

FIRST-TIME PHARMACY ENGAGEMENT FOR DIRECT-ACTING ANTIVIRAL DISPENSING IN COMMUNITY-BASED HEPATITIS C CARE: A RURAL MANITOBA MODEL

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Background:

Access to hepatitis C (HCV) treatment in rural and underserved communities is often limited by fragmentation across clinical care, medication access, and coverage navigation. Community pharmacies are not consistently integrated into HCV care models, particularly in settings with no prior experience dispensing high-cost direct-acting antiviral (DAA) therapies.

Approach:

Manitoba Harm Reduction Network (MHRN) integrated local community pharmacies, who were new to HCV care, into a multidisciplinary event in Swan River, Manitoba. Pharmacy teams were initially apprehensive about initiating high-cost therapies in a transient population facing considerable barriers. Through participation in community engagement sessions to understand barriers and build trust, targeted education, rapid onboarding, and collaboration with a community-based harm reduction team, pharmacy teams delivered patient-centered care onsite. Medication delivery was tailored to patient needs, including weekly adherence packaging and daily dispensing aligned with opioid agonist therapy schedules. Access was further expanded through shipping to Indigenous communities, medication lockers at a community agency and close partnership between pharmacy and MHRN who together coordinated community delivery and support to houseless individuals.

Analysis:

Following the three-day community-based testing event, 36/41 (87.8%) HCV+ individuals-initiated HCV treatment. Pharmacy integration enabled same-day or near-immediate DAA dispensing for most patients, particularly those supported through the Non-Insured Health Benefits (NIHB) program, while delays occurred in provincial coverage pathways. Clinical, pharmacy and community collaboration supported safe initiation and continuity of care. As of June 8, 2026 24 of 36 (66.7%) patients completed treatment, with 11 remaining on therapy.

Conclusion:

Engaging pharmacies with little prior HCV dispensing experience is feasible and can overcome barriers related to cost, stigma, and patient complexity. Education, community engagement, and coordinated support enable pharmacies to improve access, adherence, and continuity of HCV treatment in underserved communities.

**AI tools were used to support the drafting and editing of the abstract language. Model of care, data and analysis are all real world and are confirmed by the authors.*