

Outcomes from six-years of NSW Hepatitis C Remote Prescribing Program

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Background: The NSW Hepatitis C Remote Prescribing Program was established in November 2020 to strengthen linkages between nurses and prescribers and increase access to hepatitis C treatment in regional areas and other settings where prescriber availability is limited.

Analysis: The program uses a nurse-led, patient-centred model of care. Nurses conduct the initial hepatitis C assessment and full clinical workup, 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 was developed to outline the roles and responsibilities of nurse referrers and prescribers, and a de-identified data collection tool was implemented to monitor program participation and patient outcomes. This abstract reports and analyses data from the program's first six years.

Outcome: 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 occurred across diverse settings, including 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.

Conclusions: 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 expansion into other jurisdictions and nationally.

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