**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 they are experienced in the treatment of chronic HCV infection or they prescribe in consultation with a gastroenterologist, hepatologist or infectious disease physician experienced in the treatment of chronic HCV 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**Date of HCV diagnosis: Known cirrhosis\* [ ]  Yes [ ]  No\* Patients with cirrhosis or HBV/HIV coinfection should be referred to a specialist | **Intercurrent Conditions**

|  |  |  |
| --- | --- | --- |
| Diabetes | [ ]  Yes | [ ]  No |
| Obesity | [ ]  Yes | [ ]  No |
| Hepatitis B | [ ]  Yes | [ ]  No |
| HIV  | [ ]  Yes | [ ]  No |
| Alcohol > 40 g/day | [ ]  Yes | [ ]  No |

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|  |  |  |
| --- | --- | --- |
| Discussion re contraception | [ ]  Yes | [ ]  No |

 |
| **Prior Antiviral Treatment** | **Current Medications**(Prescription, herbal, OTC, recreational) |
| Has patient previously received any antiviral treatment? | [ ]  Yes [ ]  No |
| Has prior treatment included Boceprevir/Telaprevir/Simeprevir? | [ ]  Yes [ ]  No |
| I have checked for potential drug–drug interactions with current medications† | [ ]  Yes [ ]  No |
| † <http://www.hep-druginteractions.org> 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 |   |  |  |  |  |

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| --- |
| **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 one):*

|  |  |  |
| --- | --- | --- |
| **Regimen** | **Duration** | **Genotype** |
| Sofosbuvir plus Ledipasvir | 8 weeks [ ]  | 12 weeks [ ]  | 24 weeks [ ]  | 1 |
| Sofosbuvir plus Daclatasvir | 12 weeks [ ]  | 24 weeks [ ]  | plus Ribavirin [ ]  | 3 or 1 |
| Glecaprevir and Pibrentasvir  | 8 weeks (naïve, Non cirrhotic) [ ]  | 1-6 |
| Sofosbuvir and Velpatasvir | 12 weeks [ ]  | 1-6 |
| Elbasvir plus Grazoprevir | 12 weeks [ ]  | 16 weeks plus Ribavirin [ ]  | 1 or 4 |

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 and comorbidities.

See *Australian Recommendations for the Management of Hepatitis C Virus Infection: A Consensus Statement (January 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: (** **)**   |