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**The Bridging Project: Strengthening the Community-Based Response to the  
HIV/HCV co-infection epidemic in BC  
November 23 & 24, 2011 - Prince George**

Presentation delivered by: Deb Schmitz, Executive Director, Pacific Hepatitis C Network

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# HCV Treatment Access

New treatments, old story....

# Why Test?

- prevention - if a person knows they have hep C they can better prevent giving it to someone else
- access care and treatment

# Why treat?

- “prevent future bad outcomes”

# Problem

- Cost/harms/benefits consideration
- boceprevir is only used with current standard of care - Ribavirin and Pegylated Interferon
- Common Drug Review (CDR) recommendations:
  - A fibrosis stage, based on liver biopsy, of F2, F3 or F4
  - Patients not co-infected with HIV

# Peg-Riba

- ALT 1.5 over normal 2x in 6 months
- already eliminates people who are impacted by HCV but not showing on the tests
- Boceprevir may be great but not if people can't access it

# So...

- Treatment a physician-patient decision
- criteria reflect best evidence
- full accounting of all economic impacts
- community voice in all processes