NEW SOUTH WALES (NSW) HEPATITIS C REMOTE PRESCRIBING PROGRAM

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Background
The NSW Hepatitis C Remote Prescribing Program, established in November 2020 in New South Wales (NSW), Australia, strengthens linkages between nurses and prescribers and increases access to hepatitis C treatment in regional areas and other settings where prescriber availability is limited.

Description of model of care
The program is nurse-led and patient-centred. Nurses conduct the initial hepatitis C assessment, completing the comprehensive *Request for Initiation of Hepatitis C Treatment* form. This information is forwarded to prescribers, who review the assessment and initiate direct-acting antiviral therapy, streamlining the pathway to treatment initiation.

A Prescribing Pathway outlining the responsibilities of referrers and prescribers was developed, and a de-identified data collection tool was implemented to monitor program participation and outcomes. This abstract reports and analyses data from the program's first six years.

Effectiveness
Over six years, 23 nurses referred to three Nurse Practitioner Prescribers, resulting in 508 treatment initiations (76 in 2020; 52 in 2021; 90 in 2022; 127 in 2023; 107 in 2024; 56 in 2025). Referrals mainly originated from the Mid North Coast (43.7%; n=222), Northern NSW (34.6%; n=176), Murrumbidgee (0.09%; n=45), Western NSW (0.09%; n=43) and Central Coast (0.02%; n=12).

Treatment settings include Drug and Alcohol services (n=100), General Practice (n=90), Homelessness Services (n=74), Liver/Hepatitis C Clinics (n=67), Mental Health Services (34), Aboriginal Medical Services (n=19), Community Corrections (n=15), Residential Rehabilitation (n=15), Sexual Health Services (n=6), and others (n=88). Of the 508 people treated, at least 105 were First Nations Australians.

Conclusion and next steps
The NSW Hepatitis C Remote Prescribing Program has demonstrated strong outcomes and sustained uptake across a range of settings where access to prescribers is limited. Its nurse-led model is scalable, adaptable, and well-positioned to support broader implementation. ASHM is currently exploring the feasibility of program expansion.

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