



MSHP Vision - To be recognized as the leading organization in Maryland promoting excellence, accountability and leadership through education, research and the practice of pharmacy to improve patient outcomes.

R.E.A.L. - Respected through Education, Accountability and Leadership

Maryland General Assembly 2011 Session

Kristen Webb, Chair, Legislative Committee

Each year MSHP works closely with the Maryland Pharmacy Coalition (MPC) to advocate on behalf of pharmacy to the Maryland General Assembly. Pharmacy Legislative Day on February 17, 2011 was well attended by pharmacists and pharmacy students. The volume of pharmacy related legislation this year was high; most of the bills that had been passed or withdrawn paralleled MPC consensus positions.

There are several notable accomplishments from this legislative season. First, pharmacists have been authorized to administer influenza vaccines to children 9 years of age and older. As with all children's vaccinations, a report must be filed to the Maryland Immunization Registry for children age 9 to 18. Second, with the passage of a Prescription Drug Monitoring Program, the Department of Health and Mental Hygiene (DHMH) will create an Advisory Board to monitor prescribing and dispensing trends of controlled substances. This will enable law enforcement officers or healthcare professionals to track possible signs of abuse. Additionally, a law was passed to convene a work group for further research on legalizing marijuana for medicinal use. The work group is responsible for developing a model program, reporting their findings to the General Assembly, and drafting legislation to facilitate patient access of medical marijuana. MSHP will continue to represent your diverse perspectives and considerations on medical marijuana to legislators and regulators. Lastly, the voluntary Prescription Drug Repository Program for participating registered pharmacies was expanded to permit the disposal of prescription drugs and medical supplies.

The MSHP legislative committee is responsible for monitoring

and responding, if necessary, to proposed legislation and regulations that may influence the practice of pharmacy or the quality of patient care. The legislative committee acts to: 1) identify and review information on relevant legislation proposed by the State Assembly and subsequently proposed by Maryland regulatory bodies; 2) network with colleagues to identify pre-session legislative proposals; 3) monitor the Maryland General Assembly and identify bills that have been submitted pertinent to pharmacy practice; 4) network with colleagues in Maryland to coordinate the profession's response. We hope to continue to improve upon our grassroots network and improve our response time to state bills and action alerts from ASHP.

As reported on the state's website (<http://mlis.state.md.us>), "The Maryland General Assembly meets in Annapolis each year for 90 days to act on more than 2300 bills including the State's annual budget. The 428th Session began January 12, 2011 and adjourned April 11, 2011. The General Assembly has 47 Senators (<http://www.msa.md.gov/msa/mdmanual/05sen/html/sen.html>) and 141 Delegates (<http://www.msa.md.gov/msa/mdmanual/06hse/html/hse.html>) elected from 47 districts."

The table that follows is a compilation of bills that passed or failed for various reasons. If you need more information or a bill you were following is not here please access the Maryland Legislature at <http://mlis.state.md.us>. If you are interested in all of the Bills in the 2011 regular session with the key word Pharmacy and Pharmacist use the following site: <http://mlis.state.md.us/2011rs/subjects/pharmap.htm>

Bill	Title	Description	Status
HB3/ SB577	Pharmacies – Taking Back and Disposing of Unused Drugs	Requiring specified pharmacies to take back and dispose of unused prescription and nonprescription drugs	Withdrawn
HB251/ SB709	Health Insurance - Prescription Drugs - Cost-Sharing Obligations	Prohibiting health insurers, nonprofit health service plans, and health maintenance organizations from imposing a cost-sharing obligation for a covered prescription drug that exceeds a specified dollar amount;	Withdrawn
HB359/ SB237	Criminal Law - Selling a Controlled Dangerous Substance to a Minor - Causing Death	Prohibiting a person 18 years of age or older from selling to a minor a controlled dangerous substance, the use or ingestion of which directly causes the death of the minor;	No Action

Continued on page 3



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The views expressed by contributing authors do not necessarily reflect those of MSHP or the affiliated institutions of MSHP unless expressly stated.

**PTCB Certified Pharmacy Technicians
Play A Critical Role in Immunization Campaigns**

Flu season is right around the corner. Are you ready to be immunized?

WASHINGTON, DC—With flu season fast approaching, PTCB Certified Pharmacy Technicians (CPhTs) will again play a critical role in immunization efforts at retail pharmacies across the country. For example, last year Walgreens successfully immunized over 7.4 million patients against H1N1 and seasonal influenza with the direct support of PTCB CPhTs. In preparation for the 2010–2011 influenza season, Walgreens healthcare providers in pharmacies across the country are looking to build upon past success to continue to protect the public through efficient immunization practices.

This year, CPhTs will again be needed to provide pharmacists with logistical support, as well as perform greater tasks within their scope of practice to keep operations running smoothly and allow pharmacists more time to work directly with patients.

“We believe PTCB CPhTs enhance the pharmacy team, resulting in higher quality care for patients,” said Melissa Murer Corrigan, RPh, Executive Director and CEO of PTCB*. “We applaud the influenza campaign efforts of Walgreens and its pharmacist immunizers and appreciate the way they have effectively utilized the skill sets of CPhTs across the country to better connect with the communities and patients they serve.”

“Our pharmacists and other certified immunizers are specially trained and well positioned to provide immunizations in communities across the country. PTCB Certified Pharmacy Technicians at Walgreens are essential to maintaining pharmacy operations and making sure the pharmacists have the support to give the immunizations,” said Dan Luce, RPh, MBA, Director, Pharmacy Affairs for Walgreens. “The involvement of CPhTs is critical to our campaign’s success.”

Walgreens employs more than 24,000 certified immunizers including pharmacists, nurse practitioners, and physician assistants. In a recent Centers for Disease Control and Prevention (CDC) report, over 12% of Americans reported receiving their immunizations from a pharmacy or drugstore during the 2009–2010 influenza season.¹ The CDC’s Advisory Committee on Immunization Practices has recommend a yearly flu shot for everyone over the age of six months during the 2010–2011 flu season.

PTCB has certified over 380,000 pharmacy technicians since its inception in 1995. Walgreens requires pharmacy technicians in their organization be PTCB certified. In addition, all Walgreens store managers are PTCB certified as an important part of providing affordable, accessible, and quality health care at all its locations. Pharmacy technicians assist pharmacists in dispensing medications and are accountable to the supervising pharmacist who is legally responsible through state licensure for the care and safety of patients served by the pharmacy.

About the Pharmacy Technician Certification Board (PTCB):

PTCB was established in January 1995 and is governed by five pharmacy organizations—the American Pharmacists Association (APhA), the American Society of Health-System Pharmacists (ASHP), the Illinois Council of Health-System Pharmacists (ICHP), the Michigan Pharmacists Association (MPA) and the National Association of Boards of Pharmacy (NABP). The goal of the PTCB national certification program is to enable pharmacy technicians to work more effectively with pharmacists to offer safe and effective patient care and service. PTCB contracts with Pearson VUE, the industry’s technology leader, as its computer-based testing vendor. PTCB draws upon the experience and expertise of its 15-year partner, Professional Examination Service (PES) for test development.

Visit PTCB online at www.ptcb.org.

* Melissa Murer Corrigan recently announced she is resigning as Executive Director effective late November 2011 to take on a new position as Vice President of Development with the ACT Workforce Development Division.

**REGISTRATION FOR MSHP’S
MEDICATION ERRORS
CE CONTINUES**

**THURSDAY SEPTEMBER 22, 2011
6:00—9:00 PM
UNIVERSITY OF MARYLAND
SCHOOL OF PHARMACY**

**FLYERS WERE E-MAILED OVER
LABOR DAY WEEKEND
CONTACT MSHP FOR DETAILS**

2011 Legislative Session—continued from page 1

Bill	Title	Description	Status
HB291/ SB308	Medical Marijuana – Affirmative Defenses – Maryland Medical Marijuana Model Program Workgroup	Establishing that, in a prosecution for the use or possession of marijuana, it is an affirmative defense that the defendant used or possessed marijuana or drug paraphernalia related to marijuana because the defendant has a debilitating condition, the condition is severe and resistant to conventional medicine, and marijuana is likely to provide the defendant with therapeutic or palliative relief from the condition; etc. Requires the Secretary of Health and Mental Hygiene to convene a workgroup to develop a model program, including draft legislation, to facilitate patient access to marijuana for medical purposes; providing for the membership and staffing of the workgroup; providing for the designation of the chair of the workgroup; requiring the Secretary to make a report to specified committees of the General Assembly on the workgroup's findings and proposed legislation on or before December 1, 2011; etc.	Passed with Amendments – Chapter 215
HB460/ SB770	Prescription Drug Repository Program – Disposal of Prescription Drugs and Medical Supplies	Altering the purpose of the Prescription Drug Repository Program to include disposal of prescription drugs and medical supplies.	Passed – Chapter 547; Passed – Chapter 546
HB503/ SB371	Health Occupations Boards - Discipline of Health Care Practitioners - Failure to Comply with Governor's Order	Authorizing each health occupations board to take disciplinary action against a health care practitioner who fails to comply with an order from the Governor relating to catastrophic health emergencies.	Passed – Chapter 230
HB549/ SB769	State Board of Pharmacy – Pharmacists – Practice of Pharmacy and Licensure	Requiring nonresident pharmacies to require employees to comply with specified licensure provisions including requiring that non resident pharmacist employees be licensed in Maryland before practicing pharmacy for Maryland patients.	Withdrawn
HB818	Manufacturers of Prescribed Products - Payments to Health Care Professionals - Prohibition	Prohibiting a manufacturer of prescribed products from offering or giving a gift to a health care professional.	Withdrawn
HB888 SB701	Health Insurance - Prescription Eye Drops - Refills	Requiring health insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for a refill of prescription eye drops under specified circumstances.	Passed – Chapter 525
HB986/ SB845	Pharmacists – Administration of Vaccinations – Children	Altering to at least 9 years old the age of an individual to whom a pharmacist may administer a specified vaccination under specified circumstances; requiring a pharmacist to report to the Maryland Immunization Registry an influenza vaccination administered by the pharmacist to individuals between the ages of 9 and 18.	Passed – Chapter 560/559
HB1144/ SB698	Pharmacy Benefits Managers – Specialty Drugs	Requiring a pharmacy benefits manager to obtain approval from the State Board of Pharmacy before the pharmacy benefits manager designates specified prescription drugs as specialty drugs on a formulary.	Unfavorable
HB1149/ SB700	Pharmacies – Delivery of Controlled Dangerous Substances	Requiring specified pharmacies to require an adult to sign for the delivery of specified controlled dangerous substances to a residence.	Withdrawn

Continued on page 4

2011 Legislative Session—continued from page 3

Bill	Title	Description	Status
HB1229/ SB883	Prescription Drug Monitoring Program	Establishing the Prescription Drug Monitoring Program in the Department of Health and Mental Hygiene; establishing the Advisory Board on Prescription Drug Monitoring to assist in the design, implementation, and evaluation of the Program; etc.	Passed – Chapter 166
HB1268/ SB884	Prescription Drugs – Dispensing Permits	Authorizing specified individuals who are licensed to practice specified health occupations in the State to dispense prescription drugs to patients under specified circumstances; establishing specified standards for the operation of specified offices. (eg: physicians)	Withdrawn
HB1338/ SB974	Health Insurance - Pharmacy Benefits Managers - Claims	Providing that specified errors may not constitute fraud or grounds for recoupment of specified claims payments under specified circumstances; specifying that specified claims remain subject to recoupment of overpayment or payment of any discovered underpayment by a pharmacy benefits manager; etc.	Passed – Chapter 569; Passed – Chapter 568
SB713	Pharmacists – Administration of Vaccines – Regulations	Requiring the State Board of Pharmacy to consult with specified boards regarding specified regulations. Repealing certain provisions of law that require the State Board of Pharmacy to adopt regulations regarding the administration of specified vaccines by pharmacists with the agreement of the State Board of Physicians and the State Board of Nursing;	Unfavorable

Review of Biologics Approved for Psoriasis

By: Maryam Farshid

Psoriasis is an uncomfortable, chronic, immune-mediated inflammatory skin condition affecting 7.5 million Americans, approximately 2.2 percent of the population. The total healthcare cost associated with this disorder is estimated to be \$11.25 billion annually, with lost productivity accounting for 40% of the cost burden. This condition greatly impacts the quality of life of patients as one-quarter of the affected individuals suffer from moderate to severe psoriasis. Nearly 60 percent of patients report their disease is a large problem in their everyday living.

Fortunately, there are currently five biologics approved for the treatment of psoriasis: Amevive® (alefacept), Enbrel® (etanercept), Humira® (adalimumab), Remicade® (infliximab), and Stelara® (ustekinumab). Similar to other treatments, these injectable biologics have side effects and require physician monitoring for efficacy and toxicity. Nevertheless, these agents have made a tremendous impact on the lifestyle of psoriatic patients with moderate to severe disease.

Enbrel was introduced in 1998 as one of the first biologics. It is now FDA approved for rheumatoid arthritis, psoriatic arthritis, and plaque type psoriasis. Its use is FDA approved in children as young as 4 with a relatively safe side-effect profile. In clinical trials, Enbrel had a comparable adverse effect profile in comparison to placebo in regards to serious infections, tuberculosis, or opportunistic infections.

A major advantage of this biologic agent is the relative ease of administration. Patients can learn to administer this medication themselves as it is a subcutaneous injection. It is administered twice a week for three months followed by a weekly dose for

maintenance therapy.

Humira, another biologic agent used for the treatment of rheumatoid and psoriatic arthritis, received its FDA approval for psoriasis early 2008. This agent is used for patients who do not respond well to Enbrel or for patients who require a more convenient dosing regimen. Humira is administered as a subcutaneous injection once every two weeks with side-effects including injection site irritation, headache, nausea, and upper respiratory tract infections.

Amevive is a specially designed molecule that binds CD2 receptors on the surface of lymphocytes and blocks the interaction with leukocyte functional antigen 3 (LFA-3), which is an important step in the activation of T lymphocytes in psoriasis. This medication was FDA approved in 2003 for the treatment of psoriasis.

Unlike the previous biologics discussed, Amevive is given intramuscularly, usually under a medical professional's supervision. It is administered once a week for 12 weeks followed by an additional 12-week treatment cycle if required. It is important to note that CD4 T-lymphocyte counts should be monitored prior to initiation of therapy as well as every two weeks while on therapy.

Remicade is another tumor necrosis factor blocking agent that was first used for the treatment of psoriatic and rheumatoid arthritis. The FDA approved this agent for the treatment of

(Continued on page 8)



Maryland Society of Health Systems Pharmacists
and the Pharmacist Education & Advocacy Council

ALL-DAY CE SEMINAR - Fall Session

Saturday, November 12, 2011

Conference Center at the Maritime Institute

Preliminary Programming & Schedule



7:00 am - 8:25 am

Registration, Continental Breakfast & Exhibitor Visits

1:30 - 2:30 pm

Antibiotic Update

*Edina Avdic, Pharm.D., MBA, BCPS, AQ-ID,
Clinical Specialist, The Johns Hopkins Hospital*

7:00 - 8:15 am - Directors of Pharmacy Leadership Breakfast

8:30 am -9:20 am

Optimizing Bone Health in Cancer Patients

*Jane M Pruemer, PharmD, BCOP, FASHP, Professor
James L. Winkle College of Pharmacy
University of Cincinnati*

2:30 - 3:30 pm

HIV and Women

Speaker to be Announced

9:30 am-10:30 am

The Pharmacist's Role in the Prevention & Treatment of Breast Cancer

*James Trovato, PharmD, MBA, BCOP
Associate Professor, University of Maryland School of Pharmacy*

3:30 - 4:30 pm

Drug Dependency & Recovery

Speaker to be Announced

10:30 am - 11:00 am Break with Corporate Sponsors

11:00—12:00 noon

Health Care Reform

*Tishna Dhaliwal, Director
Health Care Policy & Advocacy, Johnson & Johnson*

12:00 - 1:30 pm

Luncheon, Fall Awards Presentation, Installation of 2012 MSHP Board & Officers

TECHNICIAN TRACK

8:30-9:30 am

Warfarin Interactions with Herbal Supplements

*Kathryn Kiser, PharmD
Assistant Professor,
University of Maryland School of Pharmacy*

9:30 am-10:30 am

Cervical Cancer Update

*Katharine McGrath, PharmD
The Johns Hopkins Hospital*

EARLY REGISTRATION

Name _____ Pharmacy/Organization _____

Mailing Address _____ City, State, Zipcode _____

Daytime phone number _____ E-mail address _____

Registration Fees

Method of Payment

PHARMACISTS

	Until	After
	11/07/11	& On-Site
_____ Member	\$ 95.00	\$105.00
_____ Non-Member	\$115.00	\$125.00

- Check Enclosed Visa
 MasterCard American Express

RESIDENTS &/OR TECHNICIANS

_____ Member	\$ 35.00	\$45.00
_____ Non-Member	\$ 55.00	\$65.00

_____ Credit Card # _____ Exp. Date _____

_____ **STUDENTS** **\$ 25.00** \$30.00

_____ Expiration Date _____

* All refund requests must be made in writing to MSHP Headquarters Name as it appears on card
and postmarked no later than Wednesday November 9,2011

RETURN TO MSHP HEADQUARTERS - BY MAIL OR FAX TO: 410/465-7073
SIGN UP DIRECT ON LINE - AT www.msphp.org

Seeing the World Through Pharmacy

Brian Cox, Shenandoah University Student

The voyage began with a pen and paper and the whisperings of a second hand ticking by. I only had 20 minutes to finish writing my application for a very unique opportunity with an organization called Project Hope. This venture was something I thought maybe a little bit too much about (something I often catch myself doing with all seeds of life). But finally, I was 100% ready to commit to this rotation, if I was lucky enough to be one of four pharmacy students in my Shenandoah University class of 2011 to get the call. At 4:59, submit, with an entire minute to spare.

A few weeks later, we all entered the classroom in our usual somnolence. Today, however, would be different. It was right before winter break but just as importantly, it was the day of the announcement for who would get to travel the world on the wings of Project Hope. Needless to say I was shocked to be one of the "Hopies" as we would come to be called. It was definitely a bitter sweet moment since many of our classmates deserved this opportunity. So several months of class passed by, three feet of snow blessed our little world, spring came and went, itineraries were developed, and finally the trip commenced.

Project Hope is an organization that began in 1958 when Dr. William B. Walsh, M.D. convinced President Eisenhower to donate a U.S. Navy hospital ship. This ship was to be crafted as a mobile medical center that could provide healthcare and education to areas around the world. The first ship enjoyed 11 voyages to different countries living its mission. Project Hope is still partnered with the U.S. Navy and sends medical volunteers on an experience that consists of presenting healthcare as well as education.

Two of my classmates participated in the first leg of the journey. Julie, the other student that would accompany me, and I both eagerly read the blogs from our fellow volunteers to try to sneak a peek at what to expect. Renee and Kris traveled to Vietnam and Cambodia for their clinical experience. We then met them in Singapore, where we would exchange duties, they would return to real life and we would enter into a cohesive group driven to make a difference in an area not often seen by travelers.

Singapore, Singapore- This could quite possibly be the cleanest city in the world: a booming city virtually untouched by our most recent recession. Some would thank the "Merlions" for such prosperity: ancient statues (five of them) that represent a half-mermaid, half-lion creature. Singapore is known for its business around the world, and to me for its cuisine, fashion, architecture, and its environmental awareness among many other things. The cuisine was influenced by many different Asian cultures due to its proximity to other countries; this made for empty wallets and full stomachs. Although, foreign money feels like monopoly money for some strange reason...until you get home and check your bank account. Everyone was very well-dressed to match the sophistication of the surrounding buildings. There was a feeling of prosperity, elegance, and pride in this city. I appreciated the law in which the amount of cement must be in an acceptable ratio

to the amount of greenery; out of this law grew many parks and botanical gardens, so large that it would take several hours to walk through them. This was definitely a goodbye, see you again soon destination.

All aboard! The time had come for our integration into Navy life, something I never really thought was in my lifeline. Bags in hand and 900 yards of that white USNS Mercy vessel ahead, it was no time to turn back. We quickly learned the Navy operation of "Hurry up! And Wait!" as we were checking in. Life on the boat was paradise or it was a dungeon depending on your mindset; as they say, life is nothing but how you choose to see it. I'd say 99% of folks chose the former.

The first week was full of new faces and stashing names to those faces somewhere in your mind that was busy trying to figure out if you should take the red stairwell versus the blue one (always go with the red one). The week was scheduled with meetings and briefings as well as drills and planning. Although, there was also plenty of time to go out on the deck and inhale that ocean breeze and to peer through that ever bluing water. This was one of my favorite things to do after one of three meals which were crammed into an 11 hour span (another one of my favorite things) or after a long day of work. There were several other events that went on that week that may extend this article over its purpose but just to mention them: a talent show, a tour of the innards of the ship, a "crossing the line" ceremony transforming us from polly wogs to shellbacks, a steel beach picnic, and a refueling/restocking operation.

Indonesia- We anchored at three of the thousands of islands that make up Indonesia. As a pharmacy student, my daily activities varied largely on what was taking place that day. If I was on the ship and we were anchored, then I may be scheduled to work in the pharmacy for a 12 hour shift. Work consisted mainly of preparing for the next round of MEDCAPs (Medical Civic Action Program) by pre-packing medications and labeling. These medications then had to be inventoried and stored for the upcoming MEDCAPs. Each MEDCAP had a set amount of medications that would go out. Organizing and cleaning was also an important responsibility since we were on a navy ship after all. Pharmacists would check medication orders and sort out any discrepancies but generally, the workload for pharmacy inpatient orders wasn't too intense. This would be different if we were in a disaster situation and had to take on many patients. Pharmacists took major leadership roles for our department in preparing for the MEDCAPs including: how much medication to take, who would be needed on each MEDCAP, and how things should run. During MEDCAPs pharmacists or students would communicate with the physicians to let them know what we had in stock, what we were running low on, and what needed to be dispensed more if necessary (such as vitamins). We

MSHP Is Now Accepting Nominations for Fall Awards, Leadership Positions

Lindsay Helms Harris, President-Elect of the MSHP Nominating Committee is requesting your assistance to identify pharmacists making a difference across the State. The Awards which will be presented at the Fall Seminar on Saturday November 12th at the Maritime Institute include:

PHARMACIST OF THE YEAR

The Pharmacist of the Year Award is designed to recognize an individual who has made an outstanding contribution to health system pharmacy during the past year. Nominees should:

- Provide outstanding pharmacy service within an institution or pharmacy at the state or local level.
- Participate in research or contribute to professional literature.
- Strive to achieve other goals that reflect professional excellence.
- Be an Active pharmacist member of MSHP in good standing.

Previous recipients of this award include: Gene Crocetti, Johns Hopkins; Daryn Norwood, Union Memorial; Cathy Walker, Johns Hopkins; John Ness, Anne Arundel Medical Center; Jennifer Thomas, Delmarva Foundation and Terry Clayman, Mercy Medical Center.

JEFFREY ENSOR EMERGING LEADER

Established in 2001, the Jeffery Ensor Leadership Award was designed in memory of Jeffrey Ensor, a young pharmacist and MSHP Board member, who was emerging as a leader within MSHP and the pharmacy community. Nominees should:

Exhibit leadership potential and fundamentals.

Demonstrate commitment to the pharmacy profession and an enthusiasm for excellence.

Inspire others to achieve greater performance.

Be an Active pharmacist member of MSHP in good standing.

Recipients of this honor have gone to: Kristen Webb, Johns Hopkins; Fred Choy, Johns Hopkins Home Care; Yvonne Czyn, Johns Hopkins, and Mehrnaz Pajoumand, University of Maryland Medical Center.

INDUSTRY REPRESENTATIVE OF THE YEAR AWARD

The Industry Representative of the Year Award is designed to recognize and reward outstanding service by an industry representative, who is also a member in good standing of MSHP, to the local practice of health system pharmacy during the past year.

Past awardees include: Melisa Keller, Ortho McNeil; Marie Marquart, OrthoMcNeil; Ben Ocasio, Novo Nordisk; Stacey Bandish, Cardinal Health and Kim Karpenski, OrthoBiotech.

W. ARTHUR PURDUM AWARD

This award is given to an individual of high moral character, good citizenship, and elevated professional ideals. Like the ASHP Harvey A.K. Whitney award, MSHP's highest award is designed to recognize an individual working on the state level who has

made significant contributions or provided influential leadership to health-system pharmacy, including sustained exemplary service, an outstanding single achievement, or a combination of accomplishments benefiting the profession and public health. The W. Arthur Purdum Award is not necessarily awarded to a pharmacist.

The award recipient is nominated and selected by a committee made up of past Purdum awardees, chaired by the most recent recipient. This year's Chairperson is Cynthia Boyle from the University of Maryland Eastern Shore. In addition to the committee, nominations are submitted to the committee from MSHP current and past-presidents. MSHP members in good standing can also nominate someone for this prestigious award. Members can submit a nomination to MSHP headquarters with a letter of explanation regarding the nominee's accomplishments along with nine additional MSHP members.

In addition to Dr. Boyle other recent recipients of this prestigious award include: Bruce Gordon, Premier; Wendy Klein-Schwartz, Maryland Poison Center; Marie Mackowick, Crownsville Hospital; Mary Lynn McPherson, University of Maryland and Tony Tommacello, Pharmacist Advisory & Education Council (PEAC).

2012 LEADERSHIP POSITIONS

In addition to the award selection the nomination committee is also accepting nominations and volunteers for its 2012 slate of nominees. Nominations are now being accepted to fill the following MSHP vacancies for 2012:

- President-Elect
- Secretary
- Treasurer
- Board Member at Large

Nominees should be MSHP members in good standing. As a member of the MSHP Board, nominees will have a direct influence on next year's MSHP activities and policy.

Nominations for any of the awards and/or leadership positions should be sent to MSHP Headquarters by mail, fax, phone or e-mail:

MSHP Headquarters
8480M Baltimore National Pike, #252
Ellicott City, MD 21043
Phone: 410-465-7011
Fax: 410-465-7073
E-mail: mshp@rxassociationmgt.com

**Make sure your voice is heard.
Nominations must be received no later than
Friday October 7, 2011.**

*Project Hope**(Continued from page 6)*

would help make clinical treatment decisions based on what we had available. Pharmacists also counseled patients via an interpreter; so really both the patient and the interpreters were getting educated on correct medication use. Some of the people may have never taken any medication before, not even vitamins or acetaminophen, something a person in the US may take on a daily basis and be fairly familiar with. As such, it was a very important part of their care to inform them on how these mysterious pills in a baggy were suppose to be safely used.

It was enjoyable to work with health professionals from all over the world and to serve the people of Indonesia. The smiling faces and deep appreciation we received will not be long forgotten. It truly opens your eyes and mind when you have a conversation with people from another culture. It doesn't take long to figure out that although there are many differences between us, we are all very much the same. I highly recommend going on a similar experience to learn and grow as well as to influence and teach those in need.

More information about Project Hope can be found at www.projecthope.org.

MSHP Offers Research Grants for Practitioners and Students

Every year, the MSHP L.E.A.R.N. (Leadership, Education, And Research Network) offers two \$1000 grants for research supporting the ASHP 2015 initiatives. Students, residents, and seasoned practitioners are encouraged to submit applications. Practitioners must be MSHP members, however students need not be MSHP members to apply.

Research advisors working with PGY-1 or PGY-2 residents or Pharm.D. students should encourage their advisees to apply. Award money can be used to offset cost of travel to a national meeting to present research findings, hiring personnel for data analysis, printing a poster for presentation, materials, or other costs directly related to conducting or presenting the research.

The practitioner application is due **September 30th** and the student application is due **October 31st**. For more information visit: <http://www.msphp.org/grant.shtml> or email Maureen Connors maureen.connors@medstar.net and Mehrnaz Pajoumand mpajoumand@umm.edu. Details of the ASHP 2015 initiative can be found at www.ashp.org/2015.

*Psoriasis**(Continued from page 4)*

chronic severe plaque psoriasis in 2006. Remicade should be administered as an IV infusion under the supervision of a medical professional. It is administered three times within the first six weeks, followed by every eight weeks thereafter.

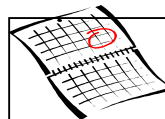
The FDA recently approved Stelara for the treatment of moderate to severe plaque psoriasis in 2009. This biologic agent is new in its class and works by binding to interleukin (IL)-12 and IL-23 and blocking pro-inflammatory signalers responsible for inflammation and rapid growth of skin cells. Stelara is considered to have a low and comparable incidence of serious infections in comparison to placebo and appears to be highly efficacious in treating the signs and symptoms of psoriasis. Other benefits of this new biologic agent include the relatively low numbers of injections needed; as it is administered twice in the first month followed by once every 12 weeks. However, Stelara should be administered at a hospital setting for close monitoring by healthcare providers.

References

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2. Gelfand JM, Feldman SR, Stern RS, Thomas J, Rolstad T, Margolis DJ. Determinants of quality of life in patients with psoriasis: a study from the U.S. population. *J Am Acad Dermatol.* 2004 Nov;51(5):704-8.
3. Fowler JF, Duh MS, Rovba L, Buteau S, Pinheiro L, Lobo F, Sung J, Doyle JJ, Swensen A, Mallett DA, Kosicki G. The impact

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7. Remicade In: Lexi-drugs online. Hudson, OH: Lexi-Comp, Inc; 2009
8. Enbrel In: Lexi-drugs online. Hudson, OH: Lexi-Comp, Inc; 2009
9. Humira In: Lexi-drugs online. Hudson, OH: Lexi-Comp, Inc; 2009



Upcoming Dates to Note

Sunday October 2nd

**Maryland Board of Pharmacy
Annual CE Breakfast**
Maritime Institute

Wednesday October 19th

MD-ASCP Pain Management Program
University of Maryland - School of Pharmacy

Saturday November 12th

Bi-Annual Seminar-Fall Session
Maritime Institute