**Taking Your Hepatitis C Therapy:**

**Harvoni® with or without Ribavirin**

**Ledipasvir/Sofosbuvir = Harvoni®**

- Dose: 1 tablet (90/400 mg) daily, taken at the same time each day
- You can take with or without food
- Inform your provider of all other medicines, supplements or over-the-counter products you take, especially omeprazole, ranitidine, famotidine or any other acid-reducing medicines
- Store at room temperature (< 86°F) away from direct sunlight

**Do You Need to Take Ribavirin?**  □ Yes  □ No

- Dose: 200 mg capsules or tablets; your dose may change during the course of treatment
- Take with food to minimize stomach upset such as nausea and vomiting
- Do not consider pregnancy until at least 6 months after treatment for either partner has ended
- Store at room temperature (< 86°F) away from direct sunlight

**My Daily Medication Schedule**  Start Date: _____   End Date: _____   Expected Treatment Duration: _____ weeks

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<thead>
<tr>
<th>Morning</th>
<th>Time: ____ am</th>
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<tr>
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<td>Take 1 Ledipasvir/Sofosbuvir (Harvoni®) tablet daily</td>
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<table>
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<tr>
<th>Morning</th>
<th>Time: ____ am</th>
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<td></td>
<td>Take ___ Ribavirin with food</td>
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<td>Take ___ Ribavirin with food</td>
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Notes:
- Harvoni® and Ribavirin can be taken together or at different times, but keep to the same time of day for each drug.
- If you take acid-reducing medicines, take Harvoni® in the morning on an empty stomach together with your acid-reducing medicine.
- If you also take Ribavirin, take this later in the morning or at lunch with food.

**If You Miss a Dose:**

**Ledipasvir/Sofosbuvir: Harvoni®**

- If you miss a dose, TAKE THE MISSED DOSE THE SAME DAY as soon as you remember; take your next dose of Harvoni® at your regular time the next day
- Do not take more than 1 tablet of Harvoni® in a day
- DO NOT take two doses at the same time to make up for a missed dose
- Note: If you miss multiple doses, call your prescriber/clinic listed below

**Ribavirin**

- If you miss more than 1-2 days of Ribavirin, call your prescriber/clinic listed below

Prescriber/Clinic Contact: ____________________________         For Refills: ____________________________

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