MSHP Massachusetts Society of Health-System Pharmacists

NEWSBRIEFS

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Massachusetts Society of Health – System Pharmacists

Massachusetts Society of Health System Pharmacists (MSHP)

From MSHP President Alex Wilkocki:

Fellow MSHP Colleagues,

As we move through the winter months and into 2026, I want to take a moment to reflect on the continued progress MSHP has made and share several important updates. Thanks to your engagement and commitment, we are entering the new year with strong momentum.

ANNUAL MEETING – APRIL 9–10, 2026

Planning for the "Greatest Pharmacy Show on Earth!" is well underway. Our Annual Meeting Committee has been working diligently to develop a dynamic program that will showcase innovative practice models, legislative updates, leadership development, and recognition of the outstanding work happening across the Commonwealth.

We are excited about the robust agenda taking shape and the opportunities it will provide for networking, collaboration, and celebration. Registration details and speaker highlights are available on our website. Please mark your calendars and plan to join us for what promises to be an energizing and impactful event.

WEBSITE DEVELOPMENT & COMMUNICATIONS EXPANSION

Speaking of the website, I'd like to thank Bryan Cook and the Communication Committee's Paul Baker on achieving one of our key goals this year: updating our website. This investment reflects our commitment to transparency, accessibility, and long-term organizational growth. It will strengthen our public presence and how we connect with members to elevate the visibility of health-system pharmacy across the Commonwealth.

The new platform's functionality will:

- Provide easier access to CE offerings and event registration
- Offer timely legislative and regulatory updates
- Highlight member achievements and institutional innovations
- Improve committee collaboration and engagement

LEGISLATIVE & REGULATORY ADVOCACY

Advocacy continues to be a central focus for MSHP. Our Legislative Committee remains actively engaged on Beacon Hill, meeting with legislators and stakeholders to advance policies that protect patients and strengthen pharmacy practice.

Key MSHP-supported legislation remains in motion that include 340B protections for Covered Entities, access to medication and care. Some bills may have been renumbered as they proceed through the committee review.

- H4494 – 340B Non-Discrimination by PBMs
- H4956 – Patient Choice for Clinician Administered Drugs
- S800/H4332 – Pharmacists Recognized and Reimbursed as Healthcare Providers
- H785 – Act protecting 340B contract pharmacies.

QUICK LINKS

- About MSHP
- MSHP Annual Meeting 2026
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President's Message *Continued*

We are continuing to provide testimony, regulatory input, and subject matter expertise as these bills progress. Thank you to Jacqueline Gagnon, Frankie Mernick, and Ron Lanton for leading the charge of our Legislative Committee efforts. Our frontline experiences and stories are powerful tools in these efforts.

MSHP FOUNDATION

We are excited to announce the revival of the MSHP Foundation and the formal establishment of its Board of Directors. After a thoughtful evaluation of our organization's long-term financial standing and strategic goals, it became clear that strengthening our financial infrastructure was essential to sustaining and growing our mission. Under the leadership of Neil Gilchrist, the Foundation will provide a dedicated vehicle for charitable giving, fundraising and financial stewardship. It allows us to diversify revenue streams, create opportunities for tax-deductible contributions, pursue grants and establish funds that support scholarship, programming and professional development. By creating this structure pathway for philanthropic support, we ensure that MSHP can invest strategically in its members and the communities we serve… not just for today but for generations to come.

Thank you for the vital work you do every day to advance patient care and the profession of pharmacy. I look forward to seeing many of you in Quincy at "The Greatest Pharmacy Show on Earth."

Warm regards,

Alex Wilkocki, PharmD, MBA, BCPS
President
Massachusetts Society of Health-System Pharmacists

MSHP Annual Meeting 2026

Our keynote address, on day 2, highlighting the impact of drug shortages and mitigation strategies will be provided by Michael Ganio, PharmD, MS, BCPS, BCSCP, CPHIMS, FASHP, Senior Director of Pharmacy Practice and Quality at the American Society of Health-System Pharmacists.

Our director programming on day 1 will be delivered by Michelle Chan, RPh, Quality Assurance Pharmacist at the Massachusetts Board of Registration in Pharmacy and will provide an overview of current sterile compounding compliance. All registrants who are interested in the topic are welcome to attend!

In addition to the traditional clinical CE activities, leadership CE activities, two live law CE activities, and preceptor development activities, a new pharmacy practice track, which includes programming on specialty pharmacy, transitions of care, and medication safety, is being introduced on day 1. The pharmacy practice CE activities are accredited for both pharmacists and pharmacy technicians.

We are excited to announce the inclusion of three student clinical pearls this year, which will be presented on day 2.

Registration includes 16 hours of live programming, followed by access to 5 hours of home study sterile compounding credits and 1 hour of home study preceptor development credit after the live meeting occurs.

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★ MSHP PRESENTS ★

THE GREATEST PHARMACY SHOW ON EARTH!

AGENDA

MSHP

MSHP 2026 Annual Meeting ★ April 9–10, 2026 ★ Marriott Quincy

★ REGISTER ★

DAY 1: THURSDAY, APRIL 9, 2026

TIME	TECHNICIAN TRACK	PHARMACIST PRACTICE TRACK	DIRECTORS
12:30 PM–1:30 PM			**Director CE: Sterile Compounding Compliance Overview** ***Michelle A. Chan**, BS Pharmacy, (Pharmacists & Technicians)*
1:30 PM–2:30 PM	**Tech CE 1: Under the Big Top of Pharmacy: A 2025 New Drug Review** ***Aline Keomurjian**, PharmD, BCGP &* ***Anisha Ventura**, BS, CPhT, (Pharmacists & Technicians)*	**Pharm Practice 1 (Specialty Pharmacy): Step Right Up! Inside the World of Specialty Pharmacy** ***Thai Nguyen**, PharmD, CSP, 340B ACE, (Pharmacists & Technicians)*	
2:30 PM–2:45 PM	**Break**		
2:45 PM–3:45 PM	**Tech CE 2: No Tricks Just Safety: A Medication Safety Technician's Role in Error Prevention** ***Luana Guzman**, CPhT, (Pharmacists & Technicians)*	**Pharm Practice 2 (Medication Safety): Building Your Franchise: The 2026 Medication Safety Technology Draft** ***Emily Messing**, PharmD, BCPS, CPPS &* ***Andrew Stivers**, PharmD, (Pharmacists & Technicians)*	**Reverse Expo**
3:45 PM–4:00 PM	**Break**	**Break**	**Reverse Expo**
4:00 PM–5:00 PM	**Tech CE 3: Ringmasters of Educations: Why CPTEd Matters in Pharmacy Technician Training** ***Carolyn LaRose**, CPhT-ADV, CPTEd, (Pharmacists & Technicians)*	**Pharm Practice 3 (Transitions of Care): Improving Patient and Medication Safety During Care Transitions** ***Rachel Cyrus Blum**, PharmD, BCPS, (Pharmacists & Technicians)*	**Reverse Expo**
5:00 PM–6:30 PM	**Tech Network**	**Cocktail Hour**	**Cocktail Hour**
6:30 PM–9:00 PM	**Honors/Awards**		

DAY 2: FRIDAY, APRIL 10, 2026

TIME	CLINICAL TRACK	LEADERSHIP/OPERATIONS TRACK	OTHER ADDITIONS
7:45 AM–8:00 AM	**Coffee**		
8:00 AM–8:15 AM	**Opening Remarks**		
8:15 AM–9:15 AM	**Keynote: The Vanishing Act: Drug Shortages in the United States** ***Michael Ganio**, PharmD, MS, FASHP, (Pharmacists & Technicians)*		
9:15 AM–9:30 AM	**Break**		
9:30 AM–10:30 AM	**Law CE 1: Walking the Legislative Tightrope: Pharmacy Advocacy in Action** ***Francesca Mernick**, PharmD, BCPS, **Jacqueline Gagnon**, PharmD, BCPS, FMSHP, & **Ron Lanton III**, Esq, (Pharmacists & Technicians)*		
10:30 AM–11:30 AM	**Exhibitors**		
11:30 AM–12:00 PM	**Lunch**		
12:00 PM–12:30 PM			**Posters**
12:30 PM-1:30 PM	**Clinical CE: LAI of the Land: Navigating New Long-Acting Injectable Antipsychotics** ***Christie Costello**, PharmD, BCPS, BCPP, (Pharmacists)*	**Delegate Town Hall: Step Right Up to Learn About This Year's New ASHP Policies and Procedures** ***Neil Gilchrist**, PharmD, BCPS, **Erica Housman**, PharmD, **Jason Lancaster**, PharmD, BCPS, & **Russ Roberts**, PharmD, BCCCP, (Pharmacists & Technicians)*	**Posters**
1:30 PM–1:45 PM	**Break**		**Posters**
1:45 PM–2:45 PM	**Clinical Pearls (Residents and Students with their Preceptors)** *(Pharmacists)*	**Leadership CE 1: Step Right Up: Rethinking Leadership, Trust, and Pharmacy Team Partnerships** ***Charlotte V. Hook**, MHA, CPhT-Adv, CSPT, CPHQ, CPTEd & **Julie Lanza**, CPhT-Adv, CSPT, CPTEd, (Pharmacists & Technicians)*	
2:45 PM–3:00 PM	**Break**		
3:00 PM–4:00 PM	**Preceptor Development: Trainees State of the Union: Where are We with Trainees Post-COVID?** ***Molly Curran**, PharmD, BCCCP, **Frank Szczerba**, PharmD, BCPS, BCPPS, **Deepika Sivakumar**, PharmD, MS, BCPS, BCEMP, & **Emma Daly**, PharmD, MBA, (Pharmacists)*	**Leadership CE 2: The Current 340B Landscape, A Three Ring Circus** ***Shawn Wood**, MBA, 340B ACE & **Nary Yan Heng**, MBA, CPhT, (Pharmacists & Technicians)*	
4:00 PM–4:15 PM	**Year in Review**		
4:15 PM–5:15 PM	**Law CE 2: Policy, Pricing, and Patient Access: Navigating the New Era of Pharmaceutical Trade and Regulation** ***Ron Lanton III**, Esq, (Pharmacists & Technicians)*		
5:15 PM–5:30 PM	**Closing Remarks**		

**Registrants will gain access to an additional 6 hours of home study credit after attending the live conference, then a section for sterile compounding with the CE's bulleted, and a section for preceptor development with the CE bulleted.*

ASHP House of Delegates Representative Elected

Dr. Neil Gilchrist, PharmD, MBA, BCPS, DPLA was elected the newest MSHP representative to the ASHP House of Delegates.

Dr. Gilchrist is the Chief Operating Officer at Beth Israel Lahey Health Pharmacy, part of a fourteen hospital health system in the Boston, Metro Boston, and Southern New Hampshire areas. He has oversight of Specialty, Retail, Mail Order, Home Infusion, Medication Access and Drug Distribution Services. Prior to his current role, Dr. Gilchrist served as Chief Pharmacy Officer at UMass Memorial Medical Center in Worcester, Massachusetts. During his more than twenty years of health system experience, he has focused on delivery of integrated, patient centric care and the value of health system pharmacy programs.

Dr. Gilchrist received his Doctorate of Pharmacy degree (PharmD) from Massachusetts College of Pharmacy, Boston, in 2004 and a Masters in Business Administration (MBA) in Healthcare Administration from New England College School of Business in 2015. In addition, he completed a general Pharmacy Practice Residency at UMass Memorial Medical Center in 2005. Dr. Gilchrist has been an active member of MSHP for more than twenty years, serving in the roles of President (2023-2024), Director-at-Large, Secretary, Chair of the Annual Meeting Committee and active member of several additional committees.

He has been engaged and active with our legislative efforts over the past six years and instrumental in reorganizing our legislative structure and lobbying efforts. He has provided testimony to the Massachusetts Health Policy Commission and to the Committee on Healthcare Financing on several topics. Dr. Gilchrist is passionate about utilizing his experience to advocate for the advancement of health system pharmacy practice and policy.

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 Pharmacy Futures Meetings (formerly called 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 2026–2027

- **NEIL GILCHRIST**, PharmD, MBA, BCPS, DPLA
- **ERICA HOUSMAN**, PharmD
- **JASON LANCASTER**, PharmD, MEd, RPh, BCPS, FCCP
- **RUSSEL ROBERTS**, PharmD
- **FRANKIE MERNICK**, PharmD, BCPS (Alternate)

Legislative Year in Review 2025

NAVIGATING THE "NEW REALITY"

A Look Back at 2025 & What the MSHP Legislative Committee Accomplished for Its Members

If 2024 was the year the ground began to shift, 2025 was the year the landscape truly changed. State-level advocacy demanded constant vigilance, while federal policy was reshaped at a pace and scale we haven't seen in decades. Yet through every challenge—legislative gridlock, aggressive policy proposals, and sweeping federal reforms—the MSHP Legislative Committee delivered meaningful wins for hospital pharmacy and positioned our members for the battles ahead.

Below is a strategic look back at what we accomplished together.

STATE LEGISLATIVE DEFENSE & ADVOCACY

Stopping the Pharmacy Tax in Its Tracks

One of the most significant threats of 2025 emerged early: a proposed "Pharmacy Prescription Assessment" tax in both Maine and Massachusetts. Recognizing the interconnected nature of these proposals, we executed a coordinated, cross state strategy.

- **Strategy:** We leveraged our relationships in Maine to defeat the tax there first, knowing that success would strengthen our position in Massachusetts.

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Legislative Year in Review 2025 *Continued*

- **Outcome:**
  - **Maine:** The tax was halted in the Appropriations Committee.
  - **Massachusetts:** Despite strong support from the Governor, we held the line and prevented the tax from advancing—protecting hospital pharmacies from a devastating financial burden.

Provider Status & "Test to Treat" (H.1091/S.800 → H.4332)

On April 29, 2025, we testified before the Joint Committee on Financial Services, urging passage of legislation to clarify and modernize pharmacists' provider authority.

- **Key Messages:**
  - Existing statutes recognize pharmacists as providers but leaves ambiguity.
  - COVID 19 revealed an outdated regulatory system that hindered emergency response.
  - This bill is essential preparation for future public health threats, including avian flu and measles.
- **Status:** The bill was renumbered H.4332 and now sits in the Health Care Financing Committee, awaiting further action.

340B Protections (H.1274, H.785, H.4494)

We testified on June 10, 2025, shifting our strategy to emphasize anti discrimination in reimbursement.

- **Key Messages:**
  - PBMs routinely reduce reimbursement or impose fees solely because a pharmacy accesses 340B pricing.
  - Nearly 30 states—including Vermont—have already enacted protections.
  - Our message was clear: **"Don't pay our people less than your people."**
- **Status:** All bills remain in committee.

MAC Transparency (H.1326/S.827)

We submitted testimony exposing PBMs' use of multiple MAC lists—one low list to pay pharmacies and a higher one to bill plan sponsors.

- **Key Messages:**
  - This spread pricing is unsustainable.
  - Without transparency, the "financial dam is breaking," and pharmacy closures will accelerate.

White Bagging (H.1313/H.2922)

We strengthened alliances with the Massachusetts Hospital Association (MHA) and Boston Medical Center (BMC), securing MHA's commitment to merge our House bill with their Senate bill for a unified approach.

FEDERAL POLICY & WHAT'S COMING IN 2026

The "Big Beautiful Bill Act"

Signed July 4, 2025, this sweeping reconciliation bill reshaped federal healthcare policy.

- **Rural Health:** $50 billion in transformation funding, including opportunities for rural pharmacies.
- **Site-Neutral Payments:** Expanded to outpatient services, reducing reimbursement for hospital outpatient departments.

New Payment Models: MFN & GENEROUS

The administration introduced aggressive new pricing models:

- **GENEROUS Model:** A voluntary Medicaid model tying U.S. prices to G7 benchmarks.
- **Trump Rx:** A direct to consumer website offering negotiated cash prices for GLP 1s (e.g., Zepbound at $299, Wegovy at $150).

Federal 340B Defense

We submitted strong comments opposing HRSA's proposed 340B Rebate Model Pilot Program, arguing that shifting from upfront discounts to rebates would undermine the program's purpose and destabilize hospital finances.

A Major Win in Maine Benefits Massachusetts

In December 2025, the U.S. District Court in Maine issued a preliminary injunction blocking HRSA's rebate pilot. The court found:

- HRSA likely violated the Administrative Procedure Act.
- The agency failed to analyze impacts on hospital cash flow and patient access.
- Public comments on administrative burden were ignored.

Both the district court and the First Circuit refused to lift the injunction.

Result: The rebate pilot is paused, and the traditional upfront discount model remains in place.

Pharmacies should continue operating under existing 340B processes unless new guidance is issued.

REGULATORY & BOARD OF PHARMACY RELATIONS

Launching the MSHP Regulatory Affairs Subcommittee

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Legislative Year in Review 2025 *Continued*

A major internal milestone in 2025 was the creation of the Regulatory Affairs Subcommittee within the Legislative Committee.

- **Purpose:** Serve as an "early warning system" for members.
- **Collaboration:** Built in partnership with MSHP President Alex Wilkocki.
- **Focus Areas:** Sterile compounding, workforce regulations, and emerging compliance issues.

DSCSA Implementation & CE Training

With DSCSA entering its stabilization phase, we hosted a comprehensive CE program on December 2, 2025.

Highlights included:

- The evolution of drug pedigree laws post NECC.
- Insights from the September 24, 2025 FDA Town Hall:
  - 70% of pharmacies now receive serialized data.
  - Persistent issues with data quality and "portal fatigue."
- Key obligations for pharmacists:
  - Verify trading partner licenses.
  - Maintain tracing documentation for six years.
  - Use FDA Form 3911 within 24 hours for illegitimate product reports.

Board of Pharmacy Updates

- **Vaccines:** We collaborated with DPH, Mass Medical Society, and the Board to counter misinformation about vaccine eligibility.
- **Compounding:** The Board reaffirmed that 503A pharmacies cannot re dispense 503B compounds until FDA guidance is finalized.

STRATEGIC ALLIANCES & COMMUNITY LEADERSHIP

Unifying the Profession

MSHP continued its strong partnership with MPhA and other state pharmacy organizations, culminating in a successful Advocacy Day on October 23, 2025.

Strengthening Medical & Hospital Ties

2025 marked a turning point in our relationships with key medical stakeholders:

- **Massachusetts Medical Society (MMS):** We continued our collaboration —expanding to PBM reform and prior authorization streamlining.
- **Massachusetts Hospital Association (MHA):** We aligned legislative strategies on white bagging to ensure a unified message on Beacon Hill.

The Bottom Line

2025 was a year of **holding the line, maintaining alliances, and strengthening our infrastructure.**

- We stopped a pharmacy tax that would have harmed hospitals and patients.
- We launched a new Regulatory Affairs Subcommittee to keep members ahead of regulatory shifts.
- We maintained critical relationships with MPhA, MHA, and MMS.
- We defended 340B at both the state and federal levels.

As we enter 2026, our charge is clear:

Push our state bills out of committee, prepare for new federal models like GENEROUS and GUARD, and continue protecting the practice of pharmacy in every arena where decisions are made.

Residency Spotlight

TUFTS MEDICAL CENTER SOLID ORGAN TRANSPLANT PGY2 PHARMACY RESIDENCY

Tufts Medical Center is adding a Solid Organ Transplant PGY2 Pharmacy Residency Program for the 2026-2027 residency year to its well-established residency programs, which include PGY1, community-based PGY1, health-system pharmacy administration and leadership PGY1/PGY2, critical care PGY2, cardiology PGY2, and ambulatory care PGY2 programs.

Tufts Medical Center is a 415-bed robust organization within the Tufts Medicine system that provides care ranging from routine medical care to complex disease states that affect a diverse patient population. Tufts Medical Center provides comprehensive neurological and neurosurgical care, offers cutting-edge cancer treatments and bone marrow transplantation, and is a Level

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Residency Spotlight *Continued*

One Trauma Center. The transplant programs at Tufts Medical Center include robust kidney and heart transplant with a recent relaunch of the liver transplant program in 2023. In 2025, Tufts Medical Center performed 68 kidney transplants, 63 heart transplants, and 47 liver transplants.

The Solid Organ Transplant PGY2 Residency Program provides advanced training in the delivery of pharmaceutical services to patients who receive a heart, kidney, or liver transplant. In addition to caring for transplant patients, Tufts Medical Center also provides care to pre-transplant candidates and living donors. The residency consists of learning experiences in both acute care and ambulatory settings so that residents are exposed to key areas of solid organ transplant and can participate in transitions of care. Elective opportunities include bone marrow transplant, various intensive care units, and ambulatory clinics at the Tufts Medical Center Boston Main Campus. Additional residency experiences include longitudinal research, medication use evaluation, continuing education program design and presentation, and the opportunity to precept pharmacy learners, including pharmacy students and PGY1 pharmacy residents. Residents will serve as a resource for medication optimization on the transplant multidisciplinary teams. Residents who complete the solid organ transplant residency program will be prepared for advanced care of solid organ transplant patients in a variety of settings and will be prepared to pursue board certification.

Technician Spotlight: Edwin Dorcelus, BA, CPhT

Edwin Dorcelus serves as a Quality Assurance Pharmacy Technician IV at the Dana-Farber Cancer Institute (DFCI) in Boston, MA. In his position, Edwin acts as a critical guardian of patient safety, overseeing the rigorous sterile compounding compliance required for high-stakes oncology treatments. His role sits at the intersection of pharmacy regulatory compliance and operational excellence, ensuring that the most vulnerable patients receive their life-saving medications with the highest assurance of safety.

Edwin's pharmacy journey began in community retail pharmacy in 2008, where he built a strong foundation in medication management. Driven to expand his clinical impact, he transitioned into hospital pharmacy, dedicating over a decade to oncology infusion services. His experience spans complex hazardous compounding and investigational drug services, providing him with a comprehensive understanding of the "life of a medication" from the loading dock to the patient's bedside.

As a specialist in regulatory compliance, Edwin strictly enforces USP 797 and 800 standards within the cleanroom environment. He does not simply monitor compliance; he actively manages risk through rigorous auditing and environmental monitoring. His daily responsibilities include conducting detailed inspections of aseptic technique and medication storage, ensuring that every step of the compounding process adheres to state and federal regulations.

Beyond observation, Edwin is a key player in process improvement. He leads critical validations, including media fill and gloved fingertip testing, and analyzes staff testing data to identify trends. When safety risks are identified, Edwin participates in Root Cause Analyses (RCA) and helps develop effective Corrective and Preventive Actions (CAPA), turning potential vulnerabilities into opportunities for systemic strengthening.

Recently, Edwin has distinguished himself as an innovator within the department. He is currently spearheading a forward-thinking initiative that leverages Artificial Intelligence (AI) to enhance pharmacy operations and drive training efficiency. Additionally, he drives continuous improvement by authoring comprehensive Standard Operating Procedures (SOPs) and developing training curriculums that empower staff to make safety a reflex, not just a rule.

Edwin holds a Bachelor of Arts in Management with a specialization in Logistics and Operations from Southern New Hampshire University (2025), providing him with a unique ability to bridge clinical compliance with business process efficiency. He

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Technician Spotlight *Continued*

combines this academic background with his technical credentials as a Certified Pharmacy Technician (CPhT) to advocate for the professionalization of the pharmacy workforce.

A first-generation Haitian-American born and raised in Boston, Edwin is driven by a deep commitment to his community and the advancement of the pharmacy profession. He views Quality Assurance not merely as a set of rules, but as the vital infrastructure that ensures every patient receives the highest standard of care.

FAVORITE QUOTE

The standard you walk past is the standard you accept.

— David Hurley, former Chief of the Defence Force of Australia and former Governor-General of Australia

Practice Developments

Editor: Jonathan Zand, PharmD BCPS

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

The views expressed are those of the contributing members and referenced sources. They do not represent the official positions, policies, or statements of MSHP or ASHP.

RECENT GUIDELINES

KDIGO Anemia Management in Patients on Dialysis

The 2026 Kidney Disease Improving Global Outcomes (KDIGO) guidelines emphasize routine anemia screening in CKD and correction of reversible causes before initiating an erythropoiesis-stimulating agent (ESA) or hypoxia-inducible factor prolyl hydroxylase inhibitor (HIF PHI, e.g., vadadustat). Iron repletion is recommended for dialysis patients with ferritin ≤500 ng/mL and TSAT ≤30%. The threshold is lower for patients not on dialysis or on peritoneal dialysis (ferritin ≤100-300 ng/mL and TSAT ≤25-40%). IV iron is preferred for dialysis patients and for patients whose oral iron fails after 3 months. ESAs remain first line when Hb <10 g/dL, with HIF PHIs reserved for patients who cannot tolerate or do not respond to ESAs.

***Source**: KDIGO 2026 Clinical Practice Guidelines for the Management of Anemia in Chronic Kidney Disease (CKD). Kidney Disease: Improving Global Outcomes (KDIGO) Anemia Work Group. Kidney Int. 2026;109(1S):S1-S99. Doi: 10.1016/j.kint.2025.06.006. PMID: 41485812*

ADA Issues First Standards of Care in Overweight and Obesity

The American Diabetes Association has released its first Standards of Care in Overweight and Obesity, with a major focus on pharmacologic therapy. The guidelines emphasize a shared decision-making approach to selecting obesity medications, considering factors such as cost, access, tolerability, adverse effect profiles, and patient preferences. They further highlight that lifestyle interventions should accompany long-term pharmacotherapy to support sustained weight loss and metabolic benefits. When feasible, GLP1–based agents are preferred due to their superior efficacy for weight reduction and cardiometabolic benefits. These guidelines underscore the role pharmacists play in optimizing obesity pharmacotherapy, particularly in navigating access barriers, supporting adherence, monitoring for adverse effects, and counseling patients on long-term treatment expectations.

***Source**: American Diabetes Association Professional Practice Committee for Obesity. Pharmacologic Treatment of Obesity in Adults: Standards of Care in Overweight and Obesity. Diabetes, Obesity, and Cardiometabolic Care. 2026;1(1):5–36. PMID 41529914.*

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Practice Developments *Continued*

What's New in the 2025 AHA ACLS Update

The 2025 ACLS Guidelines streamline medication use by prioritizing IV access, reserving intraosseous (IO) for situations where IV cannot be rapidly obtained, and fully removing endotracheal (ET) drug administration due to inconsistent absorption and unreliable delivery during arrest. Epinephrine remains first-line, with immediate administration for non-shockable rhythms and after initial defibrillation attempts for shockable rhythms, while vasopressin (alone or with steroids) is no longer recommended as an alternative vasopressor. Antiarrhythmic guidance is unchanged (amiodarone or lidocaine for shock-refractory VF/pVT), and routine calcium administration has been removed except for specific indications (e.g., arrest or peri-arrest in the setting of severe hyperkalemia). Overall, these updates emphasize simplified, evidence-based therapy and the minimization of delays, underscoring the pharmacist's role in ensuring rapid selection and dosing of recommended agents.

***Source**: Wigginton JG et al. Part 9: Adult Advanced Life Support: 2025 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Circulation. 2025;152(16_suppl_2):S538-S577. PMID: 41122884.*

GENERAL AND HOSPITAL PRACTICE

Cessation of RAS inhibitors during hospital-acquired AKI

An analysis of more than 27,000 patients with hospital-acquired acute kidney injury (AKI) found that stopping ACE inhibitors or ARBs within 48 hours of AKI recognition was associated with lower 30-day mortality compared with continuing therapy (4.4% vs 5.9%). Early RAS inhibitor discontinuation was associated with reduced all-cause mortality at both 30 days (risk difference –1.55%) and 180 days (–3.12%), with the strongest benefit seen in higher risk subgroups (age ≥70, stage 3 AKI, cancer). Although observational, these data support the practice of temporarily holding RAS inhibitors during the initial phase of inpatient management of AKI.

***Source**: Nie S, et al. Discontinuation of Renin-Angiotensin System Inhibitors during Acute Kidney Injury Episode and All-Cause Mortality: Target Trial Emulation Studies. J Am Soc Nephrol. 2025 Dec 1;36(12):2410-2420. doi: 10.1681/ASN.0000000775. PMID 40531580*

Antithrombotic Therapy After PCI in Patients Requiring Long Term Oral Anticoagulation (OAC)

Recent evidence continues to question the need for prolonged antiplatelet therapy in patients on chronic oral anticoagulation (OAC) for a separate indication after PCI:

- AQUATIC trial: In patients with atrial fibrillation (AF) on long-term anticoagulation with chronic coronary syndrome and high thrombotic risk (e.g., due to atrial fibrillation), low-dose aspirin increased all-cause mortality and bleeding, leading to early trial termination. The primary outcome occurred more often with aspirin (16.9% vs 12.1%).
- ADAPT AF-DES trial: Among AF patients ≥1 year post–drug–eluting stent, DOAC monotherapy was noninferior to DOAC plus clopidogrel for ischemic and bleeding outcomes and reduced major and clinically relevant non-major bleeding (5.2% vs 13.2%).

These findings align with earlier data showing higher mortality and bleeding when aspirin or antiplatelet therapy is continued beyond the early post PCI period in patients already on long-term OAC. For most patients on chronic OAC, anticoagulation monotherapy beyond 6 to 12 months after PCI is preferred. Continuing a single antiplatelet agent in combination with OAC may be reasonable in select patients with very high thrombotic risk.

***Sources**: Lemesle G et al. Aspirin in Patients with Chronic Coronary Syndrome Receiving Oral Anticoagulation. N Engl J Med Aug 2025;393(16):1578-1588. doi:10.1056/NEJMoa2507532. PMID 40888725; Lee S-J et al. Therapy for atrial fibrillation in patients with drug-eluting stents. N Engl J Med 2026 Feb 12:394(7):658-668. DOI: 10.1056/NEJMoa2512091. PMID 41211917*

Tirzepatide Cardiovascular Outcomes in Patients with T2DM

A large, double blind, active comparator trial in 13,165 adults with type 2 diabetes (T2DM), overweight/obesity, and established ASCVD evaluated once-weekly tirzepatide (up to 15 mg) versus dulaglutide (1.5 mg). After a median four-year follow-up, the primary composite outcome (CV death, MI, or stroke) occurred in 12.2% with tirzepatide vs 13.1% with dulaglutide, meeting noninferiority criteria (HR 0.92). Adverse event rates were similar between groups. While tirzepatide did not demonstrate superiority for cardiovascular outcomes, it provided CV protection comparable to dulaglutide and maintains its well-established benefits in weight

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Practice Developments *Continued*

reduction and glycemic control. These results support the use of tirzepatide in patients with type 2 diabetes and ASCVD, particularly when significant weight loss or additional glucose lowering is desired.

***Source**: Nicholls SJ, et al. Cardiovascular outcomes with tirzepatide versus dulaglutide in type 2 diabetes. N Engl J Med December 2025; 393:2400-2420. DOI: 10.1056/NEJMoa2505928. PMID 41406444*

Growing Safety Concerns with Tramadol and Gabapentin

Tramadol, an opioid agonist with additional serotonin/norepinephrine reuptake inhibition, and gabapentin, a GABA analog, are widely used for chronic pain management. Although often perceived as safer alternatives to traditional opioids, both medications can cause serious adverse effects, particularly in older adults and when used with other central nervous system–active drugs. Long-term use of either medication can also lead to physical dependence. Recent observational studies have raised further safety concerns. Tramadol use has been associated with an increased risk of seizures, especially when used concurrently with antidepressants, as well as a higher incidence of dementia in older adults. Gabapentin has been linked to adverse cardiovascular events, COPD exacerbations, and dementia, and its use in combination with opioids has been associated with increased mortality. These findings highlight the importance of careful assessment of drug interactions and regular reevaluation of ongoing therapy, especially in older adults or those receiving multiple CNS-active drugs.

***Source**: Anon. Risks of Tramadol and Gabapentin Use for Pain. Med Lett Drugs Ther. 2026 Feb 2;68(1747):22-24. PMID 41575768 (may require subscription)*

Fish Oil Supplements for Patients on Chronic Dialysis

The PISCES trial evaluated fish oil supplementation in 1,228 adults receiving maintenance hemodialysis and found that daily n-3 fatty acids (4 g containing 1.6 g EPA and 0.8 g DHA) significantly reduced the rate of serious cardiovascular events compared with placebo over 3.5 years of follow-up, with event rates of 0.31 versus 0.61 per 1000 patient days. The benefit was consistent among patients with and without prior cardiovascular disease, and reductions were observed across multiple endpoints, including cardiac death, myocardial infarction, stroke, and peripheral vascular disease leading to amputation. All-cause mortality was not significantly reduced, but the overall results support considering fish oil supplementation for cardiovascular risk reduction in patients on maintenance dialysis.

***Source**: Lok CE, Farkouh M, Hemmelgarn BR, et al; PISCES Investigators. Fish Oil Supplementation and Cardiovascular Events in Patients Receiving Hemodialysis. N Engl J Med. Published online November 7, 2025. PMID: 41201837.*

FOOD & DRUG ADMINISTRATION

Andexanet Alfa Withdrawn from the Market

Andexanet alfa, the recombinant modified coagulation factor Xa protein approved in 2018 for reversal of apixaban or rivaroxaban-associated life-threatening bleeding, was withdrawn from the market in December 2025 due to post-marketing safety concerns. Although it carried a boxed warning for thromboembolic events at launch, subsequent randomized trial data demonstrated significantly increased rates of thrombosis and thrombosis-related mortality compared with standard care, prompting market withdrawal.

***Source**: Update on the Safety of Andexxa. Food & Drug Administration. https://www.fda.gov/vaccines-blood-biologics/safety-availability-biologics/update-safety-andexxa (December 18, 2025)*

Ranitidine Re-Approved by FDA

Ranitidine has returned to the US market following FDA approval of a reformulated product designed to prevent NDMA impurity formation, which led to its withdrawal in 2020. The updated formulation maintains prior therapeutic efficacy but requires new storage and handling, including keeping tablets in the original moisture-protected container with the desiccant and discarding any unused product 90 days after first opening. The reformulated product is available only in prescription strengths of 150 and 300 mg (i.e., not available OTC). Pharmacists should counsel patients on these storage requirements to ensure safe use.

***Source**: FDA Approves Reformulated Ranitidine Following Comprehensive Safety Review. Food & Drug Administration. https://www.fda.gov/drugs/drug-safety-and-availability/fda-approves-reformulated-ranitidine-following-comprehensive-safety-review (November 25, 2025)*

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