

# THE LOBBYIST

## President's Letter

Greetings DC-CCP members,

I hope you have had a productive Spring and are as excited about Summertime coming as I am! As you can see in this newsletter our chapter has been busy and will stay that way for the remainder of the calendar year. We may be only a few years old and slightly over 100 members strong, but our chapter is active in providing educational activities and networking opportunities for area pharmacists and students.

While working at the DC-CCP table during the WMSHP/DC-CCP joint spring meeting last month, I had a chance to meet several WMSHP members, many of which were completely unaware of our chapter. Once I explained our affiliation with ACCP, light-bulbs went on. Still, many questions followed. One of the most thought-provoking questions I received, though, was "What makes you different from the other organizations I'm already a member of?" This really should not be that hard of a question, but it took me a bit to answer. As with the national chapters, all of the state and local chapters (MSHP, WMSHP, MPhA, Maryland ASCP, DC-CCP, and countless others) work collaboratively to support pharmacists and the profession around our area. But something must make each chapter or organization unique, or we would all be a part of the same large organization. What is it about DC-CCP that is unique from the other organizations?

Reflecting on that question I come to the conclusion of **ADVOCACY**. We are the D.C. College of Clinical Pharmacy. Our name, alone, sets us apart from other organizations because our focus is to promote clinical practice, regardless of the institution and location of the pharmacist. I will admit that our chapter has not put advocacy on the forefront of our business. With interest and involvement from our membership, this can change! In the coming months I would like to focus on how we, as a chapter can help to facilitate change in our own institutions. We had the pleasure of listening to John McGlew from ACCP speak at our June business meeting. Now we just need to put our ideas and passion into practice!

Jessica Wellman, PharmD  
DC-CCP President



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## Membership Committee Update

### Benefits of Membership:

- Continuing education opportunities on a wide variety of timely topics to help sharpen your clinical knowledge and improve pharmaceutical care for patients
- Networking with fellow pharmacists and pharmacy trainees who practice within the Washington DC Capital Region
- Social gatherings with fellow members and other professional organizations
- Participation in pharmacy advocacy initiatives on a governmental level... and more!

Please contact Amol Joshi ([ajoshirx@gmail.com](mailto:ajoshirx@gmail.com)) if you or anyone you know is interested in joining DCCCP.

Membership application and fee structure available via DC-CCP website: <http://dc-ccp.echapters.com/>

## Residents' Corner: How to Make the Most of Your First Months as a Resident

*Kathleen Pincus, PharmD, BCPS  
Assistant Professor, University of Maryland School of Pharmacy*

Congratulations! You have made it through pharmacy school, you have worked hard to establish a clinical knowledge base through your experiential rotations, and you have matched with the residency program of your dreams. And now the real work starts. You know what to expect: long hours, staffing obligations, interesting patient cases, and camaraderie with your co-residents. You are nervous, excited and ready to jump in feet first to make a great impression on your residency preceptors. You look at your schedule for the first month, and it is full of trainings...online HIPAA trainings, HR orientations, training on staffing and computer systems. This might seem to be what you signed up for, but here are 5 tips for the first few months of your residency that will help you to succeed down the road.

**Become comfortable being a pharmacist.** You are in charge. Take a moment for that to sink in. Inevitably, your first night staffing the phone will ring. It will be a nurse with a question about the compatibility of 2 drugs you've never heard of before. It will take you a few minutes to remember where to find the IV compatibility resource, and another few minutes to find the right drugs. The nurse will impatiently be waiting on hold. The resource will say "undetermined/no evidence available". And *you* will need to know what to do. The residency program has scheduled this much training, because they believe this is what you need to be competent as an independent pharmacist fresh out of school. Use it! Watch how the pharmacists you are working with answer questions and address work flow issues. What resources do they use? What do they pay attention to when checking compounded products? And most importantly identify who will be there answer your questions the first night you are on your own.

**Plan your schedule.** Use the first month to plan out the rest of your year. Look at your rotation schedule: which months will be more time intensive? Which will allow you time to work on other projects? Make sure your elective rotations align with your professional interests. Also, set timelines for your research projects. Be realistic about how long the pieces of your project will take: IRB submission, data collection, analysis, manuscript development. Put these in your schedule and ensure that you are not inadvertently planning all of your data collection for the month you are in the intensive care unit. Remember that things can always be moved, but it is better to have them visible on the schedule at the start of the year.

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## Residents' Corner: How to Make the Most of Your First Months as a Resident

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**Use the downtime.** What can you check off of your to-do list now? Can you spend this downtime completing the literature review for your research project? Prepping for your first presentation? Developing your IRB submission. There is no better time than now, Things will only become busier in the months to come.

**Get to know your co-residents.** Look around at your residency class. You will spend a good deal of time with these people over the next year. Break the ice now. Organize a resident outing: a dinner, sporting event, movie night. Who do you know the least about? Invite that person to lunch. Your co-residents will serve as a wonderful source of support. They will also be great professional resources, both this year and in the future.

**Find a Mentor.** You will be assigned mentors for rotations, research and various projects. Use each preceptor you work with as a resource for clinical and professional development. Early in your residency identify personal mentors as well. Find practitioners with whom you can discuss work-life balance, professional society involvement, and how to best prepare for the next steps in your career. As the residency gets busy and the tasks pile up, it becomes easy to lose sight of the big picture. Find a mentor in your program that can help keep you directed.

And most importantly remember to take everything you can from this experience. Write down the reason you decided to do a residency and place it somewhere you can find it when you ask yourself that very same question. You will grow more professionally in this next year than in any other, enjoy every minute of it!

## Improving Medication Adherence Through Motivational Interviewing

*P. Tim Rocafort, PharmD*

*Assistant Professor, University of Maryland School of Pharmacy*

*Michael Goldenhorn*

*PharmD Candidate 2016, University of Maryland School of Pharmacy*

Adherence to prescription medications is increasingly a primary concern in a modern approach to better healthcare. Decades of thorough investigation have shown that regardless of patients' underlying medical condition(s), adherence is poor.<sup>1,2,3,4,5</sup> Although this conundrum has been recognized, it has not been corrected with a satisfactory solution. Such a solution is needed immediately given that medication nonadherence has been proven to result in suboptimal patient health outcomes and significant disease progression. Reports of its effects on medication management and overall patient care have been staggering, yet they often go unnoticed since medication adherence may be more complex than it presents to be. Furthermore, medication nonadherence accounts for 10% of hospital admissions, 23% of nursing home admissions, and 25% of all hospital admissions among the elderly.<sup>6,7,8,9</sup> Despite the recent endeavors to measure and resolve medication nonadherence in various practice settings, pharmacists are still challenged to assume a dynamic role in determining an effective solution to this "silent epidemic".

Traditionally, patients are provided brief counseling sessions by pharmacists to improve their knowledge of their medications and current health conditions, in hopes of better patient health outcomes. However, these sessions were found to be inconsistently effective in generating a positive impact in healthcare.<sup>10,11,12</sup> Traditional counseling shows more emphasis on medication compliance, which usually has an unyielding undertone; hence, patient care is lost within the mix of authoritative direction and detached attention. Patients are essentially left with more questions rather than answers to their health concerns, which then contributes to the rising prevalence of poor medication adherence

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# Improving Medication Adherence Through Motivational Interviewing

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in the country. With the changing role of the pharmacist, new interventions are deemed necessary to improve medication adherence by addressing medication errors, extensive drug treatments, and disease progression.

Motivational interviewing is an innovative tool developed by William R. Miller that supplements the pharmacist's aim in improving medication adherence by obtaining a better understanding of a patient's drive to change for better health outcomes and quality of life.<sup>12</sup> It is a skillful clinical method that combines a unique style of counseling and psychotherapy designed for patients to commit to their medications and therapeutic lifestyle modifications.<sup>12</sup> Ultimately, motivational interviewing establishes better communication and restores both professional and personal interaction between a pharmacist and his/her patient.

For years, motivational interviewing has actually been used in drug/alcohol abuse, smoking cessation and weight loss programs and has seen great success in promoting better health. Recent studies have focused on the use of motivational interviewing in certain health conditions and its effect on their overall medication adherence. In 2008 DiIorio et al conducted a randomized controlled study using motivational interviewing to promote adherence to antiretroviral medications.<sup>13</sup> This particular study showed a promising outcome in the improvement of percentage of medications taken on a dosing schedule on a regular basis for those who have participated in the five motivational interviewing session interventions.<sup>13</sup> Participants in the intervention group showed a 9% increase on average in prescribed doses taken; however, this increase was not statistically significant during the follow-up period (64%, 95%CI: 57-70 v. 55%, 95%CI: 49-62;  $p$ -value=0.090). In addition, the intervention group had a statistically significant improvement in percent of doses taken on schedule when compared to the control group (41, 95%CI: 34-47 v. 24, 95%CI: 18-31;  $p$ -value=0.004) during the months following the intervention period.<sup>13</sup>

Motivational interviewing is a new patient care method that pharmacists should consider as part of their daily practice. However, it will require additional training of assessing and understanding patient behavioral change for pharmacists to fully and effectively implement motivational interviewing.<sup>14</sup>

Through motivational interviewing, healthcare becomes more of a collaborative responsibility of both pharmacists and patients and a partnership is made in facilitating a more informed and effective clinical decision. It is more objective, factual, and non-judgmental, which allows patients to become more engaged in better treatment and management of their health. Motivational interviewing showcases a much more patient-centered approach to care that will allow for better medication adherence and eventually, improved patient health outcomes.

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## Education & Networking Committee Update

We are thrilled to provide an update on the happenings of the Education & Networking Committee of DC-CCP!

On Saturday May 18, 2013, DC-CCP collaborated with the Washington Metropolitan Society of Health System Pharmacists (WMSHP) for an all-day continuing education event at the National 4-H Youth Conference Center in Chevy Chase, MD. A total of 137 attended the event and our chapter was well represented.

DC-CCP President, Jessica Wellman, PharmD, BCPS, BCACP, CGP, presented opening remarks on behalf of DC-CCP.

Education & Networking Co-Chair Bradley Burton & Networking & Education Committee Member Minh Kwon were able to share DC-CCP information and recruited a number of members – enrolling them via the internet on site at the exhibit table during the Trade Show portion of the Event.

DC-CCP Education & Networking Committee Co-Chair, Doris Voigt, PharmD, served as Afternoon Session Moderator.

Please contact Doris Voigt ([doris-voigt@verizon.net](mailto:doris-voigt@verizon.net)) or Brad Burton ([bburton57@gmail.com](mailto:bburton57@gmail.com)) if you are interested in joining the committee!

## Enzalutamide (Xtandi™)

*Jing Liu, Pharm.D.  
Bradley Burton, Pharm.D.,  
BCOP, CACP  
Johns Hopkins Hospital,  
Baltimore, MD*

**Class:** Androgen receptor inhibitor

**Indication:** Metastatic castration-resistant prostate cancer who have previously received docetaxel/prednisone

**Dose:** 160 mg (four 40 mg capsules) administered orally once daily. Enzalutamide can be taken with or without food. Capsules must be swallowed whole

**Common adverse effects:** asthenia/fatigue, diarrhea, hot flushes, peripheral edema, musculoskeletal pain/weakness,

**Serious adverse effects:** Seizure occurred in <1% patients Enzalutamide (Xtandi™) for Metastatic Castration-Resistant Prostate Cancer

In the first line setting of metastatic prostate cancer, traditional hormonal agents such as leuteinizing hormone-releasing hormone (LHRH) agonists and antagonists (e.g., leuprolide, goserelin, triptorelin, and degarelix) are preferred to help significantly lower testosterone levels and improve survival in these patients.<sup>1</sup> When patients progress on these agents, they are deemed to have “castration-resistant” prostate cancer (CRPC).

The landscape of treating CRPC has changed drastically over the last 5 years. Whereas previously when one failed docetaxel/prednisone, a typical first line regimen for CRPC, the only second-line options included mitoxantrone/prednisone which only offers symptomatic benefit, and secondary hormonal manipulations.<sup>1</sup> Currently, the National Comprehensive Cancer Network (NCCN) guidelines now recommend several agents for CRPC that we can utilize both pre- and post-docetaxel failure. Two of these new agents are available orally, drastically changing the paradigm of therapy for a disease stage once only managed via conventional intravenous chemotherapy. The newest of these agents approved, enzalutamide (Xtandi®) was approved by the U.S Food and Drug Administration on August 31, 2012 for patients with metastatic CRPC after failure of docetaxel/prednisone.<sup>2</sup> Enzalutamide inhibits the androgen receptor nuclear translocation, DNA binding, and co-activator mobilization, leading to cellular apoptosis and decreased prostate tumor volume.<sup>3</sup>

The approval of enzalutamide was based on the AFFIRM trial, a randomized, placebo-controlled, multicenter trial, phase III trial enrolling 1199 patients with CRPC receiving prior docetaxel/prednisone.<sup>4</sup>

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## Enzalutamide (Xtandi™)

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Stopped after a planned interim analysis, AFFIRM demonstrated that patients receiving enzalutamide in this setting had a significantly higher overall survival when compared to the placebo (18.4 vs. 13.6 months, HR=0.63,  $p<0.001$ ).<sup>4</sup>

This benefit was shown across all secondary endpoints in the study. Regarding adverse effects, there was a higher incidence of all grades of fatigue, diarrhea, hot flashes, musculoskeletal pain, and headache compared to placebo.<sup>2,3,5</sup> Seizures were reported in 5 of 800 patients (0.6%) receiving enzalutamide, several of whom had predisposing conditions or concomitant treatments.<sup>4</sup> Convulsions are a dose-dependent toxic effect of enzalutamide given at doses above the clinical therapeutic range, and seizures were seen in the phase I-II enzalutamide trial at daily doses of 360 mg of enzalutamide or more.<sup>3</sup> As a post-marketing requirement, Medivation and Astellas have agreed with the FDA to conduct an open-label safety study of enzalutamide in patients at high risk of seizures.

The recommended dose of enzalutamide is 160 mg (four 40 mg capsules) administered by mouth once daily with or without food.<sup>3</sup> It does not require prednisone co-administration, unlike many other therapies indicated in CRPC.<sup>3</sup> Practitioners should utilize the prescribing information to recommend appropriate dosage reductions if toxicities of enzalutamide occur. Patients should be counseled on the risk of seizures, the conditions that may predispose them to seizures, and medications that may lower their seizure threshold. Men should also be counseled to use condoms and/or other effective methods of birth control before having intercourse with a woman who is pregnant or of child-bearing potential.<sup>2,3</sup> These measures are required during and for three months after treatment.<sup>3</sup>

Coadministration with strong CYP2C8 inhibitors can increase plasma concentrations of enzalutamide.<sup>2,3</sup> Conversely, upon coadministration of strong CYP3A4 or 2C8 inducers, the plasma concentrations of enzalutamide may be decreased.<sup>2,3</sup> Note that enzalutamide, itself, is a strong CYP3A4 inducer and a moderate CYP2C9 and CYP2C19 inducer.<sup>2,3</sup> Thus, substrates of these enzyme systems should be avoided in patients. As pharmacists, we should pay close attention to these medication profiles of patients receiving enzalutamide, and recommend alternative drug therapy when necessary. Please see Table 1 below for further details.

For patients who are candidates for enzalutamide therapy, physicians can send prescriptions directly to a specialty pharmacy provider or self-dispense. Patient savings programs are available through manufacturer. There is a one-time 14-day free supply available for patients in whom health plan coverage cannot be determined within 7 business days. Uninsured patients may qualify for enzalutamide through patient assistance programs offered by the manufacturers.

In summary, enzalutamide represents one of many breakthroughs in CRPC over the past 5 years. Indeed, it is an exciting time regarding new therapies for prostate cancer, as there are many other agents undergoing investigation and nearing FDA approval.

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## Student, Resident, & Fellow Committee Update

The newly formed student, resident, and fellow committee is busy planning a back-to-school night for Fall 2013 and student programming for the DC-CCP Fall CE Presentation.

We welcome all students, residents and fellows to join the chapter at the joint WSHP/DC-CCP Nationals Game networking event on July 26<sup>th</sup>!

We are also beginning to develop a mentorship program through DC-CCP.

If you have ideas about these events, what you would like to see in a mentorship program, or if you want to become involved with the committee contact Katy Pincus, committee chair ([kpincus@rx.umaryland.edu](mailto:kpincus@rx.umaryland.edu)).

## Enzalutamide (Xtandi™)

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*Table 1: Enzalutamide drug interactions*

	Effect on enzalutamide	Intervention
Strong CYP3A4 or 2C8 Inhibitors (azole antifungals, gemfibrozil)	↑ plasma exposure	Avoid coadministration with enzalutamide or empirically reduce dose
Strong CYP3A4 or 2C8 Inducers (carbamazepine, phenobarbital, phenytoin, rifabutin, rifampin)	↓ plasma exposure	Avoid coadministration with enzalutamide

Isoenzyme system	Selected agents	Enzalutamide's effect on selected agents
CYP3A4 Substrates	Fentanyl, midazolam, sirolimus, tacrolimus, cyclosporine	↓ Effect
CYP2C9 Substrates	Warfarin, phenytoin	↓ Effect

### References:

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## Medication Experts Performing MTM

*Kristen L. Dominik, PharmD  
Clinical Pharmacist*

Pharmacists are seen as medication experts and are key players in a patient's healthcare. We have the ability to perform medication therapy management (MTM) for our patients on a daily basis to better their lives, understanding of their conditions, and knowledge about their medications and over the counter products in order to achieve the best outcomes. Our patients are our "students" and they need pharmacists to explain medical terms to them in a way they can understand.

Experts estimate that 1.5 million preventable adverse events occur yearly. These result in about \$177 billion in injury and/or death.<sup>1</sup> As pharmacists, we have the opportunity to help decrease these events and improve, if not save, the lives of our patients. We have completed years of training and experience through our education, internships, and possibly residencies. Education is never ending, with our patients, interns, and other healthcare professionals teaching us daily at our place of work. Our training and knowledge about managing medication therapies makes us some of the most qualified healthcare professionals available to our patients. We can also advocate for our patients to their other providers, as well as help their healthcare team work together more cohesively to improve their quality of life.

MTM happens in a variety of forms and settings and can benefit anyone who uses prescription or over the counter medications and supplements, anyone who is taking several medications or using more than one pharmacy, and especially those who have frequent hospital visits. This may be as simple as conducting a full medication review, going through each medication individually with the patient or caregiver, and educating them on the purpose and correct use of their medications. It can be as complex as difficult consultations or referrals from providers or detailed health coaching. Through these avenues, we are able to make recommendations to prevent or resolve medication related problems. MTM also encompasses what most of us do on a daily basis – answering drug information questions, providing immunizations, educating the patient about their disease states, offering suggestions to improve adherence, and much more.

The vast umbrella of MTM encompasses anything that we discuss or spend time on within our workplace that lends to the best possible outcomes for our patients, ensuring that each medication is the right one for that specific patient, and achieving control of their conditions. Look for these opportunities, no matter how trivial they may seem, and take the time to educate your "students."

### References

"Advancing the Value of MTM." *American Pharmacists Association*. Web. 21 May 2013.



## Students' Corner: Student Opportunities at ACCP! Practice and Research Networks (PRNs)

*Chai Wang, PharmD, BCPS, AE-C*

*Nephrology Clinical Pharmacy Specialist, Kaiser Permanente Mid-Atlantic States*

Student members receive many membership benefits. In addition to the journal subscription to the *Pharmacotherapy* journal and opportunities to become involved through ACCP national meetings and the ACCP clinical pharmacy challenge, students can join the practice and research networks.

Practice and Research Networks, or PRNs, are active groups of members who represent nearly every major therapeutic area and professional interest. With 22 PRNs, there is definitely something for everyone. PRNs communicate through e-mail list messages and exchange timely information to improve practice and patient care.

Each PRN is organized with annually elected leadership, with a chair, chair-elect, and secretary-treasurer. Many of these PRNs have individual committees, which allow members to participate in the development of programs and activities for the PRN. In addition, a PRN may offer awards and recognitions, including travel stipends to attend national ACCP meetings. This is a great opportunity for students to become involved, especially as they are looking for their area of interest in clinical pharmacy.

**Why should students join?** This is a free membership benefit for students ONLY! Each student member receives two free PRN memberships; pharmacists have to pay a fee to join each PRN.

### **How do you join?**

Visit [www.accp.com](http://www.accp.com) and sign in.

Under the membership tab, locate the "PRNs" link on the left-hand side

Select the link to the PRN you interested in to find more detailed information.

### **Please Remember to Renew Your Membership for 2013!**

If you registered as a member or renewed your membership on or after 10/01/2012, your membership is paid through 2013.

You can pay via check or cash mailed to:

DC-CCP  
c/o Lisa Peters, PharmD  
5325 Westbard Ave, Apt 815  
Bethesda, MD 20816

OR

You can pay via credit card or PayPal at the "Join Us" tab at <http://dc-ccp.echapters.com/>

Join DC-CCP's  
Social Media  
Groups!



Click to like us on  
Facebook!



Click to join us on  
LinkedIn!

## Upcoming Events

### **2013 ACCP Annual Meeting**

Oct 13 - Oct 16  
Albuquerque, NM

### **DC-CCP Fall Forum**

Saturday November 9, 2013  
The Universities at Shady Grove, Time: TBD



## All You Need to Know About DC-CCP

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 DC Capital Region, including the District of Columbia, State of Maryland, and Commonwealth of Virginia. Membership will be open to any licensed or registered health care professional or health care professional student in the Capital Region. Membership in the American College of Clinical Pharmacy is not required to become a member of our organization.

### **Purpose and Goals of DC-CCP**

- A. To promote the rational use of drugs in society
- B. To advance the principles and practice of clinical pharmacy
- C. To promote the full-time, advanced practice of clinical pharmacy
- D. To provide an advanced level of continuing education programs in the area of clinical pharmacy and therapeutics
- E. To provide a forum for the expression of opinion on pharmacy practice, education, and research from the perspective of clinical pharmacists
- F. To support, promote, and advance the goals and objectives of ACCP as outlined in its constitution and bylaws
- G. To provide a local recruiting base for ACCP

### ***Special thanks to...***

***Communication Committee Chair: Deanna Tran, PharmD***  
***Committee Members: Chelsea McSwain, Andrew Haines, Andrew Phan***  
***Peer Reviewer: Lisa Peters, PharmD, BCPS***