

Name: _____

MRN: _____ DOB: _____

Phone #: _____

Alternate Contact: _____

Medications¹:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Checked DRUG interactions¹ Yes No

Allergies: _____

Before Treatment:

1. Calculate FIB-4 score

If Fib-4 >1.45 or patient has long duration of HCV obtain FibroScan or serum fibrosis test. See [Fibrosis Interpretation](http://www.anthc.org/hep/hep-c-treatment) at www.anthc.org/hep/hep-c-treatment

If cirrhosis:

Calculate CTP Score. If CTP ≤ 6, Liver Clinic to provide treatment recommendations, PCP to treat, if comfortable. CTP >6, consult Liver Clinic provider before beginning treatment.

AFP & RUQ US should be done every 6 months to screen for liver cancer (continuing after HCV cure).

2. Obtain Labs:

Immediately prior: Pregnancy test
 Uric acid (if tx w/ribavirin)

Within 6 months or 3 months if patient has cirrhosis: CBC
 LFT & eGFR
 PT/INR (if cirrhosis)²
 AFP
 HCV genotype if non-pan-genotypic regimen is planned

Anytime prior: HIV antigen/antibody²
 HBsAg^{2,3}
 NS5A RAS (prior tx failure or cirrhosis and tx w/ Epclusa)²

3. Write Prescription. Be sure to identify insurer and determine if PA is needed: _____

5. Review Pertinent Medical History:

Previous hepatitis C treatment² Yes No

Specify: _____

Cirrhosis⁴ Yes No

Child-Pugh Score: _____

Other Liver Disease⁴ Yes No

Specify: _____

Pulmonary Disorders⁴ Yes No

Specify: _____

Cardiac Disease/DVT/PE^{1,4} Yes No

Specify: _____

Taking Amiodarone?^{1,4} Yes No

PPI/H2 blocker/Antacid use¹ Yes No

Specify: _____

Autoimmune Disorders or Organ Transplant⁴ Yes No

Specify: _____

Cancer Yes No

Specify: _____

Current infection^{1,4} Yes No

Specify: _____

High Blood Pressure Yes No

High Cholesterol Medication?¹ Yes No

Kidney Disease⁴ Yes No

Anemia⁴ Yes No

Current TB Treatment¹ Yes No

Diabetes Specify Type 1 or 2 Yes No

HIV or AIDS^{1,2} Yes No

Seizure Disorder¹ Yes No

Mental Health 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 HBcAb & HBsAb)

Other vaccines as appropriate:

Flu (annually) Covid # ___ Type: _____

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)

Recombinant Zoster (≥ age 50)

Pregnancy Prevention: Methods: _____

Females: LMP: _____ Pregnant? Yes No

Males: Partner pregnant? (ribavirin only) Yes No

Counsel about pregnancy prevention (see Treatment Information Packet)

Do Not use ethinyl estradiol OC if Mavyret planned

Any upcoming events which might interfere w/treatment? Yes No

HCV Treatment Information Form reviewed w/patient

- 1- Check drug interactions to treatment drugs at www.hep-druginteractions.org and modify treatment plan/regimen if indicated.
- 2- If previously treated, cirrhotic, or HBV or HIV coinfection, consult Liver Disease Specialist re: treatment.
- 3- Hep B: If HBsAg+, check HBV DNA pre-treatment, monthly during treatment, & 3 months after treatment.
- 4- Further evaluation as indicated; if ribavirin is planned consult Liver Disease Specialist prior to treatment.