Harvoni® (Ledipasvir/Sofosbuvir) Treatment Agreement

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Family Medicine Provider: _____

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.

The FDA approved ledipasvir combined with sofosbuvir in one tablet (Harvoni®) for the treatment of hepatitis C genotypes 1, 4, 5, and 6.

Treatment with Harvoni® requires 4 scheduled visits over a 5-month period if your treatment course is 8 weeks, 5 scheduled visits over 6 months if your treatment course is 12 weeks, and 9 scheduled visits over 9 months if your treatment course is 6 months.

PREGNANCY & BREASTFEEDING WARNING

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

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.

Liver Clinic Provider, select the appropriate treatment regimen and reason:

____ Harvoni® will be given for 12 weeks if:

□ You do not have cirrhosis and have never been treated before.

□ You have compensated (mild) cirrhosis and have never been treated before.

□ You do not have cirrhosis and prior treatment with peginterferon alfa, ribavirin ± a protease inhibitor (telaprevir, boceprevir, or simeprevir) failed.

□ You have compensated (mild) cirrhosis, and prior treatment failed, and you have genotype 4, 5, or 6 hepatitis C.

____ Harvoni® can be given for a shortened course of 8 weeks if you have genotype 1 and do not have cirrhosis, have never been treated before, and have a viral load of <6 million IU/mL.

____ Harvoni® will be given for 24 weeks if you have genotype 1 with cirrhosis and prior peginterferon alfa, ribavirin treatment failed, including prior protease inhibitor treatment or

____ Harvoni® will be given for 24 weeks if you have genotype 1 or 4 hepatitis C with decompensated cirrhosis and are ribavirin ineligible.

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 see your primary care provider more frequently if you are having side effects or problems related to the treatment.

You will have a liver clinic visit 3 months after treatment completion and then yearly (corresponding to your end of treatment date) for 5 years. If you have cirrhosis you should continue to have a liver ultrasound and alpha fetoprotein (AFP) cancer screening blood test every six months and regular clinic visits.

TREATMENT MEDICATIONS AND SIDE EFFECTS

Harvoni® is a fixed-dose combination tablet containing ledipasvir 90mg and sofosbuvir 400mg. You will take Harvoni® once daily by mouth with or without food. Store the medication at room temperature. If you miss a dose, take the missed dose as soon as you remember the same day.

Do not take more than 1 tablet of Harvoni® in a day. Take your next dose at your regular time the next day.

- The most common side effects are tiredness and headache.

Tell your healthcare provider if you are taking any of the following medicines, as they are not recommended to be used with Harvoni® (this list is not all inclusive, medicines that are P-gp inducers are not recommended):

- Amiodarone (Cordarone®, Nexterone®, Pacerone®)
- Carbamazepine (Carbatrol®, Epitol®, Equetro®, Tegretol®)
- Oxycarbazepine (Trileptal®, Oxtellar XR®); Phenytoin (Dilantin®, Phenytek®); Phenobarbital (Luminal®); Primidone (Mysoline®)
- Rifabutin (Mycobutin®); Rifampin (Rifadin®, Rifamate®, Rifater®, Rimactane®); Rifapentine (Priftin®)
- Rosuvastatin (Crestor®)
- Simeprevir (Olysio®)
- St. John's wort (Hypericum perforatum) or a product that contains St. John's wort
- Tipranavir (Aptivus®) used in combination with ritonavir (Norvir®)
- Elvitegravir, cobicistat, emtricitabine, tenofovir disoproxil fumarate (STRIBILD®)

Tell your healthcare provider if you are taking any of the following medicines, as they require dose adjustment and/or monitoring:

- An antacid that contains aluminum or magnesium hydroxide (such as Rolaids®, Maalox® and Mylanta®) must be taken 4 hours before or 4 hours after you take Harvoni®.
- Twice daily medicine for indigestion, heartburn, or stomach ulcers must be taken at the same time or 12 hours apart from Harvoni®. Famotidine (Pepcid AC®) no more than 40 mg twice daily is okay. Nizatidine (Axid®), cimetidine (Tagamet®), and ranitidine (Zantac®) have not been studied with Harvoni®.
- Once daily medications for indigestion, heartburn, or stomach ulcers must be taken at the same time as Harvoni®. Omeprazole (Prilosec®) no more than 20 mg daily is okay.

Esomeprazole (Nexium®), lansoprazole (Prevacid®), rabeprazole (Aciphex®), and pantoprazole (Protonix®) have not been studied with Harvoni®.

- Digoxin (Lanoxin®)
- Efavirenz/emtricitabine/tenofovir disoproxil fumarate (ATRIPLA®)
- Regimens containing tenofovir disproxil fumarate (DF) (VIREAD®, TRUVADA®) without a HIV protease inhibitor/ritonavir (Norvir®) or cobicistat (Tybost®)
- Regimens containing tenofovir disproxil fumarate (VIREAD®, TRUVADA®) with an HIV protease inhibitor/ritonavir or cobicistat (consider alternative HCV or antiviral therapy)
    - atazanavir (Reyataz®) /ritonavir (Norvir®) or cobicistat (Tybost®) + emtricitabine/tenofovir DF (TRUVADA®)
    - darunavir (Prezista®) /ritonavir (Norvir®) or cobicistat (Tybost®) + emtricitabine/tenofovir DF (TRUVADA®)
    - lopinavir/ritonavir (Kaletra®) + emtricitabine/tenofovir DF (TRUVADA®)

PLEASE NOTE:

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

***Hepatitis C treatment does 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 called a "sustained virologic response" and means you no longer have hepatitis C. 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 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 1 who were treatment-naïve (never treated before), did not have cirrhosis, and were treated with Harvoni® for 12 weeks had a 99% response (cure) rate. In persons with a baseline viral load of less than 6 million who did not have cirrhosis, the response rate was 97% with 8-week treatment and 96% with 12-week treatment.

Persons with cirrhosis who were treatment-naïve had a 94% response rate.

Persons without cirrhosis in whom prior treatment with peginterferon, ribavirin and/or a protease inhibitor failed were treated for 12 and 24 weeks with Harvoni®. The response in those who took 12 weeks was 95% and for those who received 24 weeks the response was 99%.

Persons with cirrhosis in whom prior treatment with peginterferon, ribavirin, and/or a protease inhibitor failed had an 86% response to 12 weeks and 100% response rate to 24 weeks of Harvoni®.

There are no data available on the use of Harvoni for 24 weeks in decompensated cirrhosis. However, in one study of this regimen in persons with genotype 1 with compensated cirrhosis the response was 71%.

Persons with genotypes 4, 5, or 6 regardless of prior treatment experience or the presence or absence of compensated cirrhosis took Harvoni® for 12 weeks. Persons who were genotype 4 or 5 had a 93% or better treatment response (cure) rate. Those who were genotype 6 had a 96% response rate.

WHOM TO CALL

If you have any questions about treatment, contact the Liver Disease & Hepatitis Program @ 907-729-1560 or your primary care provider.

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 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 for evaluation of my health and well-being during treatment and the effectiveness of treatment.

_____As a female taking Harvoni®, 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** **Date**