



# **The Canadian HIV/AIDS Pharmacists Network (CHAP)**

**Association canadienne des pharmaciens en VIH/SIDA  
(ACPV)**

## **CHAP Annual General Meeting (AGM) 2017 Agenda**

**Wednesday, April 5th, 2017 Hôtel Bonaventure Montréal**

**900 rue de la Gauchetière Ouest Montréal, Québec Room :  
Côte St-Luc, Convention Level**

### **Welcome:**

Nancy Sheehan welcomed all participants to the meeting and thanked the sponsors for support (Gold sponsors: Gilead; Silver sponsor: Merck, Viiv Healthcare; Other sponsor: Theratechnologies).

### **Breakfast Symposium Conference:** Review of integrase inhibitor resistance

Dr. Thibault Mesplède, PhD, Lady Davis Institute, Jewish General Hospital, Montréal

Dr. Mesplède presented interested data and discussion on HIV drug resistance to integrase inhibitors (raltegravir/elvitegravir/dolutegravir/cabotegravir, bictegravir). Some of the pathways of drug resistance for dolutegravir in different patient populations were discussed including resistance mutations developing in dolutegravir mono and bitherapy trials. Dr. Mesplède took time to answer a a lot of questions from the different CHAP members.

## **BUSINESS MEETING (9h40-12h00; 12h30-17h00; 18h00-20h00)**

### *Presence:*

Nancy Sheehan (chair, Montréal), Natalie Dayneka (past chair, Ottawa), Dominic Martel (secretary, Montréal), Alice Tseng (co-treasurer, Toronto), Deborah Yoong (co-treasurer, Toronto), Colleen Benson (Edmonton), Shanna Chan (Winnipeg), Michelle Foisy (Edmonton), Pierre Giguère (Ottawa), Christine Hughes (Edmonton), Jeff Kapler (Calgary), Debbie Kelly (St. John's), Benoît Lemire (Montréal), Suzanne Marcotte (Montréal), Carlo Quaia (Vancouver), Linda Robinson (Windsor), Mike Stuber (Regina), Karen Tulloch (Vancouver), Brent Vanin (Saskatoon), Alison Wong (Montréal)

The quorum of working group members (16/19) was met.

### *Guests (industry, for symposium only):*

#### *Breakfast:*

Jean-François Bélanger (Theratechnologie), René-Pierre Lorgeoux (Gilead), Kevin Robillard (Viiv Healthcare), Cynthia Torresilla (ViiV Healthcare), Diane Veilleux (Merck)

#### *Lunch:*

Jean-François Bélanger (Theratechnologie), Michal Harvey (Merck), Steeve Houle (Gilead), René-Pierre Lorgeoux (Gilead), Al Pecayo (Merck), Kevin Robillard (Viiv Healthcare), Cynthia Torresilla (ViiV Healthcare), Diane Veilleux (Merck)

### **Conference on antiretrovirals in the pipeline:**

Kevin Robillard (Viiv Healthcare), Cynthia Torresilla (ViiV Healthcare), Gustavo Verdier (Viiv Healthcare)

## **Introduction**

Nancy Sheehan (CHAP chair) reminds everyone to fill the evaluation form.

## **Approval of Agenda**

The following addition was made to the agenda:

Projects – updates, new, discussion

- Dolutegravir and metformine (Pierre Giguère)
- Dolutegravir central nervous system side effects (Debbie Kelly)

## **Approval minutes AGM 2016**

Christine Hugues made a motion to approve the AGM 2016 minutes. This was seconded by Jeff Kapler. Pierre Giguère made a motion to approve the AGM 2016 minutes without any modification. This was seconded by Linda Robinson. All participants were in favor.

## **Executive Report**

### *Acknowledgements, year in review*

Nancy Sheehan thanks working group members who assisted her during the year. Nancy also thanks Alice Tseng and Deborah Yoong for their longtime commitment as CHAP co-treasurer.

CHAP wishes to congratulate Dr. Natalie Dayneka who was appointed as a member of the National Advisory Committee on Immunization (NACI).

CHAP also would like to congratulate The Oak Tree Clinic which was selected as one of the six recipients of this year's AIDS Vancouver's Red Ribbon Awards.

The CHAP executive members have had three teleconference calls this year. On one of these conference calls, the executive had the chance to endorse the Canadian nPEP/PREP guidelines.

## *Membership*

### *New general members:*

Twelve (12) new general members joined CHAP over the last year. Here are the new members since last fall newsletter.

Alberta: Sophia Wytsma and Shayna Campbell (Alberta)

Manitoba: Tracy Janzen Cheney (Manitoba)

Ontario: Laura Bron

Quebec: Nancy Gosselin

### *CHAP working group members / changes*

Linda Sulz, Regina is now a general member and not a CHAP working group member.

All participants at the meeting were asked to update their contact information on the contact list.

You will find an up to date contact list on the CHAP website. Thank you Alice Tseng and Michelle Foisy for updating the contact information of all members.

[http://hivclinic.ca/chap/downloads/CHAP\\_Contacts.pdf](http://hivclinic.ca/chap/downloads/CHAP_Contacts.pdf)

## **Treasurers' report** (Alice Tseng/ Deborah Yoong)

Deborah presented the treasurers' report.

For the 2017 annual general meeting we received 26 550\$ in grants from industry. The expenses for the meeting were as follows:

Description of expenses	Cost (\$ CAN)
Travel/educational grants	18 000
Meeting expenses	Total: 12 235.09

Chair educational grant	2 000
Room, food, snacks, AV equipment CHAP dinner, other (photocopies, folders)	6 317.48
Speaker honoraria	3 917.61
<b>Total</b>	<b>30 235.10</b>

The amount carrying forward for 2017 was 68 320.90.

For the 2017 annual general meeting, the overall budget for the meeting was 26 550\$, the value of the grants received.

Fifteen (15) travel grants were distributed (18 000\$ total; 14 working group and 1 non- working group member received 1 200\$ grant).

For the present year we received 26 550\$ in grants:

- Gilead 10 000\$
- Merck 7 500\$
- Viiv Healthcare 8 050\$
- Theratechnologies 1 000\$

Obtaining funding is more and more challenging. Certain pharmaceutical companies cannot fund travel grants and funding needs to be used for specific things. Some things to consider for future years are:

- If you are a speaker and member of the working group, it is impossible to get honoraria for presenting a scientific conference at the AGM.
- In the future, things may change as some pharmaceutical companies are launching new products and funding opportunities may arise.
- In the future, educational grant for the chair may need be revisited.
- A discussion was made about applying for grants from generic pharmaceutical

companies making antiretrovirals.

- The possibility to add the CHAP AGM/CAHR as a meeting eligible for ViiV travel grants was discussed but the only meetings that are eligible for the ViiV travel grants are international meetings.
- Meeting expenses are becoming more expensive. Linda Robinson suggests to have meeting outside of CAHR but Debbie Kelly mentions that we are more visible as a CAHR recognized ancillary event.

It was agreed and decided by the group to maintain status quo for next year and that it was up to the executive to trim cost.

If recognized as a CAHR ancillary event, the hotel rate should be the same (Natalie, Alice). Therefore, the executive will need to do feedback to CAHR for next year AGM.

## **New Business**

### *Changes to the terms of reference*

The executive can do minor changes to the terms of reference and needs approval by the members. Nancy Sheehan shows the minor changes that have been made to include “and/or viral hepatitis” in the terms of reference. Alice Tseng suggests some minor changes to be done about travel grants allocation. Of note, the criteria for Working Group Membership were changed last year. Pierre Giguère proposes to accept all changes, seconded by Christine Hughes. Alice Tseng will update the terms of reference on the CHAP the website.

**Case presentation:** Treatment of multiresistant HIV (Dr. Deborah Yoong, PharmD, St. Michael’s Hospital)

Deborah Yoong presented an interesting case report on the use of fostemsavir in a patient infected with multi-drug resistance HIV. This clinical case was a nice prelude to the next speaker.

**Conference:** Antiretrovirals in the pipeline (Dr. Kevin Robillard, PhD, Scientific Medical Liaison, Viiv Healthcare)

Dr. Robillard was invited to discuss unbiased new data on upcoming antiretrovirals in the pipeline including long acting injectable rilpivirine and cabotegravir, fostemsavir, the new integrase inhibitor bictegravir as well as data on ibalizumab. The future of HIV therapy appears to bloom with new compounds.

### **Election of CHAP Secretary 2017 -2018**

Karen Tulloch was elected as secretary for 2017/2018.

The roles and responsibilities were presented.

### **Working Group Affirmation**

Nancy reminds everyone that they will receive, in the next few weeks, a survey to reaffirm the working group status of all CHAP working group members.

### **Lunch Symposium:**

*Case presentation:* Complicated to treat HCV (Dominic Martel, B. Pharm, MSc, Centre hospitalier de l'Université de Montréal)

Dominic presented a difficult to treat HCV liver-transplant patient that had failed two past DAA treatments.

*Conference:* Treatment of HCV-infected patients after DAA failure (Dr. Steven Shafran, MD, FRCPC, FACP, Professor, Division of Infectious Diseases, Department of medicine, and Director, Hepatitis Support Program, University of Alberta)

Dr. Shafran presented up to date data on retreatment of HCV-infected patients failing oral direct acting antivirals against HCV. These data included some results from trials with upcoming antivirals not yet approved on the market (uprifosbuvir, ruzasvir, voxilaprevir, glecaprevir, pibrentasvir).

**Presentation:** Access to antiretrovirals and HCV antivirals (DAAs) (brand vs generic) – Pierre Giguère, B.Pharm, MSc, Ottawa Hospital

Pierre discussed some issues with the price/cost and pharmacoeconomics of antivirals for HCV and HIV infection. Pierre cited some interested work from Andrew Hill who is a pioneer in this field. A description on the Australian “all you can treat” strategy for hepatitis C was presented as well as interesting data from patients using direct-acting “buyer’s club” for hepatitis C treatment which yielded interesting SVR rates.

### **New Business (Cont’d)**

#### **CHAP position statement - Universal Access to ARV and related projects - Deborah Yoong & Linda Robinson**

A group consensus was reached on the following CHAP position statement regarding universal access to ARV. All members present at the meeting were in favor.

##### Position statement 1

- ▶ All people living in Canada diagnosed with HIV should be engaged in care and have low barrier, timely and continuous access to effective HIV medication at no cost to the patient.

##### Position statement 2

- ▶ The federal, provincial, and territorial governments should coordinate efforts and strive towards developing a national antiretroviral pharmacare program that unites all jurisdictions to ensure that geography and cost do not act as barriers to accessing HIV medication.

##### Position statement 3

- ▶ The structure of a national antiretroviral pharmacare program should involve the public, key health care providers including pharmacists caring for HIV patients, and other relevant stakeholders when making formulary decisions to ensure that Canadians have timely access to cost-effective products that demonstrate positive outcomes in HIV treatment.



## Position statement 4

- All people living in Canada diagnosed with HIV should have access to healthcare support, including pharmacists with HIV clinical expertise in order to achieve maximal benefit from antiretroviral therapy.

The next step will be to advertise the position statement on the website. Deborah Yoong discusses the scientific paper that will be written on the topic where specific scenarios will be presented with comparisons between different provinces to compare cost across the country. Alison Wong and Debbie Kelly suggest to present table with some examples and also to present different financial situations that may affect coverage in Canada.

### **CHAP endorsement of nPEP / PreP Canadian guidelines – Nancy Sheehan**

Darrel Tan and Mark Hull have asked CHAP to endorse the new Canadian guidelines on PEP/PreP. The endorsement was discussed at an executive meeting and the document was endorsed with some minor comments sent to the authors. The review has been done by three CHAP members. Nancy mentions some of the comments to the CHAP audience. At this moment, we did not hear back from the group. In summary, CHAP has endorsed the nPEP/PreP Canadian guidelines.

### **CHAP name**

The new CHAP name will be:

**Canadian HIV And Viral Hepatitis Pharmacists Network (CHAP)**

ou

**Réseau canadien des pharmaciens en VIH et hépatites virales (CHAP)**

The name change was approved at the annual CHAP AGM. As the quorum (16/19 WGM) is met, the CHAP name change will be effective and will be changed in the CHAP terms of reference.

## **Projects – updates, new, discussion**

### **CHAP Observership Program - Alice Tseng**

Alice Tseng mentions that the CHAP Observership Program received was able to get funding. So far, 3 applications were received. All were approved (half of budget). Two candidates are from community pharmacy and one from Ottawa. Pierre Giguère, Linda Robinson and Shanna Chan acted as mentor. Report of the program will be provided in the next newsletter.

### **HIV guide pocket card – Michelle Foisy**

Michelle Foisy discusses her tool for seamless care in hospitalized patients. This tool is important to prevent high rate of drug errors in inpatients. It helps to develop a framework for hospital pharmacists. Distribution is available free of charge. The target audience is CHSP. Alison Wong will work on a French version and it will be presented to APES if they can have it for translation. PNMVS has asked to have a more Quebec adapted version for distribution in Quebec.

Michelle asks CHAP members to promote the tool in our region.

### **Southern Alberta update – Jeff Kapler**

As generic antiretrovirals are appearing on the market, some important clinical questions arise. If a patient is on a single-tablet regimen is changed for generic 2 tablets per day, what will be the impact on the patient? Jeff describes result of a survey that was given to patients at the clinic where 85% would want that option to be offered to them, ½ had no problem to take 2 tablets, whereas 25% would not like that option and 30% maybe. This may have an impact in the future as if 50% of the patients in the clinic would switch to generic ARV, this could help save 4 million dollars per year eventually.

### **Dolutegravir-Metformin – Pierre Giguère**

Pierre will send a survey to pharmacists and doctors to measure knowledge of the interaction. The survey will show different case base scenarios and idea is

to disseminate the survey to CHAP in the different clinics across Canada.

### **Screening Tool update – Alison Wong**

Alison describes in a short presentation the project that was done by four pharmacy residents. The conclusion of the project was that it was difficult to assess the importance of some priorities given the low prevalence of certain priorities, numerous interactions between characteristics. Therefore, the conclusion was that an algorithm could be more applicable to clinical setting than a referral tool. The question to the group was: “Should we develop an algorithm or use the tool to collect more information?” Nancy Sheehan suggests that some centers should test the tool and see how it goes before doing algorithm.

### **APPROACH study (pharmacy POCT) – Debbie Kelly / Christine Hughes**

The project consists in adapting POCT for pharmacies to reduce risk and optimize access to care. The idea was to develop interventions to real world scenarios. It started small in Alberta and Newfoundland. The first 9 months was to identify key stakeholders in all the areas. Provincial advisory community was working with research team for recruitment/linkage to plan team. The project had received strong support for community and public health. Advertising was done via media, social media, posters, etc. Two pharmacies in NFL and two in Alberta were involved. A lot of success was achieved during the launch. Around 60 tests were done so far. Pharmacies are doing things a little bit differently. In one pharmacy, only one pharmacist is trained, where in other pharmacies tests are done one time per week or only on appointment. No reactive test yet. The plan is to do more testing to test feasibility. Everyone is satisfied so far, “every pharmacy should offer this”.

Suzanne Marcotte asked if pharmacists are being remunerated for their time, and the answer was “no”.

### **Antiretroviral teaching tool – Linda Robinson**

Linda is willing to share the tool that was developed by a pharmacy resident. The tool was not discussed during the meeting.

## **HCV drug coverage table –Dominic Martel**

Dominic discusses some difficulties in the HCV drug coverage table. Hopefully, the table will be completed soon. Some CHAP members suggest to ask for funding for the development of an app.

## **Case Presentations and Clinical Sharing**

### **Pediatric HIV case presentation and HIV prophylaxis duration in HIV-exposed neonates – Natalie Dayneka**

Natalie discussed treatment duration with zidovudine in the newborn as treatment is now 4 weeks in Ottawa. A discussion on the dose of nevirapine was presented based on a recent publication in JAIDS.

### **Update of HIV perinatal guidelines – Karen Tulloch**

Not discussed

### **Cabergoline for lactation suppression – Karen Tulloch**

Karen mentions that SOGC discourages cabergoline, a long-acting dopamine agonist selective D2 receptors, if a ritonavir-boosted PI is used. Karen presented results of a study done at her clinic where women were given single 1 mg dose of cabergoline (At BCCW hospital a standard 1 mg cabergoline dose is used regardless of the ARV regimen the woman is receiving). Overall 91% of women on day 2 and 86% at day 15 had success. 95% of women were satisfied and 100% of women will recommend this.

## **CHAP Dinner Meeting – Restaurant Accords Bar à Vin 212 rue Notre-Dame Ouest**

### **Case Presentations and Clinical Sharing (cont'd)**

### **PREP and HIV resistance – Linda Robinson**

Linda presented a case of resistance to PREP Truvada caused by subtherapeutic regimen. An interesting discussion on underground PREP use and uncontrolled prescribing of PREP is an issue as patients will lack proper HIV testing and

follow up. PREP should only be prescribed by knowledgeable physicians.

### **Case presentation – Michelle Foisy**

Michelle presented data on the importance to take Genvoya/Stribild with food or a protein-rich energy drink (e.g. Ensure) in order to get sufficient absorption. Food is particularly important for the absorption of cobicistat which acts as a proper booster for elvitegravir, but also will increase absorption of Tenofovir alafenamide in Genvoya.

### **Controversies in perinatal care – Michelle Foisy**

not discussed

### **Transmission of resistant viruses – Shanna Chan**

Shanna provided us with an interesting talk on drug resistance and review of the epidemiology in the prairies and what has been seen in the MSM population in the last three years. This has implication for transmission, PREP and cost of antiretroviral therapy as often nucleoside sparing regimen are needed.

### **Rapid HIV Antibody Testing in LDR – Karen Tulloch**

Karen presented data on a study to evaluate the roll-out of rapid HIV testing as part of an emergency Prevention of Perinatal HIV Transmission Program and the success of the testing in a high-risk for HIV cohort.