



# Washington Metropolitan Society of Health System Pharmacists Newsletter

March 2021  
Volume 3

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[www.wmshp.org](http://www.wmshp.org)



## Message from the WMSHP President

Greetings! Happy Spring.  
As spring brings out glimmer of hope, similarly continued COVID-19 vaccine rollout offers hope, respite and positivity in 2021. If you are still looking to schedule COVID-19 vaccine, you can search using these online tools:

<https://covid19vaccinecenterlocator.uhc.com/cvcl>  
<https://vaccinefinder.org/search/>

Here is something interesting I came across recently - **Wii's Laws of Communication**. This summarizes that human communications usually fail except by accident. These observations were made by a Finnish economist Professor Osmo Wii in 1978. These Wii's laws are adages like Murphy's Law. Here are the Wii's Seven Laws:

1. *Communication usually fails, except by accident.*
  - If communication can fail, it will.
  - If communication cannot fail, it still most usually fails.

See page 8 – President message

## Pandemic Reformed Pharmacy Residency

Author: Amirah Assabahi, PharmD

Future pharmacists and aspiring pharmacy residents have a few changes to brace themselves for compared to the traditional residency experience. Overall and obviously, the most significant changes to residencies would be the endless updates, social distancing, and mandatory mask/shields. The pharmacy department has had to make significant changes in workflows as well as the residency program because of regulations set in place by the CDC and local regulatory policies. Starting with interviews and orientation, the pre-pandemic experience would have taken place in the pharmacy conference rooms and hospital auditorium, respectively. However, both have converted to off-site virtual interviews and remote orientation. Additional measures for social distancing and safety include removal or spacing of workstations, installation of plexiglass dividers, routine surface disinfecting, designated safety officers, constant hand washing or sanitizing, survey answering, temperature recording, regularly performed COVID testing, vaccination distribution, etc.

Besides core rotations, some elective rotations have been relocated or removed entirely due to the limited availability of off-site arrangements. For example, rotations initially promoted by the residency program website are now unavailable since the offsite hospital has implemented a limited visitors' policy. This has led to an

See page 2 Residency

## Residency from page 1

extraordinarily difficult decision for some residents, forcing re- evaluation of elective rotations and potentially the career paths. Additional changes to the rotation requirements including the settings in which multidisciplinary rounds take place. Pre-COVID, these rounds would take place in the nursing station, however, rounds have since moved to the patient waiting area to support sufficient social distancing amongst the round participants (i.e., nurses, pharmacist, physicians, case management, occupational and physical therapist). The waiting rooms have now been evacuated as the visitor's policy has limited the number of visitors to the hospital. Patient education and family updates are mostly conducted via audio or video calls. Furthermore, topic discussions and presentations have been moved to a virtual platform.

Speaking of virtual platforms, a substantial change to residency programs, the number of virtual meetings residents are invited to as well as host has drastically increased. Majority of meetings and committees, in place for residents to participate and/or present during, has been transferred to an online setting such as Zoom or Microsoft Teams.



Dr. Amirah Assabahi, PharmD, is currently completing her PGY1 Pharmacy Practice Residency at the Sibley Memorial Hospital-Johns Hopkins Medicine. Her clinical interests include Infectious Disease, Emergency Medicine, and Management.

A few of the monthly committee meetings that were converted to an online setting include the Pharmacy and Therapeutics (P&T) and Medication Safety meetings in which the pharmacy collaborates with the medical and nursing staff. WMSHP as well as pharmacotherapy rounds continuing education presentations were also converted to virtual presentations. These virtual presentations and attendance generally contribute to building presentation, interviewing, and time management skills, correspondingly building virtual etiquettes and technological skills. Unfortunately, due to the limited opportunity for social interaction and the urge to multitask during the meetings, the potential networking experience can be limited.

The networking experience and patient connection may have reformed due to the virtual meetings and rounds, however, inevitably, the patient population has changed with the pandemic. Overall, the admitted patient population has changed during the surge of COVID diagnosis and spread. Numerous units were designated for COVID positive admitted patients with multiple precautionary measures in place to provide optimal medical attention and patient safety, including donning on and off areas, negative pressure rooms, and dedicated healthcare providers in consistent search of innovative and updated treatment options. Regulatory mandates and patient preference to cancel elective admission contributed to the variation in inpatient population, with an increase in critically ill COVID diagnoses. In addition, telemedicine options have shifted from outpatient visits to virtual appointments, both resulting in less miscellany of onsite patient visits. The numerous unknown factors of COVID as well as the rapidly affected population, including those with chronic comorbidities such as diabetes, hypertension, and respiratory diseases, have made treating COVID patients more complex and at times overwhelming. Healthcare providers have been designated to COVID command centers and hotlines to search for innovative prevention and treatment approaches. Hospital-wide meetings are held for hospital employees to share vital information, such as updates of policies/protocols as well as supportive reinforcements.

Some advice to completing a residency, regardless of the continuation of the pandemic, would be to maintain a flexible, communicative, and positive attitude. Build and maintain relationships and network with colleagues as much as possible. If you haven't already, use this residency as an opportunity to find a mentor and build your relationship with them. Now more than ever, practicing healthcare can become stressful, so keep up with healthy stress relieving activities such as meditation, exercise, etc. Like previous challenges, this pandemic and residency will pass. Best of luck!

## COVID-19 Vaccines

APhA, FIP, and ASHP have published information concerning the storage, handling, and use of COVID-19 vaccines from Pfizer-BioNTech, Moderna, and Janssen which have received emergency use authorizations/approvals and for which phase III clinical trial data are available about their safety and efficacy.

**APhA:** [https://www.pharmacist.com/sites/default/files/audience/APhACovidVaccineSummaryChart\\_0320\\_web.pdf](https://www.pharmacist.com/sites/default/files/audience/APhACovidVaccineSummaryChart_0320_web.pdf)

**FIP:** [https://www.fip.org/files/content/priority-areas/coronavirus/Other\\_FIP\\_resources/Frequently\\_Asked\\_Questions\\_COVID-19\\_Vaccine\\_26-01-2021\\_final.pdf](https://www.fip.org/files/content/priority-areas/coronavirus/Other_FIP_resources/Frequently_Asked_Questions_COVID-19_Vaccine_26-01-2021_final.pdf)

**ASHP:** <https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/Coronavirus/docs/Vaccine-storage-handling-safety-security-guidance.ashx?la=en&hash=E90A049D58B58C013D2BC75EE5E13E1805498C9A>

See also: <https://www.ashp.org/COVID-19/Vaccines> and <https://elearning.ashp.org/COVID-19>.

These resources along with links to COVID-19 vaccination and registration sites have been included in the [COVID-19 Resources for Pharmacists](#) in the WMSHP Drug Information page.

## Empowering Public Health Pharmacy Practice—Moving from Collaborative Practice Agreements to Provider Status in the U.S.

WMSHP Immediate Past President Vaiyapuri Subramaniam, PharmD, MS, FASHP, FASCP, FCP, FFIP, co-authored an article which promotes the concept to advance pharmacists' collaborative practice towards provider status that was published in March 2021 in *Pharmacy* and entitled "Empowering Public Health Pharmacy Practice - Moving from Collaborative Practice Agreements to Provider Status in the U.S." This was part of the Special Issue on Pharmacist Services and is available online.

**Abstract** (<https://www.mdpi.com/2226-4787/9/1/57>) by Alina Cernasev<sup>1</sup>, Meghana Aruru<sup>2</sup>, Suzanne Clark<sup>3</sup>, Komal Patel<sup>1</sup>, Natalie DiPietro Mager<sup>4</sup>, Vaiyapuri Subramaniam<sup>5</sup> and Hoai-An Truong<sup>6</sup>

This article describes the history and evolution of pharmacist-physician collaborative practice agreements (CPAs) in the United States with future directions to support pharmacists' provider status as the profession continues to evolve from product-oriented to patient-centered care and population health. The pharmacy profession has a long history of dispensing and compounding, with the addition of clinical roles in the late 20th century. These clinical roles have continued to expand into diverse arenas such as communicable and non-communicable diseases, antimicrobial stewardship, emergency preparedness and response, public health education and health promotion, and critical and emergency care. Pharmacists continue to serve as integral members of interprofessional and interdisciplinary healthcare teams. In this context, CPAs allow pharmacists to expand their roles in patient care and may be considered as a step towards securing provider status. Moving beyond CPAs to a provider status would enable pharmacists to be reimbursed for cognitive services and promote integrated public health delivery models.

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PDF Version of Full Text can be accessed at: <https://www.mdpi.com/2226-4787/9/1/57/pdf>



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Medical Science Liaison  
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## **Respiratory Syncytial Virus (RSV) - April 6<sup>th</sup> 6PM Non-CE Presentation Synopsis**

Author: Ferdaus Hassan, Ph.D

Respiratory Syncytial Virus (RSV) is a significant burden in children, especially in infants. RSV is known to cause severe lower respiratory infections (LRTI), often leading to hospitalization. Globally, RSV is the most significant cause of LRTI-related death in first year of life. In the US, millions of children require medical attention each year. However, it has been known that true burden of RSV is underestimated in the US children due to limited testing and RSV infection not being as ‘reportable’ to CDC. Overall economic and societal impact of RSV is also significantly high. There are very limited treatment options available. Monoclonal antibody (passive immunization) has been recommended as a prophylaxis for high-risk children only. A universal use of passive immunization could benefit millions of children in their early life. However, due to different approval process and recommendation by regulatory bodies, patient access to this therapy could be impacted, leaving significant portion of children out of coverage.

## **Dr. Nice’s Moisturizing Gel**

Author: Frank J. Nice, RPh, DPA, CPHP

### **The Origins of a Unique Formula**

Over a decade ago, a well-respected leader in the Lactation Consultant community sent me an article on the use of peppermint gel to treat perhaps the most common of breastfeeding problems: raw, sore, cracked, chafed, and painful nipples. The study was done in 2007 and showed the superiority of peppermint gel over both lanolin ointment and the placebo gel. The researchers reported no adverse effects for either the mothers or the breastfed babies who participated.

Along with providing the study information, the Lactation Consultant plainly asked me, "Well, why is there no such product on the American market?" I really had no answer. She went on: "The peppermint gel is so much better than lanolin, the most-used product in the United States!" She was absolutely right. It was in that moment that I realized I had important work to do: I had to develop a peppermint moisturizing gel specifically for breastfeeding moms suffering from raw, sore cracked, chafed nipples.

### **Peppermint Water Instead of Lanolin?**

Being totally naïve on the issue, I started looking into it. Indeed, there were no such products on the market in the United States or anywhere in the world. I did discover that breastfeeding moms and Lactation Consultants were concocting peppermint leaf “teas” to apply to their nipples with amazing results.

After not finding much other information, I reported back to the Lactation Consultant, and she hit me immediately with, "What are you going to do about it?" That question gave me much incentive to try to do something about it. That doing something about it has so far taken me 10 years. I started the project at 65 years of age feeling like Colonel Sanders coming up with the herbs and spices for his famous secret recipe chicken!

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## Dr. Nice's Moisturizing Gel from page 3

### Creating the Right Recipe

The first thing I did was to get my hands on the gel formula that the Iran researchers used in their study trial. It turns out it was a common, basic gel formulation that used several artificial preservatives along with peppermint oil. My first thought was that the artificial preservatives and gel ingredients are not overly skin friendly. So, I took the formula to a skin specialist - a chemist friend of mine - and he suggested other possible ingredients.

I then took the Iran formula, along with my chemist-friend's suggestions, to a compounding pharmacist friend of mine. He tried dozens of formulations before he came up with the "perfect" recipe: the artificial preservatives were replaced with a natural preservative; the artificial gel ingredients were replaced with one natural ingredient with an amazing property to transform, safely, from a gel at room temperature to a thin liquid when cooled.



**Frank J. Nice, RPh, DPA, CPHP**  
President, Nice Breastfeeding, LLC  
President, Dr. Nice Products, LLC

### Revolutionary Gel Works Two Ways

Whenever you place a typical gel or ointment into the refrigerator, it gets much thicker. Dr. Nice's Moisturizing Gel does the exact opposite. It becomes thinner! In fact, it turns into a liquid. "What a stroke of genius!" I thought.

Dr. Nice's Moisturizing Gel transforms from a thick gel into a cooling liquid that soothes and relieves the pain of raw, sore nipples, instantly. Being a liquid, it flows into the cracks of the chafed nipple for better absorption. To top all that off, at body and room temperature, Dr. Nice's Moisturizing Gel turns back into a protective and breathable skin. Unlike messy lanolin, it can be washed off easily, although that would rarely be necessary.

One of the most common breastfeeding problems was solved! What could go wrong?

### Amazing Properties. Faulty Packaging

We trademarked and patented the product. All we had to do now was scale up the manufacturing of the gel, package it, and sell it. Sounds easy, right?

Remember that I said it took a decade to get where we are now. After exploring different types of packaging, we landed on what we thought was the perfect solution: an airless pump bottle with a non-touch roller ball that could be rolled on the breast with one hand while holding the baby in the other arm.

It was surely the perfect multi-tasking device. Or, so we thought. Very often, the gel would pop the roller ball out of the container, sending it rolling across the floor (if one had a cat, it could help you find it). No matter the refinements we made in the delivery device, we could never get the roller ball to stay put 100 percent of the time.

Therefore, we went back to work and restructured everything, including our company operations.

Continued on page 5

## Dr. Nice's Moisturizing Gel from page 5

### New Look. Same Formula

We hired a new team to rebuild and rebrand the company from the ground up. We found new packaging that actually works when the gel is at body/room temperature AND chilled.

Our marketing and design team came up with a completely new branded look; one that is more pleasing to the eye, more accurately describes what Dr. Nice's Moisturizing Gel does and why it is the alternative to lanolin.



Finally! We had emulated Colonel Sanders. Actually, it was easier for us than the Colonel, as we only have four all-natural ingredients whereas the Colonel had to deal with 11 herbs and spices, plus the chicken.

You can check it all out on our website: <https://www.drniceproducts.com/breastfeeding-sore-nipples/>

My personal proceeds from the sales of Dr. Nice's Moisturizing Gel go to support my medical missions to Haiti (I have been on the ground in Haiti 24 times) and the orphanage/school that I founded and continue to support in Haiti. More information is available on my website.

## 2/18/21 CE Recap: Assessing Renal Function in Transgender Patients and Other Alternatives to Tenofovir Disoproxil Fumarate (TDF) in Impaired Renal Function

Author: Taylor N. Chan, University of the Pacific: Thomas J Long School of Pharmacy,  
Doctor of Pharmacy Candidate, Class of 2021

At the February 18, 2021 meeting of the WMSHP, Dr. Jesse Rung, PharmD, BCPS, President Elect 2021 of the Washington Metropolitan Health System Pharmacists and Nephrology Clinical Pharmacist/Clinical Assistant Professor Howard University College of Pharmacy, discussed the challenges in assessing renal function in transgender patients and other alternatives to TDF (Tenofovir Disoproxil Fumarate) when there is impaired renal function. This highly informational session offered CE credit for those who attended. Important takeaways from the presentation are highlighted below.

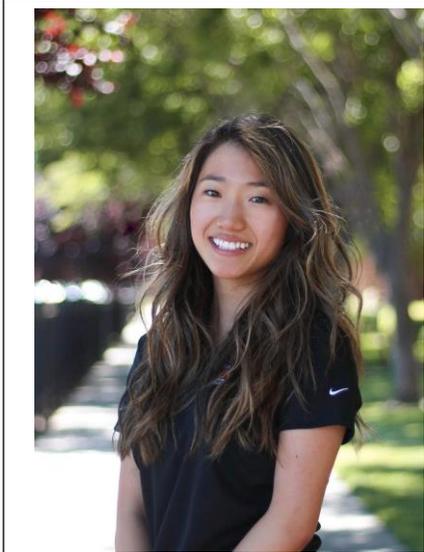
### Transgender terminology:

Cisgender: a term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth

Transgender: People that identify their gender as different to their sex assigned at birth.

Ex: Transgender male: assigned female at birth, but identifies as male

See Page 6 Assessing Renal Function



**Taylor N. Chan,**

University of the Pacific:  
Thomas J Long School of Pharmacy,  
Doctor of Pharmacy Candidate,  
Class of 2021

## Assessing Renal Function from page 6

### How can one identify if a patient is ‘transgender’?

You can ask these questions: “What gender do you identify with now?” and “What gender were you assigned at birth?”

### How is renal function usually assessed? And why is it different for this patient population?

There are 3 traditional equations used to measure renal function: the Cockcroft-gault equation- which overestimates true GFR (glomerular filtration rate), the MDRD (Modification of diet in renal disease) equation, which is inaccurate in near normal GFR and obesity, and the CKD (chronic kidney disease) epidemiology equation—which is the least affected by gender.

There are limitations when using SCr (serum creatinine) because of differences in gender, race, body habitus, and diet. In transgender females, there is decreased muscle mass and creatine decrease. In transgender males, there is increased muscle mass and creatinine increase.

### What is GAT and how does it affect the measure of kidney function?

GAT is gender affirming therapy. Patients will take hormones which could affect the rate of change in body compositions and other biometrics such as fat percentage, change in lean body mass, and creatinine levels. It is difficult to say how exactly GAT will affect an individual's creatinine level.

### What are recommendations for estimating renal function?

Dr Rung presented these recommendations based from his own clinical experience:

- If the patient is not taking GAT or started < 1-3 months prior to the encounter: calculate the renal function based on gender assigned at birth
- If the patient is taking GAT < 6 months prior to the encounter: calculate renal function based on gender assigned at birth & determine physical appearance of the patient if drastically changed, used gender identity.
- If the patient is taking GAT > 6-12 months prior to the encounter: calculate renal function based on gender identity & determine physical appearance of the patient; if no change, use gender assigned at birth

### What is TDF?

TDF is tenofovir disoproxil fumarate which is a mainstay drug used to combat HIV (human immunodeficiency virus). It is a known nephrotoxic agent, causing damage to the proximal tubule leading to a reduction in GFR. There is a higher risk with increased exposure. When patients are being treated for PreP (Pre-exposure prophylaxis), kidney injury can occur, especially in those who start PreP at an older age, or for extended amounts of time. TDF is contraindicated in CrCl <60ml/min.

### Are there alternatives to TDF?

Tenofovir alafenamide (TAF) was approved in 2016 and has been shown to improve outcomes of kidney function. TAF is contraindicated in CrCl <30ml/min.

### What biomarkers can be used to evaluate tubular injury?

Urinalysis (UA): glycosuria; Urine electrolytes: phosphate, K; Proteinuria

## Presidents message from page 1

- If communication seems to succeed in the intended way, there's a misunderstanding.
  - If you are content with your message, communication certainly fails.
2. *If a message can be interpreted in several ways, it will be interpreted in a manner that maximizes the damage.*
  3. *There is always someone who knows better than you what you meant with your message.*
  4. *The more we communicate, the worse communication succeeds.*
  5. *The more we communicate, the faster misunderstandings propagate.*
  6. *In mass communication, the important thing is not how things are but how they seem to be.*
  7. *The importance of a news item is inversely proportional to the square of the distance.*
  8. *The more important the situation is, the more probable you had forgotten an essential thing that you remembered a moment ago.*

We can learn some lessons from these laws that can help us to be clearer when we communicate. If you have an important message to convey in any setting, assuming that your communication is likely to fail is a good attitude to start with to improve your delivery and reach. Some recommended strategies to better communicate are: (1) Practice active listening (2) Repetition (3) Simplify (KISS method-Keep It Simple Stupid) and (4) Tell a Story.

With continued global restrictions, we are still able to offer many virtual CE events for our members on a regular basis. With respect to our communication on these can be found in WMSHP website ([www.wmsHP.org](http://www.wmsHP.org)), membership emails and WMSHP newsletters and verbal announcements during previous CE events. WMSHP have a good collaboration with Pharmacy Times CE (PTCE) to provide multiple opportunities for pharmacists and pharmacy technician CEs for our members and non-members. Our next upcoming CE programs for April 2021 are:

**Tuesday April 06, 2021 at 6 pm.** Title: **FDAs Post Marketing Drug Safety Surveillance System** by Dr. Melissa Reyes, MD, MPH, DTMH, LCDR, USPHS, Division of Dermatology and Dental Products (DDDP), Office of New Drugs, CDER, FDA

**Thursday, April 22, 2021 at 6 pm.** WMSHP-PTCE CE program. Title: **Optimizing Safety and Efficacy of BTK Inhibitors Within the Health System with the Use of Digital Strategies.** Anthony J. Perissinotti, PharmD, BCOP Hematology Clinical Pharmacist Specialist Clinical Team Leader Hematology/Oncology Adjunct Clinical Assistant Professor University of Michigan - Michigan Medicine Ann Arbor, Michigan

On behalf of WMSHP, I would like to thank Ms. Crissy Wilson from Pharmacy Times CE in joining hands with WMSHP to support CE programs for pharmacy professionals in the DC Metropolitan region. Last month in March 2021 Pharmacy Times CE has also been generous to support our local community through "Donate Your Dinner" contribution for each participant of CE program on behalf of WMSHP. PTCE made an \$1,150 donation to the Capitol Area Food Bank on behalf of WMSHP for our last joint session. This was their first Donate Your Dinner initiative through our collaboration.

We thank Dr. Ferdaus Hassan, PhD, Medical Science Liaison, Sanofi Pastuer, US Medical Affairs for supporting WMSHP's April 2021 program. We would like to thank our newsletter contributors Dr. Ferdaus Hassan, PhD, Medical Science Liaison (DC/MD/VA), Sanofi Pasteur. You might have noticed that WMSHP newsletter has easy and economical advertising opportunities for local businesses. You can find advertisement information in the last page of this newsletter. Please spread the word to your business friends and families so that we can do our part to help our community in whatever way we can.

I hope to see most of you in our next virtual CE programs. Don't forget to renew your annual membership to get most value for your money Please refer to the WMSHP website for information ([www.wmsHP.org](http://www.wmsHP.org))

Sincerely,

Ashok Ramalingam. RPh, MS, PhD, PharmD, CPPS.  
President, Washington Metropolitan Society of Health-System Pharmacists.



Presents

# PHARMACY-BASED IMMUNIZATION ADMINISTRATION BY PHARMACY TECHNICIANS

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<https://www.pharmacist.com/pharmacy-based-immunization-administration-pharmacy-technicians-0>



## CHINESE EXPRESS

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WMSHP members get 10% off your order once you mention this ad.



Crispy Beef

And

Honey Walnut Shrimp



### Advertising Opportunities

The WMSHP newsletter will start accepting half page advertisements as part of the newsletter.

For small businesses and hospitals, the rate will be \$20 a month or \$100 a year. For drug companies and larger medical related businesses, the rate will be \$30 a month or \$200 a year

Advertisements must be emailed to [webwmsHP@gmail.com](mailto:webwmsHP@gmail.com) by the 15th of the month to be included in the next newsletter. Both print images are acceptable.