

# Hepatitis C Enhanced Management Plan

**Patient's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Prescriber's Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Medication Adherence:** Take or use medication as directed. Do not skip a dose. If you have difficulty refilling your medication please call us right away.

## Hepatitis C Treatment Regimen:

**Drug Name:** \_\_\_\_\_

**Take one tablet/capsule daily for** \_\_\_\_\_ **weeks**

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**Drug Name:** \_\_\_\_\_

**Direction of use:** \_\_\_\_\_

**Viekira Pak:** Take as directed for \_\_\_\_\_ weeks

**Ribavirin** \_\_\_\_\_ **mg:** Take \_\_\_\_\_ in the morning  
and \_\_\_\_\_ in the afternoon for \_\_\_\_\_ weeks

**Peginterferon alfa** \_\_\_\_\_ **mcg:** Inject once weekly for \_\_\_\_\_ weeks

\_\_\_\_\_ : Take \_\_\_\_\_ daily for \_\_\_\_\_ weeks

**Treatment start Date:** \_\_\_\_\_ **Treatment End Date:** \_\_\_\_\_

**Laboratory Testing:** Hep C viral loads must be obtained at treatment weeks 2, 4, 6, 12 and 24. (Additional 8 & 10 week viral loads per provider discretion.)

**Week 2:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Week 4:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Week 6:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Week 12:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Week 24 (if indicated):** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Special instructions:

\_\_\_\_\_  
\_\_\_\_\_  
**The treatment plan has been discussed with the patient and the patient agrees to abide by it. The patient is aware that if this plan is not followed, it may result in cessation of Medicaid payment for current and future hepatitis C treatments.**

\_\_\_\_\_  
**Prescriber Signature** **Date**

\_\_\_\_\_  
**Patient Signature** **Date**