Taking Your Hepatitis C Therapy: VIEKIRA PAK™ with or without RIBAVIRIN
Ombitasvir/Paritaprevir/Ritonavir (AV1) + Dasabuvir (AV2) = Viekira Pak™

Ombitasvir/Paritaprevir/Ritonavir (AV1)
- Dose: Take 2 tablets together, every morning, with food
- Each tablet marked "AV1" (pink) is made of 3 drugs, combined together
- Ombitasvir (12.5 mg)/Paritaprevir (75 mg)/Ritonavir (50 mg)

Dasabuvir (AV2)
- Dose: Take 1 tablet in the morning and 1 tablet in the evening, both with food
- Each tablet marked "AV2" (beige) is made of 1 drug
- Dasabuvir (250 mg)

Do You Need to Take Ribavirin? Yes ☐ No ☐
- You will be given 200 mg capsules or tablets; your dose may change
- Take with food
- Do not consider pregnancy until at least 6 months after treatment

My Daily Medication Schedule
Start Date: ____________  End Date: ___________  Expected Treatment Duration: ________ weeks

<table>
<thead>
<tr>
<th>Morning</th>
<th>Time: _______ am with food</th>
<th>Evening</th>
<th>Time: _______ pm with food</th>
</tr>
</thead>
<tbody>
<tr>
<td>AV1</td>
<td>Take 2 tablets AV1 (pink)</td>
<td>AV2</td>
<td>Take 1 tablet AV2 (beige)</td>
</tr>
<tr>
<td>AV2</td>
<td>Take 1 tablet AV2 (beige)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐</td>
<td>No ☐</td>
<td>Ribavirin</td>
<td>Take ____ ribavirin with food</td>
</tr>
<tr>
<td>Ribavirin</td>
<td></td>
<td>Ribavirin</td>
<td>Take ____ ribavirin with food</td>
</tr>
</tbody>
</table>

If You Miss a Dose:

AV1 (pink):
- Ombitasvir/Paritaprevir/Ritonavir (AV1): If you miss a dose, take the missed dose within 12 hours of the scheduled dose. If more than 12 hours has passed since it is usually taken, take your next dose of ombitasvir/paritaprevir/ritonavir (AV1) at your regular time the next day.

AV2 (beige):
- Dasabuvir (AV2): If you miss a dose, take the missed dose within 6 hours of the scheduled dose. If more than 6 hours has passed since it is usually taken, take your next dose of dasabuvir (AV2) at the usual scheduled time.

DO NOT take additional doses at the same time to make up for a missed dose.
Note: If you miss multiple doses, call your prescriber/clinic listed below.

Prescriber/Clinic Contact: ________________________________
For Refills: ___________________________________________