

# **PRELIMINARY ANALYSIS OF THE SUPERDOT-C STUDY: A CLUSTER RANDOMISED CONTROLLED TRIAL OF PHARMACY LED VERSUS CONVENTIONAL TREATMENT FOR HCV POSITIVE PATIENTS RECEIVING DAILY OPIOID SUBSTITUTION THERAPY WITHIN NHS SCOTLAND.**

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## **Background:**

The elimination of Hepatitis C (HCV) requires greater access to testing and treatment to at-risk groups. People prescribed Opioid Substitution Therapy (OST) are at high risk of HCV infection. Community pharmacists see this group frequently to provide OST. We report preliminary results of a randomised controlled trial of a pharmacist-led 'test & treat' pathway vs conventional care.

## **Methods:**

55 community pharmacies in a cluster randomised trial provided either conventional or pharmacy-led care. Patients were recruited to the study if they were HCV antibody positive by DBST. For conventional care, pharmacists referred participants to a local centre for assessment. In the pharmacy-led arm, pharmacists assessed participants for DAA treatment. Drug prescribing was by nurse prescribers (conventional arm) or pharmacist prescribers (pharmacy-led arm). Treatment was delivered as daily modified directly observed therapy (DOT) in a pharmacy. Primary trial outcome was sustained viral response 12 weeks (SVR12) after treatment completion. The study is now closed and in follow-up.

## **Results:**

354 participants were recruited from a pool of 2718 OST recipients, 214 in the pharmacy-led arm (1365 OST recipients) and 140 in the conventional arm (1353 OST recipients). In the pharmacy-led arm; 112 (52%) accessed treatment, 65 have achieved SVR12 so far with 1 failure. 6 participants dropped out (2 deaths, 2 patient choice, 1 pregnancy and 1 moved away). Of the conventional arm patients; 62 (44%) received treatment, 26 have achieved SVR12 so far, 2 failed. 3 dropped out (1 patient choice, 2 moved away).

## **Conclusion:**

Preliminary analysis suggests that the pharmacy-led pathway increased both consent to, and initiation of, treatment. The offer of testing, assessment and treatment with DAAs in a pharmacy increased HCV treatment uptake in people on OST. The delivery of treatment within the familiar setting of the community pharmacy was central to the success of the model.

## **Disclosure of Interest Statement: See example below:**

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