# RPAH Gastroenterology and Liver Services
# Remote Consultation Request for Initiation of Hepatitis C Treatment
# Hospital Phone: (02) 95157049  Hospital Fax: (02) 9515 5182

**FOR ATTENTION OF: Dr** **Date:**

*Please note this form is not a referral for a patient appointment.*

**Note: GPs are eligible to prescribe Hepatitis C treatment under the PBS, provided it is done in consultation with a gastroenterologist, hepatologist or infectious disease physician experienced in the treatment of chronic Hepatitis C infection.**

| | | | |
|---|---|---|---|
| GP name | | | |
| GP suburb | | GP postcode | |
| GP phone | ( ) | GP fax | ( ) |
| GP mobile phone | | | |
| GP email address | | | |

| | |
|---|---|
| Patient name | |
| Patient date of birth | |
| Patient residential postcode | |

| | |
|---|---|
| **Hepatitis C History**<br><br>Date of HCV diagnosis:<br><br>Known cirrhosis* ☐ Yes ☐ No<br><br>* Patients with cirrhosis or HBV/HIV coinfection should be referred to a specialist | **Intercurrent Conditions**<br><br>Diabetes ☐ Yes ☐ No<br>Obesity ☐ Yes ☐ No<br>Hepatitis B ☐ Yes ☐ No<br>HIV ☐ Yes ☐ No<br>Alcohol > 40 g/day ☐ Yes ☐ No<br><br>Discussion re contraception ☐ Yes ☐ No |
| **Prior Antiviral Treatment**<br>Has patient previously received any antiviral treatment? ☐ Yes ☐ No<br>Has prior treatment included oral antiviral therapy? ☐ Yes ☐ No<br>Prior treatment?________________<br>I have checked for potential drug–drug interactions with current medications† ☐ Yes ☐ No | **Current Medications**<br>(Prescription, herbal, OTC, recreational)<br><br><br>† http://www.hep-druginteractions.org<br>If possible, print and fax a PDF from this site showing you have checked drug–drug interactions. |

| **Laboratory Results (or attach copy of results)** | | | | | |
|---|---|---|---|---|---|
| **Test** | **Date** | **Result** | **Test** | **Date** | **Result** |
| HCV genotype | | | Creatinine | | |
| HCV RNA level | | | eGFR | | |
| ALT | | | Haemoglobin | | |
| AST | | | Platelet count | | |
| Bilirubin | | | INR | | |
| Albumin | | | HBsAg | | |

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| Liver Fibrosis Assessment** | | |
|---|---|---|
| **Test** | **Date** | **Result** |
| FibroScan | | |
| Other (eg. APRI) | | |
| APRI: http://www.hepatitisc.uw.edu/page/clinical-calculators/apri<br>** People with liver stiffness on FibroScan of ≥ 12.5 kPa or an APRI score ≥ 1.0 may have cirrhosis and should be referred to a specialist. | | |

**Treatment Choice**

I plan to prescribe *(please select one):*

| Regimen | Duration | | | Genotypes |
|---|---|---|---|---|
| Sofosbuvir / Velpatasvir | 12 weeks ☐ | | | 1, 2, 3, 4, 5, 6 |
| Sofosbuvir / Ledipasvir | 8 weeks ☐<br>** no cirrhosis, treatment naïve, GT1* | 12 weeks ☐ | 24 weeks ☐ | 1 |
| Elbasvir / Grazoprevir | 12 weeks ☐ | 16 weeks ☐ | + Ribavirin ☐ | 1 or 4 |
| Sofosbuvir plus Daclatasvir | 12 weeks ☐ | 24 weeks ☐ | + Ribavirin ☐ | 3 or 1 |
| Paritaprevir/ritonavir + Ombitasvir + Dasabuvir | 12 weeks ☐ | | | 1b |
| Paritaprevir/ritonavir + Ombitasvir + Dasabuvir + RBV | 12 weeks ☐ | 24 weeks ☐ | | 1a |

Multiple regimens are available for the treatment of chronic HCV. Factors to consider include HCV genotype, cirrhosis status, prior treatment, viral load, potential drug-drug interactions, comorbidities.

See *Australian Recommendations for the Management of Hepatitis C Virus Infection: A Consensus Statement 2017* (http://www.gesa.org.au) for all regimens, and for monitoring recommendations.

**Patients must be tested for HCV RNA at least 12 weeks after completing treatment to determine outcome.** Please notify the specialist below of the Week 12 post-treatment result.

**Declaration by General Practitioner**

*I declare all of the information provided above is true and correct.*

| Signature: | |
|---|---|
| Name: | |
| Date: | |

**Approval by Specialist Experienced in the Treatment of HCV**

*I agree with the decision to treat this person based on the information provided above.*

| Signature: | |
|---|---|
| Name: | |
| Date: | |
| **Once completed, please return both pages by email:** | **or fax: (  )** |