

## Call for Articles

Pharmascript is seeking articles related to ASHP recommended Pharmacy Practice Management Initiatives, student or resident research, and updates in the treatment of oncologic diseases. Interested writers are encouraged to submit articles as a clinical review (1,000 words), a research project manuscript (2,000 words), or a new drug update (250 words). Other article topics will be considered as well. Michael Armahizer and Brian Spoelhof will take over as the new Publications Committee Co-chairs. Articles should be submitted to Michael at [michaelarmahizer@umm.edu](mailto:michaelarmahizer@umm.edu) by September 16th, 2016 to be published in the October edition of MSHP's Pharmascript. Deadlines for future editions are located on page 4.

MSHP would like to thank Steven Gilmore and Carla Williams for all their time and effort over the past years as the Publications Committee Co-Chairs.

## Welcome McKenna Management

This month, MSHP welcomed a new management company. McKenna Management joins us with experiences in managing a number of healthcare related associations, including the Pennsylvania and Massachusetts Society of Health-System Pharmacists and Eastern States Residency Conference. Elizabeth "Libby" Maynard will serve as the account executive director. She has been with McKenna Management since 2013. Her professional interests include: government relations and grassroots member advocacy, membership recruitment and retention, meeting planning, and website builds. While at McKenna Management she has successfully developed and implemented many client initiatives ranging from letter writing campaigns that reached nearly every member of the Massachusetts Legislature to sold out educational programs. She has built five [YourMembership.Com](http://YourMembership.Com) websites and is well versed in the system. Prior to joining McKenna Management she worked at the Massachusetts Nurses Association and managed several political campaigns in Western Massachusetts. Outside of work, Libby volunteers her time at the Lowell Transitional Living Center and as a Gala Committee Member for the Progeria Research Foundation's Night of Wonder. She is a founding board member of the UMass Women into Leadership program at UMass Amherst. Libby attended UMass Amherst and studied social thought and political economy.



## Emerging Practitioner Highlights

"The MSHP Emerging Practitioner Highlight is a new recognition by MSHP with the goal to include pharmacy students and pharmacy residents in MSHP." – Ryan D'Angelo, MSHP Chair Emerging Practitioner Committee, Department of Pharmacy Practice and Science at University of Maryland School of Pharmacy

This issue highlights *Brian Linder* and *Clayton Johnson* on pages 2 and 3.

### **MSHP Board of Directors:**

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**Brian Lindner***4th Year Pharmacy Student**University of Maryland School of Pharmacy*

A fellow UMSOP 4<sup>th</sup> year student expressed, “Brian Lindner is deserving of this recognition because of his exceptional leadership and passion for health systems pharmacy. Brian is currently an officer for his school's ACCP chapter and has planned a series of journal clubs this year to help his fellow students better understand evidence-based medicine. He also serves on committees for both MSHP and DC-CCP to help plan events for the pharmacy schools in the area. He was instrumental in executing the student programming at the 2015 MSHP Residency Showcase and is currently helping to develop an APPE prep course and NAPLEX review for students. Furthermore, Brian was one of a select number of pharmacy interns at the Johns Hopkins Hospital this past summer. During his internship, he worked with a pharmacist in the operating room to develop a procedure for a peripheral nerve catheter medication pump. He also worked on a pediatric transplant benchmarking study to determine common practices in hospital pharmacy. As someone who has worked closely with Brian on multiple projects, I can attest that he is and will continue to be a great asset to the field of health systems pharmacy.”

Brian is a rising fourth year student from the University of Maryland School of Pharmacy. Brian has been accepted into the school of pharmacy's Pharmacotherapy Pathway where he is focusing his research on medication adherence in patients with chronic diseases. He has held numerous leadership positions as Class President, NCPA Secretary, ACCP Liaison, and Experiential Learning Committee Student Chair. Brian has completed The Johns Hopkins Hospital's Student Internship Program where he worked in the Critical Care and Surgery Pharmacy and is looking forward to completing a clinical track at Johns Hopkins as well. Upon graduation in 2017, Brian looks to continue his education through a pharmacy residency program.

**Clayton Johnson, Pharm.D., M.B.A, M.A., M.Ed., CHFP, CPHQ, CPPS***PGY2 Health-System Pharmacy Administration Resident**The Johns Hopkins Hospital*

Clayton Johnston is a 2014 graduate of the Pharm.D. program at the University of Tennessee Health Science Center. Prior to pharmacy school, Clayton completed a Bachelor of Science degree in Microbiology and Cell Science and a Master of Education degree in Curriculum and Instruction at the University of Florida. He also earned a Master of Arts degree in School Psychology from the University of Memphis.

Clayton recently completed the combined PGY1/PGY2 Health-System Pharmacy Administration residency program at The Johns Hopkins Hospital, which included a Master of Business Administration degree from the Johns Hopkins Carey Business School.

Clayton's certifications include:

- Certified Healthcare Financial Professional (CHFP)- The CHFP credential encompasses a broad range of business and financial skills related to healthcare finance, risk mitigation, accounting, cost analysis, strategy, and resource management. The CHFP credential is awarded by the Healthcare Financial Management Association upon successful completion of two examinations.
- Certified Professional in Healthcare Quality (CPHQ)- The CPHQ is the only accredited certification in the profession of healthcare quality. The designation is granted to professionals who demonstrate proficiency in data analytics, performance improvement, risk management, and patient safety. The CPHQ credential is awarded by the National Association for Healthcare Quality upon successful completion of the evidence-based certification examination.
- Certified Professional in Patient Safety (CPPS)- The CPPS credential distinguishes healthcare professionals who meet the competency requirements in the areas of patient safety science and human factors engineering, and who demonstrate the ability to apply this knowledge to effectively plan and implement patient safety initiatives. The CPPS credential is awarded by the National Patient Safety



Foundation's Certification Board for Professionals in Patient Safety based on education, experience, and successful completion of the evidence-based certification examination that attests to knowledge of essential patient safety competencies.

"Earning this credential attests to Clayton's professional competency in patient safety science and application," said Tejal K. Gandhi, M.D., M.P.H., CPPS, President of the National Patient Safety Foundation. "This achievement demonstrates his expertise in this critical discipline and positions him among those committed to and leading patient safety work."

Following residency, Clayton and his wife, Corry, will be moving to Lexington, Kentucky where he has accepted an Associate Director of Pharmacy position with the University of Kentucky HealthCare. Clayton's professional interests include leadership development, optimizing medication use systems, professional pharmacy organizations and advocacy, and clinical and operational management.

## Pediatric Periodical

Below is a link to the first edition of The Pediatric Periodical, the Pediatric Pharmacy Advocacy Group (PPAG) student chapter at the University of Maryland School of Pharmacy's pediatric pharmacy-focused newsletter. The newsletter contains updates and hot topics related to pediatric patients, and was created by a group of P4, P3 and P2 students. We hope you enjoy reading it.

Topics included in this issue include:

- Pediatric Delirium in the PICU: Is Quetiapine a Safe Treatment Option?
- Recall on Auvi-Q® and AllerJect®
- Nucala® (mepolizumab) for the Treatment of Severe Asthma
- Pediatric UptoDate® Highlights

The best way for readers of to access The Pediatric Periodical in the future is through the PPAG (student chapter) at University of Maryland School of Pharmacy's website. The direct link is: <http://studentorg.rx.umaryland.edu/ppag/files/2014/07/The-Pediatric-Periodical.compressed.pdf>

## New Drug Update: Tenofovir alafenamide

*Cesar Bejarano-Garcia, Student Pharmacist, Notre Dame of Maryland University*  
*Jennifer Bailey, PharmD, BCPS, AAHIVP*

In the face of substantial advancements in the development of antiretroviral therapies that suppress human immunodeficiency virus (HIV), ensuring that medications maintain high efficacy while securing long-term safety is a high priority. Tenofovir alafenamide (TAF) is a new oral prodrug of the nucleotide reverse transcriptase inhibitor (NRTI) tenofovir. TAF is intracellularly converted to its active form, tenofovir diphosphate, allowing for higher active drug concentrations in peripheral blood mononuclear cells and lower plasma levels compared its predecessor, tenofovir disoproxil fumarate (TDF).<sup>1</sup> Thus, lower doses of TAF achieve comparable antiviral efficacy but offer a favorable safety profile, which may be paramount to HIV treatment moving forward.

The safety and efficacy of TAF was initially demonstrated in combination with elvitegravir/cobicistat/emtricitabine (E/C/F/TAF; Genvoya®) and often compared to the similar TDF-containing regimen, E/C/F/TDF (Stribild®). Two randomized, double-blind, active-controlled trials in antiretroviral-naïve, HIV-1 infected adults demonstrated no difference in viral load suppression at 48 weeks (92% Genvoya® vs. 92% Stribild®).<sup>2</sup> The same regimen was also studied in a randomized open-label, active-controlled trial in the virologically-suppressed population switching from other regimens to Genvoya® and again demonstrated no difference in HIV-1 RNA at Week 48 (97% in the Genvoya group vs. 93% in the unchanged control group).<sup>3</sup> Furthermore, in a Phase 3, single arm, open-label trial by Pozniak et al., 242 HIV-positive, virally suppressed patients with mild to moderate renal impairment were switched to Genvoya® from other regimens. Overall, 92% maintained undetectable viral loads at week 48.<sup>4</sup> Safety data throughout the aforementioned studies consistently and significantly favored TAF-containing regimens regarding changes in bone mineral density and several renal function parameters such serum creatinine, glomerular filtration rate, proteinuria, and fractional excretion of phosphate and uric acid. Of note, among treatment-naïve and –experienced patients, TAF was associated with significantly greater median increases in several fasting lipid parameters over 48 weeks.<sup>2-4</sup> Tenofovir alafenamide was approved on November 5<sup>th</sup>, 2015 as the complete regimen, fixed-dose, combination tablet, Genvoya®, containing 150 mg of elvitegravir, 150 mg of cobicistat, 200 mg of emtricitabine, and 10 mg of tenofovir alafenamide. On March 1, 2016 a second TAF-containing, single pill regimen was approved called Odefsey®, which contains emtricitabine, rilpivirine, and TAF. This

medication contains the same drugs as Complera<sup>®</sup>, except TDF is replaced by TAF. Most recently, on April 4, 2016 the FDA approved Descovy<sup>®</sup>, a dual NRTI combination of emtricitabine and TAF, similar to TDF-based drug Truvada<sup>®</sup>. These new drugs serve as important breakthroughs in safe and effective management of HIV and are likely to be adapted into widespread clinical practice.

## References

1. AIDSInfo. Tenofovir alafenamide. <https://aidsinfo.nih.gov/drugs/print/514/tenofovir-alafenamide/0/1/professional>. Updated December 17, 2015. Accessed June 7, 2016.
2. Sax PE, Wohl D, Yin MT, et al. Tenofovir alafenamide versus tenofovir disoproxil fumarate, coformulated with elvitegravir, cobicistat, and emtricitabine, for initial treatment of HIV-1 infection: two randomized, double-blind, phase 3, non-inferiority trials. *Lancet*. 2015 Jun 27;385(9987):2606-2615.
3. Mills A, Arribas JR, Andrade-Villanueva J, et al. *Lancet Infect Dis*. 2016 Jan;16(1):43-52.
4. Pozniak A, Arribas JR, Gathe J, et al. *J Acquir Immune Defic Syndr*. 2016 Apr 15;71(5):530-7.

## Article Submission Deadlines for Upcoming Newsletters

September 16, 2016 for the October 2016 Edition

December 16, 2016 for the January 2017 Edition

March 17, 2017 for the April 2017 Edition

June 16th, 2017 for the July 2017 Edition

## Upcoming Events and Continuing Education Opportunities

New Resident and Fellow Welcome: July 28, 5:00 pm - 7:30 pm

4th Annual Updates in Infectious Diseases CE Dinner: September 22, 6:30 pm - 9:00 pm

MSHP Fall Seminar: October 14, 7:30 am - 5:00 pm

Residency Showcase: October 15<sup>th</sup>

Technician CE and Networking Event: October 15<sup>th</sup>

Visit [www.mshp.org](http://www.mshp.org) for more info

## Upcoming Meetings

Board Only Meeting (No Committee Chairs): August 25, 4:00 to 5:30 pm

Board and Committee Chairs Meeting: September 22, 4:00-5:30

Both Meetings will be held at the Johns Hopkins Home Care Group at 5901 Holabird Ave, Baltimore, MD 21224. Attendees should enter through the far right entrance labeled "Patient Entrance."