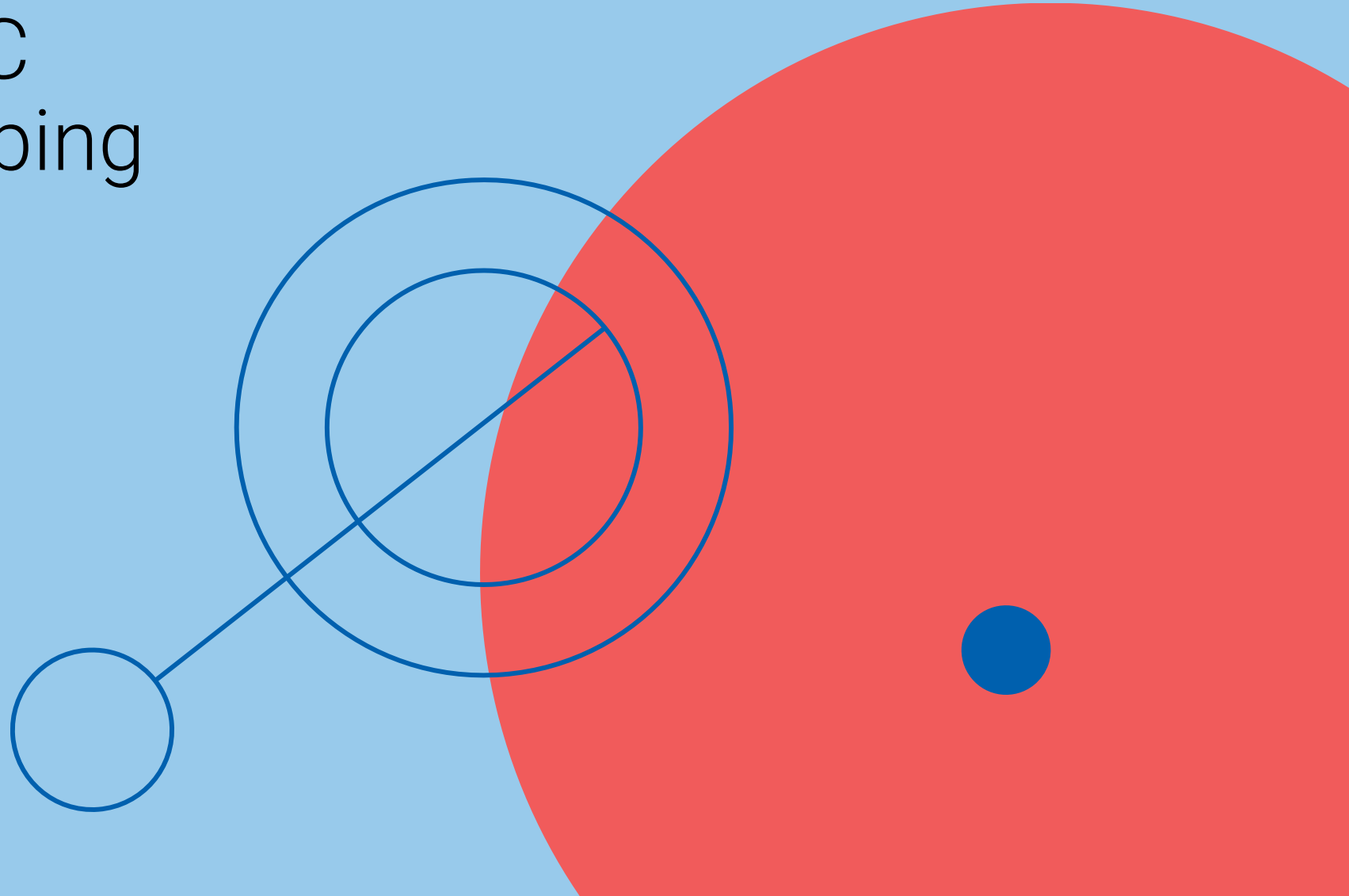


NSW Hepatitis C Remote Prescribing Program



Program aims and rationale

- Primary aim is to increase access to hepatitis C treatment in regional areas of NSW and other settings where treatment may be limited
- Aims to remove barriers to treatment, including geographic location, increase access to healthcare and testing in varied settings, and reduce stigma
- The model of care is **nurse-led and patient-centred**
- Nurses perform the initial HCV assessment and patient work-up then refer information remotely to participating prescribers to review and initiate DAA therapy

How did the program begin?



In late 2019, NSW Health became aware that nurses were having difficulty accessing prescribers to initiate hep c treatment.



In early 2020, NSW Health asked ASHM to contact previously accredited hepatitis c prescribers in regional and rural NSW and a list of nurses they provided to find out who would be interested in participating in a program to facilitate linkages between nurses and prescribers across NSW.



Surveys were sent to these nurses and prescribers with EOLs to join the program.



Planning meetings were held from April to Nov 2020 to develop the program's model of care and tailored forms.

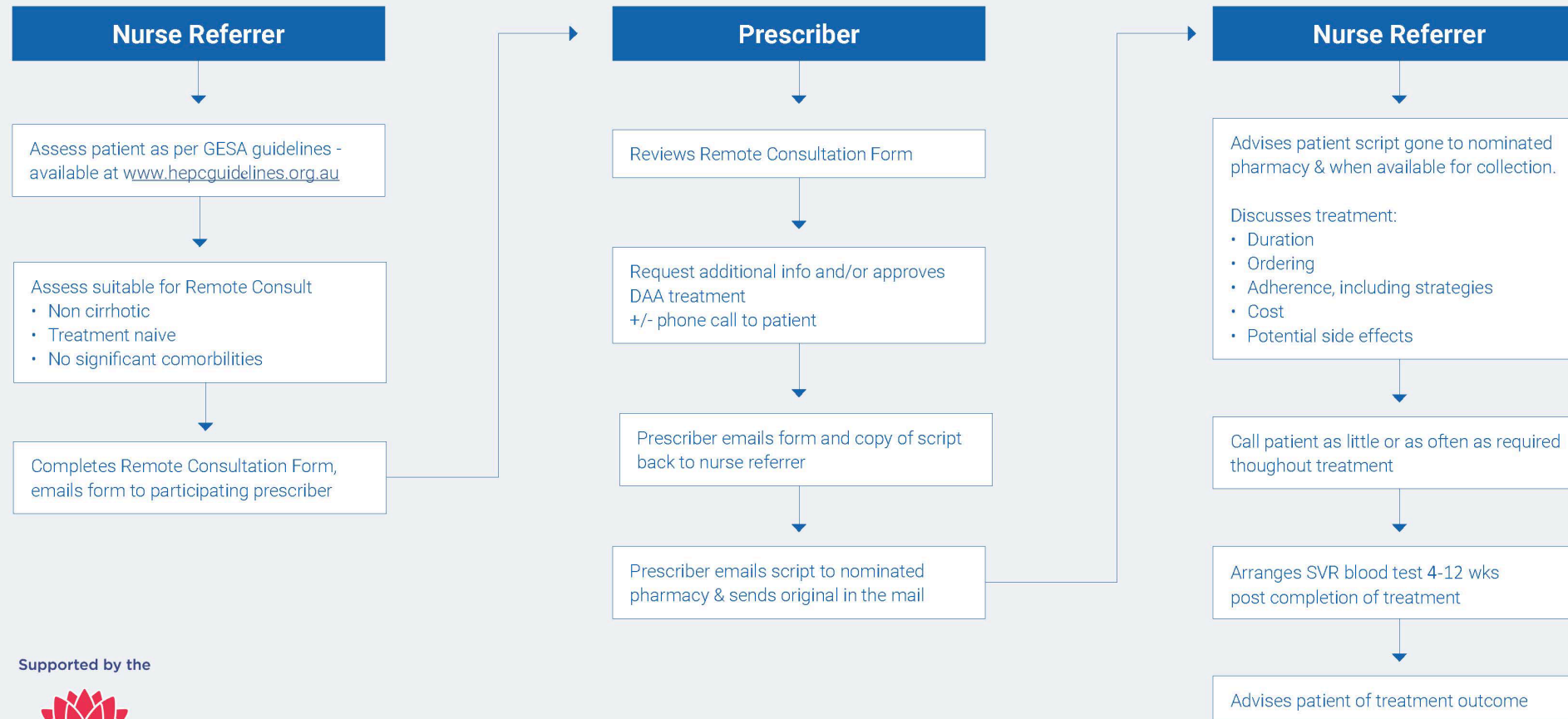


The program was officially rolled out in Nov 2020 (first called "Facilitating linkages between nurses and hepatitis c prescribers in regional NSW")—and it has been funded by NSW Health since then.

NSW Hepatitis C Remote Prescribing Program

Prescribing Pathway

⊖ HCV



Supported by the



Find out more: ashm.org.au/HCV



Remote Consultation Request Form

Remote Consultation Request for Initiation of Hepatitis C Treatment Medical Practitioner / Nurse Practitioner

Remote Consultation Criteria

- ☐ Non-cirrhotic / compensated cirrhotic
☐ No significant co-morbidities

Patient details / label:

Name: _____ DOB: _____

Address: _____

MRN: _____ Phone: _____

Details of prescriber receiving referral

Name and position	
Clinic details	
Phone	Fax
Email	

Location to send original prescription (nominated pharmacy or liver clinic)

Pharmacy name	
Address	
Phone	Fax
Email	

Details of referring practitioner (MO/RN)

Name and position	
Clinic details	
Phone	Fax
Email	

Treatment Instructions

- ☐ I have recommended a treatment choice and discussed the below points with the patient, OR
☐ I have not recommended a treatment choice and await your advice. Once you have recommended a treatment choice, I agree to discuss the below points with patient:
- dosage (number of tablets to be taken) and treatment duration
 - frequency of medication
 - to be taken with or without food
 - 4 weeks only are dispensed at a time and to contact pharmacy prior to next script dispensing so they can order the next 4 weeks' supply
 - importance of avoiding treatment interruption
- ☐ The patient is aware that they may, or may not, receive a phone call on the number listed above from the prescriber, OR
☐ The patient is not contactable by phone

Treatment adherence

- ☐ no anticipated challenges with adherence
☐ anticipated challenges with adherence and have planned strategies to address these.

Comments	
Signature	Date

Remote Consultation Request for Initiation of Hepatitis C Treatment Medical Practitioner / Nurse Practitioner

*Patients with HIV, Hepatitis B or who have had documented DAA treatment failure for this current HCV infection should be referred to a specialist

Patient details / label:

Name: _____ DOB: _____

Address: _____

MRN: _____ Phone: _____

Patient

First Nations person?	☐ Yes ☐ No ☐ Unknown
Medicare #	
Medicare expiry date	
Health Care Card #	
Health Care Card expiry	

Hepatitis C History

Duration of infection: _____

Documented DAA failure for current infection:

☐ Yes* ☐ No

Name of prior treatment: _____

Inter-current Conditions

- | | |
|------------------|---|
| Diabetes | ☐ Yes ☐ No |
| Obesity | ☐ Yes ☐ No |
| HIV | ☐ Yes* ☐ No |
| Hepatitis B | ☐ Yes* ☐ No |
| Alcohol >40g/day | ☐ Yes ☐ No |

Harm Minimisation

- ☐ I have discussed harm minimisation strategies to reduce transmission risks including:
- Not sharing injecting equipment
 - Ensuring tattooing and body piercing equipment is single use
 - Not sharing toothbrushes or razors
- ☐ I discussed with the patient the benefits of encouraging any contacts to come for HCV testing

Medications (prescription, herbal, OTC, recreational)

- ☐ I have attached drug-drug interactions report form <https://www.hepdruginteractions.org/>

Contraception discussion (if female)

- Patient is:
- ☐ aware not to become pregnant
 - ☐ using some form of contraception or planned contraception
 - ☐ taking ethinylloestradiol-containing products **

** MAVIRET may be co-administered with products containing $\leq 20 \mu\text{g}$ ethinylloestradiol but is contraindicated with products containing $> 20 \mu\text{g}$ ethinylloestradiol.

Laboratory results ideally within last 6 months at discretion of prescriber (or attach copy)

Test	Date	Result	Test	Date	Result
HCV RNA			ALT		
HBsAg			AST		
HIV Ab			Platelet		
HBcAb			Albumin		
HBsAb (anti-HBs)			INR		
HCV Genotype if avail			eGFR		
			Bilirubin		

While all tests should be done where feasible, the tests in **bold** are non-negotiable (along with determining cirrhosis status). The minimum requirements for treatment initiation are at the discretion of the prescriber.

Remote Consultation Request for Initiation of Hepatitis C Treatment Medical Practitioner / Nurse Practitioner

Patient setting / referral source:

- ☐ GP ☐ Outreach Health Services
☐ D&A ☐ D&A Rehab ☐ Mental Health
☐ Homelessness Services
☐ Other: _____

Patient details / label:

Name: _____ DOB: _____

Address: _____

MRN: _____ Phone: _____

Referring Nurse Setting: ☐ Liver Clinic ☐ AOD ☐ NSP ☐ Mental Health ☐ Sexual Health
☐ Outreach health services ☐ Other: _____

Liver Fibrosis Assessment	Date	Result
☐ Fibroscan		
☐ AST to Platelet Ratio Index (APRI) score http://www.hepatitis-c.edu.au/page/clinical-calculators/apri		
People with Fibroscan of $\geq 12.5 \text{ kPa}$ or APRI ≥ 1 may have cirrhosis and should be referred to a specialist.		

Treatment Choice ***

- ☐ After discussion with the patient I have identified a preferred regimen below, OR
☐ I do not have a preferred regimen

Regimen	Duration	Dosage
☐ Sofosbuvir/Velpatasvir (Epclusa)	☐ 12 weeks	1 tablet po daily
☐ Glecaprevir/Pibrentasvir (Maviret)	☐ 8 weeks****	3 tablets po once daily with food

*** Both treatment options listed are suitable for the treatment of chronic HCV, all genotypes. Factors to consider include cirrhosis status, prior treatment, potential drug-drug interactions and co-morbidities. See Australian Recommendations for the management of Hepatitis C Virus infection: a consensus statement (2022) (<https://www.hepcguidelines.org.au/wp-content/uploads/2022/11/hepatitis-C-virus-infection-a-consensus-statement-2022.pdf>) for all regimens & monitoring recommendations.

****A treatment duration of 12 weeks may be considered for patients with compensated cirrhosis at the discretion of the prescriber.

- Test patient for HCV RNA 12 weeks after completing treatment to determine outcome (a minimum of 4 weeks is adequate if concern about loss to follow-up). Please notify this prescriber of the results.
- Patients who relapse after DAA therapy should be referred to a specialist for treatment.

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

Signature	
Name	Date

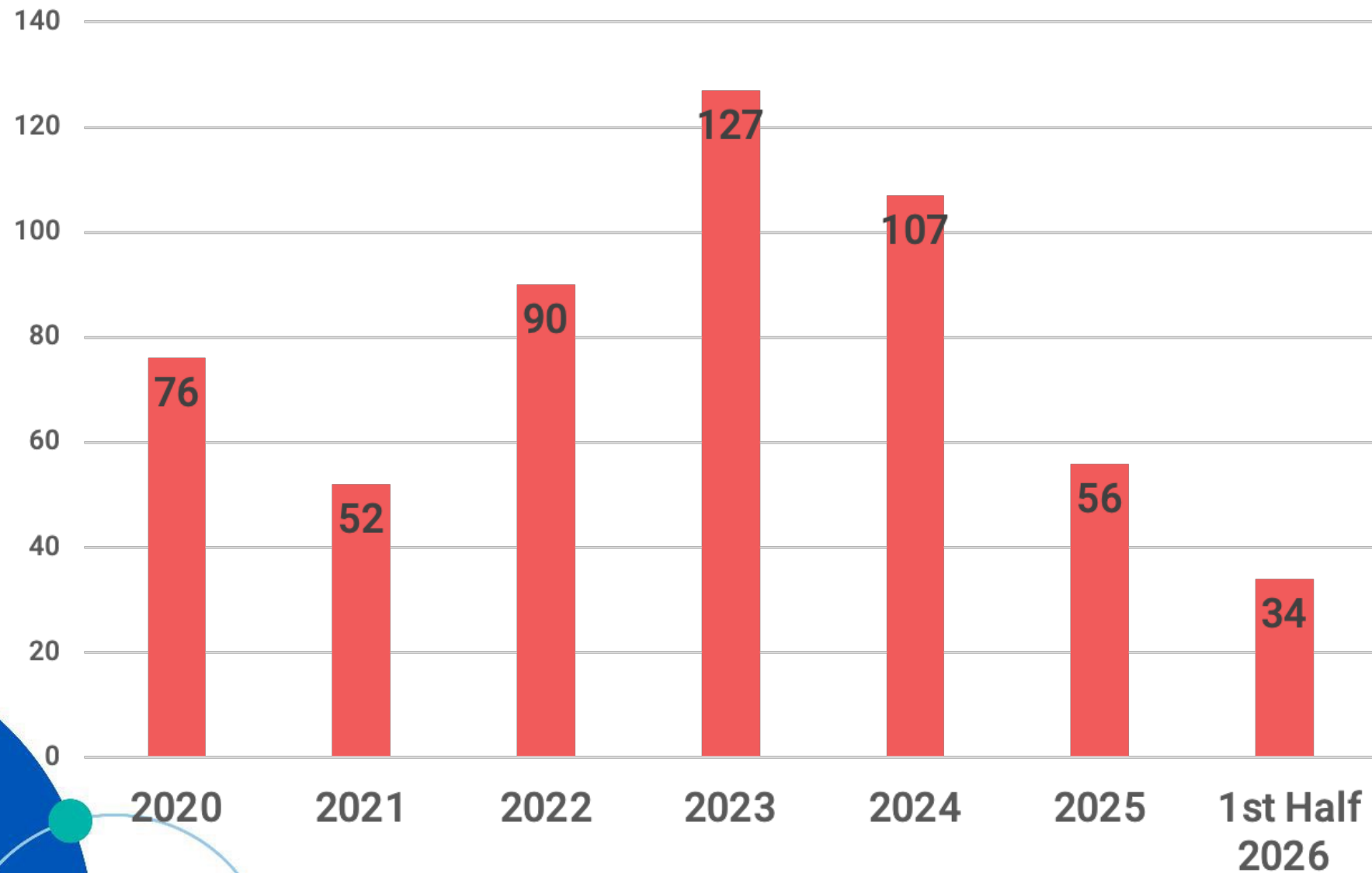
Prescriber Comments (if indicated):

- ☐ Phone consultation ☐ OR ☐ No phone consultation was required

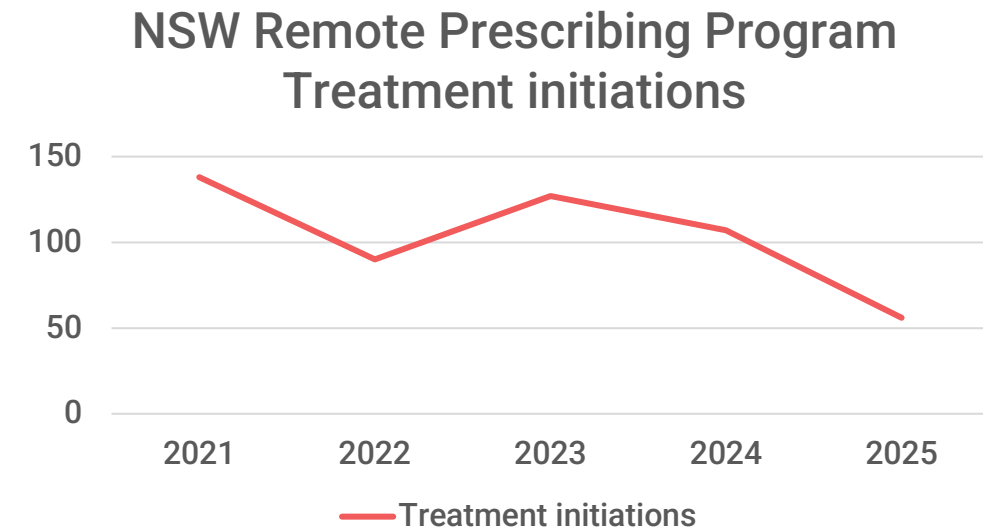
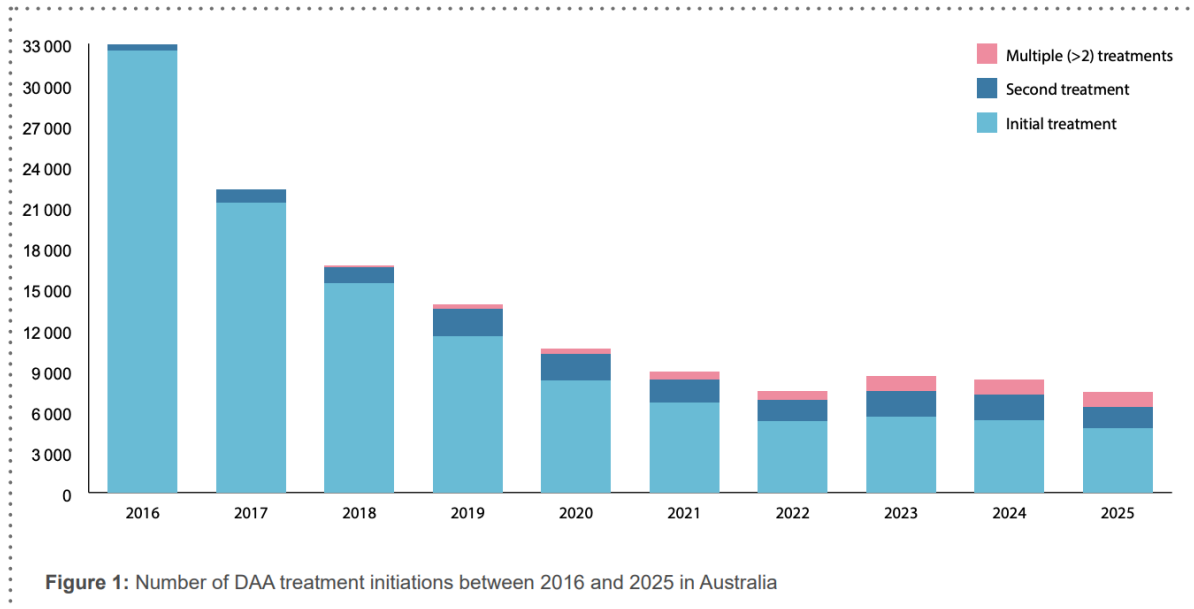
Prescriber Declaration: I agree with the decision to treat this person based in the information provided.

Signature	
Name	Date

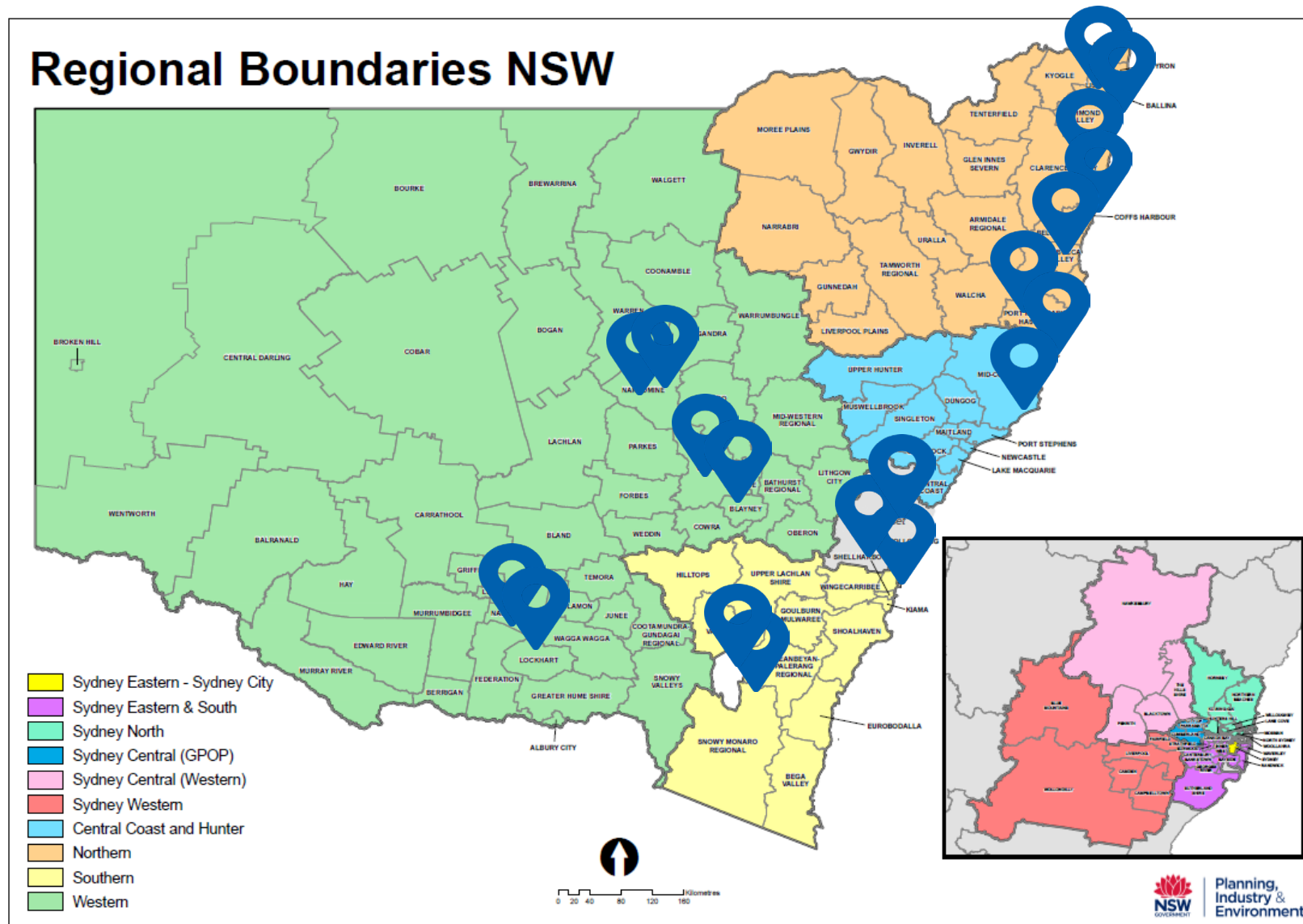
Treatment Initiations



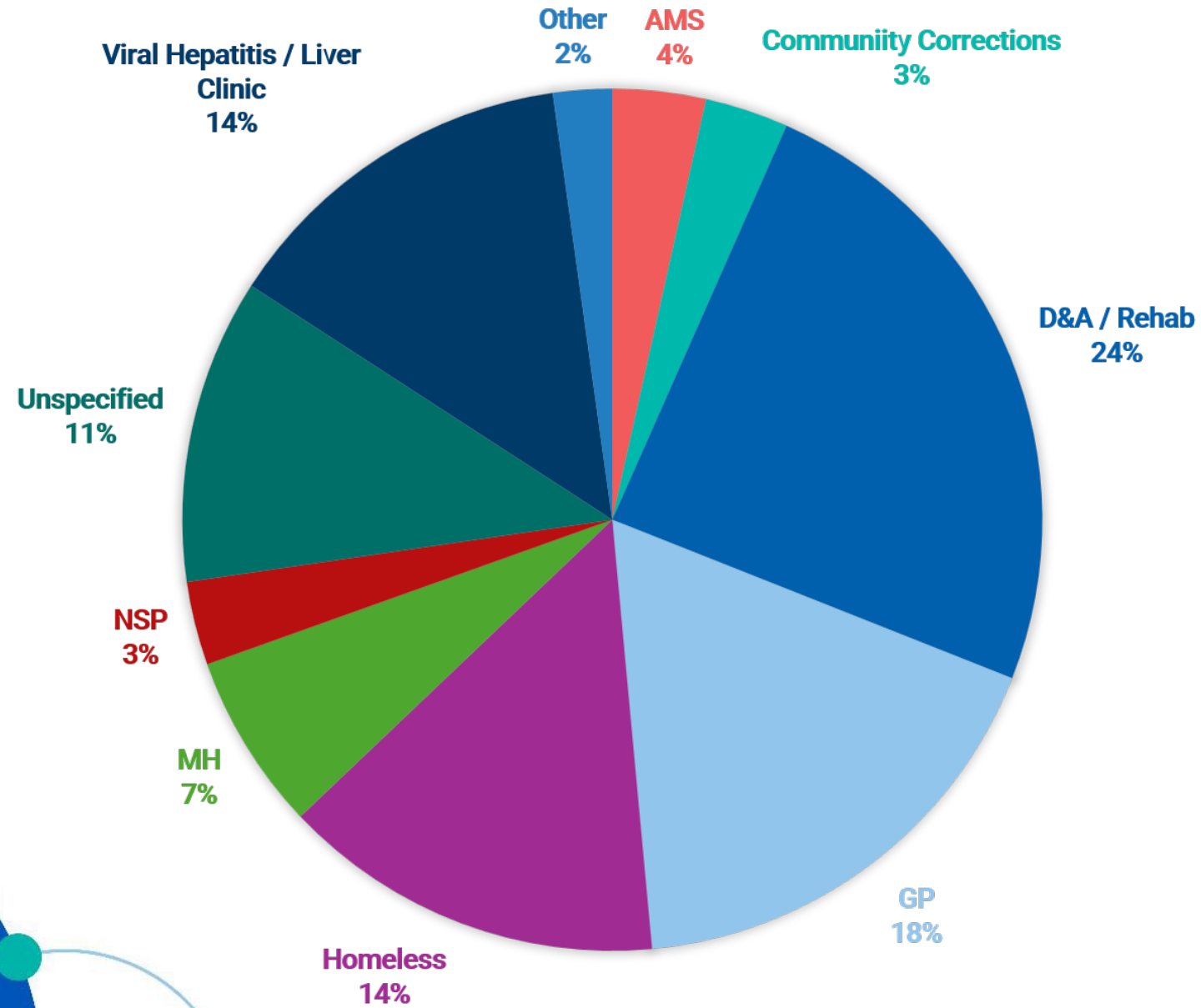
Treatment Initiations



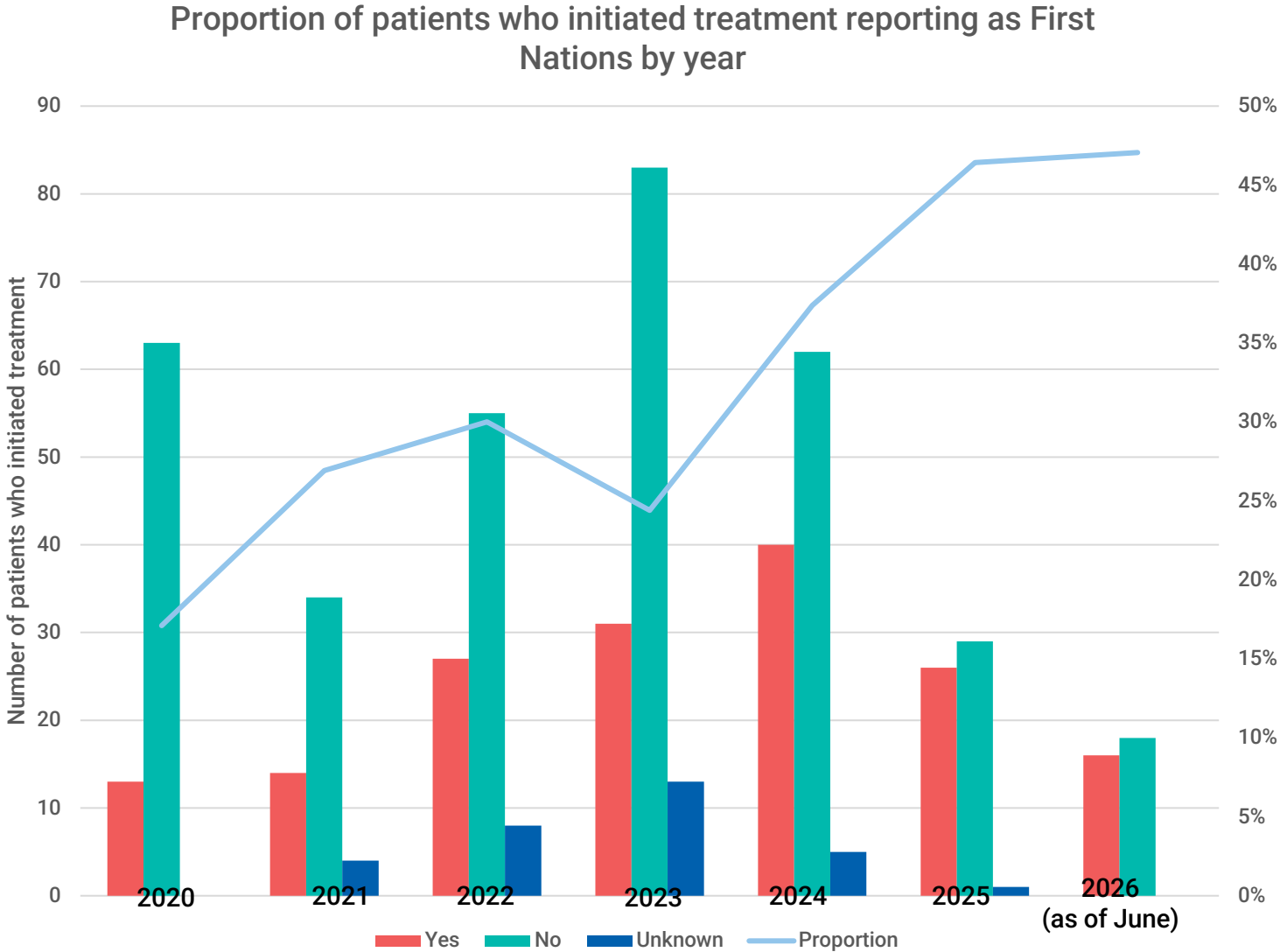
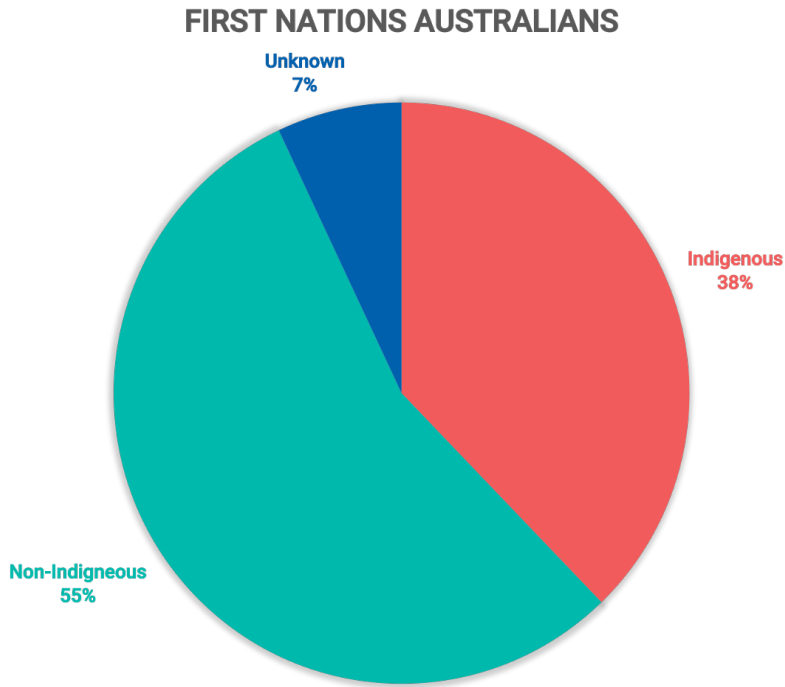
Regions with highest treatment initiations



PATIENT SETTINGS



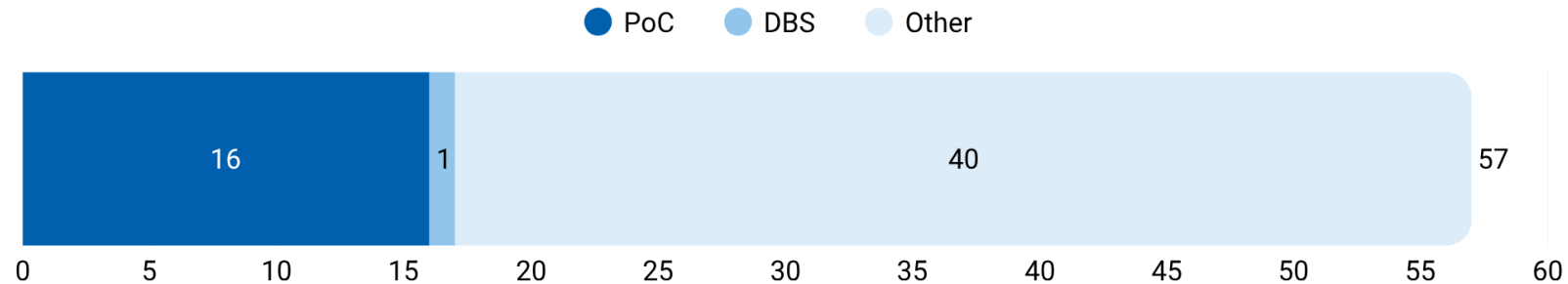
Indigenous Status



Testing Modalities

- Of the 57 treatment initiations on the 12 months from 1st July 2025 to 31st July 2026
- 16 were diagnosed via POCT & 1 via DBS (30%)

PoC testing in the 12 months from 1st July 2025 - 31st July 2026



Participant Feedback

In April 2024, ASHM conducted a survey of participating nurses to seek their feedback about the program and opportunities for future enhancement.

Of the 12 survey respondents:

- 92% reported receiving timely responses to their Remote Consultation Request for Initiation of Treatment forms
- Over 83% agreed the time taken to complete the form was reasonable and rated the effectiveness of the Program against its stated aims, i.e., to increase access to hepatitis C treatment in regional and remote areas of NSW and other settings where access may otherwise be limited, as very effective.

In a regional setting there is often no access to a doctor for 1-2 weeks. People can be tested and get onto treatment in a timely manner, it keeps the momentum going and enhances the cascade of care.

Quick and easy for Nurses to arrange treatment without need for Dr to get involved. Reduces steps for clients which they love. Often a phone consult is all that is needed which is brilliant for regional clients and then delivery of medications can be made to local Hospital/MPS at no charge to client.

Ease of use and quick access to script for Rx, don't need to use Dr for script - as I only have access to a Dr -average of 5hrs/month when they do 2 part-day clinics.

Very quick turnaround from testing to treatment. Flexible - can meet people where they are: no need to be in a clinic for workup and treatment. No costs for clients attending specialist appointments, travel costs getting to a clinic especially in rural and remote areas.

Quick and efficient commencement of HCV treatment. Reducing the number of contacts/appts patients need to have to commence their treatment.

Having quick access to obtain a script, I have no other option to get clients scripted at the moment. Ease of having the work up with nurse, not having to attend multiple appointments.

Easy access to treatment for those who do not have a GP and also streamlines the Nurse Led Model of Care getting patients from testing to treatment to cure with no medical interventions at all.

Initiation of treatment quickly. Avoids unnecessary medical appointments that are likely to be missed by my clients and eliminates weeks of waiting to see a gastro that specialises in Hep C treatment/management in my LHD.

This service is so important in rural and remote settings where GP prescribing is limited, and medical officer access is minimal. We would not be able to commence people on treatment without this service.

Governance

- Quarterly stakeholder meetings:
 - ASHM
 - MoH
 - Hep NSW
 - Referring Nurses
 - Prescribers
- Stakeholder feedback
- Review & update documents
- Community of Practice

Challenges

- Staffing changes mean participation has varied over time
- Sustainability of treatment initiation (referrals are concentrated to 1-2 prescribers)
- Participants keeping stats
- Requires willingness for prescribers to provide services outside their "patch"

Conclusion

- The Program has demonstrated strong outcomes and sustained uptake across a range of settings where access to prescribers is limited
- Participating nurses reported strong support for the program and cited many benefits for patients
- Its nurse-led model is scalable, adaptable, and well-positioned to support broader implementation
- ASHM is currently exploring the feasibility of expansion into other jurisdictions and nationally
- For more details see the program webpage at www.ashm.org.au/hcv/nsw-hepatitis-c-remote-prescribing-program

Thanks