

# Hepatitis C Health Summary

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

## Medications<sup>2</sup>:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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 <sup>1</sup>)  
 PT/INR  
 HCV RNA
- Within 3 months:  Genotype confirmation  
 HBV DNA (if HBV cAb or sAg +)
- Within 6 months:  AFP  
 TSH  
 A1C or Fasting Glucose  
 Vitamin D 25OH
- Within 1 year:  HIV screening  
 NS5A RAV (genotype 3 only)
- Once:  IL-28b (if considering 8 weeks)

## Pertinent Medical History:

- Previous hepatitis C treatment<sup>1</sup>  Yes  No  
Specify: \_\_\_\_\_
- Cirrhosis<sup>1</sup>  Yes  No  
Child-Pugh Score: \_\_\_\_\_
- Other Liver Disease<sup>1</sup>  Yes  No  
Specify: \_\_\_\_\_
- Pulmonary Disorders<sup>1</sup>  Yes  No  
Specify: \_\_\_\_\_
- Cardiac Disease<sup>2</sup>  Yes  No  
Specify: \_\_\_\_\_
- DVT or PE<sup>1</sup>  Yes  No  
Specify: \_\_\_\_\_
- PPI/H2 blocker/Antacid use<sup>2</sup>  Yes  No  
Specify: \_\_\_\_\_
- Autoimmune Disorders<sup>2</sup>  Yes  No  
Specify: \_\_\_\_\_
- Cancer  Yes  No  
Specify: \_\_\_\_\_
- Current infection<sup>1</sup>  Yes  No  
Specify: \_\_\_\_\_
- High Blood Pressure  Yes  No
- High Cholesterol  Yes  No
- Kidney Disease<sup>2</sup>  Yes  No
- Anemia<sup>1,2</sup>  Yes  No
- Current TB Treatment<sup>2</sup>  Yes  No
- Diabetes Specify Type 1 or 2  Yes  No
- HIV or AIDS<sup>1</sup>  Yes  No
- Seizure Disorder<sup>2</sup>  Yes  No
- Depression/Anxiety  Yes  No
- Other Psychiatric Conditions  Yes  No  
Specify: \_\_\_\_\_

**Screen & Review:** AUDIT-C \_\_\_ PHQ-9 \_\_\_  
Vaccine Status (give if needed):  
Hepatitis A \_\_\_ (If unknown, check hep A total IgG)  
Hepatitis B \_\_\_ (If unknown, check HBsAg & HBsAb)

- 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)

**Birth Control:** Birth Control Methods: \_\_\_\_\_  
Females: LMP: \_\_\_\_\_ Pregnant  Yes  No  
Males: Is your partner pregnant?  Yes  No  
 Counsel about pregnancy prevention (see Treatment Agreement)  
 Hepatitis C Treatment Agreement reviewed and signed

1- Further evaluation as indicated; consult Liver Disease Specialist prior to treatment.  
2- Check drug interactions to treatment drugs. Further evaluation as indicated.



## ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Liver Disease & Hepatitis Program  
4315 Diplomacy Drive, Anchorage, AK 99508  
Phone: 907-729-1560 Fax: 907-729-1570

<http://www.anthc.org/hep>

Follow us on Twitter:

Liver Program @ANTHCLiver

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.

**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 6 FDA approved treatment options for **genotype 1**:

- Option 1 is Harvoni® (ledipasvir/sofosbuvir), 1 tablet taken once a day for 8-24 weeks. The most common side effects are feeling tired and headache. In clinical studies, treatment response rates to Harvoni® were 94-100%.
- Option 2 is Epclusa® (sofosbuvir/velpatasvir), 1 tablet taken once a day for 12 weeks. The most common side effects are headache and feeling tired. In clinical studies, treatment response rates to Epclusa® were 94-98% for genotype 1.
- Option 3 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 for 12-24 weeks. The major side effects are nausea, itching, and insomnia. In clinical studies, response rates to Viekira Pak™ treatments were 86-100%.
- Option 4 is Zepatier™ (elbasvir/grazoprevir), 1 tablet taken once a day for 12-16 weeks. The most common side effects are feeling tired, nausea, and headache. In clinical studies, treatment response rates to Zepatier™ were 95-100%.
- Option 5 is Olysio® (simeprevir) plus Sovaldi® (sofosbuvir) 1 tablet of each taken once daily for 12 weeks. The most common side effects are feeling tired, headache, and nausea. In clinical studies, treatment response rates to Olysio® and Sovaldi® were 86-100%.
- Option 6 is Daklinza™ (daclatasvir) plus Sovaldi® (sofosbuvir) 1 tablet of each taken once daily for 12 weeks. The most common side effects are headache and feeling tired. In clinical studies, treatment response rates to Daklinza™ and Sovaldi® were 50-100%.

The FDA-approved **Genotype 2** treatment is Epclusa® (sofosbuvir/velpatasvir), 1 tablet taken once a day for 12 weeks. The major side effects are headache and feeling tired. In clinical studies, the treatment response rate to Epclusa® was 99% for genotype 2.

There are 2 FDA-approved treatment options for **genotype 3**:

- Option 1 is Eplusa® (sofosbuvir/velpatasvir), 1 tablet taken once a day for 12 weeks. The most common side effects are headache and feeling tired. In clinical studies, treatment response rates to Eplusa® were 85-98% for genotype 3.
- Option 2 is Daklinza™ (daclatasvir) and Sovaldi® (sofosbuvir) 1 tablet of each taken once daily for 12 weeks. The most common side effects are headache and feeling tired. In clinical studies, treatment response rates for Daklinza™ and Sovaldi® were 58-98%.

Some treatments will require ribavirin which is 5-6 additional tablets divided between morning and evening with food. The major side effects are feeling tired, nausea, itching and skin rash, trouble sleeping, irritability and weakness. A common side effect of ribavirin is anemia.

**PLEASE NOTE: Ribavirin cannot 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 or for 6 months after treatment because it can cause birth defects. There are no studies on Harvoni®, Eplusa®, Sovaldi®, Viekira Pak™, Zepatier™, or Daklinza™ in pregnant women or nursing mothers. Safety/risk during pregnancy or breastfeeding has not been established.**

## **Are you ready for treatment?**

To ensure that you will be successful in completing hepatitis C treatment we ask that the following items be done before starting treatment. We will review them together.

- You must be alcohol and drug-free. If you have recent drug/alcohol abuse, you need to be in an approved drug treatment program.
- You need to discuss hepatitis C treatment with your primary care provider and get his or her "OK" to start treatment.
- You should have a relative/close friend who is willing to help support you during treatment.
- 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).

\_\_\_\_\_ 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.

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.

If you are coming to Anchorage and want a Fibroscan, call the Liver Clinic ahead of your visit to schedule. Fibroscan is a test using ultrasound waves to check liver stiffness or scarring/fibrosis in your liver. Fibroscan testing is done in the Internal Medicine Clinic. Do not eat or drink for 3 hours before the test.

**Congratulations on completing all the pre-treatment requirements!**

# Hepatitis C Treatment Checklists

## Prior to Treatment

### Labs

- |  |   |
|--|---|
| <p>Immediately prior: ___ Pregnancy test (if applicable)</p> <p style="padding-left: 20px;">___ Uric Acid (with ribavirin )</p> <p>Within 1 month: ___ CBC with differential</p> <p style="padding-left: 20px;">___ CMP<sup>1</sup></p> <p style="padding-left: 20px;">___ PT/INR</p> <p style="padding-left: 20px;">___ HCV RNA</p> <p>Within 3 months: ___ Genotype confirmation</p> <p style="padding-left: 20px;">___ HBV DNA (if HBV cAb or sAg +)</p> <p>Within 6 months: ___ AFP</p> <p style="padding-left: 20px;">___ TSH</p> <p style="padding-left: 20px;">___ A1C or Fasting Glucose</p> <p style="padding-left: 20px;">___ Vitamin D 25OH (treat if deficient)</p> <p>Within 1 year: ___ HIV screening</p> <p style="padding-left: 20px;">___ NS5A RAV (genotype 3 only)</p> <p>Once: ___ IL-28b (if considering 8 weeks)</p> | <p>Miscellaneous:</p> <p>___ Hepatitis A (If vaccine status is unknown, draw HAV total)</p> <p>___ Hepatitis B (If vaccine status is unknown, draw HBsAg &amp; HBsAb)</p> <p>___ PHQ-9 baseline</p> <p>___ AUDIT-C</p> <p>___ Counsel about pregnancy prevention</p> <p>___ Review &amp; sign Treatment Agreement</p> |
|--|---|

## 8 week

### Week 4

- \_\_\_ HCV RNA
- \_\_\_ CBC
- \_\_\_ CMP<sup>1</sup>
- \_\_\_ Pregnancy test

### Week 8

- \_\_\_ HCV RNA
- \_\_\_ CBC
- \_\_\_ CMP<sup>1</sup>
- \_\_\_ Pregnancy test

## 12 week

### Week 2 (with ribavirin)

- \_\_\_ CBC
- \_\_\_ CMP<sup>1</sup>

### Week 4

- \_\_\_ HCV RNA
- \_\_\_ CBC
- \_\_\_ CMP<sup>1</sup>
- \_\_\_ Pregnancy test

### Week 8

- \_\_\_ CBC
- \_\_\_ CMP<sup>1</sup>
- \_\_\_ Pregnancy test

### Week 12

- \_\_\_ HCV RNA
- \_\_\_ CBC
- \_\_\_ CMP<sup>1</sup>
- \_\_\_ Pregnancy test

## 16 week

### Week 2 (with ribavirin)

- \_\_\_ CBC
- \_\_\_ CMP<sup>1</sup>

### Week 4

- \_\_\_ HCV RNA
- \_\_\_ CBC
- \_\_\_ CMP<sup>1</sup>
- \_\_\_ Pregnancy test

### Weeks 8 & 12

- \_\_\_ CBC
- \_\_\_ CMP<sup>1</sup>
- \_\_\_ Pregnancy test

### Week 16

- \_\_\_ HCV RNA
- \_\_\_ CBC
- \_\_\_ CMP<sup>1</sup>
- \_\_\_ Pregnancy test

## 24 week

### Week 2 (with ribavirin)

- \_\_\_ CBC
- \_\_\_ CMP<sup>1</sup>

### Week 4

- \_\_\_ HCV RNA
- \_\_\_ CBC
- \_\_\_ CMP<sup>1</sup>
- \_\_\_ Pregnancy test

### Weeks 8, 12, 16, & 20

- \_\_\_ CBC
- \_\_\_ CMP<sup>1</sup>
- \_\_\_ Pregnancy test

### Week 24

- \_\_\_ HCV RNA
- \_\_\_ CBC
- \_\_\_ CMP<sup>1</sup>
- \_\_\_ Pregnancy test

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

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

### 3 months post treatment

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

### 6 months post treatment

- \_\_\_ HCV RNA
- \_\_\_ AFP
- \_\_\_ RUQ US (if advanced fibrosis)
- \_\_\_ AUDIT-C

1- Sofosbuvir- or daclatasvir-based regimen - If GFR <30, no safe recommendation.

With ribavirin - If GFR <50, decrease dose (refer to package insert).

## Zepatier™ (Elbasvir/Grazoprevir) Treatment Agreement

**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.

In January 2016 the FDA approved elbasvir combined with grazoprevir in one tablet (Zepatier™) for the treatment of hepatitis C genotype 1 and 4.

Treatment with Zepatier™ requires 5 scheduled visits over 6 months for a treatment course of 12 weeks.

### **PREGNANCY & BREASTFEEDING WARNING**

It is not known if Zepatier™ 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.

**Provider, select the appropriate treatment regimen and reason:**

\_\_\_\_ Zepatier™ will be given for 12 weeks if:

- You have genotype 1a and do not have baseline NS5A polymorphisms (mutations in the hepatitis C virus that can decrease response to treatment).
- You have genotype 1b.
- You have genotype 4 without or with compensated (mild) cirrhosis.
- You have genotype 4 without or with compensated (mild) cirrhosis and relapsed after treatment with pegylated interferon and ribavirin.

Your first visit will be at the start of treatment. 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 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**

**Zepatier™** is a fixed-dose combination tablet containing elbasvir 50mg and grazoprevir 100mg. You will take Zepatier™ 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 Zepatier™ in a day. Take your next dose at your regular time the next day.

- The most common side effects are ALT (a liver enzyme) elevation, tiredness, nausea, and headache.

Tell your healthcare provider if you are taking any of the following medicines, as they are contraindicated with Zepatier™ (this list is not all inclusive; medications that are OATP1B1/3 inhibitors or strong CYP3A inducers are contraindicated):

- Phenytoin (Dilantin®), (Phenytek®)
- Carbamazepine (Carbatrol®, Equetro®, Tegretol®, Tegretol® XR)
- Rifampin (Rifadin®, Rifamate®, Rifater®, Rimactane®)
- St. John's wort (*Hypericum perforatum*) or a product that contains St. John's wort
- Efavirenz (ATRIPLA®, Sustiva®); Tipranavir (Aptivus®); Atazanavir (Reyataz®, Evotaz™); Darunavir (Prezista®, Prezcobix®); Lopinavir (Kaletra®); Saquinavir (Invirase®)
- Cyclosporine (Gengraf®, Neoral®, Sandimmune®)

Tell your healthcare provider if you are taking any of the following medicines, as they are not recommended to be used with Zepatier™ (this list is not all inclusive; medications that are moderate CYP3A inducers are not recommended):

- Nafcillin
- Ketoconazole
- Bosentan (Tracleer®)
- Modafinil (Provigil®)
- Cobicistat containing regimens: elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate or alafenamide (Stribild®, Genvoya®)
- Etravirine (Intelence®)

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

- Tacrolimus (Astagraf XL®, Envarsus XR™, FK506 (common name), Hecoria™, Prograf®)
- Cholesterol lowering medications: atorvastatin (Lipitor®), rosuvastatin (Crestor®), fluvastatin (Lescol®), lovastatin (Mevacor®, Altoprev®), simvastatin (Zocor®)

**PLEASE NOTE:**

You must let your medical, mental health, dental providers, and pharmacist(s) know that you are taking Zepatier™ prior to starting any new medications. You must let your 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 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 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/Studies:**

Persons with genotype 1a who did not have pretreatment NS5A polymorphisms and those with genotype 1b who were treated with Zepatier™ for 12 weeks had a 98% response (cure) rate. Response rates in persons with mild cirrhosis were similar to those without cirrhosis.

Persons with severe renal disease treated with Zepatier™ for 12 weeks had an overall 94% response rate. Those with compensated (mild) cirrhosis had an 86% response rate.

Persons with genotype 4 who took Zepatier™ for 12 weeks had a 97% response rate.

Persons with genotype 4 who relapsed after pegylated interferon and ribavirin treatment were treated with Zepatier for 12 weeks and had a 100% (2/2) response.

**WHOM TO CALL**

If you have any questions about treatment, contact 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 to evaluate my health and well-being during treatment and the effectiveness of treatment.

\_\_\_\_\_ As a female taking Zepatier™ 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.**

---

<b>Patient's Name (PLEASE PRINT)</b>	<b>Patient's Signature</b>	<b>Date</b>
<b>Provider's Name (PLEASE PRINT)</b>	<b>Provider's Signature</b>	<b>Date</b>

**Zepatier™ (Elbasvir/Grazoprevir) Treatment Medication**

You will take **Zepatier™**

Take ONE tablet by mouth daily, with or without food.

The generic name for Zepatier™ is elbasvir 50 mg/grazoprevir 100mg.

- Do not take supplements or tea containing St. John’s wort while taking Zepatier™.

You get Zepatier™ from \_\_\_\_\_.

Pick up refills on: \_\_\_\_\_  
\_\_\_\_\_

Call \_\_\_\_\_ to schedule your treatment appointments, or if you have any other health concerns.

**\*\*\*For any emergencies after normal business hours, please go to the Emergency Room. Make sure any healthcare provider you see knows you are on treatment. Carry a list of your medicines with you.**

For more information on managing side effects

visit: <http://www.anthctoday.org/community/hep/patients/index.html>

Click on “Patient Guide- Managing HepC Treatment”

Zepatier™ (Elbasvir & Grazoprevir) 12 week Lab Tracking Form

**General Patient Information**

**Pre-Treatment Lab Results**

**Medication Regimen**

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

HCV RNA: \_\_\_\_\_ PHQ-9: \_\_\_\_\_  
 Genotype: \_\_\_\_ HIV: \_\_\_\_ TSH: \_\_\_\_  
 AFP: \_\_\_\_ Vit D 25OH: \_\_\_\_\_  
 PT/INR: \_\_\_\_\_ A1C/Glucose: \_\_\_\_\_

1-Zepatier™ (Elbasvir 50mg/Grazoprevir 100mg)  
 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	HCV RNA (Specified weeks)	Weight (kg)	Pregnancy Test
Pre-Treatment													
<b>Treatment Start Week 0</b>											HCV RNA		
<i>optional</i>													
<b>Week 2</b>													
<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.

# Please Remember

Give the End of Treatment Letter to the patient at the completion of treatment.

End of Treatment Letter is found in Treatment Monitoring section on webpage.

12 weeks after treatment completion obtain an HCV RNA to check for a sustained virologic response (SVR). SVR is considered a virologic cure of hepatitis C.

SVR12 Cure Letter is found in Treatment Monitoring section on webpage.

<http://anthctoday.org/community/hep/providers/treatment/index.html>