

# Pharmacy based HCV therapy

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# Community Pharmacy

A key role in opiate substitution therapy and a local community resource

## Norwegian OST vs UK OST



Cheese ?



## Models of Opiate Substitution Therapy

- General practioners, prescription and dispensing
- General practioners prescription and Pharmacy dispensing
- Specialist initiation, General practioners prescription and Pharmacy dispensing
- Specialist initiation and prescription, Pharmacy dispensing
- Specialist centre self contained, but drug issues only
- Holistic specialist centres

## UK OST

- Specialist prescribing or GP prescribing
  - Drug Treatment centres specialist assessment
  - Some dispensing
    - Especially for early or unstable patients
- Dispensing in community pharmacy
  - Daily
  - Twice or thrice weekly
  - weekly

## Community Pharmacy

- Locality
  - Distance 0.5 km average Scottish urban
  - Across Scotland, average 20 minutes travelling time.
  - Normality “in the high street”
- Commercial
  - Companies, Franchises, own business
    - So some leadership from Pharmacists, some from commercial entities
  - Wide range of medical and personnel care products
  - Prescriptions fee for service
  - “Prescription for excellence”
- Highly Trained Health care professional on site

## Incentivisation around OST

- Patients
  - OST
- Pharmacists
  - Fee for service
- Funder
  - Cost-effective service
  - Quality

## Current Model of Care for HCV

### **On OST**

- Diagnosed where?
- Assessed By HCV treatment service
- Prescribed therapy by service
- Dispensed from Pharmacy
- Daily pick up
- Monitored by treatment service

### **Not on OST**

- Diagnosed where?
- Assessed By HCV treatment service
- Prescribed therapy by service
- Dispensed from Pharmacy
- Monitored by treatment service

## Incentivisation around OST and DAAs

- Patients
  - OST
- Pharmacists
  - Fee for service
- Funder
  - Cost-effective service
  - Quality
- Patients
  - OST
- Pharmacists
  - 2 Fees for service
- Funder
  - Cost-effective service
  - Quality
  - Adherence-DOT
    - Drug control
  - Tax saving

## What do you need to treat HCV



What does the patient want from  
HCV therapy  
The Cure

What do you really need to cure HCV



## Characteristics of an ideal service

### **Patient**

- Near patient
- Familiar surroundings
- Minimal additional activities/requirements

### **Payer and Physician**

- Reliable delivery
- Cost effective
- Assurance of use of drug
- Safety

## Pharmacists Prescribing not just dispensing

- Non-medical prescriber
- Patient Group directive
- Flying visit
- Delegated responsibility
- What can you do



A Research Programme to Model, Evaluate and Establish  
Testing and Treatment of Hepatitis C Infection in Community  
Pharmacy

## Aims of the Research Programme



1. To explore the views and experiences of service users in obtaining Opioid Substitution Therapy from a community Pharmacy – Focus Group Methodology
2. To ascertain the attributes of an Hep C testing and treatment service from the stated preferences of service users – A Discrete Choice Experiment
3. To quantify the likely uptake of Dried Blood Testing from community pharmacies in comparison to other providers – Quasi-Experimental Study
4. To undertake a pilot trial of a community pharmacy-led testing and treatment service for patients with Hep C infection – Cluster RCT – DOT-C
5. To undertake a definitive phase 3 trial in 6 hubs 60 sites – Super DOT-C

1. “Standing Outside The Junkie Door – A Qualitative Study of the Views and Experiences of People Receiving OST from Community Pharmacy”

Themes Identified :-

**Experiences of Care**

- *Stigma and discrimination*
- *Confidentiality*
- *Changes that need to occur*

**Knowledge and Experiences of Treatment**

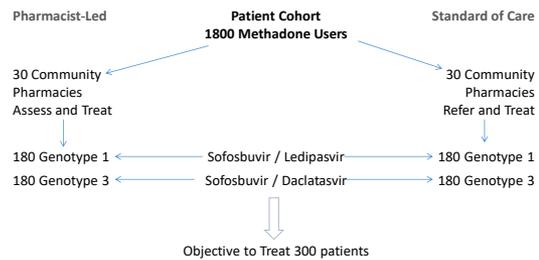
- Mechanics of care
- Burden of treatment

Results from the Programme



1. The focus group series identified a range of poor care experiences and some positive experiences of care in community pharmacies
2. The discreet choice experiment identified pharmacies were highly valued as a site for DBST. However the most highly valued attribute of a service was being treated with dignity and respect.
3. The quasi-experimental study demonstrated that service users were more likely to be tested in a community pharmacy (The OR for increased uptake of testing within the 6 pharmacies was 2.25 (95% CI 1.48 to 3.41, Z statistic = 3.81 p= <0.0001) in comparison to the other services).
4. The DOT-C study has recruited patient from a pool of 600 patients using 8 pharmacies, randomised to standard or pharmacy-led care
5. The Super DOT-C study should commence in September – Ayrshire & Arran; Forth Valley; Glasgow; Grampian; Tayside

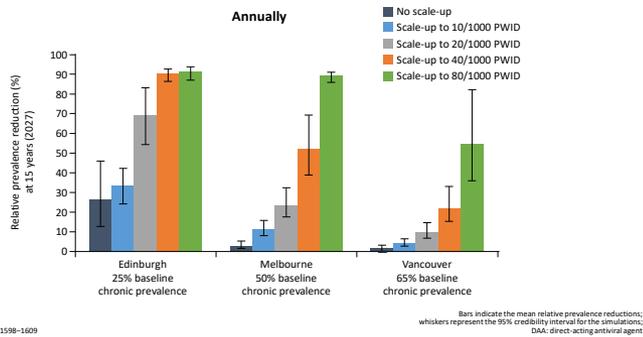
5. Super DOT-C - A Phase 3 Cluster RCT of Pharmacist-Led Vs Standard of Care Testing and Treatment of HCV



Reaching mEthadone-users Attending Community pHarmacies with HCV

- Low volume OST Pharmacies
  - Too few patients to train staff
  - <15 OST, 5-6 HCV +
- Out reach worker with Point of Care Test
- Rotates around Pharmacies
  - 3 days,
    - Test
    - Prescribe and dispense
    - Check SVR
- Hopefully the trial will start next year

## Cure of PWID can reduce transmission!



Martin NK, et al. Hepatology 2013;58:1598-1609

## Integration of treatment options The Elimination agenda



Prison program



E-rapid  
Nurse led treatment program



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