

Hepatitis C Treatment Plan

Patient's Name: _____ **DOB:** _____

Genotype (including subtype): _____

Medications: Please indicate drugs, dose and duration
(Take or use medication as directed, do not skip a dose)

- Sovaldi (sofosbuvir) 400 mg-** Take once daily for ____ weeks
- Olysio (simeprevir) 150 mg-** Take once daily for 12 weeks
- Ribavirin _____ mg-** Take _____ in the morning and _____ in the afternoon for ____ weeks
- Peginterferon alfa _____ mcg-** Inject once weekly for ____ weeks

Laboratory Testing- Indicate week during which labs should be completed
 HCV levels must be obtained at treatment weeks 4, 12 and 24 (if necessary)

Week 4- _____ (please insert due date)

Week 12- _____ (please insert due date)

Week 24 (if indicated) - _____ (please insert due date)

SVR upon completion of therapy _____ (please insert due date)

HCV Genotype and Comorbidities	Treatment	Duration
Patients with genotype 1 HCV	sofosbuvir + peginterferon alfa + ribavirin OR simeprevir + peginterferon alfa + ribavirin	12 weeks OR 12 weeks of simeprevir and 24 to 48 weeks of peginterferon alfa + ribavirin
Patients with genotype 1 HCV and interferon ineligible	sofosbuvir + ribavirin	24 weeks
Patients with genotype 2 HCV	sofosbuvir + ribavirin	12 weeks
Patients with genotype 3 HCV	sofosbuvir + ribavirin	24 weeks
Patients with genotype 4 HCV	sofosbuvir + peginterferon alfa + ribavirin	12 weeks
Patients with hepatocellular carcinoma awaiting liver transplantation	sofosbuvir + ribavirin	48 weeks (or until the time of liver transplantation; whichever occurs first)

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 Call Clinical Services Department at 1-800-555-8513 or Fax 1-800-583-6010. BioScrip will respond by
 fax or phone within 24 hours of receipt of this request