



The Canadian HIV/AIDS Pharmacists Network (CHAP)

The Canadian HIV/AIDS Pharmacists Network (CHAP) was formed in January, 1997, and is comprised of pharmacists involved in HIV practice across Canada. CHAP members meet on an annual basis, communicate regularly through e-mails, and collaborate on a variety of projects and publications.

Spring 2016 Newsletter



News from the chair

Dear CHAP,

It has been an honour to serve as your chair. CHAP has accomplished so much over the years and continues to offer a huge service for all its patients across Canada.

The CHAP Executive once again planned a successful Annual General Meeting. I would like to extend a BIG THANK YOU to the executive members that I am so fortunate to serve with on the committee. Thank you so much Shanna Chan for all your help organizing our 3 symposium presenters and choosing such an outstanding Canadian cuisine restaurant. Another thank you goes out to Alice Tseng, Deborah Yoong and Nancy Sheehan whom also worked hard

behind the scenes to make sure that the meeting ran smoothly and was educational and clinically relevant for all the CHAP members in attendance. I personally found the meeting very professionally rewarding with a positive impact on the patient care that I provide. I also would like to thank our sponsors Merck, Gilead, ViiV HealthCare and AbbVie. Without your financial support, I do not know how the meeting could have taken place.

At the annual meeting in St. John's, Newfoundland in 2014, CHAP voted to expand its mandate to include not only HIV but also viral hepatitis. At our recent meeting in Winnipeg, CHAP continued to expand this mandate as members reported on both HIV and viral hepatitis infections. Our agenda was packed with reports of ongoing CHAP initiatives as well as suggestions for new projects. The case presentations stimulated insightful clinical discussions, which I found very educational.

I look forward to the next Annual General Meeting in Montreal to coincide with CAHR 2017 April 6 – 9th so mark your calendars. We will be looking for suggestions for speakers and topics at this meeting. Please let me or one of the executives know if you have a suggestion.

As I pass the Chair torch onto Nancy for 2016-2017 term, I would like to take this opportunity to thank the members of the CHAP executive, Shanna Chan (Past Chair), Nancy Sheehan (Secretary/Incoming Chair), Alice Tseng and Deborah Yoong (Treasurers). I am very appreciative of their hard work, always present support, and guidance.

I would also like to introduce the new executive member, Dominic Martel from the Centre Hospitalier de l'Université de Montréal. Dominic has a clinical practice that covers both HIV and hepatitis C. Welcome Dominic and thank-you for volunteering to serve on the CHAP executive.

A big THANK YOU to everyone who contributes to CHAP!

See you at our next Annual Meeting,

*Natalie Dayneka, CHAP Chair 2015-2016
ndayneka@cheo.on.ca*

Introducing the new executive Member

I am very happy to be your new CHAP executive member, starting as secretary this year. I have been working in HIV and viral hepatitis pharmacotherapy at the Centre Hospitalier de l'Université de Montréal (CHUM) since 2012 after completing an HIV specialty pharmacy residency at the University of Toronto/McGill University Health Centre. This is a great opportunity for me to get more involved in CHAP with motivated and highly talented pharmacists. Looking forward to meet you all in Montreal next year!

Dominic Martel
Pharmacien, BPharm MSc
Centre Hospitalier de l'Université de Montréal

Welcome to All the New CHAP Members !

Andrew Cornacchia, Toronto, ON

Andrew is the new pharmacist working in the Clinic Pharmacy at Toronto General Hospital. He will be working with Aneeta Lal.

Erin Ready, Vancouver, BC

Erin is a clinical pharmacist in Medicine and Surgery at Vancouver General Hospital. Her interest in HIV began as a pharmacy student at the University of Toronto, when she travelled to Namibia as part of the University of Toronto Namibia Internship Program and worked as a pharmacy and research student in an HIV clinic pharmacy for 3 months in

the summer of 2012. She has been maintaining involvement within the realm of HIV through education and helpline volunteer positions with AIDS Vancouver.

Paul Agbulu, Edmonton, AB

Paul recently moved to Edmonton but used to work in the area of HIV in Nigeria. He would like to get back into the field and is looking forward to connecting with colleagues via CHAP.

Brent Vanin, Saskatoon, SASK

Brent is the new HIV pharmacist with the Positive Living Program in Saskatoon. Brent completed his Bachelor of Science in Pharmacy at the University of Saskatoon in 2010 and completed a rotation in HIV at the Centre for Excellence at St. Paul's Hospital in Vancouver, BC, which instilled his interest in HIV treatment and care. After graduation, he worked in acute care at Kelowna General Hospital and Royal University Hospital in Saskatoon, prior to joining the Positive Living Program.

Denise Kreutzwiser, Toronto/Montréal

Denise is completing her HIV specialty residency, a joint program with the Leslie Dan Faculty of Pharmacy, University of Toronto, the Toronto General Hospital (co-director Alice Tseng), and the McGill University Health Centre (co-director Nancy Sheehan).

Tasha Ramsey, Halifax, NS

Tasha was previously part of CHAP when she lived in BC. She is now the

pharmacist working in the HIV clinic in Halifax.

Sylvia Briddle, Sydney, Australia

Sylvia is a pharmacist at St. Vincent's Hospital in Sydney, Australia, who has 23 years of experience working in HIV care. She also works with hepatitis C infection and transplant patients.

Florian Ricard, Paris, France

Florian spent a year with Benoit Lemire, Nancy Sheehan & Co. at the McGill University Health Centre doing TDM. Florian is now back in France but would like to remain connected with HIV pharmacists.

CHAP AGM - Summary

The annual general meeting (AGM) of the CHAP/ACPV was held on Wednesday, May 11th 2016 at the Delta Winnipeg Hotel as a CAHR conference ancillary event. This year's CHAP/ACPV AGM was once again a great success for HIV and viral hepatitis knowledge sharing. Fifteen working group members and five general members participated in the daylong meeting. The meeting was presided by the CHAP/ACPV chair, Dr. Natalie Dayneka (Children's Hospital of Eastern Ontario, Ottawa).

Dr. Ken Kasper (Manitoba HIV Program, Winnipeg Health Sciences Centre, Nine Circles Community Health Centre, University of Manitoba) gave a plenary during the breakfast symposium on HIV

epidemiology and the challenges of caring for people living with HIV in the prairies (Presentation title: HIV Epidemic on the Canadian Prairies: a Tale of Two Provinces with a Focus on Manitoba's Response), while Dr. Yoav Keynan (University of Manitoba) presented during the lunch symposium on immune activation and end organ disease (Presentation title: Modulating inflammation to decrease end organ dysfunction among HIV infected individuals).

The business portion of the meeting was comprised of the treasurer's report, discussion around the criteria to remain a working group member and election of the 2016/2017 secretary (Dominic Martel, Centre hospitalier de l'Université de Montréal, Montréal). The 2015/2016 secretary becomes the CHAP/ACPV chair for 2016/2017 (Nancy Sheehan, McGill University Health Centre, Montréal).

Updates on CHAP/ACPV ongoing projects were given by the project leads, notably projects pertaining to antiretroviral and anti-hepatitis C drug coverage across Canada, universal access to antiretrovirals, a screening tool to prioritize HIV pharmacist consultations and a point-of-care testing project with community pharmacists that will be conducted in Newfoundland and Alberta. New tools developed by CHAP/ACPV working group members were presented, namely the new HIV/HCV Drug Therapy Guide application (app.hivclinic.ca) and a handbook on antiretroviral drug-drug interactions. Presentations were given by

participants on various topics; for example, an HCV medication update, therapeutic drug monitoring of recent antiretrovirals (rilpivirine, elvitegravir, dolutegravir), adverse effects and treatment discontinuations with integrase inhibitors and best practices to prevent mother to child transmission (specifically related to zidovudine treatment duration).

The CHAP/ACPV sincerely thank their sponsors for this event (Gold sponsors: Merck, Gilead; Silver Sponsor: Viiv Healthcare; Bronze sponsor: Abbvie).

The next CHAP/ACPV AGM will be held in April 2017 in Montréal at the next CAHR annual conference.



CHAP members present at 2016 AGM

Upcoming Meetings

HIV Endgame 1: Closing Gaps in the Care Cascade (OHTN), Toronto, Canada, October 24-26, 2016.

<http://www.ohtn.on.ca/endgame/>

HIV Endgame 2: Stopping the Syndemics that Drive HIV, Toronto, Canada, Nov 21-22, 2016.

<http://www.ohtn.on.ca/endgame/>

HIV Glasgow, Glasgow, UK, October 23-26, 2016 <http://hivglasgow.org/>

The Liver Meeting 2016 (AASLD), Boston, USA, November 11-15, 2016.

<http://www.aasld.org/events-professional-development/liver-meeting®-2016>

Canadian Association for HIV Research (CAHR) annual meeting, Montréal, Qc, Canada, April 6-9, 2017.

<http://www.cahr-acrv.ca/conference/>

CHAP annual general meeting

tentative date (to be confirmed),
April 5th 2016

More details to come.



Join us in Montréal!

News from across the country, from east to west

News from Newfoundland

- **From Provincial HIV Program, Eastern Health, St. John's, NL**
(Debbie Kelly)

The community pharmacy Point of care testing (POCT) for HIV project is a go! Our research team received \$150K from the CIHR Implementation Science: Component 1 grant competition to conduct the APPROACH study: Adapting POCT for Pharmacies to reduce Risk and Optimize Access to Care in HIV. The study will take place in select community pharmacies in urban and non-urban/rural areas in NL and AB over the next 18 months. The goals of the study are to assess the acceptability and feasibility of offering community pharmacist-based testing for HIV. This phase will focus on stakeholder engagement in each province, identification of pharmacies and community-based resources to develop linkage to care plans in each community, training for the participants followed by a 6-month pilot of offering rapid POCT for HIV in the community pharmacies. Results from this study will be used to inform modifications to the POCT programs prior to more widespread implementation in NL and AB communities. CHAP members Christine Hughes and Jason Kielly are investigators on this grant as well.

In February 2016, we opened the new Medication Therapy Services Clinic (MTS Clinic) – a “pharmacist clinic” owned and operated by the School of Pharmacy at Memorial University. We offer comprehensive medication therapy assessments on a referral-basis for patients with complex medication-related needs. We have 6 pharmacist faculty members working in the clinic on a part-time basis to provide the service. On March 24 we held our grand opening, which was attended by pharmacists, students, physicians and other health professionals, members of government and policy makers. On a personal note, this has been a labour of love for me for the past year and a half so it is extremely gratifying to finally see patients coming through our doors! Feedback from physicians and especially patients has been very positive – they love the service.

Related to the MTS Clinic, my team received \$75K from the NL-SUPPORT network to conduct our “Transition Study”. This study will be an RCT looking at the impact of receiving a comprehensive medication therapy assessment following hospital discharge for patients who have been hospitalized on a general medicine floor in our tertiary care facilities. Patients will be randomized to receive a referral to the MTS Clinic within one week of discharge from hospital or usual care and we will assess the impact on 30-day

rehospitalization or ER visits.

Other than that, our clinic is stable in terms of staffing and services. We are continuing to see an increase in patients diagnosed, especially late in the course of their infection which is troubling. I've treated my first case of CMV retinitis since I returned to Newfoundland 17 years ago!

Nouvelles du Québec

- **From the Centre Hospitalier de l'Université de Montréal (CHUM), Montréal** (by Dominic Martel, on behalf of the CHUM HIV pharmacists (Mathieu Laroche, Suzanne Marcotte, Marie-Pierre Marquis, Dominic Martel, Rachel Therrien and Isabel Turcotte).

Hello from the CHUM!

At first, I did not think we had much to say in this newsletter. But when asking my colleagues about projects HIV pharmacists have been working along in our center, I realized how much our team is dedicated to patient care, teaching, knowledge sharing and research.

Our HIV pharmacists were all involved in the multidisciplinary direct patient care to the first HIV+ donor to HIV+ recipient renal transplant in North America.

You can find the press release here:

<http://www.journaldemontreal.com/2016/04/06/greffe-de-rein-entre-patients-seropositifs-a-montreal>

<http://www.lapresse.ca/actualites/sante/2016/06/01-4968339-greffe-renale-entre-seropositifs-premiere-nord-americaine-a-montreal.php>

<http://www.chumontreal.qc.ca/salle-de-presse/nouvelles-du-chum/greffe-renale-entre-personnes-seropositives-premiere-nord>

Many of us presented on HIV and viral hepatitis topics in the past couple of months. Suzanne Marcotte presented a conference « Le VIH implication en clinique de fertilité » to nurses at the CHUM fertility clinic. Suzanne also gave a presentation on HIV/HCV co-infection at the annual PNMVS HIV symposium. Rachel Therrien presented on HCV treatment for treatment-naive patients at the PNMVS provincial viral hepatitis symposium and also gave a talk on the treatment of HCV genotype 3. She also discussed drug-drug interactions with new oral anticoagulants and antiretrovirals at the annual HIV PNMVS symposium. Finally, Rachel presented on the history of antiretroviral therapy and new treatment options. I presented to pharmacists and nurses on the new HCV treatment option (elbasvir/grazoprevir) in the treatment of HCV and also had the chance to present to hospital pharmacists in Montreal on the treatment of hepatic encephalopathy and on a review of viral hepatitis C pharmacotherapy during the annual

Congress of « l'Association des pharmaciens des établissements de santé du Québec ».

You can find the slides of some of these conferences on the PNMVS website:

<http://www.pnmvs.org/>

Rachel is finishing various projects on drug-drug interactions with oral anti-coagulants including a decision-based algorithm and anticoagulant dosing. She also wishes to share with the group that a new ARV poster will soon be available on her website. I encourage you to use this poster for patient and student teaching when it will be available:

<http://www.guidetherapeutiquevih.com>

Rachel was involved in a clinical guide regarding the treatment of syphilis in patients living with HIV.

<http://publications.msss.gouv.qc.ca/msss/fichiers/2015/15-308-07W.pdf>

On my end, we are starting to present some data on treatment outcomes in our HCV patients that have received direct-acting antivirals.

We will have a publication presented at "journées annuelles de formation de l'AMMIQ (Association des médecins microbiologistes infectiologues du Québec)": Les agents antiviraux à action directe : une option efficace pour le traitement de l'hépatite C chez les patients sous traitement de substitution aux opiacés. C. Labelle, J. Bruneau, D. Martel, V.

Martel-Laferrrière. CHUM, CRCHUM, Université de Montréal.

I also had the chance to present a poster at the 17th International Workshop on Clinical Pharmacology of HIV & Hepatitis Therapy on the efficacy and safety of eight weeks of sofosbuvir/ledipasvir in the treatment of HCV/HIV co-infected patients.

Finally, I would like to say that I am now proud to serve on the CHAP executive for the next three years starting as secretary. This will be a great opportunity to get more familiar with such a great organization and contribute to the advancement of HIV and viral hepatitis pharmaceutical care across Canada.

Take care and see you soon.

- **From the McGill University Health Centre, Montréal** (Alison Wong and Nancy Sheehan, on behalf of the Chronic Viral Illness Service (CVIS) pharmacy team)

Hello from Montreal!

Clinic work is pretty much the same as usual here, that is hectic... We are still 1 FTE pharmacist at the Chronic Viral Illness Service (CVIS) for approximately 2400 patients. There is a very long waiting list for patients to see a pharmacist.

We have been seeing a lot of our more experienced physicians retiring (3 in the last 2 years!, including Norbert Gilmore and Richard Lalonde) and therefore feel

like we are losing part of the history of HIV in Montreal as they leave...

In regards to projects, Alison is going forward with her army of 4 residents for the screening tool. Nancy continues to have numerous research projects. She has gone back to her love for math and is working with a PhD mathematician student on predicting virologic response to antiretrovirals through HIV viral dynamic mathematical models.

We are hoping to have the new TDM assays for dolutegravir, rilpivirine and elvitegravir ready for you by the fall of 2016. Benoît is working on the development of TDM for anti-tuberculosis agents; however the targeted launch date will likely not be before 2018 (we need to get funding from the Ministère de la santé et des Services sociaux and convincing them can be difficult).

Benoît worked with pharmacy students to develop a visual tool (Prezi interactive presentation) to assist pharmacists when counselling patients on antiretrovirals. For now the tool is in French, but we could prepare an English version if there is interest. Benoît is also more and more involved with APES (Association des pharmaciens d'établissements de santé, the French branch of CSHP), working to improve our working conditions as hospital pharmacists.

Nancy continues to give numerous courses at Université de Montréal pertaining to the subject of HIV and viral hepatitis. Benoît, Alison and Katherine are

also starting to give occasional lectures at Université de Montréal in regards to TB, HIV, virology, malaria and travel health.

In their spare time ;), Alison and Nancy are back in school, doing their non traditional PharmD program at Université de Montréal.

Finally, as of September, Alison will be leaving for a 6-month sabbatical...! Alison (who says she is not great at planning in advance) has no concrete plans yet but will likely be alternating between working and traveling. We are very pleased to announce that Derek Lee is now back in clinic with us. Katherine will be returning from her maternity leave in October!

News from Manitoba

- **From the Manitoba HIV Program**
(Shanna Chan)

The Manitoba HIV Program has secured permanent government funding for another HIV Pharmacist position in Manitoba, hurray!. We will have a total of 2 full time clinical pharmacists (self-included), shared between our two main HIV clinics and to support other care providers including a new HIV clinic that will be starting in Brandon (our second largest city in Manitoba). Much thanks to all those across Canada who have contributed to the growing knowledge about the impact of a clinical pharmacist in HIV care and past responses on how many clinical pharmacist EFTs per patient numbers -- all of this has helped our HIV program to advocate to the government to get the additional funding.

AND now I'd like to introduce the new HIV Pharmacist. Tracy Janzen Cheney has been hired for the new HIV position and she comes with a strong internal medicine background having worked for the past 8 years as a staff pharmacist on internal medicine wards at the Health Sciences Centre where the majority of patients that require hospital will go.

Please help me welcome, Tracy!

Due to logistics (summer :-), she will be starting in this new position and training around October.

News from Saskatchewan

- **From Saskatoon** (Shannon Stone)

Greetings from sunny northern Saskatchewan... The geese are migrating, the grass is green and change is about in Saskatoon. While Saskatoon continues to see higher than hoped numbers of new diagnosis into this year, the new season brings with it 2 new Infectious disease specialists to join the team. One physician will be joining in June and the second will be arriving in July. The team also welcomed a new family physician Dr. Yvonne Blonde working with the Positive Living Program seeing current patients, working with the Syrian refugee clinic and developing a busy family practice specializing in HIV care. This is great news for the Positive Living Program but will be more challenging to cover all of the new clinics that may be occurring. Good news keeps coming with the addition of Brent Vanin, pharmacist to replace myself with the Positive Living Program. He is a welcome asset and has supplied a bit of a history about himself below. The program continues to

offer clinics at the Royal University Hospital and in the community at the Westside Community clinic 4 days of the week.

Please welcome Brent to the CHAP network and feel free to use him as a resource for any local questions you may have.

“Brent Vanin is a born and raised Saskatchewanian who completed his Bachelor of Science in Pharmacy at the University of Saskatchewan. Prior to joining the Positive Living Program, Brent worked as an inpatient pharmacist at the Royal University Hospital in the Emergency Department and Adult Medicine Ward for over 4 years, with previous experience at the Kelowna General Hospital and community practice in Saskatoon. He is also involved with the Health Science Association of Saskatchewan as the Executive Council member representing pharmacists and is a family co-owner of an independent pharmacy in northern Ontario. Brent’s interest in HIV care was piqued during a Structural Practical Experience Program (SPEP) rotation in Vancouver under the guidance of the BC Centre for Excellence at St. Paul’s Hospital and the Downtown Community Health Centre, where he learned first-hand the benefits of harm reduction (Insite), a community of caring (Maximally Assisted Therapy Program) and treatment as prevention (community viral load). Away from the daily work stress of drug interactions and insurance coverage, Brent enjoys gardening, fishing, kayaking, baseball, hockey and cross country skiing.”

Hope everyone has fabulous summer and takes some time to enjoy the sunshine.

News from Alberta

- **From Edmonton** (Michelle Foisy, Christine Hughes):

Hello from the Northern Alberta Program in Edmonton. Things in Edmonton seem to be getting busier all the time. In the past decade our numbers have doubled from about 1000 patients to 2000 patients in our catchment area. Our demographics include a mix of inner city, corrections patients, immigrants (mostly from Africa), MSMs and heterosexuals. We have a very active perinatal program and are already up to at least 25 pregnancies in 2016 (record numbers)! We are starting to treat more HIV-HCV co-infections. While we do not have a dedicated HCV pharmacist, all the HIV pharmacists participate in reviewing the co-infection cases prior to HCV therapy. We are lucky to have a very strong HCV nursing-led clinic and they manage much of the daily operations, including drug coverage issues. We are not widely using PrEP at this time (no dedicated PrEP clinics), but discussions are underway on the best model of care for this initiative.

- **Posters:**

Tseng A, Foisy M, Giguere P. Development of an HIV and Hepatitis C Drug Therapy/Drug Interaction Application [abstract CSP11.04]. Presented at: The 25th Annual Conference on HIV/AIDS Research (CAHR 2016), Winnipeg, MB, May 12-15, 2016. (*poster*)

Sahajpal R, Ahmed R, **Hughes C, Foisy MM.** Escalating Doses of Levothyroxine due to a Probable Drug Interaction in a Patient Receiving a Ritonavir-boosted HIV Protease Inhibitor Regimen [abstract CSP11.02].

Presented at: The 25th Annual Canadian Conference on HIV/AIDS Research (CAHR 2016), Winnipeg, MB, May 12 - 15, 2016. (*poster*)

Subramanian Y, Khan MN, Berger S, **Foisy M, Singh A, Woods D, Pyne D, Ahmed R.** HIV Outcomes at a Canadian Remand Centre [abstract CSP7.03]. Presented at: The 25th Annual Canadian Conference on HIV/AIDS Research (CAHR 2016), Winnipeg, MB, May 12 - 15, 2016. (*poster*)

- **Publications:**

Pittman ES, Li EH, **Foisy MM.** Addressing Medication Errors in HIV-Positive Inpatients: Development of a Clinician's Guide to Assessing Antiretroviral Therapy. *Can J Hosp Pharm* 2015;68(6):470-473. Appendix E15-E18. Accessed at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4690673>

- **Grants:**

CSHP Research and Education Foundation Grant, 2015-16 **Foisy MM, Pittman E, Li E.** Development of a pocket card for assessing antiretroviral therapy in hospitalized HIV positive patients. CSHP National Educational Grant (amount \$2,758). January 2016.

News from British Columbia

- **From St. Paul's Hospital, Vancouver** (Linda Akagi)

There is something in the Vancouver water ...we currently have 4 pregnancies on the go here...2 moms, Caitlin and Shari and 2 dads, Os and David. So...lots of shuffling of positions

and plenty of excitement! Arlene Tyndall will be taking one of the MAT leave positions and we will hopefully have the other position decided by the time this newsletter comes out.

The BC CfE in HIV/AIDS recently held its educational update on April 25th. Highlights included a presentation from Peter McKnight (Canadian HIV/AIDS Legal Network) on the criminalization of HIV and what researchers can do about it and two presentations from Jonathan Mermim (Director – US NCHHSTP, CDC) who presented on HIV Prevention and events surrounding the recent HIV epidemic in Indiana.

- Research:

CAHR 2016 – Winnipeg

Kathy Lepik had 2 presentations:

1) ORAL presentation: Incidence of emergent drug resistance mutations during clinical use of integrase inhibitor - containing antiretroviral regimens in British Columbia.

Katherine J. Lepik, P Richard Harrigan, Benita Yip, Conan K. Woods, Marjorie A. Robbins, Ana Ulloa, Rachel A. McGovern, Viviane Dias Lima, Wendy W. Zhang, K Junine Toy, Linda Akagi, Silvia Guillemi, Julio S. Montaner, Rolando Barrios

CS1 - Clinical Care session, May 13, 2016

2) POSTER presentation: Incidence of renal stones in persons treated with atazanavir versus other antiretrovirals: A population-based study, Katherine J. Lepik, Conrado Franco-Villalobos, Shahab Jabbari, Ryan F. Paterson, Mark W. Hull, Oghenowede Eyawo, Robert S. Hogg, Viviane Dias Lima, Julio S. Montaner, Rolando Barrios

- From Oak Tree Clinic, Vancouver
(Karen Tulloch, Carlo Quaia)

Happy Spring to everyone from the Oak Tree Clinic! We'd like to take this opportunity to update you on a new Hepatitis C treatment program that has been implemented at our clinic. Approximately one year ago, the BC Provincial government announced public drug plan coverage of the two direct antiviral hepatitis C drugs, ledipasvir-sofosbuvir (Harvoni) and sofosbuvir. With this exciting news and after a few months of strategizing and planning, we started our first patient on Hepatitis C treatment in early September 2015.

Brief summary of our HCV Treatment Program:

Our HCV treatment program is primarily managed by our clinic Nurse Practitioner (NP) with support from our ID physicians, nursing, pharmacy, and other allied health staff members as necessary. We currently have approximately 60 HIV/HCV co-infected women who are actively engaged in care and eligible for HCV treatment. Upon initial roll out of the program, it was determined we would first enrol patients who had sustained HIV viral load suppression and were believed to be able to adhere to a full treatment course. An eligible patient then meets with the NP to confirm readiness to start and to identify a specific pharmacy to dispense HCV drugs. Application for medication coverage is made at this time to ensure the patient fulfills the criteria for coverage (e.g. genotype, HCV RNA, fibrosis staging). Once confirmation of coverage is obtained (process usually takes between 2-3 weeks) the patient then returns to clinic to review treatment plan, discuss medications (e.g., adherence, side effects, drug information handouts), obtain baseline

and plan for future bloodwork. The patient picks up his/her medication supply at the community pharmacy to start immediately. Patients receive weekly phone calls from the NP for the first month and returns for monthly clinic visits.

Spotlight on Clinic Pharmacist responsibilities

- Medication review to check for drug interactions prior to starting treatment (may necessitate change(s) in ARV/non-ARV medications)
- Adherence issues - while primarily the pharmacist's responsibility this may also involve input of other team members
- Pharmacist is consulted on an "as-needed" basis for other issues. Medication counselling is usually done by RN/NP but may require pharmacist involvement.

How is it going?

We have a total of 6 patients who have entered the program since its rollout in September 2015. Two patients have been successfully treated of their HCV. Both patients were HCV genotype 1a and received Harvoni for a total of 12 weeks. There were not any adverse events noted in either patient. We currently have 4 women on therapy.

- 2 women HCV genotype 1a receiving Harvoni for either 12 weeks or 24 weeks (one woman has compensated cirrhosis), both are tolerating well and have almost completed treatment

- 1 woman HCV genotype 2b on sofosbuvir/ribavirin for 16 weeks. Treatment was interrupted for 3 months due to concerns for hepatic decompensation and was restarted.
- 1 woman HCV genotype 3a on sofosbuvir/ribavirin/daclatasvir for 24 weeks. Daclatasvir was obtained via Compassionate Release from manufacturer.

What challenges have we faced?

- Despite approved coverage, our major challenges revolve around medications, including:
 - turn-around time for obtaining approval
 - PharmaCare vs NIHB coverage (particularly when patients' have both)
 - Use of manufacturer *Compassionate Medication Program* for those patients that may require treatment but do not necessarily fit within criteria (i.e., use of daclatasvir to improve chances of cure)
- Oak Tree Clinic criteria too restrictive?
- Resources and availability of Oak Tree Clinic staff including pharmacy. There is limited protective time for incorporating the program into day-to-day clinic activities.
- Scheduling appointments with medication pick-up (maximum

dispensing allowance of 4-weeks
for medications)

Overall it has been a learning curve for all involved and a program that is expected to pick up steam as we go along, particularly as the armamentarium of newer medications become available and covered by health care plans.

Best wishes to all!

Thank you to everyone who submitted!

*See you at our next Annual General Meeting
in Montréal!*

Nancy Sheehan, CHAP Secretary 2015-2016