

Medication Facts: Peginterferon and Ribavirin

These medications are indicated for the treatment of the hepatitis C virus (HCV). They should be used together and in conjunction with your physician's supervision.

Peginterferon: This medication comes as an injectable solution that is injected on a weekly basis. The duration of treatment is determined by your physician based on the type of HCV you have been diagnosed with.

Ribavirin: This medication comes in a tablet form that you take daily for the duration of treatment that has been determined by your physician.

Contraindications to treatment:

- Patients with a known hypersensitivity to these medications.
- Women who are pregnant or are trying to conceive, as well as men whose female partners are pregnant or are trying to conceive.
- Patients with certain types of blood disorders (i.e. thalassemia, sickle-cell anemia)
- Autoimmune hepatitis
- Hepatic decompensation
- Patients with a history of severe depression and/or previous suicidal attempts.

Side Effects and Adverse Reactions this list includes but is not limited to the following:

- Most common side effects with treatment are flu-like symptoms such as fatigue, nausea, headache, fever, chills, muscle aches, difficulty sleeping
- Psychiatric: aggressive behavior, suicidal ideations, depression, relapse of drug addiction, psychoses, hallucinations, difficulty concentrating, and other psychiatric conditions. Patients with a history of psychiatric illness are at an increase risk of developing these symptoms.
- Treatment can decrease your immune system and increase your risk of bacterial infection. Your body may not be as able to fight infection with the treatment.
- Endocrine: Your thyroid function can be altered, either increase or decrease in function. You may experience changes in your blood glucose level.
- Anemia
- Cardiac: some patients may have chest pain and very rarely a heart attack. Let your physician know if you have had a history of heart problems in the past.
- Elevated triglyceride levels, elevated liver function tests.
- Autoimmune disorders such as autoimmune hepatitis, rheumatoid arthritis, and systemic lupus erythematosus.
- Colitis: ulcerative colitis, ischemic colitis can occur. Let your physician know if you experience abdominal pain, bloody diarrhea, and fever.
- Pancreatitis
- Cerebral hemorrhage
- Skin reactions, temporary hair loss or thinning
- Pulmonary disorders such as pneumonia, difficulty breathing, and sarcoidosis.
- Ophthalmologic: decrease or loss of vision, retinal artery or vein thrombosis, retinal hemorrhages, optic neuritis. Patients should have an eye exam prior to starting treatment and let your physician know of any vision changes while on treatment.
- High risk of birth defects or death of an exposed fetus during treatment. Females undergoing treatment and female partners of males undergoing treatment must take extreme caution to avoid pregnancy during treatment and for up to six months after completing treatment. It is recommended to use two forms of effective, consistent birth

control. Females of childbearing potential will have pregnancy tests prior to starting treatment and during treatment.

- Menstrual cycle irregularity may be experienced. These medications may impair fertility in women.

Call your physician immediately if you develop any of the following:

- Suicidal ideations or homicidal ideations
- Pregnancy
- Severe chest pain
- Difficulty breathing
- Change in vision
- High fever that does not go away
- Bloody diarrhea
- Severe abdominal or back pain
- Unusual bleeding or bruising

Tell your physician if you have ever had any of the following conditions:

- History of or current mental illness
- History or current drug or alcohol abuse
- History of heart attack or heart disease
- History of cancer
- Autoimmune disease
- Blood disorders
- Diabetes
- Thyroid disease
- Hepatitis B infection
- HIV infection
- Colitis
- Kidney problems
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During treatment you will be followed closely by your physician with lab work and office visits.

I have read and understand the above information. All of my questions have been answered to my understanding. I consent to treatment with peginterferon and ribavirin for Hepatitis C.

_____/_____
Patient Signature Date

_____/_____
Physician Signature Date