Primary Care Consultation Request

Initiation of Hepatitis C Treatment in Victoria

Alfred Hospital Liver Clinic (Gastroenterology)	Fax: (03) 9076 2194
Alfred Hospital Infectious Diseases	Fax: (03) 9076 6528
Austin Health Liver Clinic	Fax: (03) 9496 2097
Box Hill Hospital Liver and Hepatitis Clinics	Fax: (03) 9895 4852
St Vincent's Hospital Melbourne Liver & Hepatitis Clinic	Fax: (03) 9231 3596
The Royal Melbourne Hospital Liver Clinic	Fax: (03) 9342 7848
Victorian Infectious Diseases Service – Infectious Hepatitis Clinic	Fax: (03) 9342 7277
Western Health Hepatitis Clinic	Fax: (03) 8345 7217

FOR ATTENTION OF: Dr **Date:**

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

Referring Practitioner *Note: General practitioners and nurse practitioners are eligible to prescribe hepatitis C treatment under the PBS*			
Name			
Suburb		Postcode	
Phone	( )	Fax	( )
Mobile phone			
Email address			
Patient			
Name			
Date of birth			
Postcode			

Hepatitis C History

Date of hepatitis C (HCV) diagnosis:

Known cirrhosis* ☐ Yes ☐ No

*Patients with cirrhosis, or HBV/HIV coinfection with HCV should be referred to a specialist.

Intercurrent Conditions

Diabetes	☐ Yes	☐ No
Obesity	☐ Yes	☐ No
Hepatitis B (HBV)*	☐ Yes	☐ No
HIV*	☐ Yes	☐ No
Alcohol > 4 standard drinks/day (> 40 g/day)	☐ Yes	☐ No

Discussion about contraception ☐ Yes ☐ No

(Contraception recommended for duration of treatment as safety of DAA treatment during pregnancy not yet established, if Ribavirin is used - two modes of contraception recommended for duration of treatment and 6 months post-treatment).

Prior Antiviral Treatment

Has patient previously received any antiviral treatment? (please add detail below) ☐ Yes ☐ No

Has prior treatment included oral antiviral therapy? ☐ Yes ☐ No

Prior treatment:

I have checked for potential drug–drug interactions with current medications† ☐ Yes ☐ No

Current Medications

(Prescription, herbal, over the counter, recreational)

† http://www.hep-druginteractions.org
If possible, print and fax a PDF from this site showing you have checked drug–drug interactions.

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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		

Liver Fibrosis Assessment**		
Test	**Date**	**Result**
FibroScan		
Other (eg. APRI)		

APRI: http://www.hepatitisc.uw.edu/page/clinical-calculators/apri

** 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/tick one):*

Regimen	Duration		Genotypes
Sofosbuvir + Velpatasvir	12 weeks ☐		1, 2, 3, 4, 5, 6
Glecaprevir + Pibrentasvir	8 weeks ☐ *No cirrhosis*	12 weeks ☐ *Cirrhosis*	1, 2, 3, 4, 5, 6
Elbasvir + Grazoprevir	12 weeks ☐		1 or 4
Sofosbuvir + Ledipasvir	8 weeks ☐ *No cirrhosis, treatment-naive*	12 weeks ☐	1

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

See *Australian Recommendations for the Management of Hepatitis C Virus Infection: A Consensus Statement (September 2018)* (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. Patients who relapse after direct-acting antiviral therapy should be referred to a specialist for retreatment.

Declaration by General Practitioner/Nurse 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: ( )	