

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

## Prior to Treatment

### Labs

- Immediately prior:  Uric Acid  
 Pregnancy test (if applicable)
- Within 1 month:  CBC <sup>1,2</sup>  
 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 <sup>1,2</sup>  
 CMP<sup>3</sup>  
 Symptoms Inventory

## Week 4<sup>1</sup>

- HCV RNA  
 CBC <sup>1,2</sup>  
 CMP<sup>3</sup>  
 Symptoms Inventory  
 PHQ-9 <sup>1</sup>  
 Pregnancy test (if applicable)

## Week 8

- CBC <sup>1,2</sup>  
 CMP<sup>3</sup>  
 Symptoms Inventory  
 PHQ-9 <sup>1</sup>  
 Pregnancy test (if applicable)

## Week 12

- HCV RNA  
 CBC <sup>1,2</sup>  
 CMP<sup>3</sup>  
 TSH <sup>1</sup>  
 Symptoms Inventory  
 PHQ-9 <sup>1</sup>  
 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 <small>(Baseline &amp; 1 yr post tx; specified weeks if on PEG)</small>	HCV RNA <small>(Specified weeks)</small>	Weight (kg)	Pregnancy Test & TSH <small>(Specified weeks)</small>
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.