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Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

Media Release

ASHM welcomes the first regimen to treat all six major hepatitis C genotypes to the Pharmaceutical Benefits Scheme

Australia, 1 August 2017

ASHM welcomes the addition of the hepatitis C treatment drug EPCLUSA[®] (SOFOSBUVIR with VELPATASVIR) to the Pharmaceutical Benefits Scheme (PBS) from 1 August 2017 as both an Authority Required General Schedule (Section 85) and Highly Specialised Drugs (HSD) Program (Section 100) listing.

“This is good news for Australians with chronic hepatitis C and healthcare professionals in our collective goal towards hepatitis C elimination in Australia,” said Associate Professor Gail Matthews, Senior Lecturer in the [Viral Hepatitis Clinical Research Program](#) at the Kirby Institute, University of New South Wales, Sydney, and ASHM Board Member.

“This is the first pan-genotypic regimen listed on the PBS for hepatitis C treatment – it is a once-daily, single-pill regimen over a 12-week duration, with cure rates of 95% or higher for all genotypes.”

Ribavirin[®] must be added to EPCLUSA[®] if decompensated cirrhosis is present and may be considered in patients with genotype 3 with compensated cirrhosis rather than is indicated.

Chronic hepatitis C virus (HCV) infection affects over 200 000 Australians who are at risk of progressive liver fibrosis leading to cirrhosis, liver failure and hepatocellular carcinoma. There are six HCV genotypes which are genetically distinct groups of the virus. Knowing the genotype helps inform treatment recommendations and the duration of treatment.

This treatment is to be administered by a medical practitioner or an authorised nurse practitioner experienced in the treatment of chronic hepatitis C infection; or in consultation with a gastroenterologist, hepatologist or infectious diseases physician experienced in the treatment of chronic hepatitis C infection. Clearing HCV has been shown to substantially reduce the risk of liver cancer and liver failure, reducing mortality from cirrhosis and liver cancer.

For more information refer to the [General Statement for Drugs for the Treatment of Hepatitis C \(PDF 307KB\)](#)

HCV genotyping continues to be recommended as a routine part of the pre-treatment assessment. Many of the approved treatment regimens for HCV are genotype-specific, and the HCV genotype must be documented in the patient’s history to meet PBS criteria for the new HCV medicines. Regimens of shorter duration are available for some people.

The [Australian recommendations for the management of hepatitis C virus infection: a consensus statement \(January 2017\)](#) – a living document that will be updated as new data emerge, will be updated with this information shortly via the website: www.hepcguidelines.org.au

To find hepatitis C training for health professionals near you see <http://www.ashm.org.au/events-locator/>

For more information, or further comment:

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About the Australasian Society for HIV Medicine (ASHM)

ASHM is a peak organisation of health professionals in Australia and New Zealand who work in HIV, viral hepatitis and sexually transmissible infections (STIs). Our vision is to see the virtual eradication of HIV, viral hepatitis and sexually transmissible infections. Our mission is to support the health workforce achieve this—through education and training; policy and advocacy; direct action and leadership. www.ashm.org.au