

# Sovaldi® (Sofosbuvir) & Ribavirin 16 week Treatment Checklist

## Prior to Treatment

### Labs

- Immediately prior:  Pregnancy test (if applicable )  
 Uric Acid
- Within 1 month:  CBC with differential  
 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  
 CMP<sup>1</sup>  
 Symptoms Inventory

## Week 4

- HCV RNA  
 CBC  
 CMP<sup>1</sup>  
 Symptoms Inventory  
 Pregnancy test (if applicable)

## Weeks 8 & 12

- CBC  
 CMP<sup>1</sup>  
 Symptoms Inventory  
 Pregnancy test (if applicable)

## Week 16

- HCV RNA  
 CBC  
 CMP<sup>1</sup>  
 Symptoms Inventory  
 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- If GFR <30, consult Liver Disease Specialist.

Sovaldi® (Sofosbuvir) & Ribavirin 16 week Lab Tracking Form

**General Patient Information**

Name: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 MRN: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Treatment Start Date: \_\_\_\_\_

**Pre-Treatment Lab Results**

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

**Medication Regimen**

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: \_\_\_\_\_/\_\_\_\_\_  
 \*\*Consult ANTHC Liver Disease & Hepatitis Specialists for further guidance about dose changes.

Completed Treatment Week	Lab Date	Hgb	Hct	WBC	PLT	ALT	AST	Alk Phos	Total Bili	Creat/ GFR	PHQ-9 <small>(Specified weeks)</small>	HCV RNA <small>(Specified weeks)</small>	Weight (kg)	Pregnancy Test
Pre-Treatment														
<b>Treatment Start Week 0</b>											PHQ-9	HCV RNA		
<i>optional</i>														
<b>Week 2</b>														
<i>optional</i>														
<b>Week 4</b>												HCV RNA		
<i>optional</i>														
<i>optional</i>														
<b>Week 8</b>														
<i>optional</i>														
<i>optional</i>														
<b>Week 12</b>											PHQ-9	HCV RNA		
<i>optional</i>														
<i>optional</i>														
<b>Week 16</b>											PHQ-9	HCV RNA		
3 months post treatment											PHQ-9	HCV RNA		

Labs recommended for each follow up visit: CBC, 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.**

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

**PLTs <50 K/uL** If platelet count drops below 50, consult ANTHC Liver Disease Specialists.