From 49 submissions, 25 professional posters were presented. The best poster was awarded to Natalija Farrell, PharmD, BCPS, DABAT from Boston Medical Center for Prevalence of “one pill can kill” medications in blister packs: a single center study. The 2 runner-up posters were: Quality improvement initiative to optimize pain management and opioid prescribing in surgical patients at discharge by Megan Trombi, PharmD from Boston Medical Center and An interprofessional model partnering nephrologists and pharmacists for empagliflozin initiation and monitoring in diabetic kidney disease by Christopher Fagbote, PharmD from the VA Boston Healthcare System. Additionally 4 local university student chapters presented their accomplishments for the year.
“In Disguise” www.picmeboston.com

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“In Disguise”

Honors and Awards Reception

Reverse Expo

Melissa Ortega, Richard Wojtowicz, John Clark

MSHP Pharmacy Health-System Award-Massachusetts General Hospital

Melissa Ortega with Bryan Hayes, Jennifer Koehl, and Lanting Fuh

Continued on p. 5
We also held a clinical pearls session, showcasing the superhero work of 8 colleagues from across the Commonwealth and an MSHP Town Hall to present the policies being reviewed and to gather feedback to share at the June ASHP House of Delegates meeting in Boston. Throughout the day, attendees visited vendors to collect stamps to be entered into the raffle for one of 2 pairs of Apple AirPods!

It truly takes a talented team to organize this event! Special thanks to Adrian Wong, Caryn Belisle, Yulia Murray, Nicole Clark, Erin Taylor, Anne Selig, Mike Gonyea, Lisa McCabe, Ross Thompson, Chris Fortier, and all of the members of the Annual Meeting Planning Subcommittees. Thank you again to all our vendors for their support, especially our Platinum Sponsors Omnicell and Alkermes and Gold Sponsors B&V Testing, CSL Behring and McKesson. Thank you to all who attended the events over the two days; the team has already begun the planning for next year. Hope to see you there!

Interactive CE Demonstrates that Collaboration is Effective and Fun!


Kristen Knoph, PharmD and Qua Tran, CPhT, from Beth Israel Deaconess Medical Center (BIDMC), presented scenarios of patient-care interactions involving medication use safety, followed by discussion and commentary. Learning and (supportive) laughs were evident! Julie Lanza, CPhT, CSPT, also from BIDMC, played several roles.
The value of pharmacist and pharmacy technician complementary skills was demonstrated and discussed, as members of both role groups shared experiences over a meal. Participants thought this type of forum was a great way to get to know others, discuss innovation, and appreciate the contributions everyone makes for effective patient care!

Julie Lanza, Qua Tran, Kristen Knoph, Adrian Wong

Residency Spotlight: Boston Medical Center

Boston Medical Center (BMC) is a 567-bed academic medical center located in Boston’s historic South End. BMC is home to the busiest Emergency Department in New England and the 12th busiest in the United States. Since 1988, BMC has graduated 30 classes of pharmacy residents. Over the years, the pharmacy residency programs at BMC have grown to include 7 PGY1 residents (6 traditional and 1 international) as well as PGY2 programs in ambulatory care, critical care, emergency medicine, internal medicine, infectious diseases, and oncology/hematology. This year, we are proud to report that 100% of our PGY1 class have successfully obtained PGY2 residency positions in their desired specialties! The pharmacy residency programs at BMC strive to uphold the hospital’s mission of providing exceptional care, without exception, and vision of making Boston the healthiest urban population by 2030.

At BMC, we care for patients from all around the world with various beliefs, customs, languages, and socioeconomic status. Our program trains residents to provide the highest quality health care to all in need in a variety of acute and ambulatory care settings. In 2018, BMC became an accountable care organization (ACO) with the goal of coordinating patients’ care across settings. As BMC developed its ACO programs, the Pharmacy Department worked to integrate the inpatient and ambulatory care teams to hand off complex patients and enhance care. The coordinated and expanded pharmacy services allow residents to experience a variety of unique rotations as well as the opportunity to see the full picture of our patients’ care and leave a lasting mark on their health.

What are some unique growth opportunities that your residency offers?

Our commitment to the resiliency and well being of the residents at Boston Medical Center is a core value of all involved in their training. The Resident Emotional Support Team (REST) Committee provides monthly opportunities for residents and preceptors to enjoy time together outside of work encouraging work-life balance, team building, spirit among the department and fostering strong peer relationships. Additionally, residents have the longitudinal opportunity to participate in the Pharmacy Residency Resiliency Program. Resiliency training arms our residents with information about the basics of psychological first aid and resilience as well as support for stress identification and management.
Our PGY1 residents are also highly embedded in transitions of care services offered by the pharmacy department. As part of their weekly staffing requirement, residents staff in a decentralized shift on the surgery floors in an effort to promote our transitions of care initiatives and support the many surgery patients seen at BMC. Having a dedicated presence on the floor, residents are accessible and able to interact with the many surgery service providers, answer nursing questions, and provide excellent patient care. The support that residents provide in their staffing is echoed in the other transitions of care initiatives in which they are involved on a hospital-wide level. Residents help complete phone calls to recently-discharged patients that are at high risk for readmission. The full hospital-wide program has reduced all-cause readmission rates by 3% since 2016. The BMC Department of Pharmacy has provided significant transitions of care services.

How are BMC residents developing skills to be leaders in pharmacy practice?

Residents at BMC are continuously participating in activities to further their careers. Each resident leads a quality improvement (QI) project in which they create their own work group, implement interventions to better a process in the pharmacy department, and analyze the impact of those interventions. Through this process, residents also receive an Institute for Healthcare Improvement Quality Improvement Certificate. A few examples of projects that our residents have worked on include darbepoetin per pharmacy, vancomycin AUC/MIC dosing, and a pharmacist-driven transition of care service for hematology and oncology patients. We have had great success with our projects thus far and won both first and second place for MSHP’s Poster of the Year at the annual conference in 2018! Conducting a QI project provides residents with practical experience that leaders in pharmacy practice use on a daily basis.

Other opportunities BMC residents have include serving as a preceptor to students on their APPE rotations through a layered learning model. Last year BMC saw more than 175 students from schools across New England rotate through our hospital. We are expecting more than 250 rotations for the 2019-2020 academic year! Our professional development committee hosts monthly sessions for our residents and pharmacists on topics such as curriculum vitae, job negotiation, and social media for professional use. Other ways through which BMC residents are growing as leaders in pharmacy include participating in a 24 hour on-call program in which residents answer drug information questions, act upon therapeutic drug monitoring levels and respond to codes while in-house, as well as present two accredited continuing education lectures and three patient case conferences throughout the year.
Technician Spotlight:
Julie F. Lanza, CPhT, CSPT

Julie Lanza, CPhT, CSPT, is the Pharmacy Compliance Specialist at Beth Israel Deaconess Medical Center (BIDMC), where she has worked for 19 years.

Her role as Compliance Specialist covers an array of categories. On the hospital side of compliance, she participates in Joint Commission readiness and compliance in all ambulatory clinics. She currently facilitates the investigations and reporting of non-compliance to the Chief Pharmacy Officer, Office of Compliance and Business Conduct and appropriate hospital departments and ensures that corrective action work plans for non-compliance are developed, documented, communicated, implemented and effective in the mitigation of risk. She collaborates with the Office of Compliance and Business Conduct, Revenue Cycle Operations, Finance, Nursing, Human Resources and Security Departments to investigate and resolve regulatory issues related to pharmacy. She participates in hospital committees related to pharmacy or regulatory compliance.

The majority of Julie’s role, however, is overseeing compliance for the 340B program. She is tasked with ensuring 340B program integrity, appropriate utilization of the 340B program and compliance with all program requirements. She develops and modifies 340B policies in accordance with state, federal, and system program requirements. Her daily tasks include ensuring that policies and procedures are developed and implemented according to organizational, regional, national, state, and federal requirements and guidelines. She actively engages with the senior leadership team on a regular basis and participates in decision-making processes related to the implementation of new 340B processes and developing a regular compliance audit program.

She was appointed to the Massachusetts Board of Registration in Pharmacy in the pharmacy technician seat in 2017. She has been enriched by the opportunity to meet people in different areas that she might not routinely interact with in her usual role and she considers it an invaluable part of her career as a pharmacy technician.

Additionally, Julie is a member of the Pharmacy Technician Educational Steering Committee for ASHP. In March, she participated in the 2030 PAI (Pharmacy Advancement Initiative) panel at ASHP headquarters to represent the technician workforce.

To round out all her other experiences, Julie recently became the Pharmacy Technician Committee chair for MSHP, working for the benefit of pharmacy technicians throughout the state. She was awarded the MSHP Technician Excellence Award in May 2019 for her contributions to pharmacy practice.

Julie notes, “The advice I would give to any pharmacy technician would be to create opportunities, get involved as much as you can and seize each/every opportunity that you are offered. I’ve been lucky enough to have a Pharmacy Operations team that supports technician advancement and has been behind me every step of the way. Hard works pays off and if I can do it – anyone can do it. The people I have met (and continue to meet) through BIDMC, MSHP, ASHP and the Massachusetts Board of Pharmacy have mentored me to become the best pharmacy technician I can and, with those lessons, my goal is to work hard for all pharmacy technicians to see advancement come to fruition.”

"If opportunity doesn't knock, build a door." (Milton Berle)
Updates from Massachusetts Student Societies of ASHP

We welcome the next generation of pharmacists. Click the link below to learn about the recent activities and accomplishments of each college/school of pharmacy:

**MCPHS University - Boston:** Residency/Fellow Showcase & MCPHS University Leadership Awards Banquet
**MCPHS University - Worcester:** ASHP-SSHP Pharmacy Bowl
**Northeastern University:** Run from Resistance 5K 2019 & Volunteering at Susan Bailis Assisted Living Facility
**Western New England University:** Health Fair & Out of the Darkness Walk

[Link to student societies of ASHP newsletter]

Election Results for ASHP House of Delegates

The election results for Massachusetts’ representatives to serve on the ASHP House of Delegates are listed below. Congratulations!

Jackie MacCormack-Gagnon was elected to serve as a Delegate for a 4-year term, and Bryan Wood was elected to serve as Alternate Delegate for a 1-year term. They will join existing Delegates Karl Gumpper, Erin Taylor, and Caryn Belisle. Much appreciation and thanks are extended to Snehal Bhatt and Kathleen M. Gura for their service on behalf of Massachusetts as their terms expire.

ASHP's House of Delegates is the ultimate authority over ASHP's professional policies; Massachusetts is granted four Delegates based on active ASHP members in the state. They are meeting in Boston during the ASHP Summer Meetings in June 2019. For more information on the ASHP House of Delegates, please [Click Here](#).

Practice Changing News

**Editor:** Jonathan Zand, PharmD, BCPS
**Contributors:** Shannon Kean, PharmD and Margaret Wey, PhD, RPh

*All views expressed are those of contributing members and sources listed, but are not views or policy statements of MSHP or ASHP.*

**Geriatrics, Ambulatory Care:** A pharmacist-led educational intervention can reduce prescriptions for inappropriate medications in older adults.

Older adults have declining organ function, altered pharmacokinetics, and greater sensitivity to the effects of medications, which puts them at increased risk of serious adverse outcomes due to inappropriate drug prescribing. Available data suggest that about one-third of older adults are prescribed at least one medication included in the [American Geriatrics Society Beers Criteria list of drugs to avoid in older adults](#).

To evaluate the potential impact of pharmacists on this problem, D-PRESCRIBE investigators randomized nearly 500 older adults who received prescriptions from 69 community pharmacies in Canada to receive either a two-part pharmacist-led educational intervention or usual care. In the intervention group, pharmacists provided patients with brochures explaining why some of their medications may be inappropriate and suggested alternative therapies. Their physicians were provided with an evidence-based opinion that is a reimbursed service in Canada. The intervention targeted potentially inappropriate prescribing of benzodiazepines, nonbenzodiazpne hypnotics (e.g., zolpidem), NSAIDs, glyburide, and first-generation antihistamines. Discontinuation of inappropriate medications was approximately 3 times more likely in patients who received the intervention compared with those who received usual care. These findings support the growing body of evidence that pharmacist-led interventions improve pharmacotherapy among community-dwelling older adults by overcoming barriers to deprescribing, such as prescribers' lack of time, lack of understanding of harms and concern for withdrawal symptoms.

Ambulatory Care: Are e-cigarettes useful for smoking cessation in adults?

E-cigarettes have emerged on the global market with little data on their efficacy as an aid for smoking cessation. The UK National Health Service conducted a randomized study of 886 participants to determine if e-cigarette use improved sustained abstinence from cigarette smoking compared with traditional nicotine replacement therapy (NRT). Patients were assigned to either e-cigarette therapy or to NRT with nicotine products of their choice. Behavioral support for at least 4 weeks was given to both groups. The e-cigarette group’s abstinence rate at 1 year was 18.0%, while that of the NRT group was 9.9% (relative risk [RR], 1.83; 95% CI, 1.30 to 2.58). Of note, patients using e-cigarette therapy reported a greater incidence of throat and mouth irritation, and, conversely, patients in the NRT group reported nausea more frequently. Although these data suggest that e-cigarettes may help improve chances of quitting smoking, more research is needed to determine the effects of e-cigarette use on smoking abstinence, cardiovascular health, and other health outcomes.


Critical Care: Further evidence of no benefit of antipsychotics for decreasing duration of ICU delirium.

In one of the largest randomized trials of delirium, 1183 patients in the ICU with either hypoactive or hyperactive delirium were treated with twice-daily haloperidol, ziprasidone, or placebo. Doses were adjusted based on resolution of symptoms or the development of side effects. Active treatment did not decrease the number of days with delirium or coma. These data provide further support for limiting the use of antipsychotic drugs to as-needed treatment of moderate to severe agitation and anxiety or psychotic symptoms, rather than as standard or prophylactic treatment for delirium in the ICU.


Oncology, General Practice: Under-recognized drug interactions of proton pump inhibitors (PPIs) with oral tyrosine kinase inhibitors (TKIs) in patients with cancer.

Interactions between tyrosine kinase inhibitors (TKIs) and proton pump inhibitors (PPIs) are generally considered category “D” or “X” (major or severe, respectively) when used together in cancer patients due to risk of decreased survival associated with lower TKI exposure. This retrospective study analyzed the Surveillance, Epidemiology, and End Results (SEER)-Medicare database (a large, nationally representative data source) to determine the prevalence and factors associated with patients who receive a TKI and a PPI among older adults (≥65 years) with cancer and to evaluate the impact of concomitant TKI and PPI use on overall survival in 5 types of cancer (lung, renal cell, liver, CML, and pancreas). The prevalence of concomitant TKI and PPI prescription within the first 90 days of starting a TKI was 22.7% (n = 2843). Survival analysis showed a 16% increase in risk of death in patients who received PPI prescription with TKI. Among lung cancer patients who received erlotinib

Ambulatory Care, Pediatrics: Further evidence of no association between MMR vaccine and autism spectrum disorder

Few large-scale studies have been conducted to resolve historic data suggesting a possible association between vaccines and childhood risk of autism spectrum disorder (ASD). To address this question, a nationwide cohort study was conducted in Denmark to analyze medical records of all children born to Danish mothers from 1999 to 2010. A total of 657,461 children were followed beginning at age 1 through 3 to 13 years of life. In data from >5 million person-years of follow-up, children who were MMR-vaccinated were no more likely to be diagnosed with ASD than MMR-unvaccinated children (adjusted hazard ratio 0.93). Medical records were further used to analyze subgroups of patients known to be at elevated risk for developing ASD (i.e., increasing maternal age, premature birth, siblings with autism, etc.) and found no increased risk of developing autism with MMR vaccination in any of these higher risk sub-groups. These findings are useful for counseling parents who are reluctant to have their children MMR vaccinated due to fear of ASD and provide further support for vital public health recommendations that all children receive MMR unless contraindicated.

with a PPI, a 21% increased risk of death was observed relative to patients who were not prescribed a PPI. Pharmacists can play a role in avoiding this interaction and improving outcomes by intervening and providing education when performing medication reconciliation, drug use evaluations, and other medication review activities.


Oncology: Need to control hypertension in patients receiving VEGFR TKIs.

Health Canada reviewed reports of the potential risk of two types of abnormal structural changes to artery walls with the use of vascular endothelial growth factor receptor tyrosine kinase inhibitors (VEGFR TKIs). The VEGFR TKIs include: axitinib, lenvatinib, paxoapanib, ponatinib, regorafenib, sorafenib, sunitinib, and vandetanib. Hypertension and atherosclerosis are well-documented side effects of VEGFR TKIs and are major risk factors for developing artery dissection and/or aneurysm. Twenty of 43 reports of artery dissection showed a possible link with VEGFR TKIs use; 1 out of 37 reports of artery aneurysm showed a possible link with VEGFR TKI use. Ten deaths (9 artery dissections and 1 artery aneurysm) were reported; of these, 3 deaths were found to have a possible link with VEGFR TKI use. Most product labels do not contain any information or warnings specific to risks of artery dissection and/or aneurysm. Health Canada is working to update the product safety information with manufacturers. Pharmacists should work with patients and members of the healthcare team to assure continuous cardiovascular safety monitoring and careful control of hypertension in all patients receiving treatment with a VEGFR TKI.

Source: Summary Safety Review - Vascular endothelial growth factor receptor tyrosine kinase inhibitors (VEGFR TKIs) - Assessing the potential risk of abnormal structural changes of the artery walls including rupture (Artery Dissections and Artery Aneurysms) Issued December 3, 2018 - Modified April 15, 2019. Health Canada LINK

Also well worth reading:

Drug Shortages: A survey of over 700 health-system pharmacists documents the severity of ongoing medication shortage issues (e.g., little forewarning or ways to allocate drug use) and resultant practices, including rationing.


Pain management: The increasing off-label use of gabapentinoids for pain is discussed in the context of the search for opioid alternatives, limited evidence of benefit, and the need to keep prescribers and patients informed of the status of these medications in therapy.


Anticoagulation: The American Society of Hematology (ASH) has issued guidelines on optimal management of anticoagulation for venous thromboembolism (VTE) including revised recommendations on managing drug interactions, LMWH dosing, and transitioning between anticoagulants. These are part of a set of six freely available guidelines from ASH that provide comprehensive anticoagulation management guidance.

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