

HCV FLOWSHEET-RIBAVIRIN/SOFOSBUVIR (+/-PEGYLATED IFN) (+/-SIMEPREVIR)

CDCR 7416-1 (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															

SOFOSBUVIR PRESCRIBING RECOMMENDATIONS (Abbreviations: PEG: pegylated interferon; RBV: ribavirin; SOF sofosbuvir; SMV ***simeprevir; exp experienced)

PATIENT TYPE	REGIMEN	TREATMENT DURATION
Treatment naive Genotype 1	PEG and weight based RBV and SOF	12 weeks
Treatment naive Genotype 2 or 3 - HIV positive	Weight based RBV and SOF	Genotype 2: 12 weeks; Genotype 2 with cirrhosis: 16 weeks Genotype 3: 24 weeks
Treatment naive Genotype 4	PEG and weight based RBV and SOF	12 weeks
PEG ineligible Genotype 1	SMV and SOF +/- Weight based RBV	12 weeks
PEG ineligible Genotype 2,3,4,5,6	Weight based RBV and SOF	Genotype 2: 12 weeks Genotype 3,4,5,6: 24 weeks
Treatment exp Genotype 1	PEG and weight based RBV and SOF	SOF 12 weeks, PEG/RBV 12-24 weeks; DAA exp: Genotype 1a: 12 weeks; Genotype 1b: SOF 12 weeks, 24 weeks PEG/RBV
Treatment exp Genotype 2,3	Weight based RBV and SOF	Genotype 2: 12 weeks; Genotype 2: with cirrhosis 16 weeks Genotype 3: 24 weeks
Treatment exp Genotype 4,5,6	PEG and weight based RBV and SOF	12 weeks

**If on treatment
** If on PEG
***Nonformulary*

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