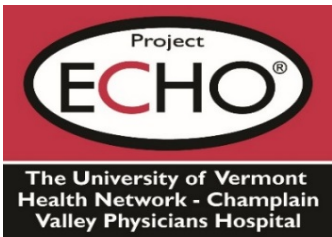


Harvoni Treatment Worksheet				Patient Name:		
Sofosbuvir/Ledipasvir						
8 Week Schedule				DOB:		
Genotypes 1, 4-6: Treatment Naïve						
Eligibility				12 Week Schedule		
Genotypes 1, 4-6 only				Eligibility		
Must meet <u>all</u> criteria				Genotypes 1, 4-6 only		
No Cirrhosis				Treat for 12 weeks if <u>any</u> of these criteria are present		
VL < 6 million				HIV co-infected	Cirrhosis (Child Pugh Class A)	
Not HIV co-infected				VL ≥ 6 million	Click here to calculate Child Pugh Score	
Non Black Race				Black Race	If Child Pugh Class B or C - refer	
8 Week Schedule	Time 0	3 Weeks	9 Weeks	10 Weeks	21 Weeks	22 Weeks
*Date:						
Recommended Actions:	Order Harvoni one pill PO daily x 28 days with one refill Send script to CVPH OutPT Pharmacy	Draw VL (often required by insurance carriers)	Draw VL & LFTs; Assess ETR (end of treatment response)	Call patient or schedule f/u to discuss ETR results: VL Undetectable: Continue on to week 21 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
12 Week Schedule	Time 0	3 Weeks	13 Weeks	14 Weeks	25 Weeks	26 Weeks
*Date:						
Recommended Actions:	Order Harvoni one pill PO daily x 28 days with two refills Send script to CVPH OutPT Pharmacy	Draw VL (often required by insurance carriers)	Draw 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.						