



## Royal Perth Hospital Liver Service

### Phone (08) 9224 2186 Fax (08) 9224 3388

# Remote Consultation Request for Initiation of Hepatitis C Treatment

Date: \_\_\_\_\_

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

**GPs and NPs may utilise this form to consult with Hospital Specialists experienced in hepatitis C therapy**

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			

<p><b>Hepatitis C History</b></p> <p>Date of HCV diagnosis: _____</p> <p>Known cirrhosis* <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>* Patients with cirrhosis or HBV/HIV coinfection should be referred to a specialist</small></p> <p><b>Prior Antiviral Treatment</b></p> <p>Has patient previously received any treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has prior treatment included direct-acting antivirals (DAAs)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Prior treatment: _____</p> <p><b>Contraception</b></p> <p>Contraception required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Contraception arranged: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: HCV treatment is not recommended in pregnancy or lactation. Ribavirin is teratogenic.</p>	<p><b>Intercurrent Conditions</b></p> <p>Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Obesity <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hepatitis B* <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HIV* <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Alcohol &gt; 40 g/day <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Current Medications</b> (Prescription, herbal, OTC, recreational)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>I have checked for potential drug–drug interactions: <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable</p> <p>Details: _____</p> <p><a href="http://www.hep-druginteractions.org">http://www.hep-druginteractions.org</a></p> <p>If possible, please attach print-out from this site</p>
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Laboratory and Ultrasound Results					
Test	Date	Result	Test	Date	Result
HCV genotype			Creatinine		
HCV RNA level			eGFR		
ALT			Haemoglobin		
AST			Platelet count		
Bilirubin			INR		
Albumin			HBsAg		
Ultrasound (if >40years, or intercurrent conditions –above)					



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Patient Name: \_\_\_\_\_

Liver Fibrosis Assessment*		
Test	Date	Result
APRI		
Other: _____		(eg. Hepascore, FibroScan, Ultrasound Elastography)
APRI Calculator: <a href="http://www.hepatitisc.uw.edu/page/clinical-calculators/apri">http://www.hepatitisc.uw.edu/page/clinical-calculators/apri</a> [(AST/AST ULN)/Platelets]x100		
*People with FibroScan of $\geq 12.5$ kPa or APRI score $\geq 1.0$ may have cirrhosis and should be referred to a specialist		

### Treatment Choice

I plan to prescribe (please tick one):

Regimen for Non-Cirrhotic Patients	Duration		Genotypes
Sofosbuvir† plus Velpatasvir	12 weeks <input type="checkbox"/>		All genotypes
Glecaprevir plus Pibrentasvir	8 weeks <input type="checkbox"/>		All genotypes
Elbasvir plus Grazoprevir	12 weeks <input type="checkbox"/>		1/1a/1b or 4
Sofosbuvir† plus Ledipasvir	8 weeks <input type="checkbox"/> (RNA $< 6 \times 10^6$ IU/mL)	12 weeks <input type="checkbox"/> (RNA $> 6 \times 10^6$ IU/mL)	1/1a/1b

Additional regimens are available. Factors to consider include HCV genotype, cirrhosis status, prior treatment, viral load, renal function, potential drug-drug interactions and comorbidities

Specialist treatment is recommended for patients with: cirrhosis, HBV, HIV or relapse after DAA therapy

†Sofosbuvir is not recommended for patients with  $eGFR < 30$  mL/min/1.73m<sup>2</sup>

Ribavirin is a Category X drug with strict contraceptive requirements for females, males and their partners

Please refer to treatment and monitoring recommendations *Australian Recommendations for the Management of Hepatitis C Virus Infection: A Consensus Statement (September 2018)* [www.hepcguidelines.org.au](http://www.hepcguidelines.org.au)

**Test for HCV RNA  $\geq 12$  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:	

Comment: \_\_\_\_\_

### 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 fax: 08 9224 3388