**MOONEE VALLEY SPECIALIST CENTRE:**

**Primary Care Consultation Request -**

**Initiation of Hepatitis C Treatment in Victoria**

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| 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 |
| Moonee Valley Specialist Centre (PRIVATE) | reception@mvscentre.com.au |
| 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 6856 |

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| Note: All fields below are mandatory |
| **ATTENTION OF Dr (if known):** |
| **GP DETAILS** |
| **GP name:** |  | **Provider no:** |
| **GP address:** |  |
| **GP contacts:** |  **Phone:**  | **Fax:** | **Email:** |
| **PATIENT DETAILS** |
| **Patient Name** |  | **UR no (if known):** |
| **Patient Date of Birth** |  | **Gender:** Male **[ ]** Female **[ ]**  |

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| Pregnant or nursing female: | Yes **[ ]** \* No **[ ]**  N/A **[ ]**  |
| **FibroScan®**  | Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  | Median liver stiffness (kPa): \_\_\_\_\_\_\_ Is it >12.5: | Yes **[ ]** \*No **[ ]**   |
| IQR/med (%): \_\_\_\_\_\_\_\_  |
| **APRI score**[**Online APRI Calculator**](http://www.hepatitisc.uw.edu/page/clinical-calculators/apri) | Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  | Result: \_\_\_\_\_\_\_\_\_  Is it >1.0: | Yes **[ ]** \*No **[ ]**   |
| **\***If **ANY** apply, please refer to a specialist for clinical review |
| **Hepatitis C History** | **Intercurrent conditions** |
| Likely year of acquisition: |  | Diabetes: | Yes **[ ]** No **[ ]**   |
| Year of chronic hepatitis C diagnosis:  |  | Obesity (BMI>30): | Yes **[ ]** No **[ ]**   |
| Known cirrhosis: | Yes **[ ]** \*No **[ ]**   | Immunosuppressed: | Yes **[ ]** No **[ ]**   |
| Hepatic decompensation (ascites, encephalopathy, variceal bleeding): | Yes **[ ]** \*No **[ ]**   | Hepatitis B: | Yes **[ ]** \*No **[ ]**   |
| Any previous treatment with Direct Acting Antivirals for HCV: | Yes **[ ]** No **[ ]**   | HIV: | Yes **[ ]** \*No **[ ]**   |
| **\***If **ANY** apply, please refer to a specialist for in person clinical review | Alcohol >40g / day: | Yes **[ ]** No **[ ]**  |
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|  |  |  |
| **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 |  |  |

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| **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/**](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.***  | Yes **[ ]**  No **[ ]**  On no medication **[ ]**   |
| 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 2016](https://www.asid.net.au/documents/item/1208) | Yes **[ ]**  No **[ ]**   |
| **HCV INTENDED TREATMENT REGIMEN (for patients with NO CIRRHOSIS)** |
| **Regimen** | **Genotype** | **Duration** | **Please tick** |
| Sofosbuvir + ledipasvir | 1 | 8 weeks | **[ ]**  |
| 1 | 12 weeks | **[ ]**  |
| Sofosbuvir + daclatasvir | 1 | 12 weeks | **[ ]**  |
| 3 | 12 weeks | **[ ]**  |
| Sofosbuvir + ribavirin | 2 | 12 weeks | **[ ]**  |
| Paritaprevir + ritonavir + ombitasvir + dasabuvir | 1b | 12 weeks | **[ ]**  |
| Paritaprevir + ritonavir + ombitasvir + dasabuvir + ribavirin | 1a | 12 weeks | **[ ]**  |

Monitoring of patients on treatment – see [Australian Consensus Statement](https://www.asid.net.au/documents/item/1208), [HealthPathways](https://melbourne.healthpathways.org.au/LoginFiles/Logon.aspx?ReturnUrl=%2f) or [Hepatitis Victoria](https://www.hepvic.org.au/)

Alcohol and other drugs (AOD) support – see [DirectLine](http://www.directline.org.au/), [Victorian AOD intake and assessments numbers](http://www.vaada.org.au/wp-content/uploads/2014/09/VIC-AOD-Catchment-Intake-and-Assessment-details.pdf) and [DHHS](https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/pathways-into-aod-treatment/aod-telephone-online-services)

**DECLARATION OF PRIMARY HEALTH CARE PROVIDER:**

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

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| 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.

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