

## 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	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

Note: All fields below are mandatory			
<b>ATTENTION OF Dr (if known):</b>			
<b>GP DETAILS</b>			
<b>GP name:</b>		<b>Provider no:</b>	
<b>GP address:</b>			
<b>GP contacts:</b>	<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
<b>PATIENT DETAILS</b>			
<b>Patient Name</b>		<b>UR no (if known):</b>	
<b>Patient Date of Birth</b>		<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	

		Pregnant or nursing female:	Yes <input type="checkbox"/> * No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>FibroScan®</b>	Date: ___/___/___	Median liver stiffness (kPa): _____	Is it >12.5: Yes <input type="checkbox"/> * No <input type="checkbox"/>
		IQR/med (%): _____	
<b>APRI score</b> <a href="#">Online APRI Calculator</a>	Date: ___/___/___	Result: _____	Is it >1.0: Yes <input type="checkbox"/> * No <input type="checkbox"/>

\*If **ANY** apply, please refer to a specialist for clinical review

Hepatitis C History		Intercurrent conditions	
Likely year of acquisition:		Diabetes:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Year of chronic hepatitis C diagnosis:		Obesity (BMI>30):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Known cirrhosis:	Yes <input type="checkbox"/> * No <input type="checkbox"/>	Immunosuppressed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hepatic decompensation (ascites, encephalopathy, variceal bleeding):	Yes <input type="checkbox"/> * No <input type="checkbox"/>	Hepatitis B:	Yes <input type="checkbox"/> * No <input type="checkbox"/>
Any previous treatment with Direct Acting Antivirals for HCV:	Yes <input type="checkbox"/> No <input type="checkbox"/>	HIV:	Yes <input type="checkbox"/> * No <input type="checkbox"/>
*If <b>ANY</b> apply, please refer to a specialist for in person clinical review		Alcohol >40g / day:	Yes <input type="checkbox"/> No <input type="checkbox"/>

**LABS (OR ATTACH COPY OF RESULTS)**

Test	Date	Result	Test	Date	Result
HCV genotype			INR		
Viral load			Creatinine		
ALT			eGFR		
AST			Hb		
Total bilirubin			Platelets		
Albumin			β HCG		

**DRUG INTERACTIONS AND COUNSELLING**

I have entered current medication (prescription and over-the-counter) and proposed treatment regimen according to genotype into <http://www.hep-druginteractions.org/> and assessed outputs.  
 Recommend printing and attaching the outputs.  
**NB: Current GP practice software is NOT sufficient for assessing these potential drug interactions. Complementary and alternative medicines should already be ceased and therefore not entered.**

Amiodarone at any time in last 3 months: Yes  No

\*If hep-drug interactions chart **RED** ● or **AMBER** ■ please await specialist response

Cease **ALL** non-traditional (complementary and alternative) medicines during treatment: Yes  No  N/A

Contraception education given (males and females): Yes  No  N/A

Management of this patient will be according to the [Australian Recommendations for the Management of HCV infection consensus statement 2017](#) Yes  No

**HCV INTENDED TREATMENT REGIMEN (for patients with NO CIRRHOSIS)**

Regimen	Genotype	Duration	Please tick
Sofosbuvir + ledipasvir	1	8 weeks	<input type="checkbox"/>
	1	12 weeks	<input type="checkbox"/>
Sofosbuvir + daclatasvir	1	12 weeks	<input type="checkbox"/>
	3	12 weeks	<input type="checkbox"/>
Sofosbuvir + ribavirin	2	12 weeks	<input type="checkbox"/>
Paritaprevir + ritonavir + ombitasvir + dasabuvir	1b	12 weeks	<input type="checkbox"/>
Paritaprevir + ritonavir + ombitasvir + dasabuvir + ribavirin	1a	12 weeks	<input type="checkbox"/>
Grazoprevir + elbasvir	1	12 weeks	<input type="checkbox"/>
	4	12 weeks	<input type="checkbox"/>
Sofosbuvir + velpatasvir	1,2,3,4,5,6	12 Weeks	<input type="checkbox"/>

Monitoring of patients on treatment – see [Australian Consensus Statement](#), [HealthPathways](#) or [Hepatitis Victoria](#)  
 Alcohol and other drugs (AOD) support – see [DirectLine](#), [Victorian AOD intake and assessments numbers](#) and [DHHS](#)

**DECLARATION OF PRIMARY HEALTH CARE PROVIDER:**

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

Name:	Signature:
Date:	

**DECLARATION OF HCV SPECIALIST:**

I **agree / do not agree** with the decision to treat this person based on the information provided above.

Name:	Signature:
Date:	
Additional comments (e.g. incomplete information provided/ requires referral to clinic):	