



PATIENT I.D. DATA:

(Name, DOC#, DOB)

**HEPATITIS C TREATMENT – LEDIPASVIR OR
VELPATASVIR + SOFOSBUVIR OR GLECAPREVIR/
PIBRENTASVIR OR VELPATASVIR/SOFOSBUVIR/
VOXILAPREVIR +/- RIBAVIRIN**

Facility
Allergies

PROVIDER DATE/TIME/INIT	Provider conducting evaluation enters date/time and initials/stamps at left. Nurse taking off order enters date/time and initials/stamps at right.	NURSE DATE/TIME/INIT
	<p>Wk 0 <input type="checkbox"/> Begin treatment – Date: _____ <input type="checkbox"/> Weight = _____ kg Genotype: _____ Cirrhosis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Decompensated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ledipasvir/sofosbuvir 90 mg/400 mg; take one tablet by mouth every day* ** <input type="checkbox"/> For 12 weeks <input type="checkbox"/> For 24 weeks <input type="checkbox"/> Sofosbuvir/velpatasvir 400 mg/100 mg; take one tablet by mouth every day* ** <input type="checkbox"/> For 12 weeks <input type="checkbox"/> For 24 weeks <input type="checkbox"/> Glecaprevir/pibrentasvir 100 mg/40 mg; take three tablets by mouth every day with food* <input type="checkbox"/> For 8 weeks <input type="checkbox"/> For 12 weeks <input type="checkbox"/> Sofosbuvir/velpatasvir/voxilaprevir 400 mg/100 mg/100 mg; take one tablet by mouth every day with food for 12 weeks* ** <input type="checkbox"/> Generic ribavirin (only use as per protocol – can be KOP) <input type="checkbox"/> ≤ 65 kg: 400 mg by mouth twice per day for 12 weeks <input type="checkbox"/> >65 kg: 600 mg by mouth twice per day for 12 weeks <input type="checkbox"/> If decompensated cirrhosis, start at 400 mg by mouth every morning and 200 mg by mouth every night and increase by 200 mg weekly as tolerated until the patient is on 600 mg by mouth twice per day to complete a total of 12 weeks</p> <p>* Default is via pill line. Medications can be given KOP in facilities without a pill line or per practitioner discretion, but require weekly adherence monitoring. ** If patient is on medically-necessary acid reduction, recommend the following: Antacids: Separate administration by 4 hours. H₂ blocker: Simultaneously or 12 hours apart at a dose that does not exceed ranitidine 300 mg twice daily. Proton pump inhibitor: Simultaneously under FASTED conditions at a dose that does not exceed omeprazole 20 mg daily.</p>	
	<p>Wk 1 <input type="checkbox"/> IPN assessment</p>	

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	Wk 2 <input type="checkbox"/> CBC (if on ribavirin), CMP (if decompensated liver disease) <input type="checkbox"/> Ensure medication refill is requested by pill line nurse as appropriate <input type="checkbox"/> IPN assessment	
	Wk 4 <input type="checkbox"/> CBC, CMP, HCV RNA, PT/INR, urine pregnancy test (if female) HCV RNA results: _____ <input type="checkbox"/> IPN assessment <input type="checkbox"/> Practitioner assessment	
	Wk 6 <input type="checkbox"/> Ensure medication refill is requested by pill line nurse as appropriate	



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	Wk 8 <input type="checkbox"/> If stopping treatment: <input type="checkbox"/> CBC, CMP, HCV RNA (if detectable and quantifiable at Week 4), urine pregnancy test (if female) HCV RNA results: _____ <input type="checkbox"/> Close medical hold <input type="checkbox"/> Follow-up in 12 weeks (Go to Week 20) <input type="checkbox"/> Practitioner assessment <input type="checkbox"/> If continuing treatment: <input type="checkbox"/> CBC, CMP, urine pregnancy test (if female) <input type="checkbox"/> IPN assessment	
	Wk 10 <input type="checkbox"/> Ensure medication refill is requested by the pill line nurse if patient will be on greater than 12 weeks of treatment	
	Wk 12 <input type="checkbox"/> Stop treatment if still on treatment, unless decompensated cirrhosis not on ribavirin, or directed by Hep C CRC: <input type="checkbox"/> CBC, CMP, HCV RNA (if detectable and quantifiable at Week 4), urine pregnancy test (if female) HCV RNA results: _____ <input type="checkbox"/> Close medical hold <input type="checkbox"/> Follow-up in 12 weeks (Go to Week 24) <input type="checkbox"/> If continuing treatment: <input type="checkbox"/> CBC, CMP, PT/INR, urine pregnancy test (if female) <input type="checkbox"/> IPN assessment	
	Wk 14 <input type="checkbox"/> Ensure medication refill is requested by the pill line nurse if still on treatment	
	Wk 18 <input type="checkbox"/> Ensure medication refill is requested by the pill line nurse if still on treatment	

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Facility
Allergies

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	<p>Wk 20 <input type="checkbox"/> If still on treatment, IPN assessment</p> <p><input type="checkbox"/> If stopped treatment Week 8:</p> <p style="padding-left: 20px;"><input type="checkbox"/> CBC, CMP, HCV RNA, urine pregnancy test (only if ribavirin)</p> <p style="padding-left: 40px;">HCV RNA results: _____</p> <p><input type="checkbox"/> Practitioner assessment when lab results back</p>	
	<p>Wk 24 <input type="checkbox"/> If stopped treatment at Week 12:</p> <p style="padding-left: 20px;"><input type="checkbox"/> CBC, CMP, HCV RNA, urine pregnancy test (only if ribavirin)</p> <p style="padding-left: 40px;">HCV RNA results: _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Practitioner assessment once lab results back</p> <p><input type="checkbox"/> Stop treatment if still on treatment:</p> <p style="padding-left: 20px;"><input type="checkbox"/> CBC, CMP, HCV RNA (if detectable and quantifiable at Week 4), urine pregnancy test (if female)</p> <p style="padding-left: 40px;">HCV RNA results: _____</p> <p><input type="checkbox"/> IPN assessment</p> <p><input type="checkbox"/> Close medical hold</p> <p><input type="checkbox"/> Follow-up in 12 weeks (Go to Week 36)</p>	



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	<p>Wk 36 <input type="checkbox"/> If treatment stopped Week 24:</p> <p><input type="checkbox"/> CBC, CMP, HCV RNA HCV RNA results: _____</p> <p><input type="checkbox"/> Practitioner assessment once lab results back</p>	



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Facility	Allergies
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WEEK:	BASELINE	2	4	6	8	12	24	36
Date								
Weight (kilograms)								
Hemoglobin								
Hematocrit								
Platelets								
ANC								
ALT								
Creatinine								
Hep B sAg								
Hep B cAb								
Hep C RNA								
Hep C log copies								
PT/INR								
Urine pregnancy								
Urine tox (1 random each 12 weeks)								
Ribavirin dose								
Epogen dose								
Date start/end								