Wow, what a strange year to have served as your President!

I’m glad things are starting to look better as we start to return to a new normal. But, what is the new normal? What might we see over the next year? Will there be greater accountability of pharmacists and technicians for patient outcomes, pharmacists as providers, increased complexities in managing our drug supply chain and shortages, or managing more complex drug regimens for chronic and acute diseases? This is just a short list of where I see pharmacists and technicians spending time within the next few years. These are items that our professions have been involved for a while, but will likely expand.

We often think of what the post-pandemic “new normal” means to us as as individuals. Will there be opportunities for our professions as we return to normal? With all the problems and loss we have experienced with COVID-19, we did receive a few benefits. Some of these changes may be permanent and some may go away when the executive order is removed. We have seen pharmacists, technicians, and students administer COVID-19 vaccines to patients; pharmacists have been allowed to administer and bill for COVID-19 tests; there have been changes to rules around staffing ratios; and expansion of pharmacists providing telehealth services. What will stay and what will go away? Some of this is up to us to decide and advocate with our Board and regulators.

I want to thank Dave Seaver working on our behalf for years on important issues to pharmacists and technicians in the Commonwealth. His dedication has placed the current Legislative Committee in a good position to target a few initiatives. We are working with the Massachusetts Hospital Association (MHA) to help change the rules around payers requiring our hospitals to infuse medications from outside pharmacies (White Bagging and Brown Bagging). Melissa Ortega and Conor McGladrigan have spoken locally and on an ASHP webinar with what we are doing in the state. We are also working with MHA to potentially introduce legislation to minimize this practice. As many of you may be aware, the Governor signed a law that added pharmacists to the list of “providers”. The Governor signed the legislation as part of the Bill S.2984 -An Act promoting a resilient health care system that puts patients first on January 1, 2021. This is only the first set in a long journey to full provider status. We have been meeting with the Massachusetts Pharmacists Association (MPhA) and will be planning a roundtable event with stakeholders and a potential summit later in the Fall 2021.

The Society has been busy. We have been able to conduct much of our typical business over the past year with the help of virtual means, but we hope that the quality and resources developed benefit our members. We were able to create a member survey to find out what is important to you and your professional needs. We also asked important questions relating to diversity, equity, and inclusiveness. I hope that many of you listened to the session at our virtual Annual Meeting. The Society remains financially strong. With most of our activities being virtual, we have been able to save money. We hope that the resources we have put behind this virtual meeting
met your needs. As with everything during the pandemic, we are constantly trying new ways to stay engaged until we can meet face to face again. We have continued to provide strong continuing education programming and networking opportunities. Some of them include our monthly CE programs (virtually, of course), the MPJE review session again for our new pharmacists coming into the state, providing a virtual get-together for our outgoing and new residents, and many others. I want to thank all the committee chairs and co-chairs for the dedication and hard work of the past year.

Lastly, it has been an honor to serve as your President during the past year. I would also like to acknowledge Nicole Clark for her support and guidance over the past year, as she rotates off the Board. I would also like to recognize Alex Wilkocki and Antoinette Lavino for completing their terms of service on the Board of Directors.

Best of luck to all, and I know I am leaving you all in good hands when Russel Roberts assumes his role as President of MSHP next month.

Congratulations to our 2021 Honors and Awards Winners!

MSHP Fellow
John Clark, PharmD, MBA, BCPS

Pharmacy Health-System of the Year Award
UMass Memorial Medical Center

William A. Gouveia Outstanding Service Award
Kathleen Kopcza, PharmD, BCPS

Student of the Year Award
Briana O’Connell, Western New England University

Pharmacist of the Year Award
I. Mary Eche, PharmD, BCPS, BCCCP, CACP

Technician of the Year Award
Matthew Morse, CPhT

Preceptor of the Year Award
Karrine D. Brade, PharmD, BCPS-AQ ID, BCIDP

Pharmacy Resident/Fellow Research Project Award
Krysta Shannon, PharmD
Outstanding Service Award
Kathleen Kopcza, PharmD

Student of the Year
Briana O’Connell

Pharmacist of the Year
Katherine Cunningham, PharmD with Mary Eche, PharmD

Technician of the Year
Michael Schontz, PharmD with Matthew Morse, CPhT

Continued on p. 2
The 2021 MSHP Annual Meeting was a two-day event starting on May 19th delivered in a virtual format with an interactive online platform. The meeting started with two tracks on Wednesday afternoon: Preceptor Development and Technician Advancement. Both tracks were accredited for three hours of live CE credit. In addition, a special one-hour session was planned for pharmacy students and new practitioners on Wednesday. The John W. Webb Lecture was delivered at the conclusion of Day 1 programming in collaboration with Northeastern University: Tom Woller, MS, FASHP, former System Vice President of Pharmacy Services for Advocate Aurora Health in Wisconsin, was the honored speaker.

Day 2 began with a keynote presentation by Leigh Briscoe-Dwyer, PharmD, BCPS, FASHP, System Director of Pharmacy at United Health Services in New York and ASHP Board Member, speaking on the “ASHP Practice Advancement Initiative 2030.” Traditional Clinical and Leadership tracks were delivered next with three hours of programming, and an additional Innovations track was developed this year and also provided three hours of programming. During the break time, attendees were able to meet virtually with exhibitors, attend the poster hall, and participate in an ASHP Delegates Town Hall. The Annual Meeting concluded with two hours of live Law programming. Meeting attendees have the ability to obtain enduring CE credit until June 19th for all of the day 2 sessions that ran concurrently (Clinical, Leadership, and Law), in addition to five hours of enduring sterile compounding CE programming. This year over 200 attendees registered for the event and a lot of the positive feedback was shared with the members of the planning committee. The interactive online platform helped attendees to communicate with each other, participate in trivia questions, and share pictures from past MSHP Annual Meetings. We hope to return in person for our Annual Meeting in 2022!
Day 1: Wednesday May 19th

**Evening Programming**

<table>
<thead>
<tr>
<th>Topic/Speaker</th>
<th>Time</th>
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<tbody>
<tr>
<td>Preceptor Development</td>
<td>4-5 PM</td>
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<tr>
<td>Technician Advancement</td>
<td>5-6 PM</td>
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<tr>
<td>Student Programming</td>
<td>6-7 PM</td>
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<tr>
<td>7-8 PM</td>
<td>John W. Webb Lecture</td>
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**Day 2: Thursday May 20th**

**Programming**

<table>
<thead>
<tr>
<th>Topic/Speaker</th>
<th>Time</th>
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<tbody>
<tr>
<td>MSHP President’s Opening Remarks</td>
<td>8:05 AM</td>
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<tr>
<td>Keynote Speaker</td>
<td>8:15-9:15 AM</td>
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<tr>
<td>Clinical Track: Asthma Management—What’s New?</td>
<td>9:15-10:30 AM</td>
</tr>
<tr>
<td>Leadership Track: The Path Forward: Diversity, Equity, and Inclusion in Health-System Pharmacy Practice</td>
<td>9:15-10:30 AM</td>
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<tr>
<td>Innovations Track: The pharmacy technician role in a Medicaid ACO: Leading the asthma medication ratio (AMR) quality measure</td>
<td>9:15-10:30 AM</td>
</tr>
<tr>
<td>Clinical Pearls</td>
<td>10:30-11:30 AM</td>
</tr>
<tr>
<td>Student Programming</td>
<td>11:30-12:30 PM</td>
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<tr>
<td>Lunch / Exhibitors</td>
<td>12:30-2:45 PM</td>
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<tr>
<td>MSHP Poster Session: AHPD Delegates Town Hall</td>
<td>1:15-2:15 PM</td>
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<tr>
<td>Pharmacist as Providers: Past, Present, and Future</td>
<td>2:45-3:45 PM</td>
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<tr>
<td>Prizes and Raffle</td>
<td>3:45-4:45 PM</td>
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<tr>
<td>The ABCs of FDA’s EUAs – Remdesivir, Monoclonals, and Vaccines</td>
<td>4-5 PM</td>
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MSHP Board Election Results Announced

Congratulations to the following members who have been elected to MSHP’s 2021-2022 Board of Directors:

**President-Elect (3-year term)**
Monica Mahoney, PharmD, BCPS, BCIDP
(July 2021 - June 2024)

**Treasurer (2-year term)**
Ruchit Marfatia, PharmD, BCPS, BCCCP, BCIDP
(July 2021 - June 2023)

**Director (4-year term)**
Jason Mordino, PharmD, BCCCP
(July 2021 - June 2025)

Melissa Ortega Honored

Melissa Ortega, Director of Outpatient Pharmacy, Tufts Medical Center, and Past President of MSHP, was named a Fellow of the American Society of Health-System Pharmacists (FASHP) for 2021. She was also recently appointed chair of the ASHP section of Community Pharmacy Practitioners.
### MSHP 2021 Milestone Acknowledgments

#### In Memoriam
- Vladimir Studeny, Lahey Hospital & Medical Center

#### Retiree, 45 Years of Service
- Katherine Cunningham, Beth Israel Deaconess Medical Center

#### Retiree, 40+ Years of Service
- Kathleen Kopcza, Baystate Health
- Henry Hoang Lam, Brigham & Women’s Hospital

#### Retiree 25+ Years of Service
- Carolyn Bianchi, Brigham & Women’s Hospital

#### 45 Years of Service
- Laurie Fairbanks, Baystate Franklin Medical Center

#### 35 Years of Service
- John Fanikos, Brigham & Women’s Hospital

#### 30 Years of Service
- David Bettinelli, Lahey Hospital & Medical Center
- Cindy Carter, Lahey Hospital & Medical Center
- Liang Zhang, Mount Auburn Hospital

#### 25 Years of Service
- Stephen Bermingham, Brigham & Women’s Hospital
- Brian Joyce, Baystate Medical Center

### MSHP Legislative Update

**MSHP Member Organizations meet with Mass State Congressional Leaders to Advocate for 340B Program Protection**

On Wednesday March 24th, 2021, MSHP pharmacy members from Baystate Health, Beverly Hospital, Beth Israel Deaconess Medical Center, Massachusetts General Hospital and UMass Memorial Health participated in the annual 340B Health Virtual Hill Day. Pharmacy Leaders and 340B Program Managers met with members of Massachusetts congressional leaders’ offices, including the offices of Senators Elizabeth Warren and Senator Edward Markey, Rep. Richard Neal, Rep. Katherine Clark, Rep. Jake Auchincloss, Rep Seth Moulton and Rep. Ayanna Pressley. Top priorities for the meetings included an ask to stop attacks on the 340B program, including drug manufacturer actions on cutting off 340B discounts at Community Pharmacies and the development of a new payment model for 340B with a rebate program. Other priorities discussed included protection for the program by reversing the 2018 Medicare Part B Cuts and support for 340B eligibility with patient volume changes during the pandemic. MSHP Board of Directors Member Neil Gilchrist called the work by the group “critically important advocacy at this time with the recent confirmation of new HHS Secretary Xavier Becerra and the significant impact of manufacturer actions on covered entities.”

Questions and comments on advocacy can be sent to legislative@mashp.org
Brigham and Women’s Hospital (BWH) is an 800-bed academic hospital located in the Longwood Medical Area of Boston. BWH has consistently been named one of the best hospitals in the United States by US News & World Report’s Honor Roll of America’s Best Hospitals. The Department of Pharmacy consists of over 300 employees and provides services to inpatient, outpatient, and satellite clinic locations. The BWH residency training program provides organized and directed pharmacy training in a tertiary academic medical center. Our ASHP-accredited programs include PGY1 Pharmacy Practice, PGY2 in Cardiology, and PGY2 in Critical Care.

What makes the BWH program unique?
One of the most unique aspects of the BWH Pharmacy Residency Program is the incorporation of the residents into not just the pharmacy department, but the institutional team overall. The role that the resident takes as a member of clinical teams and interdisciplinary committees creates opportunities for relationships with members of other departments as well. A resident at BWH is, first and foremost, a pharmacist in our department: we value our residents like we value all our employees. Residents have the opportunity to contribute to the Department of Pharmacy’s mission and vision, as well as the annual strategic plan. Additionally, there are ample opportunities to become involved in publishable research. Although residents only have one required research project and MUE, the majority of our residents are involved with several projects that continue even past their time as residents.

The program strives to allow the resident to become an independent practitioner. Each resident will be an integral part of their committee, not just an observer, as part of a yearlong longitudinal experience. The expectation is to contribute ideas and assist in running the committee, which gives the resident experience in juggling deadlines and people to accomplish great work. There is a resident-driven aminoglycoside monitoring program with preceptor oversight, available every day of the year. PGY2 residents also participate in longitudinal Inpatient Orthopedic Surgery Anticoagulation Management Services (AMMO) and the Heart Failure Infusion Clinic (PGY2 Cardiology). Patient care will be put at the forefront of responsibilities and each individual will be able to take the role of the medication point person for their respective team. The program offers unique rotation experiences in addition to required rotations based on program, including investigational drug services, inpatient psychiatry, allergy, academia, hemostatic antithrombotic stewardship, virtual hypertension/hyperlipidemia clinic, and multiple transplant services. You can find out more about our program on our website and keep up to date with our twitter account @BrighamPharmacy.

What teaching opportunities are available?
The BWH residency programs offer several avenues for teaching including a teaching certificate program through the Northeastern School of Pharmacy, an elective academia rotation, presentation of ACPE-accredited continuing education programs, and many opportunities for precepting one of the more than 200 pharmacy students from around the Northeast and beyond that rotate through our institution annually. Teaching within our own department is a top priority. Our clinical staff meets daily for educational presentations (mostly presented by our residents with support from our clinical specialists!). Pharmacy case conferences, morbidity and mortality conferences, interdisciplinary education, and ACPE-accredited CEs occur throughout the academic year.

What are career paths post residency?
The BWH residency program prepares the resident for a multitude of roles. We work with each resident to help them achieve their career goals and practice at the highest level. Coordinators and directors of each respective program meet formally at least on a quarterly basis and adjust the program based upon those meetings. Our graduates are maintaining positions as clinical pharmacy specialists, pharmacy practice managers, university professors, medical science liaisons, and pharmacy consultants, among others. We take pride in hiring our residents and helping them to further build their careers.
PGY1 Pharmacy Residents from left to right: Christine Kim, Kelsey O’Neil, Maryam Alohaalidy, Ehsan Habeeb, Delaney Corcoran, Anna Crider, Maha Assadoon

PGY2 Cardiology Residents from left to right: Asmaa Albuloushi, Brandon Beers, Dareen Kanaan

PGY2 Critical Care Residents from left to right: Helen Wang, AJ Golash, Mohammed Aldhaeefi
Technician Spotlight:

Charlotte Hook, CPhT-Adv, CSPT

Charlotte Hook, CPhT-Adv, CSPT, is a Pharmacy Technician Supervisor (central compounding area) at Massachusetts General Hospital (MGH) main campus. She earned a BSc in Biological Sciences from the University of Central Lancashire. She will be attending a CriticalPoint QP503A certificate class in Fall 2021.

Charlotte is responsible for scheduling, processing timecards, ordering supplies, training/coaching compounding technicians, writing and delivering performance evaluations, ensuring the workload is completed by the technician staff, recruiting, contributing to policies and procedures, performing media fills, coordinating repairs, maintaining a state of control in the classified spaces and working with other MGH departments to make sure deadlines are met.

As an example; the team compounds aliquots for the Allergy Department—Charlotte communicates with the department throughout the week to ensure that their preparations are completed in time for their patients. She also coordinates experiences in compounding for pharmacy technician students and interns; to which they do not usually have an option to be exposed.

There are no quiet days and she embraces the challenges and curveballs that come with the role.

Charlotte notes:

I have always looked for opportunities to learn and grow, but I would say most of the opportunities have “fallen in my lap” and placed me on a trajectory to the position I am in now. I have always been passionate about compounding, whether it was in hospital, home infusion or outpatient oncology and I feel an urgent responsibility to put great compounders into the technician workforce. Being a technician supervisor allows me to train new compounders and update the practices of seasoned compounders. My favorite aspect about my current role is the technician team I work with. They are the some of the most skilled and dedicated individuals I have ever had the fortune to work alongside. During the pandemic, they stayed late, came in early and on their days off to keep up when our workload went from compounding 4000 sterile units a week to 8500 sterile units a week. MGH empowers me to be what the technician team needs and has invested in me by facilitating my attendance to advanced training (environmental monitoring, sterile compounding) and my director was the person that introduced me to MSHP, which led me to participating in the Annual Meeting Committee, presenting a CE and meeting so many great people that I would otherwise not have had the opportunity to.
Practice Changing News

Editor: Jonathan Zand, PharmD BCPS

Welcome to our newest contributors, MaryRose Maiullari and Katherine Lee. MaryRose is currently an Ambulatory Clinical Pharmacist at BIDMC. Katherine is a Clinical Pharmacist at Emerson Hospital. Thank you for supporting the MSHP community by contributing to this column and others. We look forward to working with you!

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

COVID-19

• J&J COVID-19 vaccine-associated rare thrombotic thrombocytopenia: MA-DPH/CDC recommendations for assessing, treating, and reporting rare thrombotic events (PMID 34062319, CDC Health Alert)

• VTE prophylaxis in patients hospitalized with COVID-19: Data suggest standard doses are as effective as higher intensity prophylaxis doses (PMID 33734299, medRxiv preprint 3.2021)

• Remdesivir: A potential safety signal of bradycardia (including severe) detected from WHO pharmacovigilance and observational data (PMIDs 33647741, 33673216)

• Tocilizumab/II-6 Inhibitors: Improved survival in patients with hypoxia and reduced risk of progressing to invasive ventilation in patients receiving standard care (PMID 33631065, medRxiv preprint)

• Maximizing doses from vaccine vials (ISMP March 25, 2021) (subscription required)

• Vaccine in pregnancy and lactation: Reassuring immune responses seen (PMID 33758889)

• Delayed large local reactions to mRNA (Moderna) vaccine: Large, well-demarcated area of erythema, swelling, and tenderness at injection site in a case series of 12 adults (PMID 33657292)

COVID-19 Resources in order of most recently updated:

• IDSA Guidelines: Overview of treatment recommendations; update on clinical trials (June 2021)

• NIH Treatment Guidelines: Current management recommendations (June 2021)

• NCCN Initial recommendations for COVID-19 vaccination: For patients with cancer (June 2021)

• The Medical Letter: Treatments for COVID-19 (June 2021) (subscription may be required)

• ASHP COVID-19 Resource Center: Updated Assessment of evidence for COVID-19 treatments (May 2021)

• American College of Rheumatology COVID-19 vaccine guidance: For patients with rheumatic diseases (April 2021)

• CDC Clinical Care Guidance: Interim guidance for management (February 2021)

• SCCM Updated Recommendations Surviving sepsis campaign COVID-19 guidelines (January 2021)

• WHO Clinical Management: Best practices during and after acute illness (January 2021)

Other Practice Developments:

Anticoagulation: Intracerebral Hemorrhage (ICH) Outcomes in Patients Taking Direct Oral Anticoagulants (DOACs) Versus Warfarin

Despite clear advantages of DOACs (e.g., fixed dosing, fewer dietary and drug interactions, and lack of necessity for routine coagulation monitoring), risk of serious hemorrhagic events, including ICH, remains a concern. In a registry-based cohort analysis of over 219,000 patients with nontraumatic ICH, including 30,000 patients with anticoagulation-associated ICH, the risk of mortality was lower in those taking an oral factor Xa inhibitor (27.0%) compared with those on warfarin (32.8%). Rates of disability were also lower in the factor Xa inhibitor group than warfarin. Based on this study, Xa inhibitor-associated ICH appears less likely to result in severe outcomes (disability or death) than warfarin-associated ICH. Furthermore, a reversal agent for Xa inhibitors, andexanet alfa, has become available since this study, providing another option for managing patients taking oral factor Xa inhibitors with serious bleeding complications.


Cardiology; Ambulatory Care: SGLT-2 Use in Heart Failure Without Diabetes Mellitus

Diabetes and heart failure share overlapping pathophysiology, such as insulin resistance and reduced endothelial function. Therefore, the physiologic effects of SGLT-2 inhibitors appear useful in treating patients with heart failure, with or without diabetes, and favorable cardiovascular effects have been demonstrated independent of blood glucose levels. Dapagliflozin (Farxiga) is currently the only SGLT-2 inhibitor approved for adjunctive treatment of heart failure with reduced ejection fraction (HFrEF) in addition to type
Continued from p. 11

2 diabetes (T2DM). The DAPA-HF trial (n=4744) included 41.8% of patients with T2DM and HFrEF. Dapagliflozin significantly reduced the risk of hospitalization or urgent treatment for heart failure or death from cardiovascular causes (HR 0.74, 95% CI 0.65-0.85, p<0.001) compared to placebo. This reduction generally held true regardless of diabetes status in the subgroup analysis. The EMPEROR-Reduced trial for empagliflozin showed similar results with a reduction in death or hospitalization regardless of diabetes. Evidence for other SGLT-2 inhibitors in HFrEF is yet to be published, but may provide promising options for add-on therapy in this complex patient population.


Cardiology; Ambulatory Care: Colchicine for Secondary Prevention in Coronary Artery Disease (CAD)

Chronic inflammation plays a role in cardiovascular events in patients with CAD. Colchicine controls inflammation in the treatment of inflammatory conditions such as gout, pericarditis, and pericardial pain after ablation. The LoDoCo2 trial assigned over 5500 patients with chronic stable >6 months coronary disease receiving standard preventive therapies to once daily low-dose (0.5 mg) colchicine or placebo. After nearly 2.5 years of follow-up, a composite endpoint of cardiovascular death, acute myocardial infarction, ischemic stroke, or coronary vascularization occurred in 6.8% of patients receiving low-dose colchicine and 9.2% receiving placebo. Based on these data, some experts now consider adding colchicine 0.6 mg once daily (strength available in US) as a secondary preventive measure in patients with chronic stable CAD already receiving standard pharmacotherapy. Colchicine has a narrow therapeutic index and numerous severe drug interactions. Pharmacists should carefully review potential contraindications (e.g., advanced renal or hepatic impairment) and patient drug profiles for significant interactions, e.g., with concurrent drugs that inhibit P-gp and/or CYP3A4.


Medication Safety; Ambulatory Care: Opioid Labels Revised to Widen Access to Naloxone

In March 2021, the FDA updated the prescribing information for opioid medications to increase access to naloxone by directing health care professionals to discuss naloxone with patients and caregivers as a routine part of prescribing opioids. This change aims to increase awareness of patients and caregivers to the risks of opioid overdose and how to obtain naloxone through their state’s naloxone dispensing channels. Providers are asked to consider prescribing naloxone to patients receiving opioids or to people with household members who are at risk for accidental ingestion or overdose. Pharmacists have a pivotal responsibility in providing naloxone rescue kits under the Massachusetts DPH statewide standing order in addition to educating patients and caregivers on the signs and symptoms of respiratory depression and how to use naloxone in case of overdose.

Thank You to Our Industry Sponsors

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Thanks to our Board Advisor Antoinette Lavino for her help over the last few years!

Comments & Suggestions on our Newsbriefs? Email us at admin@mashp.org