

A SURVEY OF HEPATITIS C MANAGEMENT BY VICTORIAN GENERAL PRACTITIONERS POST PHARMACEUTICAL BENEFITS SCHEME LISTING OF DIRECT ACTING ANTIVIRAL THERAPY

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Background: On the 1st March 2016, direct acting antiviral (DAA) therapy for hepatitis C virus (HCV) was listed on the Australian Pharmaceutical Benefits Scheme (PBS) with no restrictions. To increase access to treatment, the PBS listing enables general practitioners (GP) to prescribe DAA “in consultation” with a specialist. We conducted a survey, which aimed to identify how GP are managing HCV and structural barriers to GP DAA prescription.

Methods: 1000 Victorian GPs were invited to participate by mail or online. The survey consisted of 20 questions regarding HCV knowledge, management of HCV infection and interest in prescribing DAA. GPs who did not respond were sent a reminder letter at four and eight weeks.

Results: The first mail out was conducted on 14th April and data collection will be complete in July. Data on the first 69 respondents is presented. 51 (74%) had less than 10 patients with chronic HCV. 46 (66%) answered correctly that HCV antibody and RNA positivity was diagnostic. Only 7 (10%) were able to request a FibroScan without a specialist consultation and 48 (70%) were unsure of factors which may confound FibroScan results. 46 (67%) planned to continue to refer to specialist services, but 39 (57%) reported being interested in prescribing DAA. 18 (26%) had prescribed DAA using the “in consultation” process, and half had found the experience satisfactory. 35 (51%) were unsure if people who were actively injecting drugs were eligible for treatment.

Conclusion: Most GP are interested in prescribing DAA, but education, access to FibroScan and clear “in consultation” pathways will be required to translate this interest into increased HCV treatment accessibility. PBS eligibility of current injectors needs to be promoted, as treatment of this priority population has the dual benefit of curing their infection and reducing ongoing transmission.

Disclosure of Interest Statement: The conference collaborators recognise the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.