

HCV FLOWSHEET-PEGYLATED IFN/RIBAVIRIN

CDCR 7411 (Rev. 03/14)

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Treatment Start DATE:	Baseline	2 Week DATE:	4 Week DATE:	8 Week DATE:	12 Week DATE:	16 Week DATE:	20 Week DATE:	24 Week DATE:	28 Week* DATE:	32 Week* DATE:	36 Week* DATE:	40 Week* DATE:	44 Week* DATE:	48 Week* DATE:	12 Wk. post-tx DATE:
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Lab date															
WBC															
ANC															
Hgb															
Platelets															
Cr															
AST															
ALT															
HCV RNA QUANT															
TSH															
Assess depression															
Pregnancy Counseling															
Assess side effects															

PEG/RBV PRESCRIBING RECOMMENDATIONS (Abbreviations: PEG: pegylated interferon; RBV: ribavirin)

**If on treatment*

PATIENT TYPE	TREATMENT DURATION
Genotype 2 or 3 - HIV negative	24 weeks PEG and RBV 400 mg BID
Genotype 5, 6	48 weeks PEG and weight based RBV

PEG/RBV FUTILITY RULES

PATIENT TYPE	HCV VIRAL LOAD	ACTION
Genotype 2, 3, 5, 6	WEEK 12 < 2 log decrease in viral load	DISCONTINUE TREATMENT
Genotype 5, 6	WEEK 24 any detectable viral load	DISCONTINUE TREATMENT

CDCR #:	
Last Name:	MI:
First Name:	
DOB:	