

Remote Consultation Request for Initiation of Hepatitis C Treatment

Hospital Phone:

Hospital Fax:

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

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
Discussion re contraception	Yes	No

Prior Antiviral Treatment

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

Current Medications

(Prescription, herbal, OTC, recreational)

† <https://www.hepatology-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**

	Date	Result
FibroScan		
Other (eg. APRI)		

APRI: <https://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
Sofosbuvir plus Ribavirin	12 weeks			2
Paritaprevir/ritonavir plus Ombitasvir plus Dasabuvir	12 weeks			1b
Paritaprevir/ritonavir plus Ombitasvir plus Dasabuvir plus Ribavirin	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 and comorbidities.

See *Australian Recommendations for the Management of Hepatitis C Virus Infection: A Consensus Statement 2016* (<https://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: