Viekira Pak® (ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg; dasabuvir 250 mg) & Ribavirin 24 week Treatment Checklist

Prior to Treatment

Labs

Immediately prior: ___ Pregnancy test (if applicable)
___ Uric Acid

Within 1 month: ___ CBC
___ CMP (If GFR <50, do not start treatment; consult Liver Disease Specialist)
___ PT/INR

Within 3 months: ___ HCV RNA
___ Genotype confirmation

Within 6 months: ___ AFP
___ TSH
___ A1C or Fasting Glucose
___ Vitamin D 25OH (treat if deficient)

Within 1 year: ___ HIV screening

Miscellaneous

___ Hepatitis A status/screening if not done
___ Hepatitis B status/screening if not done
___ PHQ-9 baseline
___ AUDIT-C
___ Symptoms Inventory baseline

Week 2 (with ribavirin)

___ CBC
___ CMP[1]
___ Symptoms Inventory

Week 4

___ HCV RNA
___ CBC
___ CMP[1]
___ Symptoms Inventory
___ Pregnancy test (if applicable)

Weeks 8, 12, 16, & 20

___ CBC
___ CMP[1]
___ Symptoms Inventory
___ Pregnancy test (if applicable)

Week 24

___ HCV RNA
___ CBC
___ CMP[1]
___ Symptoms Inventory
___ Pregnancy test (if applicable)

3 months post treatment

___ CBC
___ Liver Function Tests
___ HCV RNA
___ PHQ-9

Nurse follow-up in clinic or by phone:

___ Symptoms Inventory
___ Managing side effects
___ Medication adherence discussion
___ Alcohol intake
___ Birth control reminder
___ Refill reminder

1- If GFR <50, consult Liver Disease Specialist.

Viekira Pak® (ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg; dasabuvir 250mg) & Ribavirin 24 week Lab Tracking Form

General Patient Information

Name: _____

DOB: _____/_____/_____

MRN: _____

Phone #: _____

Treatment Start Date: _____

Pre-Treatment Lab Results

HCV RNA: _____

Genotype: _____ HIV: ____ TSH: ____

Vit D 25OH: _____ AFP: _____ GFR: _____

PT/INR: _____ A1C/Glucose: _____

Medication Regimen

1- Viekira Pak® Do not change dose.

2 pink tablets of ombitasvir, paritaprevir, ritonavir with breakfast.
1 beige tablet of dasabuvir with breakfast and 1 with dinner.

2- Ribavirin: _____ mg/day PO divided into 2 doses. Take with breakfast & dinner.
≥75kg = 1200mg/day <75kg = 1000mg/day
**Dose Reduction/Date: _____/_____

**Additional Dose Change/Date: _____/_____

**Consult ANTHC Liver Disease & Hepatitis Specialists for further guidance about dose changes.

Completed Treatment Week	Lab Date	Hgb	Hct	WBC	PLT	ALT	AST	Alk Phos	Total Bili	Creat/ GFR	PHQ-9 (Specified weeks)	HCV RNA (Specified weeks)	Weight (kg)	Pregnancy Test
Pre-Treatment														
Treatment Start Week 0											PHQ-9	HCV RNA		
optional														
Week 2														
optional														
Week 4												HCV RNA		
optional														
optional														
Week 8														
optional														
optional														
Week 12											PHQ-9	HCV RNA		
optional														
Week 16														
optional														
Week 20														
optional														
Week 24											PHQ-9	HCV RNA		
3 months post treatment											PHQ-9	HCV RNA		

Labs recommended for each follow up visit: CBC, CMP, pregnancy test (females of childbearing age), and HCV RNA as specified.

Please note the following critical values. These may require modification of dosage or discontinuation of causative med. Contact ANTHC Liver Disease Specialists with any questions.

Hgb <10.0 gm/dL If hemoglobin drops below 10, reduce ribavirin dose to 600mg (refer to ribavirin package insert). **If hemoglobin <8.5, hold ribavirin & consult ANTHC Liver Disease Specialists.**

GFR <50 If GFR is <50, decrease ribavirin dose (refer to ribavirin package insert) and consult ANTHC Liver Disease Specialists.

PLTs <50 K/uL If platelet count drops below 50, consult ANTHC Liver Disease Specialists.