

# Towards elimination through the NSW Hepatitis C Remote Prescribing Program

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**Background:** As hepatitis C (HCV) treatment uptake rates decline, there is a need for new approaches to case finding and linkages to care. The NSW Hepatitis C Remote Prescribing Program was established in November 2020 to facilitate linkages between nurses and prescribers in NSW to increase access to HCV treatment, targeting regional areas and other settings where treatment was otherwise limited. Several resources specific to the program were developed or tailored to enable the efficient exchange of clinical information between the nurses who perform the initial HCV assessment then refer to prescribers who review the information and initiate direct acting antiviral (DAA) therapy.

**Methods:** The model of care detailing key roles and responsibilities of nurse referrers and prescribers will be examined. Data from two program participants will be presented and analysed to assess the uptake and feasibility of the program.

**Results:** Interim data from late November 2020 to mid-March 2022 reveals that 96 people were assessed for treatment by 7 nurse referrers participating in the program. Of those people assessed, 12 were homeless, 21 were Alcohol and Other Drug (AOD) or Mental Health clients and 29 were Indigenous. 91 people were subsequently initiated on treatment of whom 69 have completed so far. Of those treated, 30 have been tested for SVR and 28 have achieved SVR.

**Conclusions:** The interim outcomes demonstrate the remote prescribing model of care provides safe, convenient, and acceptable access to HCV treatment for difficult to reach people, such as those in regional and homelessness settings who may not have access to regular medical care. Eliminating HCV in these hard-to-reach populations will contribute to an increase in their quality of life and help link them into ongoing healthcare.

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