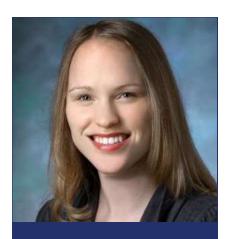
# The Lobbyist

#### DISTRICT OF COLUMBIA COLLEGE OF CLINICAL PHARMACY



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**Greetings DC-CCP members!** 

I write to you as we breathe a collective sigh of relief that the chaos, fear and uncertainty of the last 3 years is receding. As the COVID-19 pandemic has transitioned to an endemic phase, the federal government has ended the public health emergency and much of life has transitioned back to the pre-COVID status quo. People are traveling, resuming in person activities and attending large group gatherings. Many have stopped masking, even in health care settings.

Although COVID-19 caused tremendous suffering and struggle for people around the world, health care workers bore some of the largest burdens. We worried every day about the safety of our patients and our families. Many of us continued going to work while most people stayed home, and we struggled with handling our kids' day care and school closures at a time when options for child care were very limited. We felt like we were going to the front lines of the battle, not always knowing if we had the proper armor. However, because of us, patients who struggled with COVID-19 and other health issues were still able to get care. We were there when they needed us. Although the adulation for "health care heroes" has receded, we continue to deal with the aftermath of everything we experienced. I want to thank each one of you for all you did to help patients, even at your own personal risk. Our service in this crisis is something we should carry with us as a source of pride for the rest of our lives.

Now that life has begun to return to normal, I am delighted to serve as your DC-CCP Chapter President as we restart our regular activities and begin meeting both in person and virtually once again. I served as President in 2015 when we had over 100 members, both pharmacists and student pharmacists. We have already regained pharmacist members rapidly over the first months of 2023, and as the student chapters of ACCP resume activities in the fall we plan to recruit many student members as well. We previously had both Pharmacist and Student Co-Chairs of our committees, and we look forward to transitioning back to this model as we connect with local SCCP chapters. Students have always been critical members of our organization, bringing fresh ideas and enthusiasm to our events and our newsletters. We want to partner with SCCP chapters on events to help prepare students for careers in clinical pharmacy, such as mock interviews, discussion panels, and CV reviews. Student pharmacists: we want your input and leadership!

Thank you to the 2023 executive board and committee chairs for stepping up to revitalize our chapter. It's always a leap of faith starting (or restarting) an organization. Thank you for taking the leap with me!

Members: please feel free to reach out with your ideas and consider joining or leading a committee. This chapter can be strong only with your participation. Thank you again for all you have done and all you continue to do for our patients and our profession every day.

Your President, Lisa Peters, PharmD, BCPS Lmtreu@gmail.com

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# **DC-CCP Executive Board & Committees**

# **EXECUTIVE BOARD**

President: Lisa Peters

President Elect: Nancy Tang

Treasurer: Jessy George

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# **COMMITTEES**

# **Networking and Education**

Pharmacist Chair: Sherin Philip

# Communications

Pharmacist Chair: Samantha Bisges

Student Chair: Jessica Schuchardt

### Advocacy

Pharmacist Chair: Lisa Peters

# Membership

Pharmacist Co-Chair: Sharika Johnson

Pharmacist Co-Chair: Bola Lawuyi

# Philanthropy

Pharmacist Co-Chair: Hasan McDonnaugh

Pharmacist Co-Chair: Meagan Freel



DC-CCP is a non-profit professional association and an independent chapter of the American College of Clinical Pharmacy (ACCP) dedicated to improvements in pharmacotherapy practice, education, and research in the Washington, D.C. Capital Region, including the District of Columbia, State of Maryland, and Commonwealth of Virginia. Membership in the American College of Clinical Pharmacy is not required to become a member of DC-CCP. We work to advocate for the pharmacy profession and educate future clinicians.

We are relaunching in 2023 and membership is only \$25 for a limited time.

Join us!



# **UPCOMING DC-CCP EVENTS**

# **Networking Mixer at Brookland Pint**

When 22 Jun 2023

5:00 PM - 7:00 PM

Location Brookland Pint

Join us on June 22 for food and drinks at Brookland Pint to meet fellow clinical pharmacists and student pharmacists!

#### Register at:

https://dcccp.wildapricot.org/event-5260371



https://brooklandpint.com/

716 Monroe Street, NE Washington, DC 20017



### **DC-CCP Fall CE Event**

When 11 Nov 2023

09:00 AM - Noon

Location Howard University College of Pharmacy

2300 4th Street, NW Washington, DC 20017



### 2023 DC ADVOCACY DAY REPORT

LISA PETERS, PHARMD, BCPS



year!

#### Find ACCP ADVOCACY Resources HERE:

https://www.accp.com/govt/advocacyResources.aspx

#### **GOLD 2023 COPD GUIDELINE UPDATE**

JAMIE WU, PHARMD, BCPS

The 2023 Global Initiative for Chronic Obstructive Lung Disease also known as the GOLD report was recently published April 1, 2023. This guideline update incorporates peer-reviewed literature ranging from January 2021 to July 2022. Key updates include the following:

- The newly proposed taxonomy of chronic obstructive pulmonary disease (COPD)
  highlights etiologies and is expected to have minimal impact on clinical practice. The
  proposal aims to promote research to address the heterogeneity in causes of COPD. The
  GOLD guidelines also recommend the use of terminology to establish the range of lung
  function trajectory: early COPD, mild COPD, young COPD, and Preserved ratio impaired
  spirometry (PRISm).
- The initial ABCD assessment tool has also been modified into an ABE category to account for Figure 1. COPD Initial Pharmacological Treatment
   The initial ABCD assessment tool has also been modified into an ABE category to account have been with ≥ 2
   Initial pharmacological treatment. mMRC: modified Medical Research Council Dyspnea Questionnaire; CAT: COPD account have been with ≥ 2
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- While therapy for patients in Group E are also recommended LABA+LAMA as initial therapy except in patients with blood eosinophils ≥300 cells·μL−1. In this patient population, LABA+LAMA+ inhaled corticosteroid (ICS) should be initiated. LABA+ICS dual therapy is no longer recommended. If there is an indication for ICS, triple therapy with LABA+LAMA+ICS is recommended considering new evidence which has demonstrated the superiority of triple therapy over dual therapy with ICS.² See Figure 1. below which outlines initial treatment options based on the ABE assessment and Figure 2. which outlines follow-up pharmacotherapy escalation.

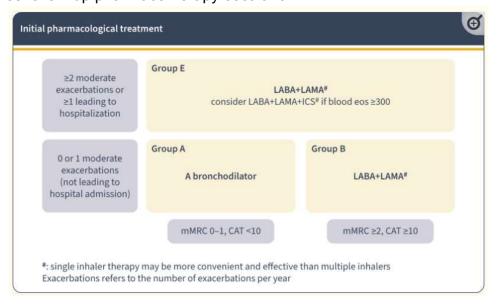
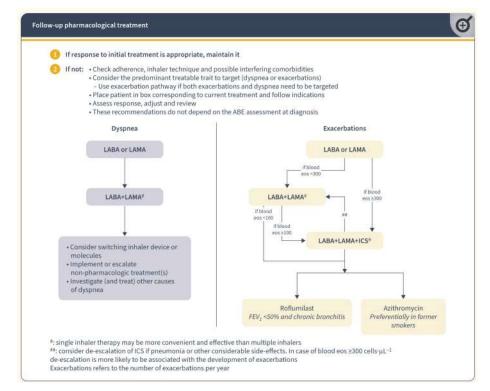


Figure 2.



- Vaccination recommendations for patients with COPD have been updated to reflect CDC current quidelines which include vaccinations for coronavirus 2019.
- COPD exacerbation assessment should be based on dyspnea intensity, respiratory rate, heart rate, and oxygen saturation. High-dose nebulized budesonide 2 mg three times daily may be a treatment alternative to systemic glucocorticoids and can minimize the side effects of systemic corticosteroids.<sup>3</sup>
- All patients hospitalized for COPD exacerbation should be evaluated and treated for severe vitamin D deficiency as recent studies have demonstrated a reduction in hospital readmission in patients appropriately treated.<sup>4</sup>

#### References:

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- 4. Rafiq R, Aleva FE, Schrumpf JA, Daniels JM, Bet PM, Boersma WG, Bresser P, Spanbroek M, Lips P, van den Broek TJ, Keijser BJF, van der Ven AJAM, Hiemstra PS, den Heijer M, de Jongh RT; PRECOVID-study group. Vitamin D supplementation in chronic obstructive pulmonary disease patients with low serum vitamin D: a randomized controlled trial. Am J Clin Nutr. 2022 Aug 4;116(2):491-499.

# PAXLOVID RECEIVED FULL APPROVAL FROM FDA FOR TREATMENT OF COVID-1

SAMRA AGONAFER, PHARMD, BCPS

#### PAXLOVID INDICATION AND USAGES

- PAXLOVID (nirmatrelvir tablets and ritonavir tablets) is a SARS-CoV-2 main protease inhibitor (also known as SARS-CoV-2 3CL protease inhibitor) therapy. It was developed to be administered orally so that it can be prescribed early after infection, potentially helping patients avoid severe illness which can lead to hospitalization and death.
- Paxlovid has been authorized for emergency use since December 2022. On May 25,2023, the U.S. Food and Drug Administration (FDA) approved PAXLOVID™ for the treatment of mild-to-moderate COVID-19 in adults who are at high risk for progression to severe COVID-19, including hospitalization or death.
- The EUA continues to authorize Paxlovid for emergency use to treat certain eligible pediatric patients, a patient population that is not covered under the approved NDA for Paxlovid currently
- PAXLOVID is not approved for use as pre-exposure or post-exposure prophylaxis for prevention of COVID-19.

#### WHO CAN PRESCRIBE PAXLOVID?

- Paxlovid may be prescribed for an individual patient by physicians, advanced practice registered nurses, and physician assistants that are licensed or authorized under state law to prescribe drugs. Paxlovid may also be prescribed for an individual patient by a statelicensed pharmacist under certain conditions that are listed in the EUA.
- The EUA authorizes state-licensed pharmacists to prescribe Paxlovid for an individual patient, subject to the terms and conditions of the EUA (e.g., eligible patient populations), under the following conditions:
- Sufficient information is available, such as through access to health records less than 12 months old or consultation with a health care provider in an established provider-patient relationship with the individual patient, to assess renal and hepatic function
- Sufficient information is available, such as through access to health records, patient reporting of medical history, or consultation with a health care provider in an established provider-patient relationship with the individual patient, to obtain a comprehensive list of medications (prescribed and non-prescribed) that the patient is taking to assess for potential drug interaction.

The state-licensed pharmacist should refer an individual patient for clinical evaluation (e.g., telehealth, in-person visit) with a physician, advanced practice registered nurse, or physician assistant licensed or authorized under state law to prescribe drugs, if any of the following apply:

- Sufficient information is not available to assess renal and hepatic function
- Sufficient information is not available to assess a potential drug interaction. Modification of other medications is needed due to a potential drug interaction.
- Paxlovid is not an appropriate therapeutic option based on the authorized Fact Sheet for Healthcare Providers or due to potential drug interactions for which recommended monitoring would not be feasible.



#### CALL FOR FUTURE NEWSLETTER CONTRIBUTORS

Do you have ideas for upcoming newsletters?

If you or someone you know would like to contribute to future DC-CCP newsletters, please contact your Communications Committee Chairs or Executive Chairs:

#### Communications:

Samantha Bisges: <a href="mailto:sebisges@gmail.com">sebisges@gmail.com</a>

Jessica Schuchardt: jessica.schuchardt@umaryland.edu

#### Executive:

Lisa Peters: <a href="mailto:lmtreu@gmail.com">lmtreu@gmail.com</a>