PHARMACIST-LED HCV SCREENING, DIAGNOSIS AND TREATMENT IN AN OPIOID SUBSTITUTION THERAPY OUTPATIENT PHARMACY

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Background:
Uptake of hepatitis C virus (HCV) intervention amongst people who inject drugs (PWIDs) engaging in addiction medicine services remains low. To address this gap in care, the CHOICE Program was developed for implementation by pharmacists to streamline the HCV cascade of care within an opioid dependency clinic.

Description of model of care/intervention:
The CHOICE Program is a non-specialist, pharmacist-led treatment model that leverages established opioid substitution therapy (OST) protocols. All HCV care, including screening, diagnosis, pre-treatment assessment, on-therapy monitoring and post-treatment follow-up, is ordered and performed by the pharmacist with seamless integration into OST. A consulting infectious disease specialist is available for referral and, pending pharmacist prescriber approval, prescribes anti-HCV drugs for all patients.

Effectiveness:
Between August 2017 and April 2019, 54 PWIDs (68.5% male, mean age 42 years, mean APRI 0.58, 85% HCV treatment naïve; OST: [methadone: 46%, buprenorphine/naloxone: 46%, other: 4%, none: 4%]), started anti-HCV therapy. Genotypic distribution was: 60% G1a, 32% G3, 4% G2 and 4% with insufficient viral load to genotype. Of those scheduled to have finished therapy, 38 completed the full regimen while 2 did not. For patients who completed post-treatment week 12 (PTW12) testing, 16 achieved sustained virologic response and 1 relapsed to high-risk activities and remained viremic resulting in an overall cure rate of 94%. 11 patients who have made it to PTW12 have not completed HCV RNA assessment and 26 have not reached PTW12.

Conclusion and next steps:
In a jurisdiction with an expanded scope of pharmacist practice, pharmacist-led delivery of a streamlined cascade of HCV care integrated within an opioid dependency clinic can support screening and diagnosis of HCV infection and increase initiation of anti-HCV therapy in a priority population. Monitoring of reinfection rates is required to determine if a similar model could be integrated into sites that PWIDs frequent.

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