



MSHP

MASSACHUSETTS SOCIETY OF
HEALTH-SYSTEM PHARMACISTS

NEWSBRIEFS

QUARTER 1st

ISSUE Winter 2025



@MASHP_Official



Massachusetts Society
of Health – System
Pharmacists



Massachusetts Society
of Health System
Pharmacists (MSHP)

From MSHP President Erin Taylor:



As we begin a new year, I am incredibly proud of our progress as an organization and excited for the opportunities ahead. Our collective efforts

continue to strengthen MSHP, ensuring we provide value to our members while advancing pharmacy practice across the Commonwealth.

One of the most anticipated events of the year—the **50th MSHP Annual Meeting**—is just around the corner! Mark your calendars for **April 3rd and 4th** as we come together to learn, collaborate, and celebrate both our profession and **MSHP's 80th anniversary**. This year's meeting promises engaging speakers, timely discussions, and valuable networking opportunities. See registration details in this issue—we can't wait to see you there!

Another exciting event on the horizon is **Pharmacy Appreciation Night at Fenway Park**. In partnership with MPhA and the Boston Red Sox, this special evening will honor the incredible contributions of pharmacy professionals across Massachusetts. We hope many of you will join us on **Friday, April 18th** for this well-deserved recognition.

I also want to recognize the dedicated efforts of Alex Wilkocki, Paul Baker, Scott Shepard, and Julie Lanza, who have led a working group of representatives from member institutions to address the new Massachusetts Board of Pharmacy Sterile Compounding Licensure Application and recent changes to 247 CMR. Their collaboration and leadership are making a meaningful impact.

Additionally, our legislative committee remains actively engaged in advocacy efforts to support our health-system members and the patients we serve across the Commonwealth. They are currently working with the MA Collective, which includes MIPA and MPhA, to oppose a proposed prescription fee. Their expertise, readiness, and agility ensures that MSHP remains a strong voice in legislative discussions, keeping us at the forefront of policy changes that impact our profession.

Beyond events, MSHP continues to make great strides in key strategic areas:

- We established a **communications strategy** and expanded our social media presence, keeping members informed and engaged.
- We implemented a **shared document storage solution**, improving accessibility, collaboration, and knowledge transfer.
- We are moving forward with a **website refresh**, partnering with a professional team to enhance functionality and user experience.
- We recently updated our **bylaws**, including a significant step forward in expanding **technician voting rights**—an important milestone in recognizing the essential role of pharmacy technicians.

Looking ahead, our focus remains on finalizing and formalizing our strategic plan, growing our membership, and ensuring a smooth renewal process for the upcoming year. Additionally, we will begin a comprehensive review and update of our Policy Manual to ensure alignment with our mission and future goals.

MSHP's success is a testament to the dedication of our members, and I am grateful for your engagement and support. Let's continue this momentum into 2025—together, we are shaping the future of pharmacy in Massachusetts!

I look forward to seeing many of you at our upcoming events. As always, please feel free to reach out with any thoughts or feedback.

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CE Corner

March 27 at 5pm ET (virtual)

What's That Insulin Dose? Insulin Dosing Strategies for the Management of Hypertriglyceridemia-Induced Pancreatitis and Calcium Channel Blocker Overdose

Speaker:

- Margo DeLisle, PharmD BCPS BCCCP

Register for the MSHP Annual Meeting 2025- Back to the Future!!



Our Annual Meeting is rapidly approaching; mark your calendars for April 3rd and 4th at the Marriott Boston Quincy in Quincy, MA. The committee has been working hard, putting together a great educational program featuring a wide variety of topics and speakers. Over 30 speakers will present on topics ranging from drug diversion, GLP-1s, compounding and, of course, law. Sessions begin midday of the 3rd with our Directors' Forum, luncheon for past presidents and end the day with our Honors and Awards Banquet, where the Society will honor its past presidents, present the awards including Pharmacist of the Year, Technician of the Year and Health-System Pharmacy of the Year and install its new officers for the upcoming year.

Day 2 will kick off with our keynote speaker Dawn Moore, PharmD, MS, CPEL, FACHE, member of ASHP's Board of Directors, with a presentation titled, "Pharmacy Forward: Breaking Barriers and Shaping the Future." Her talk will be followed by presentations in our clinical track, leadership and operations track, as well as law.

Please see the society's website for the latest news and agenda!

[Click Here to Register Now](#)

ASHP House of Delegates Representative Elected

Erica Housman, PharmD, BCPS (AQ-ID), Clinical Supervisor for Acute Care Pharmacy Services at Baystate Health, was elected the newest MSHP representative to the ASHP House of Delegates.

With over 15 years of experience in the field of pharmacy, Dr. Housman earned her Doctor of Pharmacy degree from the St. Louis College of Pharmacy before completing a

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ASHP House of Delegates Representative Elected (cont.)

PGY-1 residency and an Infectious Diseases PGY-2 residency at Yale-New Haven Hospital. She has a distinguished career in clinical pharmacy, having served for more than a decade as the Clinical Specialist for Infectious Diseases. During this time, she played a pivotal role in the development and implementation of an Antimicrobial Stewardship Program aimed at optimizing the use of antibiotics and combating antimicrobial resistance. She also served as the Residency Program Director for the PGY-2 Infectious Diseases Residency, where she mentored and trained the next generation of pharmacy professionals.

Her current interests focus on optimizing clinical outcomes in hospitalized patients, improving pa-

tient transitions, and empowering colleagues to continue to promote and embrace the role that pharmacy plays in healthcare. Dr. Housman is committed to advancing the practice of pharmacy through direct patient care, advocacy, and education.

The House of Delegates is the ultimate authority over the American Society of Health-System Pharmacists' professional policies, which express the Society's stance on important issues related to health-system pharmacy practice and medication use in society. The House of Delegates meets annually at the ASHP Summer Meetings and virtually in March and November where it reviews policy proposals that have been approved by the Board of Directors.

Representatives to the House of Delegates for 2025-2026

ERICA HOUSMAN, PharmD, BCPS (AQ-ID)

JASON LANCASTER, PharmD, MEd, RPh, BCPS, FCCP

RUSSEL ROBERTS, PharmD, BCCCP, FCCM

FRANKIE MERNICK, PharmD, BCPS

MARLA O'SHEA-BULMAN, PharmD, BCPS (Alternate)

Legislative Corner

Legislative Committee Updates

The Governor released FY2026 Budget recommendations, adding Section 67B to Chapter 118E of general laws, outlining a prescription assessment fee for prescriptions in MA.

- This would require outpatient pharmacies (including, but not limited to, retail pharmacies, hospital pharmacies, compounding pharmacies, specialty pharmacies and pharmacies located at federally-qualified health centers) to pay an assessment or fee per prescription dispensed in Massachusetts.
- The amount proposed is not to exceed \$2/prescription or 6% of the pharmacy's revenues over each defined time period.

- It is the responsibility of the pharmacy to pay the assessment fee to the state.
- The entire proposal for section 67B can be found [here](#).
- MSHP is closely monitoring this issue and will provide periodic updates on opportunities to advocate in opposition to this proposal as we learn more.

MSHP filed four bills this session.

1. An Act relative to pharmacists as healthcare providers
 - Sponsored in the MA House by Rep. Barber (HD3102) <https://malegislature.gov/Bills/194/HD3102>
 - Sen. Moore to sponsor in MA Senate (SD874) <https://malegislature.gov/Bills/194/SD874>

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Legislative Corner (cont.)

- 2. An Act relating to patient choice in dispensing of clinician-administered drugs
 - Sponsored by Rep. Sabadosa in the MA House (HD2922) <https://malegislature.gov/Bills/194/HD2922>
 - 3. An Act prohibiting PBMs from discriminating against hospitals and patients participating in the 340B drug discount program
 - Sponsored by Rep. Murray in the MA House (HD 1119) <https://malegislature.gov/Bills/194/HD1119>
 - 4. An Act protecting 340B contract pharmacies
 - Sponsored by Rep. Murray in the MA House (HD 2840) <https://malegislature.gov/Bills/194/HD2840>
- We are waiting for these bills to be assigned to a committee as a next step.

Medicare Changes for 2025

Medicare Part D Reduced Out-of-Pocket* Amount Changes

In 2024, patients may have noticed that the Catastrophic Coverage Phase co-insurance was eliminated in the Medicare Part D benefit.

Included in the Inflation Reduction Act, starting in 2025, your patients' yearly out-of-pocket cost for prescription drugs will be capped at \$2,000* (not including premium)

In 2025, patients will notice that the Coverage Gap Phase will be eliminated in the Medicare Part D benefit.

The table below summarizes the changes coming in 2025.

Coverage Phase Progression	Coverage Phase	2024	2025
	Deductible Phase	Patient pays 100% of the retail drug cost before meeting the deductible (\$545 under standard plan design)	Patient pays 100% of retail drug cost before meeting the deductible (\$590 under standard plan design)
	Initial Coverage Phase	Patient pays 25% of the retail drug cost until he/she meets the \$5,030 coverage limit	Patient pays 25% of the retail drug cost until he/she meets the \$2,000 out-of-pocket threshold
	Coverage Gap Phase (aka "the donut hole")	Patient pays 25% of retail drug cost until he/she meets the \$8,000 out-of-pocket threshold	Patient Pays 0% Coverage Gap "eliminated"
	Catastrophic Coverage Phase	Patient pays 0%**	Patient goes directly to Catastrophic Coverage Phase

*OOP – see CMS' definition of TrOOP – True Out Of Pocket Costs - <https://www.cms.gov/files/document/11223-ppdf>

**years prior to 2024, patients had a co-insurance present during Catastrophic Coverage Phase

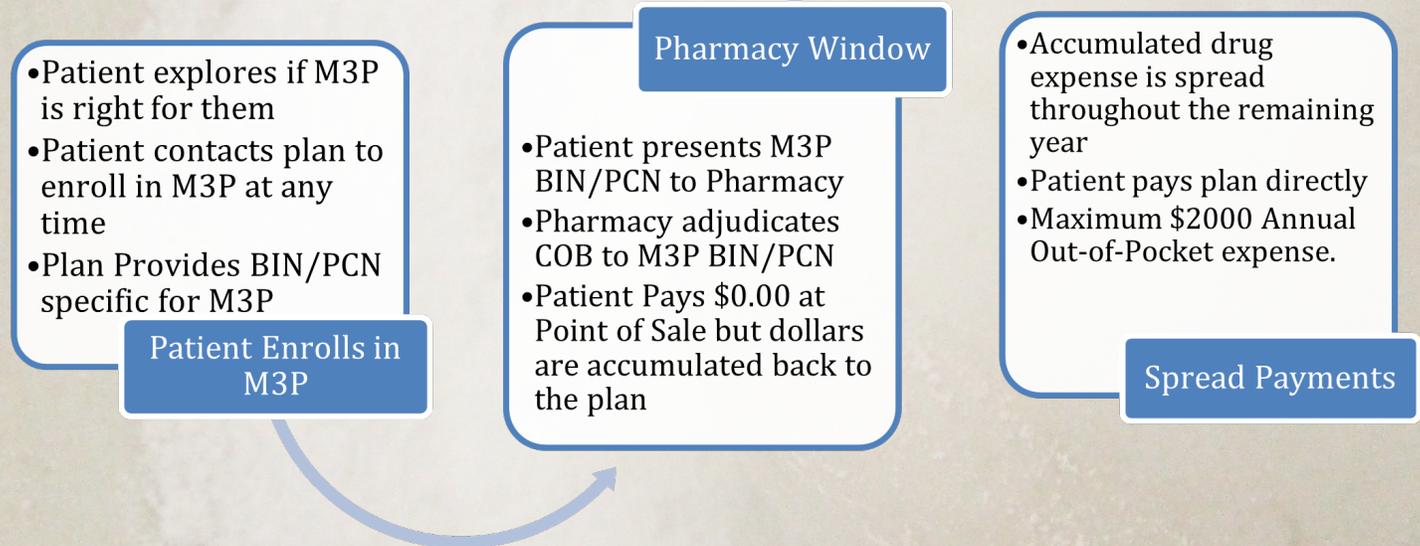
Legislative Corner (cont.)

New Prescription Payment Option for Medicare Part D Participants

In 2025, a new program called the Medicare Prescription Payment Plan (MPPP or M3P) is a completely voluntary option that allows patients to spread their out-of-pocket (OOP) drug expenses throughout the year.

The M3P program gives your patient the option of making monthly installment payments for covered prescriptions. Patients can enroll during open enrollment or anytime throughout the year.

Once the patient enrolls, a unique BIN/PCN will be provided by the patient’s plan. This BIN/PCN methodology must be billed as a coordination of benefits (COB) at the pharmacy to effectuate the \$0 at the point of service. The following table summarizes the M3P “process”.



References

Centers for Medicare & Medicaid Services. (2024). *Understanding True out-of-pocket (TrOOP) costs*. Retrieved from <https://www.cms.gov/files/document/11223-ppdf>

Centers for Medicare & Medicaid Services. (2024). *Medicare Prescription Payment Plan timeline*. Retrieved from <https://www.cms.gov/files/document/medicare-prescription-payment-plan-timeline.pdf>

Centers for Medicare & Medicaid Services. (2024). *Fact sheet: Final CY 2025 Part D redesign program instructions*. Retrieved from <https://www.cms.gov/files/document/fact-sheet-final-cy-2025-part-d-redesign-program-instructions.pdf>

Centers for Medicare & Medicaid Services. (2024). *Medicare Prescription Payment Plan: Final part one guidance on select topics, implementation of section 1860D-2 of the Social Security Act for 2025, and response to relevant comments*. Retrieved from <https://www.cms.gov/files/document/medicare-prescription-payment-plan-final-part-one-guidance.pdf>

DEA – Controlled Substance Ordering System (CSOS) Update

On December 4th, 2024 the DEA launched a new platform that allows registrants to approve, revoke and renew their CSOS Certificates. For entities that have elected to use CSOS, paper applications for enrollment will no longer be accepted after January 10th, 2025.

This new enhanced online platform allows for document submission and certificate management all electronically through a secure verification platform via: www.login.gov.



More information can be found in this press release.

[Enhancements-to-the-Controlled-Substance-Ordering-System-CSOS-12092024.pdf](https://www.dea.gov/enhancements-to-the-controlled-substance-ordering-system-csos-12092024.pdf)

247 CMR Workgroup

On December 9th, 2024, the Board of Pharmacy announced that 247 CMR 6, 9, 15, and 20 have been promulgated. Changes include updates to the following sections:

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Legislative Corner (cont.)

- 247 CMR 6 – Licensure of Pharmacies
- 247 CMR 9 - Professional Practice Standards
- 247 CMR 15 – Continuous Quality Improvement
- 247 CMR 20 – Reporting

In the memorandum issued on November 19th, 2024, ([download](#)), application for institutional licensure will be available January 1st, 2025 and are expected to be submitted by March 31st. Once the Board has reviewed the application, an inspector will contact the applicant to arrange an initial on-site visit.

The application process requires several components that are outlined in the November 19th Memorandum. They include Hospital MCSR, Name of Manager of Record (MOR), Name of Supervising Pharmacist, List of Individuals who physically compound, Certified Blueprints, Sterile Compounding Compliance Checklist, a Completed Inspection Template, and additional documents (including but not limited to Policies and Procedures).

[Microsoft Word - 797 Documents for Inspection 5.9.24](#)

Attendees to these virtual sessions have expressed confusion over the application process. With the help of our colleague Paul Baker from MGH, we set up three virtual sessions open

to MSHP members and reviewed the application. Turnout was spectacular! With over 100 members participating, we were able to discuss several topics and MSHP has asked the Board of Pharmacy to comment on:

1. Manager of Record Requirement
 - Board of Pharmacy expectation of Supervisors/MOR and their responsibilities versus Institution Pharmacy practice.
2. Certified Architectural Blueprints
 - Availability of signed and sealed documents.
3. Waiver Process
 - Clarification on the timing and application of waivers.
 - Honoring existing DPH waivers.
4. Communications/Changes
 - Challenges in staying abreast of any changes that may have occurred.

We are awaiting word from the Board of Pharmacy for a request to meet to discuss. Alex Wilkocki expresses sincere thanks to Scott Shepard, Jackie Gagnon and Ron Lanton for helping drive this initiative.

DEI Scholarship Winners

Congratulations to the MSHP DEI Scholarship winners, presented in December 2024!



Nasr Issa, PharmD Candidate, Class of 2025, Massachusetts College of Pharmacy and Health Sciences-Worcester

I hope to use the MSHP DEI Scholarship to further pursue my passions with a post-doctoral industry fellowship.



Yoon Jae "Michelle" Jo, PharmD Candidate, Class of 2025, Northeastern University, Bouvé College of Health Sciences

I am honored to have been selected as a recipient of the MSHP DEI Scholarship. I will be using this scholarship to pursue an Industry Fellowship.

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DEI Scholarship Winners (cont.)



Ching Nung "Selina" Lin, PharmD Candidate

Class of 2025

Massachusetts College of Pharmacy and Health Sciences-Boston

I am incredibly grateful and honored to be the recipient of the MSHP DEI Scholarship this year. With this support, I plan to pursue a PGY1 residency focused on ambulatory care, geriatrics, and serving underserved populations.



Gail O. Mensah, PharmD Candidate

Class of 2025

Northeastern University

I am truly grateful to MSHP and the selection committee for recognizing my commitment to leadership, volunteerism, and addressing DEI barriers in pharmacy. This scholarship will significantly support my pursuit of a fellowship.



Gabriella Oliveira, PharmD Candidate

Class of 2025

Western New England University

I am honored to have been selected as a recipient of the MSHP DEI Scholarship to support my PhORCAS registration. I will be using this scholarship to apply to PGY1 residency programs with a focus on ambulatory care, where I aim to make a meaningful impact in diabetes management.



Kishan Patel, PharmD Candidate

Class of 2025

Massachusetts College of Pharmacy and Health Sciences-Worcester

I hope to use the MSHP DEI Scholarship to further pursue my passions with a post-doctoral industry fellowship.

Technician Spotlight: **Brian Gavin, CPhT**



Brian Gavin, CPhT, Pharmacy Technician and Student Manager at Beth Israel Deaconess Medical Center (BIDMC), began his career as a pharmacy technician in 2010 at Boston Children's Hospital after taking a part-time pharmacy courier position there in 2009. As a pharmacy courier, he had the chance to observe the roles and responsibilities of pharmacy technicians, which sparked his interest in the field. After meeting with other

technicians and pharmacists, he started studying for the national certification exam, which he successfully passed after a few months of preparation.

In 2010, Brian officially started his journey as a pharmacy technician, working in non-sterile compounding in the central pharmacy and handling Pyxis refills. He was eager to learn as much as possible about the technician role, which eventually led him to sterile compounding. After building a solid foundation in the sterile environment, he gained experience in both the oncology and ambulatory clinics at Boston Children's Hospital.

Leveraging his leadership experience, he became a Lead Pharmacy Technician, overseeing daily operations across all pharmacy spaces. This role prepared him to transition into a Supervisor position in 2018, where he focused on training and scheduling.

At the end of 2022, Brian saw an opportunity to advance his career and accepted the position of Pharmacy Technician and Student Manager at BIDMC. Since becoming a pharmacy technician, he has focused on helping others gain the knowledge and education needed to enter

the field. Someone once took a chance on him, so he's always lived by the motto "Pass it on."

Since joining BIDMC, Brian has helped implement the Pharmacy Technician Trainee program, which has enabled seven individuals to graduate and secure pharmacy technician positions within the department. He has also been an active member of the Massachusetts Society of Health-System Pharmacists (MSHP) Pharmacy Technician Committee since 2022 and was recently elected co-vice chair for the 2024–2025 year. This past summer, he attended the Pharmacy Technician Educators Council conference in Charleston, South Carolina, connecting with educators from across the country to support the development of his team.

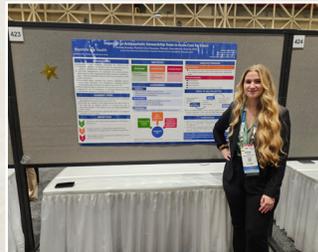
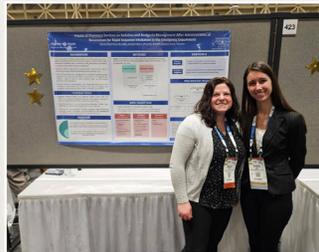
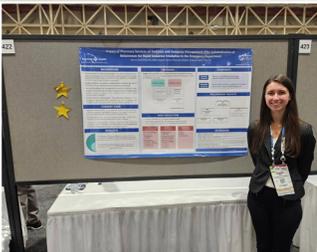
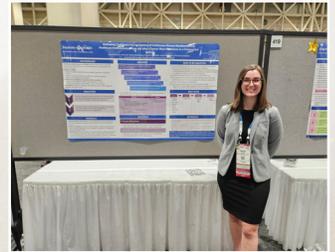
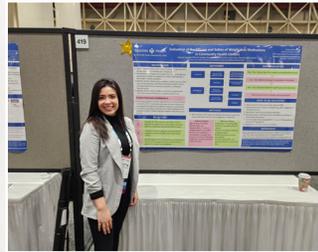
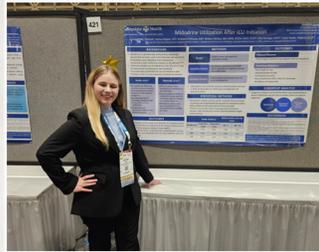
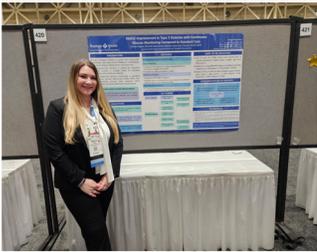
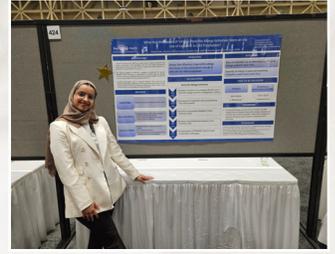
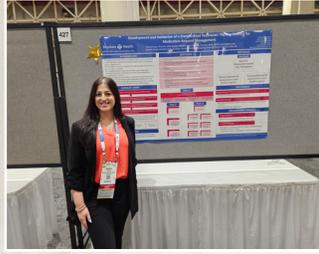
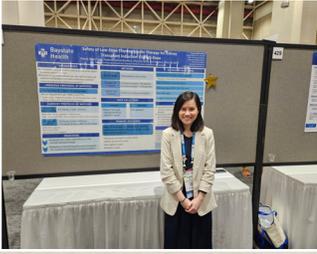
Outside of pharmacy, Brian enjoys spending time with his wife and three children, while also finding time to play soccer and golf whenever he can. Early in his working career, someone told Brian, "You will only get back what you give to this world," and that message has resonated with him in every role he's taken on. It's the reason he's always looking for opportunities to help others.

Brian's contributions to the pharmacy technician profession are evident in his collaborative work across multiple organizations. A natural leader with insightful ideas, his dedication to personal and professional growth directly translates to improved care for the patients he serves, while also benefiting his team.

— *Brian's colleague, Julie Lanza, CPhT-Adv, CSPT, FMSHP*

Midyear Memories

Some candid shots of Baystate Medical Center pharmacy residents and MSHP members in action at the ASHP Midyear Clinical Meeting in New Orleans, December 2024.



Practice Developments

Editor: Jonathan Zand, PharmD BCPS

Contributors: Katherine Lee, PharmD BCPS, and MaryRose Maiullari, PharmD BCPS

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

RECENT GUIDELINES

Assessment of Kidney Function for Medication Decisionmaking

Special thanks to Andrew Webb, PharmD BCCCP, Clinical Pharmacy Specialist, Neurology/Neurocritical Care, Massachusetts General Hospital and Rachel Eyley, PharmD BCPS, Nephrology Senior Content Specialist, Wolters Kluwer Health, who contributed to the following perspective:

Despite the availability of more accurate estimates of kidney function, the Cockcroft-Gault creatinine clearance (C-G CrCl) equation remains in wide use for adjusting medication doses based on published references and drug labels. The C-G equation was derived in 1973 in non-obese white males at a time when creatinine assays were not standardized. The 15% reduction in CrCl values applied for females is meant to account for their presumed lower muscle mass, but this adjustment is empirical and not based on actual data. Other limitations include the various ways the equation is modified to adjust for unrepresented populations, e.g., the use of ideal or lean weight for patients with obesity and rounding low creatinine values to 1.0 in older adults with low creatinine-producing muscle mass. There is no version of the C-G equation that has been adjusted for use with contemporary creatinine values, and its use with current values can overestimate kidney function, leading to inaccuracies in drug dosing.

To address these issues, a task force convened by the National Kidney Foundation (NKF) has published a consensus statement recommending the replacement of C-G CrCl with a modern race-free eGFR estimate such as CKD-EPI 2021 for medication dosing. The 2021 race-free CKD-EPI eGFR equation is more accurate, less sensitive to extremes in body weight or creatinine, and was derived using modern, standardized creatinine assays. Several small recent studies demonstrate that eGFR predicts drug exposure more accurately than C-G for several renally eliminated medications, even when the drug labels have dosing recommendations based on C-G CrCL.

When using reported eGFR values for medication dosing, keep in mind that values are standardized to average body surface area (BSA) to compare (stage) kidney function among patients of different body sizes. However, for medication-related decision-making (dose adjustments), eGFR **without normalization** to average BSA is used for patients with BSAs significantly lower or higher than 1.73 m² (i.e., small or very large patients).

The NKF consensus statement provides an excellent platform to open dialogue among pharmacists, clinical leadership, nephrologists, and other healthcare team members on updating institutional guidance for assessing kidney function for drug dose adjustments in patients with kidney disease. Read more about the task force's recommendations in the [American Journal of Health-System Pharmacy](#).

Source: St. Peter WL, Bzowckyj AS, Anderson-Haag T et al. Moving forward from Cockcroft-Gault creatinine clearance to race-free estimated glomerular filtration rate to improve medication-related decision-making in adults across healthcare settings: A consensus of the National Kidney Foundation Workgroup for Implementation of Race-Free eGFR-Based Medication-Related Decisions. Am J Health-Syst Pharm. 2024 Nov 18 online ahead of print (PMID 39552516)

Management of Acute Asymptomatic Hypertension in Hospitalized Patients

The American Heart Association (AHA) issued consensus recommendations on the management of asymptomatic elevated blood pressure (BP) in hospitalized patients. The scientific statement recommends against "as-needed" medication orders for asymptomatic elevated BP due to an increased risk of poor cardiorenal outcomes and the potential for causing hypotension which can lead to "holding" chronic antihypertensives and a cycle of over- and under-correction. The guideline reinforces the need to distinguish asymptomatic from symptomatic (i.e., target organ damage) hypertension which warrants emergent blood pressure lowering with medication. For patients with elevated BP readings who are asymptomatic, reversible causes (e.g., anxiety, pain, patient woken up for BP measurement) should be addressed before adding antihypertensives. Patients with an existing hypertension diagnosis should be continued or restarted on home antihypertensives as soon as clinically appropriate. Doing so will increase the identification of patients who require optimization of their regimen in accordance with current guidelines.

Source: Bress AP, Anderson TS, Flack JM, et al. The Management of Elevated Blood Pressure in the Acute Care Setting: A Scientific Statement from the American Heart Association. Hypertension. 2024 Aug;81(8):e94-e106 PMID 38804130

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Prevention of Perinatal HIV Transmission

The Department of Health and Human Services has updated HIV perinatal guidelines. Some of the main updates include:

- If viral load becomes detectable in the breastfeeding parent, the Panel recommends breastfeeding be discontinued and replaced with alternative feeding until the viral load is rechecked. The threshold for permanent discontinuation is HIV RNA ≥ 200 copies/mL
- Depending on the level and persistence of viremia, infant antiretroviral prophylaxis should be reassessed
- The decision to restart breastfeeding when viral load is undetectable involves shared decision-making between parent and provider
- Recommendation for virologic testing at birth for all infants with perinatal HIV exposure, unless low-risk (i.e., born to a person with HIV RNA levels < 50 copies/mL from 20 weeks gestation to delivery)

Source: Panel on Treatment of HIV During Pregnancy and Prevention of Perinatal Transmission. Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States. Department of Health and Human Services. December 19, 2024. <https://clinicalinfo.hiv.gov/en/guidelines/perinatal/whats-new>

FDA/CDC

FDA Approves First-in-Class Non-Opioid Analgesic

In January 2025, FDA approved a novel non-opioid oral analgesic to treat moderate to severe acute pain in adults. It is the first non-opioid oral analgesic approved by the FDA in 20 years and is expected to reduce the risks of addiction and overdose associated with opioid analgesics. Suzetrigine inhibits sodium channels ($\text{Na}_v 1.8$ voltage-gated) that are expressed in the dorsal root ganglia and involved in the transmission of pain signals to the spinal cord. Approval was based on two 48-hour placebo and active-controlled phase III trials in patients who had undergone abdominoplasty or bunionectomy. It was well-tolerated and more effective than placebo but not superior to hydrocodone-acetaminophen. It is a substrate of CYP3A4; use with strong 3A4 inhibitors is contraindicated. Grapefruit food or drink is to be avoided. It is also a CYP3A4 inducer. The dose of suzetrigine in normal liver function is 100 mg once, followed by 50 mg every 12 hours for the shortest possible duration. It is expected to become available in or around March 2025. Suzetrigine may prove to be an alternative when an NSAID and/or opioid is not appropriate; however,

its role in the management of acute post-surgical pain is not yet established.

Sources: FDA News Release (January 30, 2025) FDA Approves Novel Non-Opioid Treatment for Moderate to Severe Acute Pain <https://www.fda.gov/news-events/press-announcements/fda-approves-novel-non-opioid-treatment-moderate-severe-acute-pain> and https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/219209Orig1s000lbl.pdf

FDA Warning on RSV Vaccines

The FDA has required manufacturers of recombinant respiratory syncytial virus (RSV) vaccines Abrysvo and Arexvy to update their labeling to include a warning about an increased risk of Guillain-Barré Syndrome (GBS) within 42 days after either vaccine's administration. The symptoms of GBS include muscle weakness and paralysis. While a causal relationship has not been established, the potential association should be considered in shared decision-making with patients on the risks and benefits of vaccination.

Source: FDA Requires Guillain-Barré Syndrome (GBS) Warning in the Prescribing Information for RSV Vaccines Abrysvo and Arexvy. Food & Drug Administration. https://www.fda.gov/vaccines-blood-biologics/safety-availability-biologics/fda-requires-guillain-barre-syndrome-gbs-warning-prescribing-information-rsv-vaccines-abrysvo-and?utm_medium=email&utm_source=govdelivery (1/7/25)

FDA Approval of Nirmatrelvir-Ritonavir (Paxlovid) in Severe Kidney Impairment

A new dose pack has been approved for use in patients with severe kidney impairment (eGFR < 30 mL/min) including those requiring intermittent hemodialysis (iHD). On day 1, 300 mg nirmatrelvir with 100 mg of ritonavir is administered once. On days 2 to 5, the patient receives 150 mg of nirmatrelvir with 100 mg of ritonavir once daily. On dialysis days, the dose is given after dialysis.

Sources:

Label: https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/217188s008lbl.pdf

Letter: https://www.accessdata.fda.gov/drugsatfda_docs/appletter/2025/217188Orig1s008ltr.pdf

CDC 2025 Immunization Schedule for Adults

Persons 65 years of age or older are now recommended to receive two or more doses of a 2024-2025 COVID-19 vaccine. Pneumococcal vaccine is now recommended for all adults 50 years or older, and the newest conjugate vaccine (PCV21) is now included in the recommendations. Respiratory syncytial virus (RSV) vaccine has a stronger recommendation for persons 75 years or older.

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Source: US Centers for Disease Control and Prevention. Adult immunization schedule: Recommendations for ages 19 years and older, United States, 2025. <https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html>

CDC Recommends Lowering the Age for Pneumococcal Vaccination from 65 to 50 Years old

CDC now recommends pneumococcal conjugate vaccine (PCV) for all adults aged ≥50 years. This expansion is based on data that adults between age 50-64 experienced higher disease

invasive pneumococcal disease (IPD) rates than individuals <50 years. IPD rates among Black adults between 55-59 were also higher than non-Black adults.

Sources: CDC Recommends Lowering the Pneumococcal Vaccine Age to 50. JAMA. 2025;333(1):13. <https://jamanetwork.com/journals/jama/article-abstract/2827763> PMID: 39641964; Expanded Recommendations for Use of Pneumococcal Conjugate Vaccines Among Adults Aged ≥50 Years: Recommendations of the Advisory Committee on Immunization Practices — United States, 2024. MMWR Morb Mortal Wkly Rep 2025;74:1-8. <https://www.cdc.gov/mmwr/volumes/74/wr/mm7401a1.htm>

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