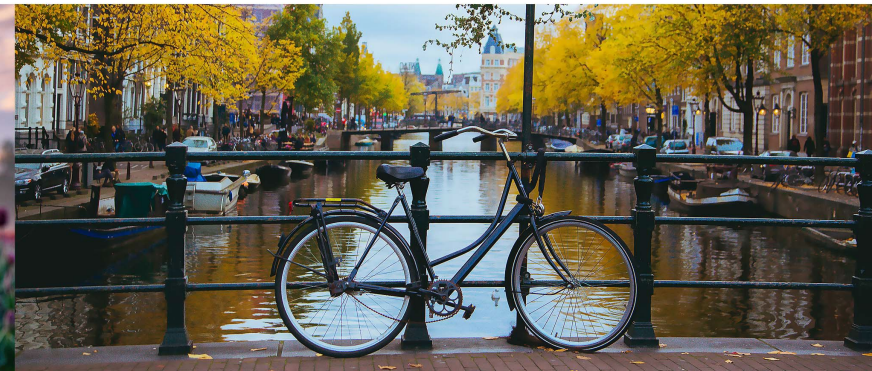


# LiveRx Study

## *Eradicating Hepatitis C in Alberta – Test & Treat Intervention*

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Post-Doctoral Research Fellow – University of Alberta



# Declaration of interest:

I herewith declare that I have:

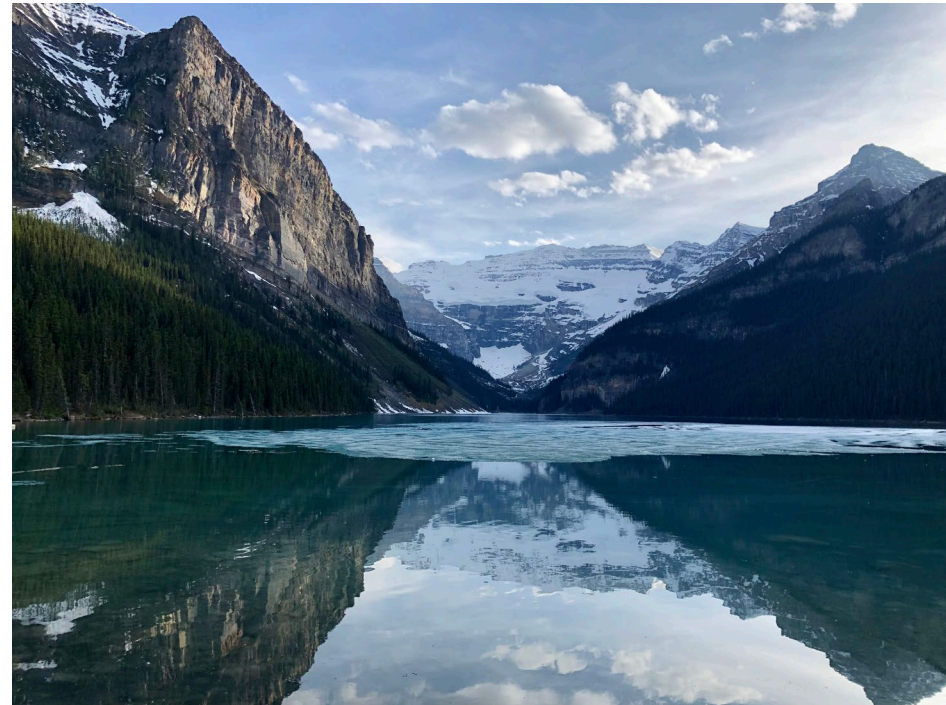
- ✓ done consulting work for the following companies
  - Abbott Canada, Amgen Canada, AbbVie
- ✓ done speaking engagements with the following companies:
  - Amgen Canada



# Alberta, Canada



- ▶ 4<sup>th</sup> largest province in Canada (661,848 km<sup>2</sup>)
- ▶ 4<sup>th</sup> most populated province (4,262,635)



# Background & Rationale

- World Health Organization goal of Hepatitis C virus (HCV) elimination by 2030
- Well-tolerated, oral, pan-genotypic direct acting antiviral (DAA) regimens are available and free-of-charge for residents of Alberta, Canada for the treatment of HCV
- 1/100 Albertans have been infected with HCV
- Patients with chronic Hepatitis C (HCV) infection who belong to priority populations experience or perceive inequities in access to HCV testing and treatment across Alberta due to location or stigma
- Community-based pharmacists in Alberta are well positioned to provide priority populations with easily accessible and non-judgmental HCV care within their community
  - Alberta Pharmacists have the largest scope of practice, ability to order lab work, independent prescribing

Priority populations: homelessness or unstable housing, +/- injection drug use, +/- interaction with Corrections system, +/- Indigenous, +/- rural



# Objectives

- Primary:

- Evaluate the effect of a community pharmacy-based case finding and intervention program on cure rates in patients living with Hepatitis C
  - Assessed using a negative HCV PCR 12 weeks, a sustained virologic response (SVR), after completing 8 to 12 weeks of direct acting antiviral (DAA) therapy
    - Glecaprevir/pibrentasvir 100/400mg 3 tablets daily x 8 weeks
    - Sofosbuvir/velpatasvir 400/100mg 1 tablet daily x 12 weeks

- Secondary:

- To understand patient-reported quality of life and satisfaction with pharmacist-led Hepatitis C care
- To assess patient treatment adherence, treatment selected
- To evaluate SVR by geographic regions within Alberta, Canada



# Methods

## Design

- Multi-centre, before-after study

## Setting

- Up to 100 community pharmacies across Alberta
- Referrals from community based organizations

## Population

- Priority populations: homelessness or unstable housing, +/- injection drug use, +/- interaction with Corrections system, +/- Indigenous, +/- rural

## Sample size

- 8516 (screened) 1363 (eligible) 879 (enrolled) 451 (initiate tx) 435 (complete tx) 413 (cure)

## Inclusion criteria

- $\geq 18$  years of age, chronic HCV+

## Exclusion criteria

- HCV treatment experienced, decompensated cirrhosis, HBV+, HIV+, pregnant, <18 y/o, unwilling to consent/participate



# Intervention



- Point-of care HCV-Ab
- Dried blood spot testing
- Screening events

- Inclusion & exclusion criteria

- Pharmacist to prescribe HCV treatment for 8 or 12 weeks

- Lab work to confirm sustained virologic response



# Discussion

*To our knowledge this is the first large trial evaluating the impact of community pharmacists case finding, independent prescribing and ordering lab tests on cure rates in patients living with HCV*





# Current Status

- April/May 2022: Pharmacy and pharmacist training
- June 2022: Actively enrolling pharmacies and patients
- Active sites:
  - Pharmacies: 11
  - Pharmacists: 26
- Pending sites:
  - Pharmacies: 7
  - Pharmacists: 8
- July 2022: Community-based organisations and screening events



# Questions?

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