BACKGROUND AND IMPORTANCE
The pre-treatment pharmacist assessment is a complex intervention toolkit (CIT) which has been designed to support devolvement of Hepatitis C (HCV) treatment to primary care providers including pharmacists. It combines all aspects of pre-treatment assessment into a proforma to ensure optimum HCV treatment selection.

AIM AND OBJECTIVES
To assess the validity of the PTPA via a matched cohort study.

MATERIALS AND METHODS
Pharmacists were invited to participate in this study to review HCV case vignettes. Participants were divided into two groups using a concealed randomisation method (Group A = CIT use; Group B = case review as per current standard practice). A random sample of anonymised cases were selected from the Irish HCV treatment registry using selected co-variates (eg, fibrosis stage). A sample size of 56 cases per group was calculated. The primary endpoint was selection of the optimum treatment regimen. Secondary endpoints included time to completion, detection of drug-drug interactions (DDIs) and patient interventions. Statistical analysis was completed to assess variation between groups.

RESULTS
A total of 56 cases were completed per group. CIT use was associated with selection of optimum HCV treatment in 92.9% of cases, compared with 60.7% of cases in group B (p<0.05). DDI detection rates increased with CIT use (74.8% vs 47.1%; p<0.05). CIT users proposed an average of 3.5 interventions per case versus 2 interventions per case in Group B. The CIT was associated with a longer median completion time (20 versus 15 minutes, however this difference was not statistically significant (p 0.06).

CONCLUSION AND RELEVANCE
The findings of this study confirm the effectiveness of the CIT. The potential for pharmacists working in all practice environments in Ireland to make a robust contribution to HCV treatment can be supported using this CIT. This type of capacity building is key to upscaling the model of care to achieve elimination targets.

REFERENCES AND/OR ACKNOWLEDGEMENTS