Viekira Pak® (ombitasvir, paritaprevir, ritonavir; dasabuvir) Treatment Agreement

If you are considering hepatitis C treatment, please read this treatment agreement carefully and be sure to ask any questions you may have before you sign the form.

In December 2014, the FDA approved ombitasvir, paritaprevir, and ritonavir tablets; dasabuvir tablets co-packaged (Viekira Pak®) for the treatment of hepatitis C genotype 1b, including those with HCV/HIV co-infection.

Treatment with Viekira Pak® requires 6 scheduled visits over 6 months for a treatment course of 12 weeks.

PREGNANCY & BREASTFEEDING WARNING

It is not known if Viekira Pak® will harm an unborn or breastfeeding baby, so it is recommended that women do not get pregnant or breastfeed while taking this medicine.

You must stop using ethinyl estradiol-containing medicines before you start treatment with Viekira Pak®. If you use these medicines as a method of birth control you must use another method of birth control during treatment with Viekira Pak®, and for about 2 weeks after finishing treatment with Viekira Pak®. Progestin only contraceptives (e.g. mini pill, Depo shot, Nexplanon®) are safe to use during treatment with Viekira Pak®.

HOW THE TREATMENT PROCESS WORKS

You will have blood and urine tests.

- These tests will include a pregnancy test for female patients. A urine pregnancy test will be done monthly during a clinic visit.
- Random drug and alcohol tests may be requested.
- At each visit, about 2-3 tubes of blood will be collected. Other examinations and tests may be done during the treatment if your provider feels there is a need.

Your first three visits will be at the start of treatment (week 0) and weeks 2 and 4 after you begin taking the medication. Week 2 visit will be at the discretion of your provider. After that, the visits will be once each month until you stop taking the medications. **You may need to come to see your primary care provider more frequently if you are having side effects or problems related to the treatment.**

You will have follow-up 3 months and annually for 5 years after treatment completion. If you have cirrhosis you should continue to have a liver ultrasound every six months and regular clinic visits.

Provider, select the appropriate treatment regimen and reason:

____ Viekira Pak® will be given for 12 weeks; you have genotype 1b and do not have cirrhosis.

TREATMENT MEDICATIONS AND SIDE EFFECTS

Viekira Pak® contains ombitasvir, paritaprevir, and ritonavir tablets and dasabuvir tablets co-packaged for oral use. Two pink tablets contain ombitasvir 12.5 mg, paritaprevir 75 mg and ritonavir 50 mg and are taken at the same time daily (in the morning) with a meal. Two beige tablets contain dasabuvir 250 mg and one of them is taken twice daily (in the morning and evening) with a meal. Store the medication at room temperature.

If you miss a dose of the pink tablets, and it is less than 12 hours from the time you usually take your dose, take the missed dose with a meal as soon as possible. Take your next dose at your regular time the next day with a meal. If you miss a dose of the pink tablets more than 12 hours from the time you usually take your dose, do not take the missed dose. Take your next dose at your regular time the next day with a meal.

If you miss a dose of the beige tablet and it is less than 6 hours from the time you usually take your dose, take the dose with a meal as soon as possible. Then take your next dose at your regular time with a meal. If it is more than 6 hours since you missed your dose, do not take the missed dose. Instead, take your next dose at your regular time with a meal.

Do not take more than the prescribed dose of Viekira Pak® (no doubling up).

- The most common side effects are nausea, itching, and sleep problems.

Tell your healthcare provider if you are taking any of the following medicines; contraindicated with Viekira Pak®:

- Alfuzosin hydrochloride (Uroxatral®)
- Carbamazepine (Carbatrol®, Epitol®, Equetro®, Tegretol®)
- Efavirenz (Atripla®, Sustiva®)
- Ergot containing medicines including: ergotamine tartrate (Cafergot®, Ergomar®, Ergostat®, Medihaler®); dihydroergotamine mesylate (D.H.E. 45®, Migranal®); methylergonovine (Ergotrate®, Methergine®)
- Ethinyl estradiol-containing medications; combination birth control pills or patches, such as Lo Loestrin® FE, Norinyl®, Ortho Tri-Cyclen Lo®, Ortho Evra®; hormonal vaginal rings such as Nuva Ring®; hormonal replacement therapy medicine Fem HRT®.
- Gemfibrozil (Lopid®)
- Lovastatin (Advicor®, Altprev®, Mevacor®)
- Midazolam, when taken by mouth
- Phenytoin (Dilantin®, Phenytek®)
- Phenobarbitol (Luminal®)
- Pimozide (Orap®)
- Rifampin (Rifadin®, Rifamate®, Rifater®, Rimactane®)
- Sildenafil citrate (Revatio®) when taken for pulmonary artery hypertension
- Simvastatin (Simcor®, Vytorin®, Zocor®)
- St. John’s wort (Hypericum perforatum) or a product that contains St. John’s wort
- Triazolam (Halcion®)

Please tell your health care provider if you are taking the following medications; dosage adjustments or monitoring may be recommended:

- Amiodarone, bepridil, disopyramide, flecainide, lidocaine(systemic), mexilitine, propafenone, quinidine, digoxin
- Ketoconazole
- Voriconazole
- Amlodipine
- Fluticasone (Inhaled/Nasal)
- Furosemide
- Atazanavir/ritonavir once daily, darunavir/ritonavir, lopinavir/ritonavir, rilpivirine
- Rosuvastatin, pravastatin
- Cyclosporine, tacrolimus
- Salmeterol
- Buprenorphine/naloxone
- Omeprazole
- Alprazolam

PLEASE NOTE:

You must let your medical, mental health, dental providers, and pharmacist(s) know that you are taking Viekira Pak® prior to starting any new medications. You must let your health care providers know about any new medications you are prescribed before starting them. This includes vitamins and other supplements.

Hepatitis C treatment should not cause pain that requires narcotic pain medication.

BENEFITS OF TREATMENT

In most cases, hepatitis C will respond to treatment as determined by a blood test that measures the presence and amount of hepatitis C in the blood. If you have no hepatitis C in your blood 12 weeks **after** the end of treatment, this is considered a "sustained virologic response" and in 99% of persons is a cure. Your chance of achieving a sustained virologic response depends on the hepatitis C genotype, how much hepatitis C virus you have in your blood at the beginning of treatment, any past treatment response, and how much liver damage you have had prior to treatment.

It is possible that you may develop some serious side effects, which will require you to stop the treatment. You may still benefit from treatment even if it does not get rid of your hepatitis C, as it may slow down the disease. You may choose to stop treatment at any time.

In Clinical Trials:

Persons with genotype 1b, without cirrhosis who were treatment-naïve (never treated before) and treatment-experienced (prior treatment failed), given Viekira Pak® for 12 weeks had a 100% response (cure) rate.

WHOM TO CALL

If you have any questions about treatment, contact your primary care provider at _____.

TREATMENT AGREEMENT

To receive treatment, please review the following statements and initial beside the responses:

___ I agree not to drink alcohol or use recreational drugs during the treatment.
___ I have not abused alcohol or other substances (intravenous drugs, cocaine, prescription pain medications) within the last 6 months.
___ I will tell my provider if I have any serious medical conditions (such as heart disease, high blood pressure, diabetes, high cholesterol, rheumatoid arthritis, or drug addiction), or psychiatric conditions (depression, history of suicide attempts, bipolar disorder, or psychosis).
___ I am willing to visit the clinic and see a provider on a regular schedule for the entire length of the treatment. If I am unable to attend an appointment, I will let my provider know this ahead of time and I will reschedule my appointment.
___ I understand that my treatment will be stopped if I cannot attend appointments as required to evaluate my health and well-being during treatment and the effectiveness of treatment.
___As a female taking Viekira Pak®, I will not get pregnant or breastfeed while on treatment. I understand that my treatment will be stopped if I become pregnant. ___ Not applicable, I am surgically sterile or post-menopausal.
___If I have any problems with the medications or side effects that bother me, I will let my provider or nurse know right away.
___ I understand that my hepatitis C may not respond to treatment.
___ I understand that my provider can stop my treatment if the provider feels that stopping it is in the best interest of my health and welfare.
___ I will do my best to take my medications as prescribed by my provider. If I am unable to do so, I will contact my provider.
___ I will protect myself and others from hepatitis C by not sharing needles, toothbrushes, razors or nail clippers and covering cuts to prevent blood exposure.

My signature below means that I have read this treatment agreement and/or the meaning of the information has been explained to me. I agree to treatment.

Patient's Name (PLEASE PRINT)	**Patient's Signature**	**Date**

Provider's Name (PLEASE PRINT)	**Provider's Signature/Title**	**Date**