

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

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

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

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

**Medications<sup>1</sup>:**

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

Checked DRUG interactions<sup>1</sup>  Yes  No

Allergies: \_\_\_\_\_

\_\_\_\_\_

**Before Treatment:**

**1. Calculate FIB-4 score**

If Fib-4 > 3.25 or patient assessment indicates cirrhosis see Step 1 on Treatment web page):

Calculate CTP Score. If CTP ≤ 6, Liver Clinic to provide treatment recommendations, PCP to treat, if comfortable. CTP >6 or any s/s decompensated cirrhosis, 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)<sup>2</sup>
- AFP
- HCV genotype if non-pan-genotypic regimen is planned
- Anytime prior:  HIV antigen/antibody<sup>2</sup>
- HBsAg<sup>2,3</sup>
- NS5A RAS (prior tx failure or cirrhosis and tx w/ Epclusa)<sup>2</sup>
- Syphilis screening

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

**5. Review Pertinent Medical History:**

Previous hepatitis C treatment<sup>2</sup>  Yes  No

Specify: \_\_\_\_\_

Cirrhosis<sup>4</sup>  Yes  No

Child-Pugh Score: \_\_\_\_\_

Other Liver Disease<sup>4,5</sup>  Yes  No

Specify: \_\_\_\_\_

Pulmonary Disorders<sup>5</sup>  Yes  No

Specify: \_\_\_\_\_

Cardiac Disease/DVT/PE<sup>1,5</sup>  Yes  No

Specify: \_\_\_\_\_

Taking Amiodarone?<sup>1,5</sup>  Yes  No

PPI/H2 blocker/Antacid use<sup>1</sup>  Yes  No

Specify: \_\_\_\_\_

Autoimmune Disorders or Organ Transplant<sup>4</sup>

Yes  No

Specify: \_\_\_\_\_

Cancer  Yes  No

Specify: \_\_\_\_\_

Current infection<sup>1,4</sup>  Yes  No

Specify: \_\_\_\_\_

Taking coumadin or digoxin?<sup>1,3</sup>  Yes  No

Taking a statin?<sup>1</sup>  Yes  No

Kidney Disease?<sup>5</sup>  Yes  No

Current TB Treatment?<sup>1</sup>  Yes  No

Diabetes - Type 1 or 2?<sup>3</sup>  Yes  No

HIV or AIDS?<sup>1</sup>  Yes  No

Seizure Disorder?<sup>1</sup>  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](http://www.hep-druginteractions.org) and modify treatment plan/regimen if indicated.
- 2- If previously treated, cirrhotic, or HBV coinfection, consult Liver Disease Specialist re: treatment.
- 3- Monitor levels during treatment
- 4- Hep B: If HBsAg+, check HBV DNA pre-treatment, monthly during treatment, & 3 months after treatment.
- 5- Further evaluation as indicated; if ribavirin is planned consult Liver Disease Specialist prior to treatment.