



Zepatier Treatment Worksheet
Elbasvir/Grazoprevir
Genotypes 1a, 1b & 4: Treatment Naïve

Patient: _____

DOB: _____

Genotype 1a Only	Results	Recommended Action					
Draw pretreatment NS5A resistance test	Resistance detected						
	<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>--> Treat with alternative agent or refer</td> </tr> <tr> <td>NO</td> <td><input type="checkbox"/></td> <td>--> Treat the same as Genotype 1B and 4 (see below)</td> </tr> </table>	YES	<input type="checkbox"/>	--> Treat with alternative agent or refer	NO	<input type="checkbox"/>	--> Treat the same as Genotype 1B and 4 (see below)
YES	<input type="checkbox"/>	--> Treat with alternative agent or refer					
NO	<input type="checkbox"/>	--> Treat the same as Genotype 1B and 4 (see below)					

Genotype 1b, 4 and 1a without NS5A resistance (see above)

<u>Eligibility:</u>	
No Cirrhosis or Child Pugh Class A Cirrhosis	
Click here to calculate Child Pugh Score	

If Child Pugh Class B or C: Do Not Administer - Refer

	Time 0	3 Weeks	9 Weeks	13 Weeks	14 Weeks	25 Weeks	26 Weeks																
*Date:																							
Recommended Actions:	Order Zepatier 1 pill PO daily x 28 days with two refills Send script to CVPH OutPT Pharmacy	Draw VL & LFTs; Stop treatment if LFTs increase \geq 3x baseline Suggest referral	Draw LFTs; Stop treatment if LFTs increase \geq 3x baseline Suggest referral	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	Draw 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:	<table border="1"> <tr> <td>VL</td> <td>**</td> <td></td> <td>XX</td> <td></td> <td>XX</td> <td></td> <td>XX</td> </tr> <tr> <td>LFTs</td> <td>**</td> <td></td> <td></td> <td></td> <td>XX</td> <td></td> <td>XX</td> </tr> </table>	VL	**		XX		XX		XX	LFTs	**				XX		XX						
VL	**		XX		XX		XX																
LFTs	**				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.