



The University of Vermont
Health Network - Champlain
Valley Physicians Hospital

Epclusa Treatment Worksheet
Sofosbuvir/Velpastasvir
Genotypes 1-6: Treatment Naïve

Patient Name:

DOB:

Eligibility:

Any Genotype

No Cirrhosis or Child Pugh Class A Cirrhosis

[Click here to Calculate Child Pugh Score](#)

If Child Pugh Class B or C - refer

	Time 0	3 Weeks	13 Weeks	14 Weeks	25 Weeks	26 Weeks
*Date:						
Recommended Actions:	Order Epclusa one pill PO daily x 28 days with 2 refills Send script to CVPH OutPT Pharmacy	Order VL (often required by insurance carriers)	Order VL & LFTs; Assess ETR (end of treatment response)	Call patient or schedule f/u to discuss ETR results: VL Undetectable: Continue on to week 25 VL Detectable: Suggest referral	Repeat VL & LFTs; Assess SVR (sustained virological response)	Schedule f/u to discuss SVR results: VL Undetectable: Done† - successful SVR VL Detectable: Failed - suggest referral
Results:	VL	**		XX		XX
	LFTs	**	XX	XX		XX

* Dates approximate based on average time for prior approval (average 1 wk)

** Can be most recent value obtained within the past year

† Regardless of SVR results, all patients with cirrhosis should be referred to GI for an initial screening EGD (R/O varices) and have life-long serial hepatic ultrasounds and AFP levels performed every 6 months (for hepatoma surveillance). Refer to GI again if either test becomes abnormal.