

Sovaldi® (Sofosbuvir) & Ribavirin 24 week Treatment Checklist

Prior to Treatment

Labs

- Immediately prior: Pregnancy test (if applicable)
 Uric Acid
- Within 1 month: CBC
 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
 CMP¹
 Symptoms Inventory

Week 4

- HCV RNA
 CBC
 CMP¹
 Symptoms Inventory
 Pregnancy test (if applicable)

Weeks 8, 12, 16, & 20

- CBC
 CMP¹
 Symptoms Inventory
 Pregnancy test (if applicable)

Week 24

- HCV RNA
 CBC
 CMP¹
 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 24 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 <small>(kg)</small>	Pregnancy Test
Pre-Treatment														
Treatment Start Week 0											PHQ-9	HCV RNA		
<i>optional</i>														
Week 2														
<i>optional</i>														
Week 4												HCV RNA		
<i>optional</i>														
<i>optional</i>														
Week 8														
<i>optional</i>														
<i>optional</i>														
Week 12											PHQ-9	HCV RNA		
<i>optional</i>														
Week 16														
<i>optional</i>														
Week 20														
<i>optional</i>														
Week 24											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.

Any questions, contact 907-729-1560 and ask to speak with a Liver Disease Specialist.