

# Harvoni® (Ledipasvir/Sofosbuvir) 12 week Treatment Checklist

## Prior to Treatment

### Labs

- Immediately prior: \_\_\_ Pregnancy test (if applicable)  
Within 1 month: \_\_\_ CBC with differential  
\_\_\_ CMP (If GFR <30, do not start treatment; consult Liver Disease Specialist)  
\_\_\_ PT/INR  
Within 3 months: \_\_\_ HCV RNA  
\_\_\_ Genotype confirmation  
Within 6 months: \_\_\_ AFP  
\_\_\_ TSH  
\_\_\_ A1C or Fasting Glucose  
\_\_\_ Vitamin D 25OH (treat if deficient)  
Within 1 year: \_\_\_ HIV screening

### Miscellaneous

- \_\_\_ Hepatitis A status/screening if not done  
\_\_\_ Hepatitis B status/screening if not done  
\_\_\_ PHQ-9 baseline  
\_\_\_ AUDIT-C  
\_\_\_ Symptoms Inventory baseline

## Week 4

- \_\_\_ HCV RNA  
\_\_\_ CBC  
\_\_\_ CMP<sup>1</sup>  
\_\_\_ Symptoms Inventory  
\_\_\_ Pregnancy test (if applicable)

## 3 months post treatment

- \_\_\_ CBC  
\_\_\_ Liver Function Tests  
\_\_\_ HCV RNA

## Week 8

- \_\_\_ CBC  
\_\_\_ CMP<sup>1</sup>  
\_\_\_ Symptoms Inventory  
\_\_\_ Pregnancy test (if applicable)

## Nurse follow-up in clinic or by phone:

- \_\_\_ Symptoms Inventory  
\_\_\_ Managing side effects  
\_\_\_ Medication adherence discussion  
\_\_\_ Alcohol intake  
\_\_\_ Birth control reminder  
\_\_\_ Refill reminder

## Week 12

- \_\_\_ HCV RNA  
\_\_\_ CBC  
\_\_\_ CMP<sup>1</sup>  
\_\_\_ Symptoms Inventory  
\_\_\_ Pregnancy test (if applicable)

1- If GFR <30, consult Liver Disease Specialist.

Harvoni® 12 week Lab Tracking Form

**General Patient Information**

Name: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 MRN: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Treatment Start Date: \_\_\_\_\_

**Pre-Treatment Lab Results**

HCV RNA: \_\_\_\_\_  
 Genotype: \_\_\_\_\_ HIV: \_\_\_\_ TSH: \_\_\_\_  
 Vit D 25OH: \_\_\_\_\_ AFP: \_\_\_\_\_ GFR\*: \_\_\_\_\_  
 PT/INR: \_\_\_\_\_ A1C/Glucose: \_\_\_\_\_

**Medication Regimen**

Harvoni® (Ledipasvir 90mg/Sofosbuvir 400mg)  
 1 tablet PO daily.  
 Do not change dose.

Completed Treatment Week	Lab Date	Hgb	Hct	WBC	PLT	ALT	AST	Alk Phos	Total Bili	Creat/GFR	PHQ-9 (Specified weeks)	HCV RNA (Specified weeks)	Weight (kg)	Pregnancy Test
Pre-Treatment														
<b>Treatment Start Week 0</b>											PHQ-9	HCV RNA		
<i>optional</i>														
<i>optional</i>														
<i>optional</i>														
<b>Week 4</b>												HCV RNA		
<i>optional</i>														
<i>optional</i>														
<b>Week 8</b>														
<i>optional</i>														
<i>optional</i>														
<b>Week 12</b>												HCV RNA		
<i>optional</i>														
3 months post treatment												HCV RNA		

Labs recommended for each follow up visit: CBC, CMP, pregnancy test (females of childbearing age), and HCV RNA as specified.

**\*GFR <30** If GFR is <30, do not start treatment; consult with Liver Disease Specialist.