

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 _____ weeks
- Harvoni** _____ - Take once daily for _____ weeks
- Ribavirin** _____ **mg-** Take _____ in the morning and _____ in the afternoon for _____ weeks
- Peginterferon alfa** _____ **mcg-** Inject once weekly for _____ weeks
- _____ - Take _____ daily 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 2 (if indicated) - _____ (please insert due date)

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)

Special instruction:
