

Treatment Start DATE:	Baseline	2 Week DATE:	4 Week DATE:	6 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 week 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																

*****SIMEPREVIR PRESCRIBING RECOMMENDATIONS** (Abbreviations: PEG: pegylated interferon; RBV: ribavirin; SMV simeprevir) **If on treatment **Only get HCV viral load if this is the final treatment week ***Nonformulary*

PATIENT TYPE	WEEK 4 VIRAL LOAD (IU/ml)	WEEK 12 VIRAL LOAD (IU/ml)	WEEK 24 VIRAL LOAD (IU/ml)	TREATMENT REGIMEN AND DURATION	TOTAL TREATMENT DURATION (WEEKS)
Treatment naive or treatment experienced: prior relapser	<25	<25	<25	12 weeks PEG/RBV/SMV then 12 weeks PEG/RBV	24 weeks
Treatment experienced: null or partial responder	<25	<25	<25	12 weeks PEG/RBV/SMV then 24 weeks PEG/RBV	36 weeks

SIMEPREVIR FUTILITY RULES

HCV VIRAL LOAD COUNT (IU/ml)	ACTION
WEEK 4 ≥ 25 IU/ml	DISCONTINUE TREATMENT
WEEK 12 ≥ 25 IU/ml	DISCONTINUE TREATMENT
WEEK 24 ≥ 25 IU/ml	DISCONTINUE TREATMENT

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