



MSHP

MASSACHUSETTS SOCIETY OF  
HEALTH-SYSTEM PHARMACISTS

# NEWSBRIEFS

QUARTER 4<sup>th</sup>

ISSUE Fall 2024



@MASHP\_Official



Massachusetts Society  
of Health – System  
Pharmacists



Massachusetts Society  
of Health System  
Pharmacists (MSHP)

## From MSHP President Erin Taylor:



**Happy Fall,  
MSHP Members!**

As the colder season quickly approaches, we're excited to update you on our progress and upcoming events. The past few months have been both productive and inspiring, with a variety of opportunities for our members to engage, connect, and celebrate the profession of pharmacy.

### Celebrating 80 Years of MSHP in 2025!

Next year, we celebrate MSHP's 80th anniversary! We're planning a year of celebrations to honor the history, contributions, and community that make our organization extraordinary. Keep an eye out for anniversary events, commemorative materials, and special opportunities to get involved in our milestone celebrations.

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### Recent Events and Member Engagement

**Residency Welcome Event:** In August, we hosted our annual Residency Welcome Event at Night Shift Brewing, welcoming new residents and fellows from across the state and introducing them to MSHP. The event provided a great platform for networking and connecting residents with colleagues across the state. Thank you to all who attended and helped make the event a success!

**Clinical Skills Competition:** Our first annual MSHP Clinical Skills Competition was held November 11th. Thank you to our participants and faculty judges and congratulations to our winners Salima Amiji and Cate Murphy from Northeastern! (Please see more information on the national competition and photos later in this issue.)

- NU: Salima Amiji and Cate Murphy
- MCPHS-Boston: Jessie Hundel and Leo Ramirez
- MCPHS-Worcester/Manchester: Shayan Mosaffa and Nasr Issa
- WNE: Autumn Kelley and Meghan Murphy
- Faculty Judges: Joseph Elijah (NU), Trisha LaPointe (MCPHS-Boston), Stephanie Conway-Allen (MCPHS-Worcester/Manchester), and Tim McMath (WNE)

**Mentorship Program:** The MSHP Mentorship Program is in full swing! This initiative matches experienced pharmacists with students, fostering growth, networking, and professional development. Interested in joining? Contact us to learn more about participating as a mentor or mentee in the next round.

### Legislative & Advocacy Updates

Our Legislative Committee has been hard at work advancing the role of pharmacy within Massachusetts. Key highlights include:

**Northeast Regional Collaborative:** The Northeast Regional Collaborative is a partnership designed to bring together leaders from neighboring states to advocate for policies that elevate and expand the role of pharmacy. This regional focus enables us to address broader issues that impact the profession across state lines.

**Ongoing Legislative Efforts at the State Level:** Our advocacy work is crucial to advancing the role of pharmacy in Massachusetts, and our Legislative Committee has been actively preparing for the upcoming legislative session. We're currently finalizing bill language and securing sponsors for key legislative initiatives that will benefit both pharmacists and patients. Here are our advocacy priorities:

*Continued on p. 2*

## President's Message Continued...

- **Collaborative Drug Therapy Management (CDTM):** We are advocating for amendments to CDTM regulations that would permit off-site supervision by the attending physician, allowing for more flexibility and collaboration between physicians and pharmacists. This change is expected to improve patient access to timely and effective care, particularly in underserved areas.
- **340B Program Protections:** MSHP is committed to protecting and strengthening the 340B Drug Pricing Program, which plays a critical role in enabling hospitals and clinics to serve vulnerable patient populations. We aim to safeguard this program from cuts and ensure continued access to affordable medications for those who need it most.
- **Provider Status / Test and Treat:** We continue to push for provider status for pharmacists, which would expand pharmacists' ability to test and treat certain conditions. By securing appropriate reimbursement for these services, we hope to improve access to care, reduce strain on primary care providers, and enhance the role of pharmacists as healthcare providers.
- **Site of Care / White Bagging:** Addressing site-of-care concerns, we are advocating for regulations around "white bagging" policies, which mandate where and how medications can be delivered and administered. By supporting legislation that limits restrictive white bagging policies, we aim to ensure that patients have access to their medications in the most appropriate and convenient settings.

These priorities reflect MSHP's commitment to enhancing the scope of pharmacy practice and improving patient care across the Commonwealth. We encourage all members to stay informed and involved, as your support is invaluable in moving these initiatives forward. (Please see updates from the Legislative Committee in this issue.)

### Program Enhancements and Organizational Updates

The MSHP Board has outlined a clear timeline to achieve several key organizational initiatives this year. In the first quarter, we focused on implementing a document storage platform to enhance organization and accessibility. This new system will streamline file sharing and project management across our committees, improving collaboration and efficiency.

Additionally, we are finalizing plans for a website redesign, with an exciting launch planned for the Annual Meeting. As we approach the end of 2024, we're preparing updates to our bylaws and working to engage a financial advisor to optimize asset management.

Strengthening our social media connections with members has also been a strategic priority. Don't forget to follow us on LinkedIn, Facebook, and Instagram to stay engaged!

### Opportunities to Get Involved

**Award Nominations:** Know an outstanding colleague who deserves recognition? Nominations for our annual awards will be opening soon! Submit a nomination and help us celebrate the achievements and contributions of our members. All award winners will be honored at the Annual Meeting Honors & Awards Reception on April 3rd.

**MSHP Board Elections:** We're gearing up for MSHP Board elections! If you're interested in taking an active role in shaping the future of MSHP, consider running for a Board position. Reach out for more information on how to get involved in this rewarding leadership opportunity.

### Looking Ahead: Upcoming Events

#### Annual Meeting & 80th Anniversary Kickoff

Date: April 3-4, 2025

Location: Marriott Boston Quincy, Quincy, MA

Join us as we celebrate 80 years of MSHP! Featuring distinguished speakers, panels, and anniversary celebrations, this event is not to be missed.

#### Get Involved with MSHP!

Whether joining a committee, participating in our mentorship program, or attending upcoming events, MSHP offers numerous ways to stay engaged. We look forward to a transformative year of advocacy, connection, and growth.

Thank you for being part of the MSHP community, and here's to a successful 2025!

# CE Corner

December 2024

## Beyond the Capsule: Exploring Radiopharmaceutical and Hazardous Drug Sterile Compounding

### Speakers:

- Josie Quick, RPhT, CPhT-Adv, CSPT, Senior Pharmacy Technician / Inventory Specialist, Sanford South University Pharmacy
- Michael Angers, CPhT, Lead Pharmacy Technician for Pharmacy Operations Oncology/Infusion, Baystate Medical Center

**Date and Time:** December 19 at 5pm EDT (virtual)

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## ASHP 2024 Distinguished Service Award Recipients

Congratulations to 2 local pharmacy practitioners who recently received 2024 ASHP Distinguished Service Awards and were presented at the ASHP Midyear Clinical Meeting in New Orleans!

### Pharmacy Technician Forum:

**Charlotte V. Hook**, CPhT-Adv, CSPT, Coordinator of Technician Education and Development, Massachusetts General Hospital (Boston, MA)

### Section of Inpatient Care Practitioners:

**Linda M. Spooner**, PharmD, BCPS, FASHP, FCCP, Professor of Pharmacy Practice, Massachusetts College of Pharmacy and Health Sciences (Worcester, MA)

Established in 2007, the ASHP Distinguished Service Award recognizes a member from each Pharmacy Practice Section, New Practitioners Forum and Pharmacy Technician Forum whose volunteer activities have supported the mission of their Section or Forum and helped advance the profession.

Specific eligibility requirements include:

- Demonstrated a sustained contribution to a Section or Forum over at least 3 years
- Demonstrated contribution to the improvement of practice for the Section's or Forum's area of practice and/or mission
- Being a current member of ASHP and of the Section or Forum at the time of the contribution or achievement.
- For more information, please see-<https://www.ashp.org/about-ashp/awards/leadership-awards/ashp-distinguished-service-award?loginreturnUrl=SSOCheckOnly>



*Charlotte V. Hook, CPhT-Adv, CSPT*



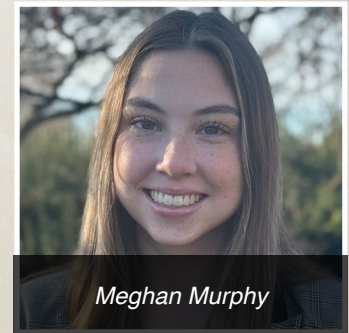
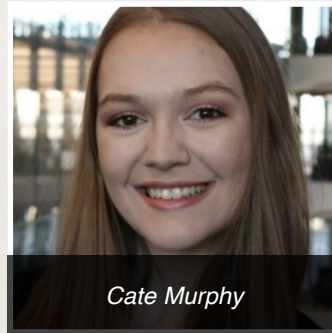
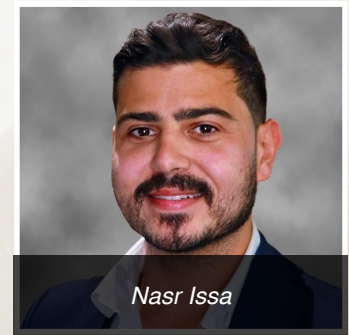
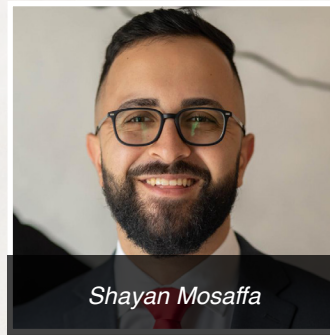
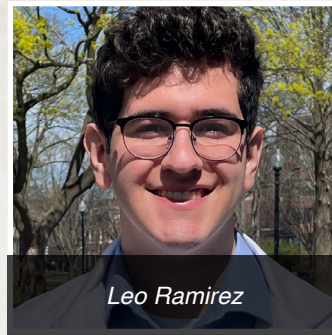
*Linda M. Spooner, PharmD, BCPS, FASHP, FCCP*

# Local Pharmacy Clinical Skills Competition Winners 2024

Congratulations to the following pharmacy students, who won their local ASHP Clinical Skills competitions this fall and competed at the national competition at the ASHP Clinical Midyear Meeting in New Orleans:

- MCPHS University-Boston: Jessie Hundel and Leo Ramirez
- MCPHS University-Worcester/Manchester: Shayan Mosaffa and Nasr Issa
- Northeastern University: Salima Amiji and Cate Murphy
- Western New England University: Autumn Kelley and Meghan Murphy

MSHP held its first annual Clinical Skills Competition among the four Massachusetts colleges-the team from Northeastern won-congrats!



# John W. Webb Lectureship 2024: A 40-Year Milestone!

This year the Northeastern University School of Pharmacy and Pharmaceutical Sciences celebrated the 40th anniversary of the John W. Webb Lectureship on October 28th, 2024. This year's program was attended by a large number of previous recipients, this year's awardee, John Clark, PharmD, MS, BCPS, FASHP, and a large contingent of PGY1 and PGY2 residents, Residency Program Directors, Directors, Chief Pharmacy Officers, and practitioners.

John's inspiring lecture, "Fiercely Collaborative: A Discussion of Teamwork, Trust, and Appreciation in Pharmacy Practice," provided valuable insights to strengthen team dynamics and engagement in our field. This built upon many of the themes discussed as part of the Residency Roundtable, held just prior, which focused on professional development and growth, accountability, and responsibility.

Since its inception in 1985, the John W. Webb Lecture Award has profoundly impacted health-system pharmacy leadership. Our collaboration with the American Society of Health-System Pharmacists (ASHP) since 2006 has further elevated the program, with the lecture and award ceremony held annually at the ASHP Conference for Pharmacy Leaders. A huge thank you goes out to our MSHP leadership, including Erin Taylor, Alex Wilcocki, and Neil Gilchrist, for their continued advocacy and support of this program!

Please see link for more information on the Lecture Award and its namesake John W. Webb, a pioneer in health-system pharmacy administration. <https://www.ashp.org/about-ashp/awards/leadership-awards/john-webb-lecture-award?loginreturnUrl=SSOCheckOnly>



# Legislative Committee Update

Greetings! Massachusetts Pharmacy Advocacy Day was held on October 24th. “The Face of Pharmacy in Massachusetts” was a virtual collaborative event among MSHP, Mass. Independent Pharmacists Association (MIPA), Mass. Pharmacists Association (MPhA), Western Mass. Pharmacists Association, and the Mass. Chain Pharmacy Council, and centered around advocacy. The keynote speaker was Senator Michael Rodrigues of the first Bristol and Plymouth district. He addressed the importance of advocacy for pharmacy professions and how he recommended getting involved, and answered questions from the audience. Representative Alan Silvia of Fall River also attended and offered his advice on pharmacy advocacy. The event was attended by pharmacists and students, with representation from MSHP members. If you weren’t able to attend,

there is discussion among the associations for an in-person day on Beacon Hill, potentially in March. Stay tuned!

We are in the final stages of drafting our bills for submission for this Mass legislative cycle. We will be submitting an updated “Pharmacists as Healthcare Providers” bill, a “Collaborative Drug Therapy Management Optimization” bill, a “Specialty Medication and Patient Safety” (white-bagging) bill, and legislation to prohibit discrimination against 340B drug discount program participants. We are aiming to finalize the bill language and sponsors by the end of the month.

We are also making progress publishing our article series focused on why lawmakers should support expanding pharmacist scope of practice in the Commonwealth.

## Technician Spotlight: **Elliana Raheb, CPhT**



Elliana Raheb, CPhT is the Shared Services Pharmacy Technician Lead CPhT at Beth Israel Lahey Health Pharmacy Direct at Westwood, Ma. Elliana is a skilled pharmacy technician with over 10 years of hands-on pharmacy experience in various healthcare settings.

In her role as a pharmacy technician, she works closely with pharmacists and other healthcare professionals to provide care to patients. Elliana is proud of her achievement of

working throughout the COVID pandemic on the front lines, administering immunizations within the community.

Elliana is a member of the Massachusetts Society of Health-System Pharmacists (MSHP) Technician committee. She attended the annual conference in May 2024 in which she presented a

live continuing education session, “Cracking the Code: The Importance of the Pharmacist and Pharmacy Technician Relationship in Improving Patient Access”. During Pharmacy Week at BILH in October 2024, Elliana received the Mentorship Award, for which she was nominated by her fellow team members. She was deeply honored to accept this award, that represents the importance of her commitment in inspiring and supporting the growth of other team members to make a positive impact in her role as a Lead.

In addition to her expertise in pharmacy operations, she also has a strong background in chemistry, where she attended Worcester State University. Using the knowledge in chemistry has helped provide Elliana with a deep understanding of the composition, properties, and interactions of various substances, including medications. It also has enhanced her problem-solving skills, critical thinking abilities, and attention to detail, all of which are crucial in ensuring the safety and well-being of patients.

Throughout her career, Elliana hopes to continue to be able to deliver high-quality care to patients and contributing to the overall success of the healthcare field. She is grateful for the chance to positively impact the lives of others through her work in the healthcare industry.

# Residency Spotlight: Dana-Farber Cancer Institute

## PGY-2 Residencies

The Dana-Farber Cancer Institute (DFCI) PGY-2 residency programs currently include 5 positions: Medication-Use Safety and Policy (1), Oncology Pharmacy Practice (3), and Pain Management and Palliative Care Pharmacy Residency (1). Information on each of the programs can be found below and at <https://www.dana-farber.org/for-physicians/education-training/fellowships-training-programs/pharmacy-residency>.

Dana-Farber Cancer Institute is a leader in life-changing breakthroughs in cancer research and patient care. We are united in our mission of conquering cancer, HIV/AIDS and related diseases. We strive to create an inclusive, diverse, and equitable environment where we provide compassionate and comprehensive care to patients of all backgrounds, and design programs to promote public health, particularly among high-risk and underserved populations. We conduct groundbreaking research that advances treatment, we educate tomorrow's physician/researchers, and we work with amazing partners, including other Harvard Medical School-affiliated hospitals.

Dana-Farber/Brigham and Women's Cancer Center is a partnership between Dana-Farber Cancer Institute and Brigham and Women's Hospital, dedicated to providing comprehensive care for adults with cancer. Outpatient services are offered at Dana-Farber's Longwood, Chestnut Hill, and regional campus locations. Inpatient care is provided at the dedicated facility within Brigham and Women's Hospital.

Dana-Farber/Boston Children's Cancer and Blood Disorders Center is a long-standing collaboration between Dana-Farber Cancer Institute and Boston Children's Hospital. Outpatient care for children is provided at Dana-Farber's Jimmy Fund Clinic while neighboring Boston Children's Hospital offers inpatient care and pediatric subspecialty consultation. The two institutions function as one to provide seamless care experience for children with cancer.

### Medication-Use Safety and Policy Residency

The PGY2 Medication-Use Safety and Policy residency provides advanced training in medication safety, medication-use policy, regulatory and accreditation standards, informatics, and quality improvement. The resident will work closely with members of Medication Safety, Quality, and Regulatory team to investigate medication errors and near misses, develop and

implement system changes to ensure safe and efficient use of medications, assess compliance with regulatory standards, and evaluate medication-use policies and guidelines to ensure alignment with evidence-based best practice recommendations. The resident will learn about the operations of a cancer center through required learning experiences, participation in formal education programs, administrative projects, and staffing in the ambulatory infusion pharmacy.

Residents completing the program Medication-Use Safety and Policy residency will be well prepared to assume roles including those with responsibility for developing and implementing system changes that improve the safety within the medication-use system, managing medication-use guidelines and policies, and overseeing regulatory and accreditation compliance.

### Oncology Pharmacy Residency

The Oncology Pharmacy Residency postgraduate educational and training experience is designed to develop advanced knowledge, skills, and leadership in the delivery of pharmaceutical services to patients with cancer. Our residency provides experience in a variety of areas of clinical oncology practice, including inpatient and outpatient adult solid tumor and hematologic malignancies, stem cell transplant, palliative care, infusion pharmacy, pediatric oncology, and investigational drug services. Additional clinical and educational experiences include: weekly topic discussions, grand rounds, oral antineoplastic education, medication safety, administration, research, and academia. Primary clinical sites include DFCI and Brigham and Women's Hospital.

Residents who successfully complete a PGY2 oncology pharmacy residency at DFCI will be prepared to become proficient clinical oncology pharmacy practitioners, educators, and leaders.

### Pain Management and Palliative Care Pharmacy Residency

The Pain Management and Palliative Care residency postgraduate educational and training experience fosters the development of advanced knowledge and skill in the delivery of pharmaceutical services to patients with acute and chronic pain conditions and/or advanced life-threatening illness. The residency consists of learning experiences in key areas of

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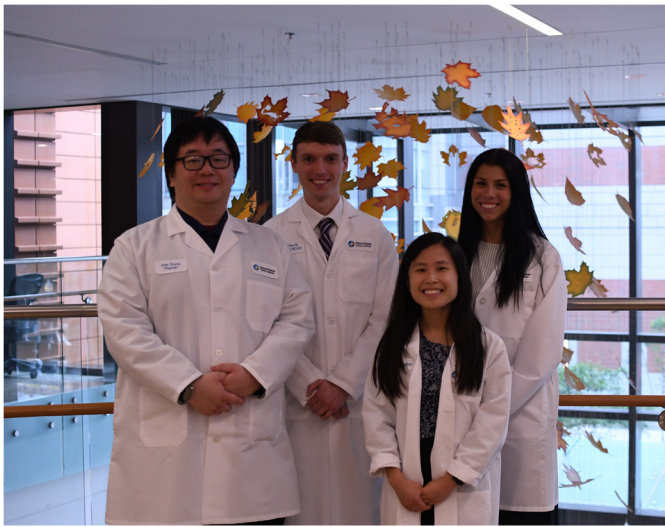
# Residency Spotlight: Dana-Farber Cancer Institute PGY-2 Residencies Continued...

clinical pain management and palliative care practice, including inpatient and outpatient palliative care, hospice, inpatient and outpatient specialized pain management and pain management in the primary care setting. Primary clinical sites include: Dana-Farber Cancer Institute, Brigham and Women's Hospital, and Massachusetts College of Pharmacy and Health Sciences. Didactic and experiential learning is enhanced through the Harvard Interprofessional Palliative Care Fellowship Program.

The Harvard Interprofessional Palliative Care Fellowship Program includes medical, nursing, and pharmacy fellows in adult and palliative care. The pharmacy resident is fully

integrated into this fellowship program, which offers a unique opportunity with didactic and experiential learning that is geared toward the healthcare professional working with an interdisciplinary team.

The fundamental goal of the Pain Management and Palliative Care residency is to provide training so that pharmacists develop excellent clinical and administrative knowledge, patient care and communication skills and quality improvement or research experience to become proficient clinical pain management and palliative care pharmacy practitioners and leaders.



# Practice Developments

Editor: Jonathan Zand, PharmD BCPS

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

## GUIDELINES

**H. Pylori Infection Treatment:** Due to increasing clarithromycin resistance, new guidelines from the American College of Gastroenterology emphasize the importance of using non-clarithromycin-based regimens for initial and salvage treatment of *H. pylori* infection. The new guidelines list preferred regimens for initial empiric treatment (e.g., bismuth quadruple therapy) and discuss the role of new regimens such as rifabutin triple and vonoprazan-amoxicillin dual therapy. Source: Chey WD, Howden CW, Moss SF et al. ACG clinical guideline: Treatment of *Helicobacter pylori* infection; *Am J Gastroenterol.* 2024;119(9):1730. [Publisher website](#); [PMID not available](#).

**Hyperglycemic Crises in Adults with Diabetes:** The American Diabetes Association, the American Association of Clinical Endocrinology, and other societies have published new joint guidelines for managing diabetic ketoacidosis (DKA) and hyperosmolar hyperglycemia. The guidelines provide updated pharmacotherapy, including an option for subcutaneous insulin for uncomplicated DKA. Source: Umpierrez GE, Davis GM, ElSayed NA et al. *Hyperglycaemic crises in adults with diabetes: a consensus report. Diabetologia.* 2024;67(8):1455. ([PMID 38907161](#))

**PREVENT Cardiovascular Risk Calculator and Eligibility for Antihypertensive and Statin Drug Therapy:** Decisions about antihypertensive and statin therapy depend upon an estimate of atherosclerotic cardiovascular disease (ASCVD) ten-year risk, among other factors. In 2024, an AHA scientific advisory recommended the use of a new ASCVD risk estimator, Predicting Risk of Cardiovascular Events (PREVENT), which incorporates eGFR, includes younger adults, and no longer uses race as an input. The PREVENT estimate systematically produces a lower calculated risk than the previously suggested 2013 Pooled Cohort Equations (PCEs) calculator. In a large (n=7765) population analysis, about half of adults were reclassified to a lower-risk category using the PREVENT calculator. If applied broadly, the authors estimate that treatment eligibility among US adults for antihypertensive therapy could decrease by 14.3 million and statin therapy by 2.62 million. In

response, the AHA acknowledges limitations in the PREVENT calculator but stands by its validity and highlights several improvements compared with older methods. Sources: Diao JA, Shi I, Murthy VL, et al. *Projected Changes in Statin and Antihypertensive Therapy Eligibility With the AHA PREVENT Cardiovascular Risk Equations. JAMA.* 2024;332(12):989 ([PMID 39073797](#)); Scheuermann B, Brown A, Colburn T et al. *External Validation of the American Heart Association PREVENT Cardiovascular Disease Risk Equations. JAMA Netw Open* 2024 Oct 1;7(10):e243831 ([PMID 39392632](#))

**GLP-1 Agonists and Tirzepatide: Perioperative Medication Management:** Consensus guidelines from anesthesiology, surgery, gastroenterology, and obesity treatment professional societies recommend that clinicians consider temporarily withholding these medications perioperatively based on an individualized risk and benefit assessment, due to issues surrounding delayed gastric emptying. In addition, FDA labels for these agents have been revised to include a warning of pulmonary aspiration risk in patients undergoing elective surgeries or procedures requiring general anesthesia or deep sedation. The label warnings note some patients had retained gastric contents despite reportedly adhering to preoperative fasting instructions. The updated labels state that data are at present insufficient to inform risk reduction strategies. However, a liquid-only diet for  $\geq 24$  hours before induction, temporarily withholding the GLP-1 agonist in high-risk patients only, and point-of-care ultrasound of gastric contents preoperatively are considered potential mitigating strategies. Sources: Kindel TL, Wang AY, Wadhwa A, Schulman AR et al. *Multisociety clinical practice guidance for the safe use of glucagon-like peptide-1 receptor agonists in the perioperative period. Surg Obes Relat Dis.* 2024; ([PMID 39482213](#)) *US prescribing information Zepbound (tirzepatide) October 18, 2024 Label*; *In Brief: New FDA Warning of Pulmonary Aspiration with GLP-1 Receptor Agonists. Med Lett Drugs Ther; November 2024, 66:1* <https://secure.medicalletter.org/TML-article-5093a> (may require a subscription)

**Stroke, Primary Prevention:** The American Heart Association stroke division (ASA) recently published comprehensive guidelines on preventing stroke throughout the lifespan. These guidelines address a constellation of factors that determine stroke risk, including access to regular primary care for routine screening, Mediterranean diet, and physical activity. Pharmacotherapy recommendations now include a role for GLP-1 agonists in lowering cardiovascular disease (CVD) and

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stroke risks in patients with diabetes or overweight. Control of blood pressure and lipid management are emphasized, as well as the use of antiplatelet agents in selected patients. Other recommendations include screening for and mitigating sources of stroke risk, such as prothrombotic diseases, pregnancy, and transgender health concerns. *Source: Bushnell C, Kernan WN, Sharrief AZ et al. 2024 Guideline for the Primary Prevention of Stroke (AHA/ASA); Stroke. 2024 Dec; 55(12):e344-e424. (PMID 39429201)*

## GENERAL PRACTICE

**Anticoagulant Selection for Atrial Fibrillation in Severe Chronic Kidney Disease (CKD):** In an analysis of ~7000 non-dialysis-dependent adults with advanced-stage CKD and atrial fibrillation (AFib), apixaban was associated with a lower risk of hemorrhage than rivaroxaban or warfarin. Rates of systemic embolism, stroke, and all-cause deaths were similar among the three anticoagulants. These data provide additional support for apixaban as the preferred anticoagulant choice for patients with AFib and advanced CKD. *Source: Xu Y, Ballew SH, Chang AR et al. Risk of Major Bleeding, Stroke/ Systemic Embolism, and Death Associated With Different Oral Anticoagulants in Patients With Atrial Fibrillation and Severe Chronic Kidney Disease. J Am Heart Assoc. 2024;13(16):e034641. (PMID 39119973)*

**Concurrent Use of Parenteral Olanzapine and a Parenteral Benzodiazepine:** Patients with acute severe agitation and/or aggression due to psychiatric disorders, substance intoxication,

or other causes may require treatment with an antipsychotic and a benzodiazepine in the emergency setting. However, concurrent use of parenteral olanzapine with a parenteral benzodiazepine has been discouraged based on reports of excess sedation and respiratory depression, including fatalities. In 2023 the American College of Emergency Physicians endorsed (level B) the use of a combination of parenteral antipsychotic and parenteral benzodiazepine in the emergency department due to its efficacy and rapid onset. The policy acknowledged potential for oversedation and respiratory depression. In a recent analysis of 693 patients treated for acute agitation in the emergency setting, patients receiving parenteral olanzapine and a parenteral benzodiazepine within 60 minutes of each other had similar rates of tracheal intubation (3.8%) compared with patients who received two doses of olanzapine without a parenteral benzodiazepine (3.5%). Although the combination did not increase the risk of major respiratory complications in these patients, caution seems warranted in high-risk patients such as those with respiratory compromise or an intoxication that depresses cardiorespiratory function. *Sources: Cole JB, Stang JL, Collins JD et al. Comparing Intubation Rates in Patients Receiving Parenteral Olanzapine With and Without a Parenteral Benzodiazepine in the Emergency Department. Ann Emerg Med. 2024 Dec; 84(6):658-667. PMID 38878022. Diercks DB, Wolf SJ, Anderson JD et al. Clinical Policy: Critical Issues in the Evaluation and Management of Adult Out-of-Hospital or Emergency Department Patients Presenting With Severe Agitation. Ann Emerg Med. 2024 Jan;83(1):e1-e30. (PMID 38105109)*

# ASHP Pharmacy News

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ASHP Delegate (2021-2025): Marla O'Shea-Bulman

ASHP Delegate (2022-2026): Frankie Mernick

ASHP Delegate (2023-2027): Russ Roberts

ASHP Delegate (2024-2028): Jason Lancaster

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## MSHP Communications

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## Thanks to our Contributors:

Erin Taylor, Aidan Fischer, Jason Lancaster, Trisha LaPointe, Stephanie Conway-Allen, Charlotte Hook, Linda Spooner, Autumn Kelley, Meghan Murphy, Emily Messing, Jacqueline Recchino, Elliana Raheb, Dawn-Marie Norris-Dean, Marla O'Shea-Bulman, Jackie Gagnon, Caitlin Quigley, Jonathan Zand, Barbara Irby

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Comments & Suggestions on our Newsbriefs? Email us at [admin@mashp.org](mailto:admin@mashp.org)