URI neuroscientist part of $8M consortium grant on translational approach towards understanding brain waste clearance in Cerebral Amyloid Angiopathy

William Van Nostrand, PhD
[PHOTO: URI]

KINGSTON, RI – **WILLIAM VAN NOSTRAND, PhD**, co-executive director of the George & Anne Ryan Institute for Neuroscience at the University of Rhode Island, is part of a team awarded a five-year, $8 million grant from the Leducq Foundation that will establish a transatlantic consortium on the study of the brain's waste-clearing system as a contributor to cerebral amyloid angiopathy.

The consortium will work with innovative transgenic and gene-edited rodent models developed by Van Nostrand, who has studied cerebral amyloid angiopathy (CAA) for nearly 30 years.

According to a statement from the Leducq Foundation, CAA is a highly prevalent and currently untreatable condition, affecting the brains of >50% of individuals over 80 and ~80–100% of patients with Alzheimer's disease. The specific goals of our consortium are to:

1. Establish a data-driven, integrated multi-scale understanding of perivascular brain clearance in health and CAA
2. Translate experimental findings from rodent models to the human brain
3. Identify relevant driving forces to be tested in future clinical trials to enhance brain clearance.

The consortium is expected to officially start work Jan. 1, 2024, and includes:

Coordinators

- Matthias Van Osch, Leiden University Medical Center (Netherlands)
- Susanne Van Veluw, Massachusetts General Hospital

Members

- Erik Bakker, Amsterdam University Medical Center (Netherlands)
- Helene Benveniste, Yale University
- Roxana Carare, University of Southampton (UK)
- Steven Greenberg, Massachusetts General Hospital
- Jeffrey Iliff, University of Washington
- Sylvie Lorthois, Institut De Mécanique Des Fluides De Toulouse (France)
- Gabor Petzold, German Center For Neurodegenerative Diseases (Germany)
- Andy Shih, University of Washington
- William Van Nostrand, University of Rhode Island

Van Nostrand joined URI in 2017. He is Herrmann Professor of Neuroscience and a professor of biomedical and pharmaceutical sciences in URI's College of Pharmacy.

The Leducq Foundation is an international grant-making organization with a mission to improve human health through international efforts to combat cardiovascular disease and stroke. By forging scientific alliances that transcend national borders, it promotes long-term collaborative relationships to foster innovations in cardiovascular and stroke research and change the way that patients with cardiovascular and neurovascular disease are diagnosed and treated. For more information, visit https://www.fondationleducq.org/ ❖

Rhode Island Enacts Nurse Licensure Compact (NLC)

CHICAGO – Gov. **DANIEL J. McKEE** signed the NLC into law on June 24, 2023, making Rhode Island the 41st jurisdiction to enact the NLC. The compact allows registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multistate license, with the ability to practice in person or via telehealth, in both their home territory/state and other NLC states.

Sen. Joshua Miller, one of the NLC bill sponsors remarked, "Our state is grappling with a severe shortage of nurses. Returning to the compact is a way we can make it easier and more appealing for nurses to come here for a job, making it easier for our hospitals and health facilities to fill their staffing needs. Rejoining the compact is good for our public health and safety."

Licensure requirements are aligned in NLC states, so all nurses applying for a multistate license are required to meet those same standards, including submission to a federal and state fingerprint-based criminal background check.

Although the NLC has been enacted in Rhode Island, an implementation process must be completed before its residents will be able to apply for a multistate license, and before nurses in other NLC states who hold a multistate license will be able to practice there. The implementation date has not been set.

With the multistate license, nurses are able to provide telehealth nursing services to patients located in NLC states without having to obtain additional licenses. A multistate license facilitates cross-border practice for many types of nurses who routinely practice with patients in other states, including primary care nurses, case managers, transport nurses, school and hospice nurses and many others. Further, military spouses who experience moves every few years also benefit greatly from the multistate license. ❖

New RI law reduces cost of HIV-prevention medications

PROVIDENCE – Governor **DAN McKEE** on June 28th signed into law legislation sponsored by Senator **MELISSA MURRAY** that will help reduce the spread of HIV transmission by making HIV-prevention and post-exposure medications accessible and covered by insurance, including newer injectable formulations. The Governor signed the legislation at Open Door Health and was joined by Senator Murray, state and local officials and community advocates.

"PReP and PEP are key tools to prevent the spread and help us work towards the eradication of HIV," said Governor Dan McKee. "However, this will only happen if we continue to break down barriers to access these critical medications. Thank you to all the advocates for raising their voices on this important issue."

There are two commonly used HIV-prevention medications: pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). PrEP is taken before an exposure to prevent HIV, whereas PEP is taken after a potential or known exposure. Together, the treatments have contributed to a dramatic reduction in HIV transmission rates [hiv.gov] [r20.rs6.net] in recent years. But only about 25 percent of individuals at risk of HIV transmission are using these treatments, according to the US Centers for Disease Control (CDC) [cdc.gov] [r20.rs6.net]. Advocates point to both out-of-pocket costs and lack of access as barriers.

The legislation (2023-S 0563Aaa [webserver.rilegislature.gov] [r20.rs6.net]) requires the coverage of PrEP and PEP drugs by health insurance plans at no out-of-pocket costs to patients. The bill would also enable pharmacists to prescribe them to eligible patients. The bill outlines clear guidelines for which patients would be eligible.

"The use of PrEP can substantially reduce the risk of HIV transmission, and PEP is an equally remarkable intervention for people who may have been exposed to HIV. However, these medications are underused, especially amongst people in groups with higher rates of HIV," said Interim Director of Health **UTPALA BANDY, MD, MPH**. "This legislation is an important step toward ensuring equitable access to these critical medications, and consistent with our goal of giving Rhode Islanders in every community the tools and resources they need to stay healthy and safe."

"By mandating insurance coverage, limiting prior authorizations and reducing out-of-pocket costs for PrEP and PEP treatments, this law will expand access to these critical treatments and play a direct, significant role in helping Rhode Islanders proactively protect themselves against HIV," said **DR. AMY NUNN**, executive director, Rhode Island Public Health Institute. "This is one of the most progressive public health policies in the country, and we applaud Governor McKee and the General Assembly for their leadership in getting it across the finish line."

"I've been prescribing PrEP for over 10 years. This bill overcomes a significant obstacle that many of my patients have mentioned including high out-of-pocket costs for the medication, " said **PHILIP A. CHAN, MD**, an infectious diseases specialist and the Chief Medical Offer at Open Door Health. "Additionally, this bill covers injectable PrEP which is an important option for some people. The HIV epidemic is still impacting many people including cisgender gay and bisexual men. People should be aware of PrEP and talk to their medical provider about their potential HIV risk and whether PrEP may be an option for them."

CDC recommends that all adults test at least once for HIV in their lifetime and more frequently if engaging in behaviors that may place a person at ongoing risk of infection.

For people that may be at risk of HIV, PrEP is initiated before and continued throughout periods of potential exposure to HIV. It was first approved by the U.S. Food and Drug Administration in 2012 and is safe and highly effective when taken as prescribed. PEP is taken after a potential exposure, such as a broken condom, shared needle or sexual assault. If taken within 72 hours of a possible HIV exposure, the drug is highly effective at preventing transmission.

Both treatments are considered preventative, and free coverage had been required under the Affordable Care Act. But on March 30, in a case called Braidwood Management Inc. v. Becerra, U.S. District Judge Reed O'Connor ruled, among other things, that this requirement violated the religious freedom of employers. The case is expected to head to the U.S. Supreme Court.

A growing list of states including Maine, Nevada and Virginia have passed similar legislation.

RIDOH has additional information online about HIV prevention, including PrEP and PEP: https://health.ri.gov/diseases/hivaids/about/prevention/. ❖

Alzheimer's International Conference covers new treatments, early diagnosis options, risk factors

AMSTERDAM, JULY 20, 2023 – New research reported at the Alzheimer's Association International Conference® (AAIC®) 2023 covered the breadth of Alzheimer's disease and dementia research, including advancements in treatment, early and accurate diagnosis, and our understanding of risk factors for Alzheimer's and other dementias.

AAIC is the premier annual forum for presentation and discussion of the latest Alzheimer's and dementia research. This year's conference took place both virtually and in-person in Amsterdam, Netherlands, and attracted over 10,000 attendees and more than 3,000 scientific presentations.

Advances in Treatments, Clinical Trial Results

The Alzheimer's Association highlighted results from trials of drug and non-drug interventions for Alzheimer's disease at AAIC 2023.

New, more complete data were reported at AAIC 2023 by Eli Lilly from the TRAILBLAZER-ALZ 2 Phase 3 clinical trial of donanemab in early symptomatic Alzheimer's disease. With this fuller picture of the donanemab Phase 3 results, we see additional convincing scientific evidence that thoroughly removing beta amyloid from the brain is associated with significant slowing of disease progression in people living with early Alzheimer's. The results of this trial also further illustrate that initiating treatment as early as possible in the course of the disease enables the possibility of a bigger beneficial effect, but also that there is potential for slowing of disease progression even when treatment is started later. The progress we've seen in this class of treatments, as well as the diversification of potential new therapies over the past few years, provides hope to those impacted by this devastating disease.

Two new therapeutic approaches for Alzheimer's based on CRISPR gene editing were reported at AAIC. One aims to reduce the impact of the strongest known Alzheimer's risk gene, APOE-e4. The other strives to reduce production of a toxic protein in the brain, beta amyloid, which is a hallmark of Alzheimer's and the target of recently-approved treatments. CRISPR technology is making drug target identification faster with the goal of speeding up the drug discovery process, and building platforms for the development of next-generation treatments.

Non-drug interventions were also highlighted at AAIC, including results from the Aging and Cognitive Health Evaluation in Elders (ACHIEVE) study, the largest randomized, controlled clinical trial of hearing aids for reducing long-term cognitive decline in older adults. While the results were negative in the total study population, the hearing intervention slowed cognitive decline in older adults with mild to moderate hearing loss by 48% in a pre-specified segment of the study population consisting of 238 people participating in an ongoing observational study of heart health. The three-year intervention included use of hearing aids, a hearing "toolkit," and ongoing instruction and counseling with an audiologist.

Blood Tests: The Next Frontier in Alzheimer's Diagnosis

Advancements in technology and practice reported for the first time at AAIC 2023 demonstrate the simplicity, transportability and diagnostic value of blood-based biomarkers for Alzheimer's.

Researchers from University of Gothenburg, Sweden reported results from a simple, finger prick blood test that shows promise in the ability to detect markers of Alzheimer's using a single drop of blood dried on spot cards and shipped overnight between two countries, without temperature control or cooling. If validated through additional research, this test could offer a quick, noninvasive and cost-effective option that is simple enough to be performed independently, or by caregivers. It may be particularly valuable for use in rural districts or other lower resourced areas.

A research group with Lund University, Sweden conducted the first study to examine the use of blood-based biomarkers for Alzheimer's in primary care and compare them to the diagnostic accuracy of primary care physicians. A blood test was more than 80% accurate in identifying Alzheimer's-related changes – significantly better than doctors in the study who did not have access to the test. Blood tests for Alzheimer's have great potential for improving early diagnosis, diagnostic accuracy and proper treatment of people with Alzheimer's.

New Use of Opioids and Mortality Among Older Adults With Dementia

New opioid use in older adults with dementia is associated with a significantly increased risk of death, including an eleven-fold increase in the first two weeks, according to research presented at AAIC 2023. Researchers from the Danish Dementia Research Centre used data from everyone in Denmark aged 65 and older diagnosed with dementia between 2008 and 2018, including both home-living and nursing home residents. Of that group, 42% of those diagnosed with dementia redeemed a prescription for an opioid at a pharmacy.

They found 33.1% of study participants died within 180 days after initiating their first opioid prescription, compared with 6.4% of those unexposed to opioids. After adjusting for potential differences between groups, researchers found a four-fold increase in excess mortality risk. The risk was greatest in the first 14 days, where mortality for all opioids was increased eleven fold. These initial findings emphasize the need for discussion between the patient, family and physician about pain medication.

Chronic Constipation Associated With Cognitive Decline

New research demonstrating the relationship between gut health and the brain were revealed at AAIC. A researcher from University of Massachusetts, Amherst found individuals with chronic constipation (bowel movements every three days or more) had significantly worse cognition, equivalent to three years more of chronological cognitive aging, than those with healthy bowel movement patterns.

Plus, researchers from University of Texas San Antonio found specific gut bacteria that are associated with increased dementia risk, as well as gut bacteria that may be neuroprotective. Previous research has connected the health and makeup of the gut microbiome, which is the community of microorganisms that live in our digestive tracts, with a number of other vital body functions.

First-ever Nationwide Estimates of U.S. County-Level Alzheimer's Prevalence

The first-ever nationwide estimates of the county-level prevalence of people with Alzheimer's dementia – in all 3,142 United States counties – were revealed at AAIC 2023. Researchers from Rush University Medical Center in Chicago found that the eastern and southeastern U.S. have the highest prevalence of Alzheimer's dementia. Higher percentages of older people and Black and Hispanic, all groups at higher risk for the disease, may explain the elevated prevalence in those regions. The findings can help guide the allocation of resources to public health programs for individuals and families affected by Alzheimer's in those regions.

Volunteering Later in Life May Promote a Healthy Brain

Reported for the first time at AAIC 2023, researchers from University of California, Davis examined volunteering habits among an ethnic and racially diverse population of older adults and found that volunteering was associated with better baseline scores on tests of memory, thinking and planning. The researchers stated volunteering may be important for better cognition in late life and could serve as a simple intervention in older adults to protect against Alzheimer's and other dementias. ❖

Blue Cross & Blue Shield of RI announces nonprofits to benefit from its 2023 day of service, Blue across Rhode Island

Organized teams of BCBSRI employees will spend the workday volunteering for 14 nonprofits across the state in support of a wide range of community projects

PROVIDENCE – Blue Cross & Blue Shield of Rhode Island (BCBSRI) has announced the nonprofit organizations that will benefit from Blue across Rhode Island, the company's signature day of service in which hundreds of employees spend the workday volunteering at community and social service agencies.

On Sept. 15, Blue Cross associates will have the opportunity to volunteer for one of 14 nonprofits that applied for support with their efforts to help Rhode Islanders. This is the 12th consecutive year for Blue across Rhode Island, one of the largest annual volunteer events of its kind in the state.

The 2023 beneficiaries were revealed recently at a spirited kickoff for Blue across Rhode Island during which associates learn about this year's volunteer opportunities from team leaders and prepare to begin signing up the next day.

"We look forward to Blue across Rhode Island so much that the theme of our 2023 day of service is 'Best. Day. Ever,'" said BCBSRI Managing Director of Corporate Social Responsibility **CAROLYN BELISLE**. "The kickoff generates real excitement for our day of service and that excitement builds throughout the summer as we prepare to lend a hand to our community-based partners, who work tirelessly year-round to make a difference in the lives of Rhode Islanders. It's an honor to support their efforts through Blue across RI."

The BCBSRI volunteers will support a variety of community-based organizations and their projects, including ones that address food, housing, dental care, mental health, community recreation, and LGBTQIA+ youth.

The following are the 14 participating organizations that BCBSRI employees will support:

- Amenity Aid
- Bike Newport
- Crossroads Rhode Island
- Gotta Have Sole Foundation
- Habitat for Humanity of Rhode Island – Greater Providence
- Habitat for Humanity of Rhode Island – South County
- Happy Hope Foundation
- Hope Alzheimer's Center
- NeighborWorks Blackstone River Valley
- Playworks New England
- Rhode Island Oral Health Foundation
- The Elisha Project
- YMCA of Pawtucket
- Youth Pride

In addition to the time and effort of volunteers, BCBSRI awards each partner organization $5,000 in grant funding.

Since the launch of Blue across Rhode Island in 2012, $749,000 in BCBSRI funding has been distributed to 78 organizations across the state and employees have logged more than 34,000 volunteer hours. These projects have had an impact on the lives of more than 162,000 Rhode Islanders.

Since its founding, BCBSRI has partnered with community organizations across the state through philanthropy, partnership, and service. BCBSRI's multifaceted corporate social responsibility program, Blue-Angel Community Investment, has enabled associates to serve our community for more than 20 years, with efforts such as Blue across Rhode Island. ❖

FDA converts novel Alzheimer's Disease treatment to traditional approval

Action follows confirmatory trial to verify clinical benefit

WASHINGTON, DC – On July 6th, the U.S. Food and Drug Administration (FDA) converted Leqembi (lecanemab-irmb), indicated to treat adult patients with Alzheimer's Disease, to traditional approval following a determination that a confirmatory trial verified clinical benefit. Leqembi is the first amyloid beta-directed antibody to be converted from an accelerated approval to a traditional approval for the treatment of Alzheimer's disease. The drug works by reducing amyloid plaques that form in the brain, a defining pathophysiological feature of the disease.

Leqembi was approved in January under the Accelerated Approval pathway. This pathway allows the FDA to approve drugs for serious conditions where there is an unmet medical need, based on clinical data demonstrating the drug's effect on a surrogate endpoint – in the case of Leqembi, reducing amyloid plaques in the brain – that is reasonably likely to predict a clinical benefit to patients. As a postmarketing requirement of the accelerated approval, the FDA required the applicant to conduct a clinical trial, often referred to as a confirmatory study, to verify the anticipated clinical benefit of Leqembi. Efficacy of Leqembi was evaluated using the results of Study 301 (CLARITY AD), a Phase 3 randomized, controlled clinical trial.

"Today's action is the first verification that a drug targeting the underlying disease process of Alzheimer's disease has shown clinical benefit in this devastating disease," said **TERESA BURACCHIO**, acting director of the Office of Neuroscience in the FDA's Center for Drug Evaluation and Research. "This confirmatory study verified that it is a safe and effective treatment for patients with Alzheimer's disease."

Study 301 was a multicenter, randomized, double-blind, placebo-controlled, parallel-group study that enrolled 1,795 patients with Alzheimer's disease. Treatment was initiated in patients with mild cognitive impairment or mild dementia stage of disease and confirmed presence of amyloid beta pathology. Patients were randomized in a 1:1 ratio to receive placebo or Leqembi at a dose of 10 milligrams (mg)/kilograms (kg), once every two weeks. Leqembi demonstrated a statistically significant and clinically meaningful reduction of decline from baseline to 18 months on the primary endpoint, the Clinical Dementia Rating Scale Sum of Boxes score, compared to placebo. Statistically significant differences between treatment groups were also demonstrated on all secondary endpoints, which included the Alzheimer's Disease Assessment Scale Cognitive Subscale 14, and the Alzheimer's Disease Cooperative Study-Activities of Daily Living Scale for Mild Cognitive Impairment.

On June 9, the FDA convened the Peripheral and Central Nervous System Drugs Advisory Committee to discuss whether Study 301 provided evidence of clinical benefit of Leqembi for the treatment of Alzheimer's disease. All committee members voted affirmatively that the results of the study verified the clinical benefit of Leqembi for the indicated use.

The most common side effects of Leqembi were headache, infusion-related reactions and amyloid-related imaging abnormalities (ARIA), a side effect known to occur with the class of antibodies targeting amyloid. ARIA most commonly presents as temporary swelling in areas of the brain seen on imaging studies that usually resolves over time and may be accompanied by small spots of bleeding in or on the surface of the brain. Although ARIA is often not associated with any symptoms, symptoms can occur and include headache, confusion, dizziness, vision changes and nausea. ARIA can also infrequently present with serious and life-threatening brain edema that can be associated with seizures and other severe neurological symptoms. Intracerebral hemorrhages can occur in patients treated with this class of medications and can be fatal. A boxed warning is included in the prescribing information to alert patients and caregivers to the potential risks associated with ARIA.

Patients treated with Leqembi who are homozygous for the ApoE ε4 allele have a higher incidence of ARIA, including symptomatic, serious and severe ARIA, compared to heterozygotes and noncarriers. The prescribing information states that testing for ApoE ε4 status should be performed before starting treatment with Leqembi to inform the risk of developing ARIA.

Use of anticoagulant medication was associated with an increased number of intracerebral hemorrhages in patients taking Leqembi compared to placebo. The prescribing information recommends caution when considering use of Leqembi in patients taking anticoagulants or with other risk factors for intracerebral hemorrhage.

Leqembi is contraindicated in patients with serious hypersensitivity to lecanemab-irmb or to any of its inactive ingredients. Adverse reactions may include angioedema (swelling) and anaphylaxis (allergic reaction).

Leqembi should be initiated in patients with mild cognitive impairment or mild dementia stage of Alzheimer's disease, the population in which treatment was studied in clinical trials. The labeling states that there are no safety or effectiveness data on initiating treatment at earlier or later stages of the disease than were studied.

The approval of Leqembi was granted to Eisai Inc. ❖

FDA approves new drug to prevent RSV in babies and toddlers

WASHINGTON, DC – On July 17th, the U.S. Food and Drug Administration (FDA) approved Beyfortus (nirsevimab-alip) for the prevention of Respiratory Syncytial Virus (RSV) lower respiratory tract disease in neonates and infants born during or entering their first RSV season, and in children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season.

Approximately 1% to 3% of children under 12 months of age in the United States are hospitalized each year due to RSV, according to the American Academy of Pediatrics. In most parts of the US, RSV circulation is seasonal, typically starting during the fall and peaking in the winter; it is transmitted from person to person through close contact with someone who is infected.

Beyfortus is a monoclonal antibody with activity against RSV. One dose of Beyfortus, administered as a single intramuscular injection prior to or during RSV season, may provide protection during the RSV season.

The safety and efficacy of Beyfortus were supported by three clinical trials (Trials 03, 04 and 05). The key measure of efficacy was the incidence of medically attended RSV lower respiratory tract infection (MA RSV LRTI), evaluated during the 150 days after Beyfortus administration. MA RSV LRTI included all health care provider visits (physician office, urgent care, emergency room visits and hospitalization) for lower respiratory tract disease with worsening clinical severity and a positive RSV test. Trials 03 and 04 were randomized, double-blind, placebo-controlled, multicenter clinical trials.

Trial 03 included 1,453 preterm infants (born at greater than or equal to 29 weeks of gestational age up to less than 35 weeks of gestation) who were born during or entering their first RSV season. Of the 1,453 preterm infants in the trial, 969 received a single dose of Beyfortus and 484 received placebo. Among infants who were treated with Beyfortus, 25 (2.6%) experienced MA RSV LRTI compared with 46 (9.5%) infants who received placebo. Beyfortus reduced the risk of MA RSV LRTI by approximately 70% relative to placebo.

For Trial 04, the primary analysis group within the trial included 1,490 term and late preterm infants (born at greater than or equal to 35 weeks in gestational age), 994 of whom received a single dose of Beyfortus and 496 of whom received placebo. Among infants who were treated with Beyfortus, 12 (1.2%) experienced MA RSV LRTI compared with 25 (5.0%) infants who received placebo. Beyfortus reduced the risk of MA RSV LRTI by approximately 75% relative to placebo.

Trial 05, a randomized, double-blind, active (palivizumab)-controlled, multicenter trial, supported the use of Beyfortus in in children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season. The trial enrolled 925 preterm infants and infants with chronic lung disease of prematurity or congenital heart disease. The safety and pharmacokinetic data from Trial 05 provided evidence for the use of Beyfortus to prevent MA RSV LRTI in this population.

Possible side effects of Beyfortus include rash and injection site reactions. Beyfortus should not be given to infants and children with a history of serious hypersensitivity reactions to Beyfortus' active ingredients or any of its excipients.

Beyfortus comes with warnings and precautions about serious hypersensitivity reactions, including anaphylaxis, which have been observed with other human IgG1 monoclonal antibodies. Beyfortus should be given with caution to infants and children with clinically significant bleeding disorders.

Beyfortus received a Fast Track designation for this indication.

The FDA granted this approval to AstraZeneca. ❖

FDA approves first nonprescription daily oral contraceptive

WASHINGTON, DC – On July 16th, the U.S. Food and Drug Administration (FDA) approved Opill (norgestrel) tablet for nonprescription use to prevent pregnancy – the first daily oral contraceptive approved for use in the U.S. without a prescription. Approval of this progestin-only oral contraceptive pill provides an option for consumers to purchase oral contraceptive medicine without a prescription at drug stores, convenience stores and grocery stores, as well as online.

The timeline for availability and price of this nonprescription product is determined by the manufacturer. Other approved formulations and dosages of other oral contraceptives will remain available by prescription only.

"Today's approval marks the first time a nonprescription daily oral contraceptive will be an available option for millions of people in the United States," said **PATRIZIA CAVAZZONI, MD**, director of the FDA's Center for Drug Evaluation and Research. "When used as directed, daily oral contraception is safe and is expected to be more effective than currently available nonprescription contraceptive methods in preventing unintended pregnancy."

Nonprescription availability of Opill may reduce barriers to access by allowing individuals to obtain an oral contraceptive without the need to first see a health care provider. Almost half of the 6.1 million pregnancies in the U.S. each year are unintended. Unintended pregnancies have been linked to negative maternal and perinatal outcomes, including reduced likelihood of receiving early prenatal care and increased risk of preterm delivery, with associated adverse neonatal, developmental and child health outcomes. Availability of nonprescription Opill may help reduce the number of unintended pregnancies and their potential negative impacts.

The contraceptive efficacy of norgestrel was established with the original approval for prescription use in 1973. HRA Pharma applied to switch norgestrel from a prescription to an over-the-counter product. For approval of a product for use in the nonprescription setting, the FDA requires that the applicant demonstrate that the product can be used by consumers safely and effectively, relying only on the nonprescription drug labeling without any assistance from a health care professional. Studies showed that consumer understanding of information on the Opill Drug Facts label was high overall and that a high proportion of consumers understood the label instructions, supporting their ability to properly use the drug when it is available as an over-the-counter product. When properly used, Opill is safe and effective.

Opill should be taken at the same time every day; adherence to daily use at the same time of day is important for the effectiveness of Opill. Using medications that interact with Opill can result in decreased efficacy of Opill or the other medication, or both, potentially resulting in unintended pregnancy.

The most common side effects of Opill include irregular bleeding, headaches, dizziness, nausea, increased appetite, abdominal pain, cramps or bloating.

The FDA granted the approval to Laboratoire HRA Pharma, recently acquired by Perrigo Company plc. ❖

Application period now open for Blue Cross & Blue Shield of Rhode Island's LGBTQ Safe Zone Program

Safe Zone designation identifies sites providing safe and inclusive care to the LGBTQ community

PROVIDENCE – Blue Cross & Blue Shield of Rhode Island (BCBSRI) is now accepting applications for its newest cohort of LGBTQ Safe Zone facilities. Healthcare facilities designated as Safe Zones will join more than 80 sites statewide that have demonstrated they are providing safe, affirming, and inclusive care to Rhode Island's LGBTQ community. Applications are due by Tuesday, August 15, 2023, at 5 p.m.

"We recognize that getting quality care can be more difficult for certain communities than it is for others and that the LGBTQ community has historically experienced discrimination in healthcare," said **JENNY BAUTISTA-RAVREBY**, BCBSRI diversity, equity and inclusion manager. "We're committed to furthering health equity however we can, and the LGBTQ Safe Zone program provides a way for Rhode Islanders to find inclusive, affirming care with confidence."

BCBSRI LGBTQ Safe Zones are certified based on a variety of factors. Certified facilities must train staff members in LGBTQ cultural competency, be committed to protecting staff and patients from discrimination, provide gender-neutral bathrooms, utilize inclusive forms and intake procedures, and display a commitment to working with the LGBTQ community.

Since launching its LGBTQ Safe Zone program in 2015, BCBSRI has certified more than 80 Safe Zone providers in over 25 towns and cities across Rhode Island. These providers span a range of specialties that include primary care, dental and mental health practices, pediatric care, assisted living facilities for older adults, and more. Visit bcbsri.com/safezones to view the complete list of Safe Zone facilities.

Providers that meet certification requirements will be given a window cling so that visiting patients recognize it as a place that offers safe and affirming care to the LGBTQ community. Certified Safe Zones will also be added to a list that members can use to seek inclusive care settings. There is no cost to apply or obtain certification.

To learn more or apply for certification, visit bcbsri.com/providers/safezone-program. BCBSRI will notify newly certified facilities by October. ❖