

Sovaldi® (Sofosbuvir), Ribavirin, & Peginterferon 12 week Treatment Checklist

Prior to Treatment

Labs

- Immediately prior: Uric Acid
 Pregnancy test (if applicable)
- Within 1 month: CBC ^{1,2}
 CMP (If GFR <30, do not start treatment; consult Liver Disease Specialist)
 PT/INR
- Within 3 months: HCV RNA
 Genotype confirmation
- Within 6 months: AFP
 TSH
 A1C or Fasting Glucose
 Vitamin D 25OH (treat if deficient)
- Within 1 year: HIV screening

Miscellaneous

- Hepatitis A status/screening if not done
 Hepatitis B status/screening if not done
 PHQ-9 baseline
 AUDIT-C
 Symptoms Inventory baseline

Week 2

- CBC ^{1,2}
 CMP³
 Symptoms Inventory

Week 4¹

- HCV RNA
 CBC ^{1,2}
 CMP³
 Symptoms Inventory
 PHQ-9 ¹
 Pregnancy test (if applicable)

Week 8

- CBC ^{1,2}
 CMP³
 Symptoms Inventory
 PHQ-9 ¹
 Pregnancy test (if applicable)

Week 12

- HCV RNA
 CBC ^{1,2}
 CMP³
 TSH ¹
 Symptoms Inventory
 PHQ-9 ¹
 Pregnancy test (if applicable)

3 months post treatment

- CBC
 Liver Function Tests
 HCV RNA
 PHQ-9

Nurse follow-up in clinic or by phone:

- Symptoms Inventory
 Managing side effects
 Medication adherence discussion
 Alcohol intake
 Birth control reminder
 Refill reminder

1- **On** interferon: CBC with auto diff; baseline & monthly PHQ-9; Ophthalmology exam at baseline & 4-6 weeks later.

2- **Not on** interferon: CBC without differential.

3- If GFR <30, consult Liver Disease Specialist.

Sovaldi® (Sofosbuvir), Ribavirin, & Peginterferon 12 week Lab Tracking Form

General Patient Information

Lab Results

Medication Regimen

Name: _____
 DOB: ____/____/____
 MRN: _____
 Phone #: _____
 Treatment Start Date: _____

HCV RNA: _____
 Genotype: _____ HIV: ____ TSH: _____
 Vit D 25OH: _____ AFP: _____ GFR*: _____
 PT/INR: _____ A1C/Glucose: _____

1- Sofosbuvir 400mg 1 tablet PO daily. Do not change dose.
 2- Ribavirin: _____ mg/day PO divided into 2 doses. Take with breakfast & dinner.
 ≥75kg = 1200mg/day <75kg = 1000mg/day
 **Dose Reduction/Date: ____/____ **Additional Dose Change/Date: ____/____
 3- PegInterferon (PEG) subcutaneous injection every 7 days.
 Circle which is used: alfa 2a 180mcg (Pegasys/Roche) **or**
 *alfa 2b (PegIntron/Schering) Weight-based dose: _____
 **Dose Change/Date: ____/____ **Additional Dose Change/Date: ____/____
 *Refer to Hepatitis C Treatment Medications & Dosing form.
 **Consult ANTHC Liver Disease & Hepatitis Specialists for further guidance about dose changes.

Completed Treatment Week	Lab Date	Hgb	Hct	WBC	ANC	PLT	ALT	AST	Alk Phos	Total Bili	Creat/ GFR	PHQ-9 (Baseline & 1 yr post tx; specified weeks if on PEG)	HCV RNA (Specified weeks)	Weight (kg)	Pregnancy Test & TSH (Specified weeks)
Pre-Treatment															
Treatment Start Week 0												PHQ-9	HCV RNA		TSH
<i>optional</i>															
Week 2															
<i>optional</i>															
Week 4												PHQ-9	HCV RNA		
<i>optional</i>															
<i>optional</i>															
Week 8												PHQ-9			
<i>optional</i>															
<i>optional</i>															
Week 12												PHQ-9	HCV RNA		TSH
<i>optional</i>															
3 months post treatment												PHQ-9	HCV RNA		TSH

Labs recommended for each follow up visit: CBC w/diff, CMP, pregnancy test (females of childbearing age), and HCV RNA as specified.

Please note the following critical values. These may require modification of dosage or discontinuation of causative med. Contact ANTHC Liver Disease Specialists with any questions.

***GFR <30** If GFR is <30, do not start treatment; consult with Liver Disease Specialists.

Hgb <10.0 gm/dL If hemoglobin drops below 10, reduce ribavirin dose to 600mg (refer to Sofosbuvir package insert). **If hemoglobin <8.5, hold ribavirin & consult ANTHC Liver Disease Specialists.**

ANC <0.5 K/uL If absolute neutrophil count drops below 0.5, reduce PEG dose (refer to PEG package insert) and consult ANTHC Liver Disease Specialists.

PLTs <50 K/uL If platelet count drops below 50, reduce PEG dose (refer to PEG package insert) and consult ANTHC Liver Disease Specialists. If platelet count <25, permanently discontinue PEG.

GFR <50 If GFR is <50, decrease ribavirin dose (refer to ribavirin package insert) and consult ANTHC Liver Disease Specialists.