



New Hepatitis C treatments factsheet for GP's, nurses and health workers

On the 1 March 2016 new 'direct acting antiviral' (DAA) treatments for hepatitis C became available on the Pharmaceutical Benefits Scheme (PBS).

The new DAA treatments are now available on both the General Schedule (S85) and under the Highly Specialised Drugs Program (S100).

New hepatitis C DAA treatments:

- are more effective resulting in a cure for 90% of people
- are taken as tablets only and have very few side effects
- can be taken for as little as 8 to 12 weeks for most people
- and do not require the use of peg-interferon and ribavirin for most people.

What are the new medicines?

The new, direct-acting antiviral (DAA) medicines available on the PBS include:

- Daklinza® (daclatasvir)
- Harvoni® (sofosbuvir + ledipasvir)
- Ibvavir® (ribavirin)
- Sovaldi® (sofosbuvir)
- Viekira Pak® (paritaprevir + ritonavir + ombitasvir + dasabuvir)
- Viekira Pak RBV® (paritaprevir + ritonavir + ombitasvir + dasabuvir + ribavirin)

Following a clinical assessment, these medicines are used independently or in combination with other medicines depending on the person's particular situation. For most people, this will mean treatment without the need to use interferon.

Further DAA treatments are in trial and expected to become available in the near future, increasing treatment options, in particular for people with more advanced liver disease.

Who is eligible for the new DAA treatments

Patients who currently use alcohol or inject drugs are eligible for the new DAA treatment

There will be no restrictions for people who use alcohol or inject drugs, including people currently in OST for other drug replacement/substitute therapy programs.

People in prison have access to the new DAA treatments

The Australian Government has agreed to fund the new DAA treatments for prisoners.

Adults over the age of 18 years of age can access the new DAA treatments

The PBS listing of new DAA treatments is for Australian adults only (over 18 years of age) who hold a Medicare Card.

Further hepatitis C DAA treatment drugs are in development

There are further hepatitis C DAA treatments currently being considered for listing on the PBS and other DAA treatment drugs are in trials, therefore more options will become available over time.

GPs can prescribe new DAA treatments

GPs can prescribe the new DAA treatments under General Schedule (S85) and prescriptions can be dispensed through community pharmacies.

NOTE Specialists can still prescribe under the Highly Specialised Drugs Program (S100).

GPs can now initiate direct-acting antiviral (DAA) treatment for hepatitis C without consultation with a specialist, although referral to specialist treatment services is recommended for patients with complex needs.

Many GP services have existing relationships with specialists based in public hospitals who can advise about their referral procedures. Many specialist have already developed a 'check list' to assist GPs to assess which patients need referral and which patients can be treated in the GP clinic.

If you do not have do not have an existing relationship with a specialist your local public hospital may be able to advise.

Various combinations of new DAA treatments are available

The combination of new DAA treatments used will depend on:

- what type of hepatitis C the patient has
- what, if any liver disease they have (scarring or cirrhosis)
- what other medication patients are taking
- if they have other medical conditions.

New DAA treatments are subsidised on the PBS

From 1st March 2016, patients will only be charged the usual co-payment price paid per prescription. From 1 January 2016 this was \$38.30 for general patients and \$6.20 for concessional patients.

The new DAA treatments are included in the PBS 'Close the Gap' co-payment for eligible Aboriginal and Torres Strait Islander people.

Information for Health Professionals

Gastroenterological Society of Australia (GESA)

[Australian recommendations for the management of hepatitis C virus infection: a consensus statement 2016](#)

Health Victoria

- [Sexual Health and Viral Hepatitis](#)
- [Breakthrough hepatitis C treatments](#)
- [Better Health Chanel](#) - State Government online info

Aboriginal Community Health Services can email or call [Garry Sattell](#) or [Kat Byron](#) in VACCHO's Sexual Health and Blood Borne Virus Team on 03 9411 9411.

Monitoring and management of hepatitis C in children

Children with hepatitis C should be seen and assessed by a paediatrician experienced in hepatitis C.

Gastroenterology Unit
Royal Children's Hospital
50 Flemington Road, Parkville, Victoria, 3052
03 9345 5522

Information for patients

Speaking to a professional

Patients can talk with their GP, health worker or gastroenterologist, hepatologist or infectious diseases specialist, or call the Hepatitis Infoline: 1800 703 003

General information

[Better Health Chanel](#) - State Government online info

General hepatitis C information

Hepatitis C is a blood borne virus that attacks the liver over time. It makes the liver inflamed and causes scarring and cirrhosis and in some cases can lead to liver failure and/or liver cancer.

Contrary to decreasing national trends, the rate of hepatitis C diagnosis among the Aboriginal population is on the rise. The rate of new hepatitis C infections in Aboriginal populations is between two and ten times higher than that in non-Aboriginal populations, depending on location.

Approximately 65,000 people in Victoria have hepatitis C. The population most at risk of acquiring hepatitis C are people who currently inject drugs including people from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds, prisoners, older people, and young injectors and/or new initiates to injecting drug use.