

Visit Date:	Last Name:	First Name:	D.O.B./Clinic Identifier:
-------------	------------	-------------	---------------------------

**Screening Visit – Hepatitis C/HIV**

**Subjective:**

**Depression Screen:**  (Score 1-4 Minimal; 5-9 Mild; 10-14 Moderate; 15-19 Moderately severe; 20-27 Severe) **Pain Scale (0-10):**

**Adherence / Counseling / Education**

- Medication List Reviewed and Updated  
 How many doses missed in past month? (Reason/circumstances?)

**Any history of:** (√ if asked and Negative. Circle if Abnormal and describe.)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Fatigue            | <input type="checkbox"/> Skin rashes/disorders      | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Anemia                      |
| <input type="checkbox"/> Fever              | <input type="checkbox"/> Joint pains                | <input type="checkbox"/> Lung disease        | <input type="checkbox"/> Thalassemia/sickle cell ds. |
| <input type="checkbox"/> Jaundice           | <input type="checkbox"/> Sleep disorder             | <input type="checkbox"/> Thyroid disorder    | <input type="checkbox"/> Psych disorder              |
| <input type="checkbox"/> Esophageal varices | <input type="checkbox"/> Kidney disease             | <input type="checkbox"/> Autoimmune disease  | <input type="checkbox"/> Depression                  |
| <input type="checkbox"/> Hemorrhoids        | <input type="checkbox"/> Chest pain                 | <input type="checkbox"/> Seizure disorder    | <input type="checkbox"/> Suicide attempt             |
| <input type="checkbox"/> Pruritis           | <input type="checkbox"/> Heart attack/heart failure | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> HTN                         |

Menses:  Regular  Irregular  LMP \_\_\_\_\_  S/P Menopause  Contraception \_\_\_\_\_

Sex since last office visit:  No  Yes Risk: \_\_\_\_\_ Barrier method: \_\_\_\_\_

Partner informed:  No  Yes

Smoker:  No  Yes \_\_\_\_\_ppd Alcohol:  No  Yes Amount 1 day / week / month \_\_\_\_\_

Drugs:  No  Yes Type: \_\_\_\_\_ Amount 1 day / week / month \_\_\_\_\_

Flow Sheet Reviewed & Updated

**Physical Exam (For abnormal findings, circle system and describe)**

General	<input type="checkbox"/> Well nourished <input type="checkbox"/> NAD Vital signs: <input type="checkbox"/> Reviewed <input type="checkbox"/> Stable
HEENT	<input type="checkbox"/> Normal conjunctivae/lids <input type="checkbox"/> PERRLA <input type="checkbox"/> EOMI <input type="checkbox"/> Color vision <input type="checkbox"/> Ear canals clear, TM normal <input type="checkbox"/> Oral cavity moist/No lesions/No thrush <input type="checkbox"/> No thyromegaly or nodules
Lungs / Chest	<input type="checkbox"/> Thorax normal <input type="checkbox"/> Normal respiratory effort <input type="checkbox"/> Clear to auscultation
Cardiovascular	<input type="checkbox"/> Regular rate / rhythm <input type="checkbox"/> S1, S2 normal, no S3, S4, murmur, gallop or rub
GI / Abdomen	<input type="checkbox"/> Bowel sounds normal <input type="checkbox"/> Abd. soft, non-tender <input type="checkbox"/> RUQ non-tender <input type="checkbox"/> Liver <input type="checkbox"/> Spleen <input type="checkbox"/> No ascites
Ext	<input type="checkbox"/> No pedal edema, clubbing, or cyanosis

Genital / Anal Inspection / Digital Rectal	<input type="checkbox"/> Normal male genitalia <input type="checkbox"/> Normal female EGBUS <input type="checkbox"/> No masses or lesions <input type="checkbox"/> No discharge <input type="checkbox"/> Anus normal <input type="checkbox"/> Prostate normal <input type="checkbox"/> Hemoccult <input type="checkbox"/> OB - <input type="checkbox"/> OB +
Skin	<input type="checkbox"/> No rashes or lesions <input type="checkbox"/> Nails without lesions <input type="checkbox"/> No petechiae, purpurae or unusual nevi

**Counseling & Education** (✓ if asked and discussed – Discuss at least one at each visit)

- |   |  |
|---|--|
| <input type="checkbox"/> Importance of 100% adherence                     | <input type="checkbox"/> Condoms given   |
| <input type="checkbox"/> Drug resistance                                  | <input type="checkbox"/> Sexual stimulation of self or partner without exchange of body fluids |
| <input type="checkbox"/> Potential drug interactions                      | <input type="checkbox"/> Latex condom or barrier for oral sex                                  |
| <input type="checkbox"/> Avoid alcohol/ drugs/shared drug paraphernalia   | <input type="checkbox"/> Inform sex partners of Hepatitis C and HIV infections                 |
| <input type="checkbox"/> Contraception                                    | <input type="checkbox"/> Do not share razors, toothbrushes, nail files                         |
| <input type="checkbox"/> Cover cuts and wounds                            | <input type="checkbox"/> Do not donate blood, organs, bone marrow, eggs or sperm               |
| <input type="checkbox"/> Carefully dispose of bloody body fluids or blood | <input type="checkbox"/> Anal sex, fisting, or anal douching/enemas prior to sex               |

**Assessment for this Visit**

- 1) Hepatitis C 070.54 Genotype \_\_\_\_\_  
2) HIV/AIDS 042

**Plan**

Side effect of medications discussed

- Basic HCV pamphlets given
- Abd. ultrasound to assess liver surface nodularity and r/o mass, lesion, ascites, splenomegaly
- Liver biopsy, ultrasound guided (recommended). Use METAVIR scoring system to stage fibrosis.
- Baseline ECG if history of pre-existing cardiac abnormality or ≥ 50 y/o
- Antidepressant therapy:
- Hepatitis A vaccine (if needed)
- Hepatitis B vaccine (if needed)
- Ophthalmology exam (or)  Education of potential retinal side effects
- Reinforced reduction/abstinence from alcohol/drug

Next Office Visit:  In \_\_\_\_\_ weeks  In \_\_\_\_\_ months

**Labs to be ordered today:**

- |   |   |
|---|---|
| a. If not done within last 90 days:   | h. <input type="checkbox"/> Antinuclear antibody (ANA), Anti-mitochondrial antibody (AMA), Anti-smooth muscle antibody (ASMA) |
| <input type="checkbox"/> Hepatitis C viral load <input type="checkbox"/> CD4 <input type="checkbox"/> HIV viral load              | i. <input type="checkbox"/> Pregnancy test unless confirmed hysterectomy or tubal ligation                                    |
| b. <input type="checkbox"/> Hepatitis C genotype if needed  | j. <input type="checkbox"/> Thyroid stimulating hormone (TSH)   |
| c. <input type="checkbox"/> Hepatitis A antibody total or IgG, if needed  | k. <input type="checkbox"/> Alpha-fetoprotein (AFP)   |
| c. If prior hepatitis A antibody screen was negative and patient has received Hepatitis A vaccine, repeat                         | l. <input type="checkbox"/> Fasting insulin level + fasting glucose   |
| <input type="checkbox"/> Hepatitis A Antibody total (if not on file)  | m. <input type="checkbox"/> Urinalysis, routine   |
| d. <input type="checkbox"/> Hepatitis B surface antigen, Hepatitis B core antibody – IgG, Hepatitis B surface antibody, if needed | n. <input type="checkbox"/> Iron panel (Ferritin, Iron, TIBC, % Sat)  |
| e. <input type="checkbox"/> Hepatitis B surface Ab. Quant. If not on file and Hepatitis B vaccine previously provided             | o. <input type="checkbox"/> Lipid panel fasting if not available within last 6 months   |
| f. If not available within the past one month: <input type="checkbox"/> CBC <input type="checkbox"/> CMP                          | p. <input type="checkbox"/> Other:  |
| g. <input type="checkbox"/> Prottime (PT), Partial thromboplastin time (PTT), INR   |   |

Visit Date:	Last Name:	First Name:	D.O.B./Clinic Identifier:
-------------	------------	-------------	---------------------------

**Baseline Visit – Hepatitis C/HIV**

**Subjective:**

  
  
  
  
  
  
  
  
  
  

**Depression Screen:**  (Score 1-4 Minimal; 5-9 Mild; 10-14 Moderate; 15-19 Moderately severe; 20-27 Severe) **Pain Scale (0-10):**

**Adherence / Counseling / Education**  
 Medication List Reviewed and Updated  
 How many doses missed in past month? (Reason/circumstances?)

**Any history of:** (√ if asked and Negative. Circle if Abnormal and describe.)

<input type="checkbox"/> Fatigue	<input type="checkbox"/> Skin rashes/disorders	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Anemia
<input type="checkbox"/> Fever	<input type="checkbox"/> Joint pains	<input type="checkbox"/> Lung disease	<input type="checkbox"/> Thalassemia/sickle cell ds.
<input type="checkbox"/> Jaundice	<input type="checkbox"/> Sleep disorder	<input type="checkbox"/> Thyroid disorder	<input type="checkbox"/> Psych disorder
<input type="checkbox"/> Esophageal varices	<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Autoimmune disease	<input type="checkbox"/> Depression
<input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Suicide attempt
<input type="checkbox"/> Pruritis	<input type="checkbox"/> Heart attack/heart failure	<input type="checkbox"/> Diabetes	<input type="checkbox"/> HTN

**Safety Checklist:**

<input type="checkbox"/> Liver ultrasound normal	<input type="checkbox"/> No significant cardiovascular disease
<input type="checkbox"/> Adequate birth control method understood	<input type="checkbox"/> No retinopathy
<input type="checkbox"/> Cr.Cl, estimated >50mL/min	<input type="checkbox"/> No evidence of ascites or encephalopathy
<input type="checkbox"/> Child-Pugh score ≤6	<input type="checkbox"/> No untreated thyroid disease or autoimmune disease
<input type="checkbox"/> No active uncontrolled alcohol or drug use	<input type="checkbox"/> No severe depression, or significant psychiatric illness
<input type="checkbox"/> ECG normal (if done)	<input type="checkbox"/> No cirrhosis on liver biopsy

Menses:  Regular  Irregular  LMP \_\_\_\_\_  S/P Menopause  Contraception \_\_\_\_\_

Sex since last office visit:  No  Yes Risk: \_\_\_\_\_ Barrier method: \_\_\_\_\_

Partner informed:  No  Yes

Smoker:  No  Yes \_\_\_\_\_ppd Alcohol:  No  Yes Amount 1 day / week / month \_\_\_\_\_

Drugs:  No  Yes Type: \_\_\_\_\_ Amount 1 day / week / month \_\_\_\_\_

**Labs:**  Reviewed with Patient.

<input type="checkbox"/> ANC > 1000	<input type="checkbox"/> CrCl est. > 50 mL/min	<input type="checkbox"/> CD4 ≥ 200 cells/μL or HAART therapy best response achieved
<input type="checkbox"/> Hgb > 10 g/dL	<input type="checkbox"/> Not on ddi,	<input type="checkbox"/> No AZT, d4T, or ABC unless use cannot be avoided
<input type="checkbox"/> Platelet > 50,000		

**Additional Lab comments:**

  
  
  

Flow Sheet Reviewed & Updated

**Physical Exam (For abnormal findings, circle system and describe)**

General	<input type="checkbox"/> Well nourished <input type="checkbox"/> NAD Vital signs: <input type="checkbox"/> Reviewed <input type="checkbox"/> Stable <input type="checkbox"/> _____
HEENT	<input type="checkbox"/> Normal conjunctivae/lids <input type="checkbox"/> PERRLA <input type="checkbox"/> EOMI <input type="checkbox"/> Color vision <input type="checkbox"/> Ear canals clear, TM normal <input type="checkbox"/> Oral cavity moist/No lesions/No thrush <input type="checkbox"/> No thyromegaly or nodules
Lungs / Chest	<input type="checkbox"/> Normal respiratory effort <input type="checkbox"/> Thorax normal <input type="checkbox"/> Clear to auscultation



Cardiovascular	<input type="checkbox"/> Regular rate / rhythm <input type="checkbox"/> S1, S2 normal, no S3, S4, murmur, gallop or rub
GI / Abdomen	<input type="checkbox"/> Bowel sounds normal <input type="checkbox"/> Abd. soft, non-tender <input type="checkbox"/> RUQ non-tender <input type="checkbox"/> Liver <input type="checkbox"/> Spleen <input type="checkbox"/> No ascites
Ext	<input type="checkbox"/> No pedal edema, clubbing, or cyanosis
Genital / Anal Inspection / Digital Rectal	<input type="checkbox"/> Normal male genitalia <input type="checkbox"/> Normal female EGBUS <input type="checkbox"/> No masses or lesions <input type="checkbox"/> No discharge <input type="checkbox"/> Anus normal <input type="checkbox"/> Prostate normal <input type="checkbox"/> Hemoccult <input type="checkbox"/> OB - <input type="checkbox"/> OB +
Skin	<input type="checkbox"/> No rashes or lesions <input type="checkbox"/> Nails without lesions <input type="checkbox"/> No petechiae, purpurae or unusual nevi

**Counseling & Education** (✓ if asked and discussed – Discuss at least one at each visit)

- |   |  |
|---|--|
| <input type="checkbox"/> Importance of 100% adherence                     | <input type="checkbox"/> Condoms given   |
| <input type="checkbox"/> Drug resistance                                  | <input type="checkbox"/> Sexual stimulation of self or partner without exchange of body fluids |
| <input type="checkbox"/> Potential drug interactions                      | <input type="checkbox"/> Latex condom or barrier for oral sex                                  |
| <input type="checkbox"/> Avoid alcohol/ drugs/shared drug paraphernalia   | <input type="checkbox"/> Inform sex partners of Hepatitis C and HIV infections                 |
| <input type="checkbox"/> Contraception                                    | <input type="checkbox"/> Do not share razors, toothbrushes, nail files                         |
| <input type="checkbox"/> Cover cuts and wounds                            | <input type="checkbox"/> Do not donate blood, organs, bone marrow, eggs or sperm               |
| <input type="checkbox"/> Carefully dispose of bloody body fluids or blood | <input type="checkbox"/> Anal sex, fisting, or anal douching/enemas prior to sex               |

**Assessment for this Visit**

- 1) Hepatitis C Genotype \_\_\_\_\_ 070.54  
2) HIV/AIDS 042

**Plan**

- All Genotypes 48 week therapy  Other: \_\_\_\_\_  Side effect of medications discussed

**PEGASYS (Peginterferon alfa-2a) and COPEGUS (ribavirin) weight-based dosing chart**

	Genotype	Weight - Kg	Pegasys dose	Copegus dose
<input type="checkbox"/>	1,4,5,6	≤ 75	180 ug SQ q wk	600 mg po AM and 400 mg po PM
<input type="checkbox"/>	1,4,5,6	> 75	180 ug SQ q wk	600 mg po bid
<input type="checkbox"/>	2,3	all	180 ug SQ q wk	400 mg po bid

**PegIntron™ (peginterferon alfa-2b) (1.5 µg/kg) plus Rebetol (ribavirin) (13 + 2 mg/kg) weight-based dosing chart**

	Genotype Weight – kg (lb)	all		1,4,5,6	2,3
		PegIntron™ Vial Strength – µg/ 0.5 mL	PegIntron™ Volume – mL	Ribavirin (Rebetol) Dose – mg	Ribavirin (Rebetol) Dose – mg
<input type="checkbox"/>	<40 (<88)	50	0.5	400mg AM and 600 mg PM	400mg AM and 400 mg PM
<input type="checkbox"/>	40-50 (88-110)	80	0.4	400mg AM and 600 mg PM	400mg AM and 400 mg PM
<input type="checkbox"/>	51-64 (112-141)	80	0.5	400mg AM and 600 mg PM	400mg AM and 400 mg PM
<input type="checkbox"/>	65-75 (143-166)	120	0.4	400mg AM and 600 mg PM	400mg AM and 400 mg PM
<input type="checkbox"/>	76-85 (167-187)	120	0.5	600 mg AM and 600 mg PM	400mg AM and 400 mg PM
<input type="checkbox"/>	86-105 (189-231)	150	0.5	600 mg AM and 600 mg PM	400mg AM and 400 mg PM
<input type="checkbox"/>	>105 (>231)	150	0.5	600 mg AM and 800 mg PM	400mg AM and 400 mg PM

Next Office Visit:  In \_\_\_\_\_ weeks  In \_\_\_\_\_ months

**Labs to be ordered today**  and/or in ( ) weeks:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> ( ) CD4              | <input type="checkbox"/> ( ) HIV genotype                          | <input type="checkbox"/> ( ) Spot urine for BUN / creatinine ratio |
| <input type="checkbox"/> ( ) Viral load       | <input type="checkbox"/> ( ) HIV phenotype                         | <input type="checkbox"/> ( ) Testosterone free (total)             |
| <input type="checkbox"/> ( ) CMP              | <input type="checkbox"/> ( ) Genotype/virtual phenotype            | <input type="checkbox"/> ( ) Hep B sAb Quant                       |
| <input type="checkbox"/> ( ) CBC              | <input type="checkbox"/> ( ) RPR, reflex                           | <input type="checkbox"/> ( ) HBV VL Quant                          |
| <input type="checkbox"/> ( ) Amylase / lipase | <input type="checkbox"/> ( ) Urine for gonorrhea/chlamydia         | <input type="checkbox"/> ( ) HCV VL Quant                          |
| <input type="checkbox"/> ( ) Lipid panel      | <input type="checkbox"/> ( ) U/A Clean Catch with C&S if Indicated | <input type="checkbox"/> ( ) Hgb. A1c                              |
| <input type="checkbox"/> ( ) _____            | <input type="checkbox"/> ( ) _____                                 |  |
| <input type="checkbox"/> ( ) _____            | <input type="checkbox"/> ( ) _____                                 |  |



GI / Abdomen	<input type="checkbox"/> Bowel sounds normal <input type="checkbox"/> Abd. soft, non-tender <input type="checkbox"/> RUQ non-tender <input type="checkbox"/> Liver <input type="checkbox"/> Spleen <input type="checkbox"/> No ascites
Ext	<input type="checkbox"/> No pedal edema, clubbing, or cyanosis
Genital / Anal Inspection / Digital Rectal	<input type="checkbox"/> Normal male genitalia <input type="checkbox"/> Normal female EGBUS <input type="checkbox"/> No masses or lesions <input type="checkbox"/> No discharge <input type="checkbox"/> Anus normal <input type="checkbox"/> Prostate normal <input type="checkbox"/> Hemocult <input type="checkbox"/> OB - <input type="checkbox"/> OB +
Skin	<input type="checkbox"/> No rashes or lesions <input type="checkbox"/> Nails without lesions <input type="checkbox"/> No petechiae, purpurae or unusual nevi

**Counseling & Education** (✓ if asked and discussed – Discuss at least one at each visit)

- |   |  |
|---|--|
| <input type="checkbox"/> Importance of 100% adherence                     | <input type="checkbox"/> Condoms given   |
| <input type="checkbox"/> Drug resistance                                  | <input type="checkbox"/> Sexual stimulation of self or partner without exchange of body fluids |
| <input type="checkbox"/> Potential drug interactions                      | <input type="checkbox"/> Latex condom or barrier for oral sex                                  |
| <input type="checkbox"/> Avoid alcohol/ drugs/shared drug paraphernalia   | <input type="checkbox"/> Inform sex partners of Hepatitis C and HIV infections                 |
| <input type="checkbox"/> Contraception                                    | <input type="checkbox"/> Do not share razors, toothbrushes, nail files                         |
| <input type="checkbox"/> Cover cuts and wounds                            | <input type="checkbox"/> Do not donate blood, organs, bone marrow, eggs or sperm               |
| <input type="checkbox"/> Carefully dispose of bloody body fluids or blood | <input type="checkbox"/> Anal sex, fisting, or anal douching/enemas prior to sex               |

**Assessment for this Visit**

- 1) Hepatitis C 070.54  
2) HIV/AIDS 042  
3) Depression:  None  Mild 296.21  Moderate 296.22  Severe 296.33

**Plan**

Return for Week 4 6 8 12 16 18 20 24 28 30 32 36 40 42 44 48 Labs

**Visit Specific Plans:**

- |   |   |
|---|---|
| <input type="checkbox"/> Depression dose adjustment | <input type="checkbox"/> Hgb dose adjustment      |
| <input type="checkbox"/> ANC dose adjustment        | <input type="checkbox"/> Platelet dose adjustment |
| <input type="checkbox"/> Creatinine dose adjustment | <input type="checkbox"/> Eye exam (in office)     |
| <input type="checkbox"/> CMP                        | <input type="checkbox"/> CBC                      |

Week 4, 8, 12, 16, 18, 20, 24, 28, 30, 32, 36, 40, 42, 44 & 48: Pregnancy test

Week 12, 24, 36, 48: TSH

Week 12, 24 & 48: Hepatitis C viral load

Next Office Visit: In \_\_\_\_\_ weeks In \_\_\_\_\_ months

**Labs to be ordered today**  and/or in ( ) weeks:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> ( ) CD4              | <input type="checkbox"/> ( ) HIV genotype                          | <input type="checkbox"/> ( ) Spot urine for BUN / creatinine ratio |
| <input type="checkbox"/> ( ) viral load       | <input type="checkbox"/> ( ) HIV phenotype                         | <input type="checkbox"/> ( ) Testosterone free (total)             |
| <input type="checkbox"/> ( ) CMP              | <input type="checkbox"/> ( ) Genotype/virtual phenotype            | <input type="checkbox"/> ( ) Hep B sAb Quant                       |
| <input type="checkbox"/> ( ) CBC              | <input type="checkbox"/> ( ) RPR, reflex                           | <input type="checkbox"/> ( ) HBV VL Quant                          |
| <input type="checkbox"/> ( ) Amylase / lipase | <input type="checkbox"/> ( ) Urine for gonorrhea/chlamydia         | <input type="checkbox"/> ( ) HCV VL Quant                          |
| <input type="checkbox"/> ( ) Lipid panel      | <input type="checkbox"/> ( ) U/A Clean Catch with C&S if Indicated | <input type="checkbox"/> ( ) Hgb. A1c                              |
| <input type="checkbox"/> ( ) _____            | <input type="checkbox"/> ( ) _____                                 |  |
| <input type="checkbox"/> ( ) _____            | <input type="checkbox"/> ( ) _____                                 |  |

Last Name:	First Name:	D.O.B./Clinic Identifier:
------------	-------------	---------------------------

**Patient Management Flow Sheet - Hepatitis C/HIV Weeks 1-12<sup>▲</sup>**

Weeks	Baseline	1-2	3	4	5	6	7	8	9	10	11	12
Date												
Lab Tests	Baseline	1-2	3	4	5	6	7	8	9	10	11	12
HCV Viral Load												
WBC												
ANC (if < 1000, weekly CBC) *1												
Hgb if < 11 *2												
PLT ( if < 70,000) *3												
Pregnancy Test												
Thyroid Stimulating Hormone												
Glucose												
Serum Creatinine												
Creatinine Clearance ( if < 50) *5												
Bilirubin												
ALT (if ↑above baseline)*4												
Liver Biopsy *7												
PHQ-9 Score *6												
Child-Pugh Score *8												
HIV Viral Markers												
HIV Viral Load												
CD4 Count												
CD4%												

<sup>▲</sup>Shaded box indicates lab not suggested for visit date according to guidelines. <sup>\*</sup> Reference appropriate number on back of this sheet for additional information

**1**

Lab Value: ANC	G-CSF	Pegylated Interferon
750-1000	Wt. ≤ 60 Kg. 300 mcg SC q wk given 3 d before PEG IFN Wt. <60 kg. 480 mcg SC q wk given 3 d before PEG IFN	
500-749	↑ to BIW or TIW injection	↓ to 135 mg/wk (↓ Peg-Intron by ½)
<500	↑ to TIW injection	Hold Pegylated IFN

**2**

Lab Value: Hgb	Erythropoietin or Darbepoetin		Folic Acid	Ribavirin
≥ 10 – 11 / CBC q 2 wks.	10,000 units – 40,000 units SC q wk	25→40→60→100 mcg SC q wk	Add 1 mg po qd if suboptimal response	
≥ 8.5 – 9.9 / CBC weekly	↑ dose	↑ dose	1 mg folic acid po qd	↓ 800 mg qd
< 8.5 / CBC weekly	↑ dose	↑ dose	1 mg folic acid po qd	Hold ribavirin

**3**

Lab Value: Platelet	Pegylated IFN	CBC
< 70,000		Every 2 weeks
25,000 to 49,999	135 mcg/week (↓ Peg-Intron by ½)	Weekly
<25,000	Hold until Platelets > 70,000, then restart at 90 mcg/wk	Weekly

**4**

In patients with progressive ALT increases above baseline, the dose of PEGSYS should be reduced to 135 µg. If ALT increases are progressive despite dose reduction or accompanied by increased bilirubin or evidence of hepatic decompensation, therapy should be immediately discontinued.

**5**

Lab Value: CrCl	PEGASYS	Peg-Intron
30-50 mL/min		↓ dose 25%
< 30 mL/min		↓ dose 50%
Hemodialysis	135 mcg q week	↓ dose 50%

(<sup>4</sup>Ribavirin should not be used in patients with creatinine clearance <50 mL/min.)

**6**

Depression Severity	Dose Modification	Visit schedule
Score 0-9 = non-depressed	No change	Weekly by visit or phone
Score 10-15 = mild depression	No change	Weekly by visit or phone
Score 16-24 = moderate depression	Decrease Pegylated Interferon to 135 mcg (in some cases reduction to 90mcg may be necessary. Peg-Intron ↓ by ½)	Weekly
Score ≥ 25 = severe depression	Discontinue pegylated IFN	Immediate psychiatric consultation

**7 - Comparison of Scoring Systems for Histological Stage** (GHANY ET AL., HEPATOLOGY, Vol. 49, No.4, 2009, p. 1339)

Stage	IASL	Batts-Ludwig	Metavir	Ishak
0	No fibrosis	No Fibrosis	No fibrosis	No fibrosis
1	Mild fibrosis	Fibrous portal expansion	Periportal fibrotic expansion	Fibrous expansion of some portal areas with or without short fibrous septa
2	Moderate fibrosis	Rare bridges or septae	Periportal septae 1 (septum)	Fibrous expansion of most portal areas with or without short fibrous septa
3	Severe fibrosis	Numerous bridges or septae	Porto-central septae	Fibrous expansion of most portal areas with occasional portal to portal bridging
4	Cirrhosis	Cirrhosis	Cirrhosis	Fibrous expansion of most portal areas with marked bridging (portal to portal and portal to central)
5				Marked bridging (portal to portal and portal to central) with occasional nodules (incomplete cirrhosis)
6				Cirrhosis

**8 - Child-Pugh (CP) Score**

Score	1	2	3
Encephalopathy*	None	Grade 1 – 2	Grade 3 - 4
Ascites	None	Mild or controlled by diuretics	Moderate or refractory to diuretics
Albumin	> 3.5 g/dL	2.8 - 3.5 g/dL	< 2.8 g/dL
Total Bilirubin or	< 2 mg/dL	2 - 3 mg/dL	> 3 mg/dL
Modified Total Bilirubin**	< 4 mg/dL	4 - 7 mg/dL	> 7 mg/dL
Prothrombin Time	< 4	4 – 6	> 6
or INR	< 1.7	1.7 - 2.3	> 2.3

\*Grade 1: mild confusion, anxiety, restlessness, fine tremor, slowed coordination; Grade 2: drowsiness, disorientation, asterixis; Grade 3: somnolent but rousable, marked confusion, incomprehensible speech, incontinent, hyperventilation; Grade 4: coma, decerebrate posturing, flaccidity

\*\*Modified Total Bilirubin used to score pts with Gilbert’s Syndrome or taking IDV or ATV

Class A: Score 5-6; Class B: Score 7-9; Class C: Score > 9

Last Name:	First Name:	D.O.B./Clinic Identifier:
------------	-------------	---------------------------

**Patient Management Flow Sheet - Hepatitis C/HIV Weeks 13-24<sup>▲</sup>**

Weeks	13	14	15	16	17	18	19	20	21	22	23	24
Date												
Lab Tests	13	14	15	16	17	18	19	20	21	22	23	24
HCV Viral Load												
WBC												
ANC (if < 1000, weekly CBC) *1												
Hgb if < 11 *2												
PLT ( if < 70,000) *3												
Pregnancy Test												
Thyroid Stimulating Hormone												
Glucose												
Serum Creatinine												
Creatinine Clearance ( if < 50) *5												
Bilirubin												
ALT (if above baseline)*4												
Liver Biopsy *7												
PHQ-9 Score *6												
Child-Pugh Score *8												
<b>HIV Viral Markers</b>												
HIV Viral Load												
CD4 Count												
CD4%												

<sup>▲</sup> Shaded box indicates lab not suggested for visit date according to guidelines. <sup>\*</sup> Reference appropriate number on back of this sheet for additional information

**1**

Lab Value: ANC	G-CSF	Pegylated Interferon
750-1000	Wt. ≤ 60 Kg. 300 mcg SC q wk given 3 d before PEG IFN Wt. <60 kg. 480 mcg SC q wk given 3 d before PEG IFN	
500-749	↑ to BIW or TIW injection	↓ to 135 mg/wk (↓ Peg-Intron by ½)
<500	↑ to TIW injection	Hold Pegylated IFN

**2**

Lab Value: Hgb	Erythropoietin or Darbepoetin		Folic Acid	Ribavirin
≥ 10 – 11 / CBC q 2 wks.	10,000 units – 40,000 units SC q wk	25→40→60→100 mcg SC q wk	Add 1 mg po qd if suboptimal response	
≥ 8.5 – 9.9 / CBC weekly	↑ dose	↑ dose	1 mg folic acid po qd	↓ 800 mg qd
< 8.5 / CBC weekly	↑ dose	↑ dose	1 mg folic acid po qd	Hold ribavirin

**3**

Lab Value: Platelet	Pegylated IFN	CBC
< 70,000		Every 2 weeks
25,000 to 49,999	135 mcg/week (↓ Peg-Intron by ½)	Weekly
<25,000	Hold until Platelets > 70,000, then restart at 90 mcg/wk	Weekly

**4**

In patients with progressive ALT increases above baseline, the dose of PEGSYS should be reduced to 135 µg. If ALT increases are progressive despite dose reduction or accompanied by increased bilirubin or evidence of hepatic decompensation, therapy should be immediately discontinued.

**5**

Lab Value: CrCl	PEGASYS	Peg-Intron
30-50 mL/min		↓ dose 25%
< 30 mL/min		↓ dose 50%
Hemodialysis	135 mcg q week	↓ dose 50%

(<sup>4</sup>Ribavirin should not be used in patients with creatinine clearance <50 mL/min.)

**6**

Depression Severity	Dose Modification	Visit schedule
Score 0-9 = non-depressed	No change	Weekly by visit or phone
Score 10-15 = mild depression	No change	Weekly by visit or phone
Score 16-24 = moderate depression	Decrease Pegylated Interferon to 135 mcg (in some cases reduction to 90mcg may be necessary. Peg-Intron ↓ by ½)	Weekly
Score ≥ 25 = severe depression	Discontinue pegylated IFN	Immediate psychiatric consultation

**7 - Comparison of Scoring Systems for Histological Stage** (GHANY ET AL., HEPATOLOGY, Vol. 49, No.4, 2009, p. 1339)

Stage	IASL	Batts-Ludwig	Metavir	Ishak
0	No fibrosis	No Fibrosis	No fibrosis	No fibrosis
1	Mild fibrosis	Fibrous portal expansion	Periportal fibrotic expansion	Fibrous expansion of some portal areas with or without short fibrous septa
2	Moderate fibrosis	Rare bridges or septae	Periportal septae 1 (septum)	Fibrous expansion of most portal areas with or without short fibrous septa
3	Severe fibrosis	Numerous bridges or septae	Porto-central septae	Fibrous expansion of most portal areas with occasional portal to portal bridging
4	Cirrhosis	Cirrhosis	Cirrhosis	Fibrous expansion of most portal areas with marked bridging (portal to portal and portal to central)
5				Marked bridging (portal to portal and portal to central) with occasional nodules (incomplete cirrhosis)
6				Cirrhosis

**8 - Child-Pugh (CP) Score**

Score	1	2	3
Encephalopathy*	None	Grade 1 – 2	Grade 3 - 4
Ascites	None	Mild or controlled by diuretics	Moderate or refractory to diuretics
Albumin	> 3.5 g/dL	2.8 - 3.5 g/dL	< 2.8 g/dL
Total Bilirubin or	< 2 mg/dL	2 - 3 mg/dL	> 3 mg/dL
Modified Total Bilirubin**	< 4 mg/dL	4 - 7 mg/dL	> 7 mg/dL
Prothrombin Time	< 4	4 – 6	> 6
or INR	< 1.7	1.7 - 2.3	> 2.3

\*Grade 1: mild confusion, anxiety, restlessness, fine tremor, slowed coordination; Grade 2: drowsiness, disorientation, asterixis; Grade 3: somnolent but rousable, marked confusion, incomprehensible speech, incontinent, hyperventilation; Grade 4: coma, decerebrate posturing, flaccidity

\*\*Modified Total Bilirubin used to score pts with Gilbert’s Syndrome or taking IDV or ATV

Class A: Score 5-6; Class B: Score 7-9; Class C: Score > 9

Last Name:	First Name:	D.O.B./Clinic Identifier:
------------	-------------	---------------------------

**Patient Management Flow Sheet - Hepatitis C/HIV Weeks 25-36<sup>▲</sup>**

Weeks	25	26	27	28	29	30	31	32	33	34	35	36
Date												
Lab Tests	25	26	27	28	29	30	31	32	33	34	35	36
HCV Viral Load												
WBC												
ANC (if < 1000, weekly CBC) *1												
Hgb if < 11 *2												
PLT ( if < 70,000) *3												
Pregnancy Test												
Thyroid Stimulating Hormone												
Glucose												
Serum Creatinine												
Creatinine Clearance ( if < 50) *5												
Bilirubin												
ALT (if above baseline)*4												
Liver Biopsy *7												
PHQ-9 Score *6												
Child-Pugh Score *8												
<b>HIV Viral Markers</b>												
HIV Viral Load												
CD4 Count												
CD4%												

<sup>▲</sup>Shaded box indicates lab not suggested for visit date according to guidelines. <sup>^</sup>Reference appropriate number on back of this sheet for additional information

**1**

Lab Value: ANC	G-CSF	Pegylated Interferon
750-1000	Wt. ≤ 60 Kg. 300 mcg SC q wk given 3 d before PEG IFN Wt. <60 kg. 480 mcg SC q wk given 3 d before PEG IFN	
500-749	↑ to BIW or TIW injection	↓ to 135 mg/wk (↓ Peg-Intron by ½)
<500	↑ to TIW injection	Hold Pegylated IFN

**2**

Lab Value: Hgb	Erythropoietin or Darbepoetin		Folic Acid	Ribavirin
≥ 10 – 11 / CBC q 2 wks.	10,000 units – 40,000 units SC q wk	25→40→60→100 mcg SC q wk	Add 1 mg po qd if suboptimal response	
≥ 8.5 – 9.9 / CBC weekly	↑ dose	↑ dose	1 mg folic acid po qd	↓ 800 mg qd
< 8.5 / CBC weekly	↑ dose	↑ dose	1 mg folic acid po qd	Hold ribavirin

**3**

Lab Value: Platelet	Pegylated IFN	CBC
< 70,000		Every 2 weeks
25,000 to 49,999	135 mcg/week (↓ Peg-Intron by ½)	Weekly
<25,000	Hold until Platelets > 70,000, then restart at 90 mcg/wk	Weekly

**4**

In patients with progressive ALT increases above baseline, the dose of PEGSYS should be reduced to 135 µg. If ALT increases are progressive despite dose reduction or accompanied by increased bilirubin or evidence of hepatic decompensation, therapy should be immediately discontinued.

**5**

Lab Value: CrCl	PEGASYS	Peg-Intron
30-50 mL/min		↓ dose 25%
< 30 mL/min		↓ dose 50%
Hemodialysis	135 mcg q week	↓ dose 50%

**6**

Depression Severity	Dose Modification	Visit schedule
Score 0-9 = non-depressed	No change	Weekly by visit or phone
Score 10-15 = mild depression	No change	Weekly by visit or phone
Score 16-24 = moderate depression	Decrease Pegylated Interferon to 135 mcg (in some cases reduction to 90mcg may be necessary. Peg-Intron ↓ by ½)	Weekly
Score ≥ 25 = severe depression	Discontinue pegylated IFN	Immediate psychiatric consultation

(<sup>4</sup>Ribavirin should not be used in patients with creatinine clearance <50 mL/min.)

**7 - Comparison of Scoring Systems for Histological Stage** (GHANY ET AL., HEPATOLOGY, Vol. 49, No.4, 2009, p. 1339)

Stage	IASL	Batts-Ludwig	Metavir	Ishak
0	No fibrosis	No Fibrosis	No fibrosis	No fibrosis
1	Mild fibrosis	Fibrous portal expansion	Periportal fibrotic expansion	Fibrous expansion of some portal areas with or without short fibrous septa
2	Moderate fibrosis	Rare bridges or septae	Periportal septae 1 (septum)	Fibrous expansion of most portal areas with or without short fibrous septa
3	Severe fibrosis	Numerous bridges or septae	Porto-central septae	Fibrous expansion of most portal areas with occasional portal to portal bridging
4	Cirrhosis	Cirrhosis	Cirrhosis	Fibrous expansion of most portal areas with marked bridging (portal to portal and portal to central)
5				Marked bridging (portal to portal and portal to central) with occasional nodules (incomplete cirrhosis)
6				Cirrhosis

**8 - Child-Pugh (CP) Score**

Score	1	2	3
Encephalopathy*	None	Grade 1 – 2	Grade 3 - 4
Ascites	None	Mild or controlled by diuretics	Moderate or refractory to diuretics
Albumin	> 3.5 g/dL	2.8 - 3.5 g/dL	< 2.8 g/dL
Total Bilirubin or	< 2 mg/dL	2 - 3 mg/dL	> 3 mg/dL
Modified Total Bilirubin**	< 4 mg/dL	4 - 7 mg/dL	> 7 mg/dL
Prothrombin Time	< 4	4 – 6	> 6
or INR	< 1.7	1.7 - 2.3	> 2.3

\*Grade 1: mild confusion, anxiety, restlessness, fine tremor, slowed coordination; Grade 2: drowsiness, disorientation, asterixis; Grade 3: somnolent but rousable, marked confusion, incomprehensible speech, incontinent, hyperventilation; Grade 4: coma, decerebrate posturing, flaccidity

\*\*Modified Total Bilirubin used to score pts with Gilbert’s Syndrome or taking IDV or ATV

Class A: Score 5-6; Class B: Score 7-9; Class C: Score > 9

Last Name:	First Name:	D.O.B./Clinic Identifier:
------------	-------------	---------------------------

**Patient Management Flow Sheet - Hepatitis C/HIV Weeks 37-48<sup>▲</sup>**

Weeks	37	38	39	40	41	42	43	44	45	46	47	48
Date												
Lab Tests	37	38	39	40	41	42	43	44	45	46	47	48
HCV Viral Load												
WBC												
ANC (if < 1000, weekly CBC) *1												
Hgb if < 11 *2												
PLT ( if < 70,000) *3												
Pregnancy Test												
Thyroid Stimulating Hormone												
Glucose												
Serum Creatinine												
Creatinine Clearance ( if < 50) *5												
Bilirubin												
ALT (if above baseline)*4												
Liver Biopsy *7												
PHQ-9 Score *6												
Child-Pugh Score *8												
<b>HIV Viral Markers</b>												
HIV Viral Load												
CD4 Count												
CD4%												

▲Shaded box indicates lab not suggested for visit date according to guidelines. \* Reference appropriate number on back of this sheet for additional information

<b>1</b>					
Lab Value: ANC	G-CSF		Pegylated Interferon		
750-1000	Wt. ≤ 60 Kg. 300 mcg SC q wk given 3 d before PEG IFN Wt. <60 kg. 480 mcg SC q wk given 3 d before PEG IFN				
500-749	↑ to BIW or TIW injection		↓ to 135 mg/wk (↓ Peg-Intron by ½)		
<500	↑ to TIW injection		Hold Pegylated IFN		
<b>2</b>					
Lab Value: Hgb	Erythropoietin or Darbeпоetin		Folic Acid	Ribavirin	
≥ 10 – 11 / CBC q 2 wks.	10,000 units – 40,000 units SC q wk	25→40→60→100 mcg SC q wk	Add 1 mg po qd if suboptimal response		
≥ 8.5 – 9.9 / CBC weekly	↑ dose	↑ dose	1 mg folic acid po qd	↓ 800 mg qd	
< 8.5 / CBC weekly	↑ dose	↑ dose	1 mg folic acid po qd	Hold ribavirin	
<b>3</b>					
Lab Value: Platelet	Pegylated IFN		CBC		
< 70,000			Every 2 weeks		
25,000 to 49,999	135 mcg/week (↓ Peg-Intron by ½)		Weekly		
<25,000	Hold until Platelets > 70,000, then restart at 90 mcg/wk		Weekly		
<b>4</b>			<b>5</b>		
In patients with progressive ALT increases above baseline, the dose of PEGSYS should be reduced to 135 µg. If ALT increases are progressive despite dose reduction or accompanied by increased bilirubin or evidence of hepatic decompensation, therapy should be immediately discontinued.			Lab Value: CrCl	PEGASYS	Peg-Intron
			30-50 mL/min		↓ dose 25%
			< 30 mL/min		↓ dose 50%
			Hemodialysis	135 mcg q week	↓ dose 50%
<b>6</b> <sup>(4)</sup> Ribavirin should not be used in patients with creatinine clearance <50 mL/min.)					
Depression Severity	Dose Modification		Visit schedule		
Score 0-9 = non-depressed	No change		Weekly by visit or phone		
Score 10-15 = mild depression	No change		Weekly by visit or phone		
Score 16-24 = moderate depression	Decrease Pegylated Interferon to 135 mcg (in some cases reduction to 90mcg may be necessary. Peg-Intron ↓ by ½)		Weekly		
Score ≥ 25 = severe depression	Discontinue pegylated IFN		Immediate psychiatric consultation		
<b>7 - Comparison of Scoring Systems for Histological Stage</b> (GHANY ET AL., HEPATOLOGY, Vol. 49, No.4, 2009, p. 1339)					
Stage	IASL	Batts-Ludwig	Metavir	Ishak	
0	No fibrosis	No Fibrosis	No fibrosis	No fibrosis	
1	Mild fibrosis	Fibrous portal expansion	Periportal fibrotic expansion	Fibrous expansion of some portal areas with or without short fibrous septa	
2	Moderate fibrosis	Rare bridges or septae	Periportal septae 1 (septum)	Fibrous expansion of most portal areas with or without short fibrous septa	
3	Severe fibrosis	Numerous bridges or septae	Porto-central septae	Fibrous expansion of most portal areas with occasional portal to portal bridging	
4	Cirrhosis	Cirrhosis	Cirrhosis	Fibrous expansion of most portal areas with marked bridging (portal to portal and portal to central)	
5				Marked bridging (portal to portal and portal to central) with occasional nodules (incomplete cirrhosis)	
6				Cirrhosis	
<b>8 - Child-Pugh (CP) Score</b>					
Score	1	2	3		
Encephalopathy*	None	Grade 1 – 2	Grade 3 - 4		
Ascites	None	Mild or controlled by diuretics	Moderate or refractory to diuretics		
Albumin	> 3.5 g/dL	2.8 - 3.5 g/dL	< 2.8 g/dL		
Total Bilirubin or	< 2 mg/dL	2 - 3 mg/dL	> 3 mg/dL		
Modified Total Bilirubin**	< 4 mg/dL	4 - 7 mg/dL	> 7 mg/dL		
Prothrombin Time	< 4	4 – 6	> 6		
or INR	< 1.7	1.7 - 2.3	> 2.3		
*Grade 1: mild confusion, anxiety, restlessness, fine tremor, slowed coordination; Grade 2: drowsiness, disorientation, asterixis; Grade 3: somnolent but rousable, marked confusion, incomprehensible speech, incontinent, hyperventilation; Grade 4: coma, decerebrate posturing, flaccidity					
**Modified Total Bilirubin used to score pts with Gilbert's Syndrome or taking IDV or ATV					
Class A: Score 5-6; Class B: Score 7-9; Class C: Score > 9					

Visit Date:	Last Name:	First Name:	D.O.B./Clinic Identifier:
-------------	------------	-------------	---------------------------

## INFORMED CONSENT PROCEDURE: LIVER BIOPSY

A liver biopsy is a test to obtain liver tissue for microscopic examination at a laboratory. It is performed in a wide variety of illnesses when it is important to have specific information about what is happening in the liver. There are different reasons for doing a liver biopsy, so please discuss this with your doctor.

The doctor has explained that you have the following condition: *(The condition is to be documented in the patient's own words by the doctor)*

For a week before the biopsy do not take any aspirin. Your doctor will discuss any other medications that you may need to avoid before the biopsy. During the biopsy you will be asked to lie flat and put your right arm behind your head. The right lower side of your chest over the liver will be cleaned by the doctor. The doctor will then numb the area with a local anesthetic injected by a needle. You will be asked to hold your breath and not move while the needle is placed through the skin and into the liver. The doctor then removed a small core of tissue which remains trapped inside the needle. More than one piece of tissue may be required for the laboratory test. It is very important that you do not breathe or move during the biopsy. After the biopsy you will need to lie in bed (sometimes on your side) until the doctor feels you are stable to go home. Discomfort is felt by most patients for a moment or two while other patients may have a persistent ache for a few hours. Medication can be given to help with the pain. Rarely, it is possible for some patients to have bad pain which also can be helped with medication.

While most of the time a liver biopsy is safe and performed without difficulty, like any medical procedure there are complications that can happen. These complications are unusual but you should know about them and include:

1. Irritation of the diaphragm muscle by the needle or a small amount of bleeding that causes pain often felt in the right shoulder. The pain may be treated with medication.
2. Excessive bleeding from the liver may occur but is rare. A transfusion or surgery to correct the bleeding may be necessary.
3. The gallbladder (if you still have one) or bile ducts may be damaged by the needle which could cause bile to leak into the abdomen.
4. The lung may be damaged by the needle which could cause air to leak from the lung.
5. The bowel or other organs in the abdomen may be damaged by the needle which may require more treatment or surgery.
6. Medication reaction, shock, and/or a communication between an artery and a vein in the liver can happen but are unusual.
7. If not enough tissue is obtained from the liver to perform the laboratory test, the biopsy may need to be repeated.
8. Deaths related to a liver biopsy have been reported but are very rare.

Although no medical procedure is absolutely safe, a liver biopsy can provide important information to treat liver problems. If you have any questions, please ask your doctor before signing this consent form.

**My signature below indicates that I have read and understand the information above, my questions have been answered, and I agree to have a liver biopsy.**

PATIENT SIGNATURE	DATE & TIME
PARENT OR GUARDIAN	DATE & TIME
COUNSELING PHYSICIAN	DATE & TIME
WITNESS	DATE & TIME

Visit Date:	Last Name:	First Name:	D.O.B./Clinic Identifier:
-------------	------------	-------------	---------------------------

### PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself-or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
	Add Columns:			
	TOTAL:			
10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all _____	Somewhat difficult _____	Very Difficult _____	Extremely difficult _____
<p>PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr. Spitzer at <a href="mailto:ris8@columbia.edu">ris8@columbia.edu</a>. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at <a href="http://www.phqscreeners.com">www.phqscreeners.com</a> Copyright © 1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.</p>				

Prescriber Name  
Office Address  
Phone  
Fax  
License #  
DEA #

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Weight: \_\_\_\_\_ kg / lbs

**Pegasys**<sup>®</sup> 180 mcg/mL solution

#4 (four) vials

**Sig:** 180 mcg SQ once weekly

**Refills:**

**Pegasys**<sup>®</sup> 180mcg/0.5 mL prefilled syringes

#1 (one) kit

**Sig:** 180 mcg SQ once weekly

**Refills:**

**PegIntron**<sup>®</sup> powder for injection  50 mcg  80 mcg  120 mcg  150 mcg

#4 (Four) vials

**Sig:** \_\_\_\_\_ mcg SQ once weekly

**Refills:**

**Ribavirin** 400 mg tablets # 30 (thirty) and **Ribavirin** 600 mg tablets #30 (thirty)

**Sig:** 400 mg po q am and 600mg po q pm with food **Refills:**

**Ribavirin** 600 mg tablets # 60 (sixty)

**Sig:** 600 mg po bid with food

**Refills:**

**Ribavirin** 400 mg tablets # 60 (sixty)

**Sig:** 400 mg po bid with food

**Refills:**

Prescriber Signature: \_\_\_\_\_

Prescriber Name  
Office Address  
Phone  
Fax  
License #  
DEA #

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Weight: \_\_\_\_\_ kg

Colony Stimulating Factors:

**Procrit**<sup>®</sup> (epoeitin alfa) 40,000 units/mL solution #4 (four) vials

**Sig:** 40,000 units (1mL) SQ once weekly      **Refills:**

**Neupogen**<sup>®</sup> 300 mcg/mL vials     #4 (four)     #8 (eight)     #12 (twelve)

**Sig:** 300 mcg (1mL) SQ     once weekly     twice weekly     3x weekly    **Refills:**

Anti-nausea agent:

Dronabinol (Marinol<sup>®</sup>)       2.5 mg     5 mg     10 mg    # 60 (Sixty)

**Sig:** 1 cap po bid      **Refills:**

Phenergan 25 mg tabs # 50 (fifty)

**Sig:** : one tab po q 4-6 h prn nausea      **Refills:**

Prescriber Signature: \_\_\_\_\_

Prescriber Name  
Office Address  
Phone  
Fax  
License #  
DEA #

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Pegylated Interferon Pre-Medication**

Choose one anti-inflammatory agent:

<input type="checkbox"/> Ibuprofen 600 mg tabs # 90 (ninety) <b>Sig:</b> 1 tab po tid prn with food <b>Refills:</b> Patient instructions: Take 1 tab with mid-day peg-interferon injection then 1 tabs with dinner, at bedtime, and upon awakening
<input type="checkbox"/> Ibuprofen 400 mg tabs # 180 (one hundred eighty) <b>Sig:</b> 1-2 tabs po tid prn with food <b>Refills:</b> Patient instructions: Take 1-2 tabs with mid-day peg-interferon injection then 1-2 tabs with dinner, at bedtime, and upon awakening
<input type="checkbox"/> Acetaminophen <input type="checkbox"/> 500 mg      # 90 (ninety) <b>Sig:</b> 1 tab po tid prn <b>Refills:</b> Patient instructions: Take 1-2 tabs with mid-day peg-interferon injection then 1-2 tabs with dinner, at bedtime, and upon awakening

Choose one sleep agent:

<input type="checkbox"/> Trazadone (25 mg) # 60 (sixty) <b>Sig:</b> 1-2 tabs po at hs on day of injection prn sleep. <b>Refills:</b> Instructions: May increase by 25 mg increment slowly as needed to maximum dose 200 mg/d.	
<input type="checkbox"/> Temazepam (30 mg) # 60 (sixty) <b>Sig:</b> 1-2 tabs po qhs prn sleep <b>Refills:</b>	
<input type="checkbox"/> Zolpidem (5mg) # 60 (sixty) <b>Sig:</b> 1-2 tabs po qhs prn sleep <b>Refills:</b>	Note: if significant hepatic impairment start at 5 mg hs dose.

Prescriber Signature: \_\_\_\_\_



