Pharmacy Working Group Call  
Friday, November 10, 2017, 10 am PT/1 pm ET

1. Introductions  
   • The meeting included attendees from various organizations including, Fairview Pharmacy (Minneapolis, MN), Walgreens, Temple University and Creighton Health

2. Update on HCV Treater Meeting at the AASLD conference – Robyn Teply, Creighton Health  
   • The group agreed to have subcommittees with specific goals.  
     o HCV advocacy and implementation – will look at access to HCV meds, advocacy to improve the access, implementing screening initiatives and collate info on successful initiatives  
     o Harm reduction – syringe services programs, safe consumption spaces, community gatherings about the opioid epidemic and how-to guide to set up those services, how to overcome legal restrictions  
     o Telemedicine – build on established services, access to treatment for more patients  
   • Next steps – the group members need to decide in which subcommittee(s) they want to participate and then NVHR will set a schedule of 30-minute calls. One main goal is produce tangible materials and guidance to help people nationally that are trying to do these things, and post a toolkit on the website.  
   • AASLD meeting recap – the meeting was good. There was lots of info and good to see pharmacists present posters and research. There’s a shift in focus of research away from drugs to process and programs. How do we get treatment to the patient and work with this population?

Bob Gish update  

• HCV elimination – now about implementation and broadening the providers who can treat. There were many presentations, many lead pharmacists and this was a trend across the US.  
• No new companies are bringing out new HCV drugs, HBV new virology is about 5-10 years behind HCV. The focus now is on testing and surveillance for liver cancer in those patients.  
• SIIG is a AASLD special interest group that members of this workgroup may be interested in.  
• Dynavax has a 2-dose vaccine that was FDA approved as of 11/9/17. This is a good thing because it was hard to get people in for 3 doses before.  
• ACIP is expected to approve by February. Bob Gish encourage NVHR to send a letter endorsing preferred status.  
• At AASLD, there was a presentation by Merck about people who inject drugs achieving SVR and not getting reinfected for two years.  
• The NVHR Pharmacy Working Group in-person meeting at AASLD resulted in really good discussion. Topics included pharmacists coming together more often around these issues and being bold to help patients. Increasing syringe access is a chance to be able to
help patients. Also, working with community partners to raise HCV testing awareness would be good. There’s a need for people to get HCV testing since the opioid epidemic is a hot issue. There is natural crossover and an opportunity to educate other pharmacists about how to stop HCV in their communities.

3. Discussion
   - Syringe access or testing education and best practices
     - Daniel Jude said that Fairview’s sites have solid processes for syringe access and pharmacists can dispense naloxone. NVHR will share this information as it’s received.
     - Materials that talk about the value of patient care would be good. If you can give people clean syringes, they’re less likely to get HCV, need info to tell people that clean syringes don’t increase the risk of overdose. This may be a good opportunity for this group to work on a paper together. Data about this exists, but it hasn’t been gathered and discussed in the context of pharmacists.
     - Naloxone distribution

4. Next Calls
   - Will probably be in January of February.
   - Tina will send some questions to the group to get some ideas on future discussion topics for the calls.
   - Contact Tina if you have materials or project updates to share.