

# 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 <b>OR</b> simeprevir + peginterferon alfa + ribavirin	12 weeks <b>OR</b> 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)

**BIOSCRIP PBM SERVICES/JAI MEDICAL SYSTEMS MANAGED CARE ORGANIZATION, INC.**

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