



MSHP

MASSACHUSETTS SOCIETY OF
HEALTH-SYSTEM PHARMACISTS

NEWSBRIEFS

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ISSUE Summer 2025



@MASHP_Official

Massachusetts Society
of Health – System
PharmacistsMassachusetts Society
of Health System
Pharmacists (MSHP)

From MSHP President Alex Wilkocki:

Fellow MSHP
Colleagues,

It is truly an honor and privilege to greet you for the very first time in my role as

President of the Massachusetts Society of Health-System Pharmacists. As we step into this new year, I'm reminded of the incredible reach and strength of our community, nearly 2,000 pharmacists, residents, fellows, and pharmacy technicians all working toward a shared vision: advancing the practice of pharmacy to improve the lives of our patients.

For eight decades, MSHP has been the professional home for hospital and health-system pharmacists, residents, fellows, and technicians across Massachusetts. Our Society has grown and evolved alongside the profession, weathering financial, scientific, and public health challenges—always anchored by

our shared commitment to optimizing patient care through safe, effective, and innovative medication use. This year, as we celebrate our proud history, we also look forward with energy and ambition to what the next decades will bring.

Whether you're rounding in a busy hospital unit, counseling patients in an ambulatory clinic, precepting future practitioners, or leading initiatives behind the scenes, **your work matters**. It shapes outcomes, fosters trust, and moves our profession forward. I am grateful for the privilege of serving alongside you and for the opportunity to carry the MSHP mission ahead in 2025 and beyond.

While MSHP is a deeply professional space for all of us, I believe it's important you know a little about the person writing to you each quarter. Originally from Southington, Connecticut, I earned my Doctor of Pharmacy degree from MCPHS, followed by an MBA from UMass-Boston. I currently serve as the Associate Director of Pharmacy Business at Tufts, where I combine my clinical and business expertise to advance pharmacy operations and strategy.

Pharmacy may be my professional calling, but my greatest joy is my family. I'm supported in everything I do by my wonderful wife Leah and our three amazing children, Lucas, Iza and Magda. We've settled in Middleton, and you'll often find us either exploring the outdoors or carving up the slopes in the winter. They remind me daily why the work we do in health care matters—because behind

every patient is a family that loves them, just as I love mine.

We have just wrapped up our strategic retreat and I can promise this year will be action packed.

This year, we embark on a set of strategic priorities designed to empower our members, strengthen patient care, and ensure that MSHP remains a driving force in health-system pharmacy:

1. Securing Financial Stability for the Organization
2. Traversing and Supporting Members with the New Board of Registration in Pharmacy (BoRP) Regulatory Landscape
3. Continued Legislative and Advocacy Efforts

As President, my focus is simple: ensure that MSHP continues to be your professional home—a place where you feel supported, informed, and inspired. So here's to a year of connection, collaboration, and meaningful progress. Thank you for allowing me the privilege to serve, and thank you for the work you do each and every day. My door—and inbox—are always open. Let's make 2025 a year to remember.

Warm regards,

Alex Wilkocki, PharmD, MBA, BCPS
President

Massachusetts Society of
Health-System Pharmacists

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ORGANIZATION WEBSITE ADDRESS

www.MASHP.org

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From MSHP President Alex Wilkocki (cont.)



CE Corner

October 7 at 5pm ET (Virtual)

**For Pharmacists and Technicians*

Beyond the Gap Analysis: Sustaining USP <795> Compliance in Real-World Practice

Speakers:

- Agueda Rosana Petridis, CPhT, CSPT
- Elizabeth Bekelian, PharmD, MBA

MSHP Annual Report

Please click the button below to view the MSHP 2025 Annual Report!

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Residents and Fellows Welcome Event

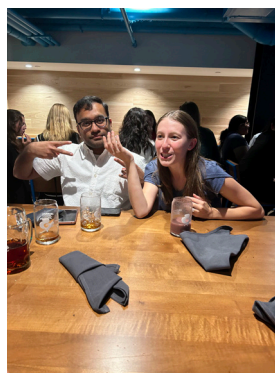
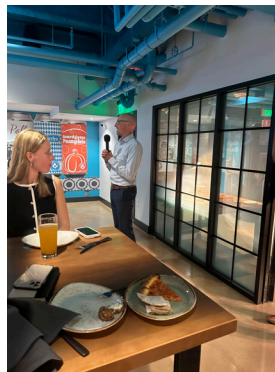
On Thursday, August 14th, the MSHP Residency Program Committee hosted its annual Residents and Fellows Welcome Event at Mighty Squirrel Brewing Co in Fenway. Attendees included approximately 130 pharmacy residents, fellows, preceptors, and residency program directors that represented institutions from across the Commonwealth of Massachusetts.

Highlights of the night included lively networking, a variety of delicious appetizers and Mighty Squirrel Brewing drinks. The evening started off with a warm welcome by our current MSHP president, Dr. Alex Wilkocki, on behalf of MSHP leadership. The event was an excellent opportunity for the new residents to get to know colleagues from other programs as well as learn about the vast resources and opportunities available to MSHP members. We are grateful for the statewide participation at this successful event, and we are already looking forward to future opportunities to connect throughout the year!

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Residents and Fellows Welcome Event (cont.)

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Residents and Fellows Welcome Event (cont.)

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Technician Spotlight: **Sotharo Bun, CPhT-Adv, CSPT**



Sotharo Bun is an accomplished pharmacy technician whose career began in 2005 at CVS Pharmacy. Motivated to expand her skills, she transitioned to hospital pharmacy, working at Union Hospital in Lynn, Massachusetts while earning her associate's degree in business management from North Shore Community College. She then extended her contributions across several healthcare systems, including Eaton's Apothecary,

Salem Hospital, Beth Israel Deaconess, and Massachusetts General Hospital. Since 2020, she has been a Pharmacy Technician III at the Mass General Cancer Center in Danvers, MA, while continuing to support other sites on a per-diem basis.

Recognized for her expertise in sterile compounding and inventory management, Sotharo has advanced into a senior-level role, and serves as a mentor, trainer, and leader among technician staff. She plays an important role in improving day-to-day efficiency and patient safety, from implementation of workflows for Drug Supply Chain Security Act (DSCSA) compliance, to overseeing InfuSystem pump processes, managing inventory reconciliation for high-cost oncology medications, and coordinating medication recall processes. In addition, she actively supports the onboarding and skill development of technicians in hazardous and non-hazardous compounding, ordering systems, and Epic workflows.

Sotharo is actively involved in continuing staff education. She co-developed and presented a chemotherapy spill kit training

to the Massachusetts General Hospital Cancer Center Network, and co-authored a poster titled "Essential Training: Effective Use of Chemotherapy Spill Kits" presented at the 2025 MSHP Annual Meeting. She is the author of the department's chemotherapy medication setup and dilution guide, a reference used by both pharmacists and technicians to ensure accurate preparation of high-risk medications. Sotharo's commitment to professionalism and patient safety is reflected in her ongoing pursuit of growth and development. She actively engages in professional learning through organizations such as the Network for Collaborative Oncology Development & Advancement (NCODA) and has earned multiple certifications, including CPhT-Adv, CSPT, and BLS, most recently adding the PTCB Controlled Substance Diversion Prevention Certificate to her credentials.

Described by co-workers as "an invaluable team asset," Sotharo represents the highest standards of excellence in pharmacy practice. With her strong organizational skills, team-focused attitude, and dedication to quality care, she not only lifts her department up, but also inspires everyone she works with.

“Knowledge speaks, but wisdom listens.”

— *Jimi Hendrix*

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

Society of Critical Care Medicine (SCCM) Updated Guidelines on Management of Pain, Anxiety, and Delirium in ICU

The SCCM now conditionally recommends dexmedetomidine over propofol for sedation in mechanically ventilated adults when light sedation or reducing delirium is a priority. In a review of 29 trials, dexmedetomidine was associated with lower delirium rates and shorter delirium duration, but a higher risk of bradycardia. Mortality was unaffected. Dexmedetomidine is a reasonable first-line option, especially when minimizing delirium and heart rate is desired.

Source: Lewis K, Balas M, Stollings JL et al. A Focused Update to the Clinical Practice Guidelines for the Prevention and Management of Pain, Anxiety, Agitation/Sedation, Delirium, Immobility, and Sleep Disruption in Adult Patients in the ICU. Crit Care Med. 2025 Mar 1;53(3):e711-e727. (PMID [39982143](#))

CDC Updated Guidelines on Antiretroviral (ARV) Prophylaxis after Non-occupational Exposure to HIV

The CDC's 2025 guidelines for non-occupational HIV post-exposure prophylaxis (nPEP) now list bictegravir/tenofovir alafenamide (TAF)/emtricitabine (Biktarvy) as a preferred regimen, alongside dolutegravir plus TAF or tenofovir disoproxil (TDF) with either emtricitabine or lamivudine. For individuals who received long-acting injectable PrEP (e.g., cabotegravir) in the past 12 months, both an HIV nucleic acid test and an antigen/antibody test are recommended before starting nPEP which should be started as soon as possible—ideally within 24 hours and no later than 72 hours after exposure. Follow-up HIV testing is recommended at 4–6 weeks and again at 12 weeks post-exposure.

Source: Tanner MR, et al. Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV - CDC Recommendations, United States, 2025. MMWR Recomm Rep. 2025 May 8;74(1):1-56. (PMID [40331832](#))

Updated Society Guideline on Management of Cytomegalovirus in Solid Organ Transplantation

Cytomegalovirus (CMV) remains a major cause of morbidity, graft loss, and mortality following solid organ transplantation. 2025 4th International Transplant Society Consensus Guidelines provide updated recommendations on CMV diagnosis, prevention, and treatment. Key updates include the emerging role of letermovir for prophylaxis, the use of preemptive therapy in high-risk liver transplant recipients, and strategies for post-prophylaxis surveillance. The guidelines also highlight the potential of immunologic testing to personalize prophylaxis and offer updated approaches for managing refractory or resistant CMV disease. These updates support more individualized and proactive CMV management strategies, with implications for pharmacist-led interventions in transplant care.

Source: Kotton CN, Kumar D, Manuel O, et al. The Fourth International Consensus Guidelines on the Management of Cytomegalovirus in Solid Organ Transplantation. Transplantation. 2025;109(6):1066-1110. (PMID [40200403](#))

Complicated Urinary Tract Infection (UTI) Guidelines

IDSA recently issued updated guidelines for managing complicated UTIs that emphasize a patient-centered approach to empiric antibiotic selection, considering severity of illness, individual resistance risk factors, patient-specific factors such as allergies, and local resistance rates. Pharmacists should support early de-escalation based on culture results and promote IV-to-oral transitions when feasible. Recommended treatment duration is 5 to 7 days, depending on the antibiotic, with longer courses for more severe illness, prostatitis, or persistent bacteremia.

Source: Trautner BW, Cortes-Penfield NW, Gupta K, et al. IDSA practice guidelines: Complicated Urinary Tract Infections (cUTI): Clinical Guidelines for Treatment and Management. July 17, 2025. <https://www.idsociety.org/practice-guideline/complicated-urinary-tract-infections/>

FOOD & DRUG ADMINISTRATION

Adverse Effects Associated with Long-Acting Stimulant Use for ADHD in Children <6 Years Old

The FDA is requiring all extended-release (ER) stimulant labels to include a "Limitation of Use" warning about weight loss risk in children aged under 6 years. Although ER stimulants are not approved for children younger than 6 years, they are prescribed off-label to treat ADHD. Phar-

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macokinetic and clinical data show that younger children experience higher drug exposure and more adverse effects, including significant weight loss. Clinicians are advised to monitor growth closely and consider alternative treatments—such as behavioral therapy or, if essential, use of immediate-release stimulants—when treating ADHD in children aged <6 years.

Source: FDA requires expanded labeling about weight loss risk in patients younger than 6 years taking extended-release stimulants for ADHD. Food & Drug Administration. July 1, 2025. <https://www.fda.gov/drugs/drug-safety-and-availability/fda-requires-expanded-labeling-about-weight-loss-risk-patients-younger-6-years-taking-extended>

Hyperthermia Associated with Transdermal Scopolamine

The FDA is adding a warning to scopolamine patch labeling about the risk of hyperthermia and heat-related complications. Most cases occurred within 72 hours of application, especially in children under 17 and adults over 60. The patch can impair the body's ability to regulate temperature and reduce sweating, increasing the risk of overheating—particularly in warm environments or when using external heat sources. Patients using transdermal scopolamine should be counseled to monitor for and report signs of hyperthermia, including elevated body temperature and minimal sweating in hot temperatures. If symptoms occur, patients should remove the patch and seek medical attention. Only one patch should be used at a time and patches should not be cut.

Source: FDA adds warning about serious risk of heat-related complications with antinausea patch Transderm Scop (scopolamine transdermal system). Food & Drug Administration. June 18, 2025. <https://www.fda.gov/drugs/drug-safety-and-availability/fda-adds-warning-about-serious-risk-heat-related-complications-antinausea-patch-transderm-scop>

Severe Pruritus due to Cetirizine and Levocetirizine Discontinuation

The FDA issued a safety communication regarding a rare risk for severe pruritus following discontinuation of cetirizine and levocetirizine prescription and OTC products. Cases of pruritus have been reported in patients who stopped these medications, typically after 3 or more months of daily use. Patients did not experience itching before initiating treatment. Some patients experienced disabling itching. This warning should be factored into the risk-benefit assessment when considering chronic treatment with these agents.

Source: FDA requires a warning about rare but severe itching after stopping long-term use of oral allergy medicines cetirizine or levocetirizine (Zyrtec, Xyzal, and other trade names). Food & Drug Administration. May 16, 2025. <https://www.fda.gov/drugs/drug-safety-and-availability/fda-requires-warning-about-rare-severe-itching-after-stopping-long-term-use-oral-allergy-medicines>

OTHER DEVELOPMENTS

Safety and Efficacy of First-in-Class Nonopioid Na V1.8 Inhibitor

Suzetrigine, a first-in-class nonopioid NaV1.8 inhibitor, was evaluated in two phase 3 trials involving over 2,100 patients undergoing abdominoplasty or bunionectomy. Compared with placebo, suzetrigine significantly reduced moderate to severe pain over 48 hours post-procedure. While it did not outperform hydrocodone/acetaminophen in pain relief, it was associated with significantly fewer side effects—nausea and vomiting after abdominoplasty ($p < 0.0001$) and nausea and vomiting after bunionectomy ($p = 0.0014$) were notably less frequent. Overall, suzetrigine provided comparable analgesia to hydrocodone/acetaminophen with a more favorable side-effect profile.

Source: Bertoch T, et al. Suzetrigine, a nonopioid Na V 1.8 Inhibitor for Treatment of Moderate-to-severe Acute Pain: Two Phase 3 Randomized Clinical Trials. Anesthesiology. 2025 Jun 1;142(6):1085-1099. (PMID [40117446](https://pubmed.ncbi.nlm.nih.gov/40117446/))

Therapeutic “Inertia” in the Treatment of Hypertension

A large retrospective study of over 1.4 million patients evaluated long-term cardiovascular outcomes in individuals who met criteria for dual antihypertensive therapy based on the 2018 European Society of Cardiology/European Society of Hypertension (ESC/ESH) guidelines. The study found that patients treated with dual therapy had an 18% lower risk of cardiovascular events compared with those on monotherapy (hazard ratio 0.82; 95% CI 0.81–0.83; $p < 0.0001$). These findings highlight the clinical impact of therapeutic inertia, when treatment is not escalated despite clear indications. For clinical pharmacists, this underscores the opportunity to identify patients who may benefit from earlier intensification of therapy and to support prescribers in optimizing blood pressure management.

Source: Coca A, Borghi C, Stergiou GS, et al. Long-term event rates, risk factors, and treatment pattern in 1.4 million individuals qualifying for dual blood pressure lowering therapy. J Hypertens. 2025 Jun 1;43(6):993-1002. (PMID [40099552](https://pubmed.ncbi.nlm.nih.gov/40099552/))

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