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	

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

Prior Antiviral Treatment

Has patient previously received any treatment? ☐ Yes ☐ No

Has prior treatment included direct-acting antivirals (DAAs)? ☐ Yes ☐ No

Prior treatment:_____

Contraception

Contraception required: ☐ Yes ☐No

Contraception arranged: ☐ Yes ☐No

Note: HCV treatment is not recommended in pregnancy or lactation. Ribavirin is teratogenic.

Current Medications

(Prescription, herbal, OTC, recreational)

_____

_____

_____

_____

I have checked for potential drug–drug interactions: ☐ Yes ☐ Not Applicable

Details:_____

_____

http://www.hep-druginteractions.org

If possible, please attach print-out from this site

Laboratory and Ultrasound Results

Test	Date	Result	Test	Date	Result
HCV RNA			Creatinine		
ALT			eGFR		
AST			Haemoglobin		
Bilirubin			Platelet count		
Albumin			INR		
Ultrasound** (if >40years, or intercurrent conditions above)			HBsAg		

**Note: If ultrasound is not available please comment and arrange ASAP during treatment

Royal Perth Hospital Liver Service
Phone (08) 9224 2186 Fax (08) 9224 3388

Remote Consultation Request for Initiation of Hepatitis C Treatment

Patient Name:_____

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

Treatment Choice *(please tick one):*

Regimen for Non-Cirrhotic Patients	**Duration**	**Genotypes**
Sofosbuvir† plus Velpatasvir	12 weeks ☐	All genotypes
Glecaprevir plus Pibrentasvir	8 weeks ☐	All genotypes

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 <30mL/min/1.73m^2

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 (June 2020*) www.hepcguidelines.org.au

Test for HCV RNA ≥ 12 weeks after completing treatment to determine outcome.

Declaration by General Practitioner

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

Signature:	
Name:	
Date:	
Once completed, please return both pages by fax: 08 9224 3388	

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:	

Comment: _____

_____