Liver Disease & Hepatitis Program
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We are glad to hear you are interested in treatment for hepatitis C!

Here are some things to think about (and do) before you make your final decision about treatment:

Why do treatment now? New medicines have increased the chance of cure and have fewer side effects.

Why would I wait? Within 1-2 years additional new medicines will be available. They may work even better, shorten treatment time, cost less, and have fewer side effects.

Some people have worse liver disease than others. If you have more severe liver disease (a lot of scarring in the liver or cirrhosis) you should consider getting treatment sooner.

What will happen during treatment?

There are 2 medication options for genotype 1:

- Option 1 is Harvoni® (ledipasvir/sofosbuvir), 1 tablet taken once a day by mouth. Treatment length is 12 weeks for most patients. 24 weeks of treatment is required for some persons with decompensated (significant) cirrhosis AND persons with cirrhosis who had previous treatment that failed. The major side effects (experienced in ≥ 10% of clinical trial subjects) include feeling tired and headache. In clinical studies, treatment response rates for Harvoni® were 94-100%.

- Option 2 is Viekira Pak® (ombitasvir, paritaprevir, and ritonavir tablets; dasabuvir tablets) co-packaged as 3 tablets in the morning and 1 tablet in the evening with food. Most treatments with Viekira Pak® also require ribavirin, which is 5-6 additional tablets divided between morning and evening with food. Treatment length is 12 to 24 weeks depending on genotype subtype and cirrhosis status. The major side effects include feeling tired, nausea, itching and skin rash, trouble sleeping and weakness. A common side effect of ribavirin is anemia. In clinical studies, treatment response rates for Viekira Pak® and Viekira Pak®/ribavirin were 86-100%.

Genotype 2 and 3 treatment is Sovaldi® (sofosbuvir), which is 1 tablet once a day and 5-6 ribavirin capsules divided between morning and evening with food. Treatment length is 12 weeks for genotype 2 and 24 weeks for genotype 3. The major side effects include feeling tired, headache, nausea, insomnia, weakness, itching, diarrhea, and irritability. A common side effect of ribavirin is anemia. In clinical studies, treatment response rates for Sovaldi®/ribavirin were 82-100% in genotype 2 and 60% -93% in genotype 3.

- Another Genotype 3 treatment option for those who can take peginterferon, is 12 weeks of Sovaldi® (sofosbuvir) plus ribavirin (6-7 pills/day), and a weekly peginterferon injection can be given. In addition to the side effects occurring with Sovaldi®/ribavirin treatment additional side effects include flu-like symptoms, depression and body aches, and side

effects that may show up only in blood tests. In a clinical study, this treatment resulted in a treatment response rate of 83%.

PLEASE NOTE: No treatments containing ribavirin can be given to a pregnant or breastfeeding female or to a female who plans to become pregnant or a male who plans to father a child during treatment and for 6 months after treatment because this treatment can cause birth defects. There are no studies on ledipasvir or sofosbuvir (Harvoni® or Sovaldi®) in pregnant women or nursing mothers. Safety/risk during pregnancy or breastfeeding has not been established.

Are you ready for treatment?

There are several requirements for hepatitis C treatment. These requirements are to ensure that you are going to be successful in completing treatment, and to protect your physical and mental health. The following items must be done before you can start treatment. We will review them together.

- You must be alcohol and drug-free for at least 6 months before you can start treatment.
- You need to discuss hepatitis C treatment with your primary care provider and get his or her "OK" to start treatment. Your family medicine provider can help you with non-liver related health problems during and after treatment.
- You should have a relative or close friend who is willing to help support you during treatment. The person you choose should come with you to the pre-treatment appointment.
- You need to be committed to making every treatment appointment and getting **FREQUENT** blood draws (every 1-4 weeks). We will want to follow you very closely during treatment.

Additional Requirements If Checked:

____ If you have cirrhosis, you may need an EGD (when a doctor looks into your esophagus and stomach for swollen veins that can bleed). This requires sedation and is done as a Day Surgery procedure. Your primary care provider will make this referral if needed.

____ If you have cirrhosis, you need to have an ultrasound of the liver (done in the past 6 months). This ultrasound checks your liver for cancer.

____ Other: _____

____ Other: _____

Once everything you need to do on the list has been done, call your primary care provider to make an appointment to plan for hepatitis C treatment. At this appointment, treatment and side effects will be discussed in detail.

Please bring your support person with you to this appointment.

Congratulations on completing all the pre-treatment requirements!

Hepatitis C Health Summary

Name: _____

DOB: _____

Phone #: _____

Alternate Contact: _____

Medications[2]:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Allergies:

_____

_____

Labs Prior to Treatment:

Immediately prior: □ Pregnancy test
□ Uric Acid (ribavirin only)

Within 1 month: □ CBC with differential
□ CMP (If GFR <30, do not start tx [1])
□ PT/INR

Within 3 months: □ HCV RNA
□ Genotype confirmation

Within 6 months: □ AFP
□ TSH
□ A1C or Fasting Glucose
□ Vitamin D 25OH

Within 1 year: □ HIV screening

Pertinent Medical History:

Previous hepatitis C treatment[1] □ Yes □ No
Specify: _____
Cirrhosis[1] □ Yes □ No
Child-Pugh Score: _____
Other Liver Disease[1] □ Yes □ No
Specify: _____
Pulmonary Disorders[1] □ Yes □ No
Specify: _____
Cardiac Disease[2] □ Yes □ No
Specify: _____
DVT or PE[1] □ Yes □ No
Specify: _____
Thyroid disease[2] □ Yes □ No
Specify: _____
Autoimmune Disorders[2] □ Yes □ No
Specify: _____
Cancer □ Yes □ No
Specify: _____
Visual Impairment[3] □ Yes □ No
Specify: _____
Current infection[1] □ Yes □ No
Specify: _____
High Blood Pressure[3] □ Yes □ No
High Cholesterol[3] □ Yes □ No
Kidney Disease[2] □ Yes □ No
Anemia[1, 2] □ Yes □ No
Current TB Treatment[2] □ Yes □ No
Diabetes[3] Specify Type 1 or 2 □ Yes □ No
HIV or AIDS[1] □ Yes □ No
Seizure Disorder[2] □ Yes □ No
Depression/Anxiety[4] □ Yes □ No
Other Psychiatric Conditions[4] □ Yes □ No
Specify: _____

Screen & Review: AUDIT-C ___ PHQ-9 ___
Vaccine Status: Hepatitis A ___ Hepatitis B ___
Other vaccines as appropriate:
□ Flu (annually)
□ PCV-13 (≥ age 65 or immunosuppressed)
□ PPSV-23 (≥ age 50 AN/AI in AK or high risk)
□ Td (once every 10 years) **OR** Tdap (once)
□ Zoster (≥ age 60)
□ ECG (over age 65 or h/o cardiac disease)
□ Stress Test (h/o cardiac disease, prior to *PEG or ribavirin)

Birth Control:
Females: LMP: _____ Pregnant □ Yes □ No
Birth Control Methods: _____
Males: Is your partner pregnant? □ Yes □ No
Birth Control Methods: _____

1- Consult Liver Disease Specialist
2- Check contraindications to treatment drugs. Further evaluation as indicated.
3- If treatment includes peginterferon complete dilated retinal exam if patient has HTN, HLD, DM, or h/o retinal disease.
4- If treatment includes peginterferon complete Mental Health Evaluation & Clearance if h/o depression or other psychiatric conditions.

***PEG=pegylated interferon**

Hepatitis C Pre-Treatment Checklist

Before Treatment Starts:

- **Labs:**

Immediately prior: □ Pregnancy test
□ Uric Acid (with ribavirin)

Within 1 month: □ Complete Blood Count with differential
□ Comprehensive Metabolic Panel
(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

Within 1 year: □ HIV screening

- **Screen & Review:** AUDIT-C ___ PHQ-9 ___
Drug & Alcohol Screen (at discretion of provider) ___

- **Vaccine Status/Screening:**

Hepatitis A & B vaccinations are recommended for all persons with HCV
□ Hepatitis A (If vaccine status is unknown, check hep A total IgG)
□ Hepatitis B (If vaccine status is unknown, check HBsAg & HBsAb)

Other vaccines as appropriate:
□ Flu (annually)
□ Pneumococcal-13 (≥ age 65 or high risk/immunosuppressed)
□ Pneumococcal-23 (≥ age 50 AN/AI living in Alaska or high risk)
□ Td (once every 10 years) **OR** Tdap (once)
□ Zoster (≥ age 60)

Pre-Treatment Clinical Evaluation:

□ Medical history including liver disease history and past hepatitis C treatment
□ Hypertension/Diabetes controlled
□ Counsel about smoking cessation
□ Counsel about pregnancy prevention (see Treatment Agreement)
□ Review all medications; check for drug interactions with treatment meds
□ Physical Exam
□ Hepatitis C Treatment Agreement reviewed and signed
□ ECG (If treatment includes ribavirin or peginterferon, over age 65 or h/o cardiac disease)

If treatment includes peginterferon complete the following:
□ Mental Health Evaluation if h/o depression or other psychiatric condition
□ Stress Test (h/o cardiac disease, prior to peginterferon or ribavirin)
□ Dilated retinal/ophthalmology exam (peginterferon candidates only who have HTN, HLD, DM, or h/o retinal disease or blindness)

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

Your hepatitis C may respond well to treatment, as determined by a blood test which 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 hepatitis C genotype, how much hepatitis C virus you have in your blood at the beginning of treatment, 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**

HCV Treatment Symptoms Inventory
(Complete at Weeks 0, 2, 4, and monthly after that)

Are you experiencing any of the following symptoms?	Check here if Yes
Feeling excessively tired/fatigued/exhausted	
Trouble Sleeping	
Headache	
Muscle Aches/Pains	
Joint Aches/Pains	
Back pain	
Weakness	
Flu-Like Illness	
Chills	
Fever	
Diarrhea	
Decreased Appetite	
Nausea	
Vomiting	
Weight loss	
Heartburn or upset/sour stomach	
Itching	
Rash/Skin Reactions Describe:_____	
Irritability	
Depression / Anxiety	
Changes in mood/Mood swings	
Feeling forgetful, problems concentrating	
Decreased or blurred vision	
Shortness of breath	
Cough	
Dizziness	
Dry Mouth	
Hair Loss	
Other, specify: _____	
Nurse or Provider to check if yes this week:	
Anemia (Hgb below 10 g/dL)	
Neutropenia (ANC ≤ 0.5 x 10^9/L)	
Thrombocytopenia (Plt < 50 x 10^9/L)	
Hypothyroidism/Hyperthyroidism (Specify which)	

Name: _____ Chart #: _____

Weeks of Treatment Completed: _____ Date: _____

Viekira Pak® (ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg; dasabuvir 250 mg)
12 week Treatment Checklist
(with and without ribavirin)

Prior to Treatment

Labs

Immediately prior: ___ Pregnancy test (if applicable)
___ Uric Acid (with ribavirin)

Within 1 month: ___ CBC with differential
___ CMP (If GFR <50, 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 2 (with ribavirin)

___ CBC
___ CMP[1]
___ Symptoms Inventory

Week 4

___ HCV RNA
___ CBC
___ CMP[1]
___ Symptoms Inventory
___ Pregnancy test (if applicable)

Week 8

___ CBC
___ CMP[1]
___ Symptoms Inventory
___ Pregnancy test (if applicable)

Week 12

___ HCV RNA
___ CBC
___ CMP[1]
___ Symptoms Inventory
___ Pregnancy test (if applicable)

3 months post treatment

___ CBC
___ Liver Function Tests
___ HCV RNA
___ PHQ-9

Nurse follow-up in clinic or by phone:

___ Symptoms Inventory
___ Managing side effects
___ Medication adherence discussion
___ Alcohol intake
___ Birth control reminder
___ Refill reminder

1- If GFR <50, consult Liver Disease Specialist.

Viekira Pak® (ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg; dasabuvir 250 mg) 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

Viekira Pak® Do not change dose.

2 pink tablets of ombitasvir, paritaprevir, ritonavir with breakfast.

1 beige tablet of dasabuvir with breakfast and 1 with dinner.

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														
Treatment Start Week 0											PHQ-9	HCV RNA		
optional														
optional														
optional														
Week 4												HCV RNA		
optional														
optional														
Week 8														
optional														
optional														
Week 12												HCV RNA		
optional														
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.