

Hepatitis C Treatment GP Reimbursement

Background

Funding has been allocated for the provision of integrated Hepatitis C Services. The Primary Options for Acute Care (POAC) service will be the mechanism for distributing the funding to GPs across Auckland Metro who provide Hepatitis C treatment in a primary care setting.

GP Reimbursement

- A single extended consult per patient can be claimed up to the total amount of \$120.75 (including GST). There is to be no patient co-payment charged.
- Payment for treatment of Hepatitis C by a GP may be claimed once a GP has performed an 'Intention to treat' consultation. Typically, this consultation will be of extended duration and will occur after confirmation of Hepatitis C genotype and liver function (cirrhotic/ non-cirrhotic) has been received.
- GPs are encouraged to utilise the **Hepatitis C and Direct Acting Antiviral (DAA) Treatment for Hep C** pathways on the Auckland Regional HealthPathways website (<http://aucklandregion.healthpathways.org.nz>)
- By claiming the reimbursement through POAC, the referring GP confirms that the patient is not receiving treatment through the Needle Exchange, Auckland Central Liver Clinic, nor within the Corrections Department Facilities throughout the Northern Region.

GP Treatment Episode

The 'Intention to treat' consultation will constitute a 'face to face' discussion with the patient concerning their Hepatitis C status and encompass the following activities:

- Arranging a Liver Elastography Scan if one has not been completed within the last 3 years (to determine liver function as non-cirrhotic (LSM <10.5 kPa.)
- Exploring treatment options (i.e. funded by PHARMAC, or self-funded via Fix Hep C Buyers' Club)
- Planning management of drug interactions,
- Discussing the treatment regime, adherence and potential side effects of treatment
- Completion of the necessary paperwork (prescription, PHARMAC Viekira Pak Distribution Request form)
- Working with the patient to locate the most convenient AbbVie Care accredited pharmacy (only AbbVie Care accredited pharmacies are able to dispense funded Viekira Pak®/Viekira Pak-RBV®)

In addition, it is anticipated that the GP will:

- Arrange bloods tests, both on-treatment (if any) and follow-up (12 weeks after treatment completion)
- Make dose adjustments if required during the treatment

- Liaise with the pharmacy when required

Service Users

Patients (service users) will be those deemed as meeting the PHARMAC criteria for treatment with DAAs, and includes the following:

- The patient has confirmed Hepatitis C (PCR test)
- The patient has been genotyped within the last 5 years and have genotype 1 (a or b)
- The patient has had a Liver Elastography Scan completed within the last 3 years to determine liver function as either non-cirrhotic or cirrhotic
- If non-cirrhotic (LSM <10.5 kPa.) and genotype 1 the patient should be considered for treatment with DAAs – i.e. Viekira Pak +/- ribavirin, **or**
 - The patient will self-fund generic DAAs where they are genotype 2 to 6

If cirrhotic (LSM 10.5 kPa or above) the patient should be referred for further management to the gastroenterology department serving their DHB of domicile. These patients do not qualify for the GP funding outlined here.

Claiming Process

- Submit a new referral for the patient using the POAC electronic form within the practice management system. Select the **Hepatitis C Testing and Treatment** diagnosis coding.
- Submit claim (outcome + invoice) using the service code:

Contact POAC regarding any claiming queries by email accounts@poac.co.nz

