**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 |
|  | | | | | | | |  | | |  |
|  | | | | | | | |  | | |  |
| **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.

|  |  |
| --- | --- |
| 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.

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