Taking Your Hepatitis C Therapy
DACLATASVIR + SOFOSBUVIR with or without Ribavirin

Daclatasvir
- Dose: 1 tablet (usually 60 mg) daily, taken at the same time each day
- You can take with or without food
- Store at room temperature (between 59°F and 86°F)

Sofosbuvir
- Dose: 1 tablet (400 mg) daily, taken at the same time each day
- You can take with or without food
- Store at room temperature away from direct sunlight

Do You Need to Take Ribavirin?  Yes ☐  No ☐
- You will be given 200 mg capsules or tablets; your dose may change during the course of treatment
- Take with food to minimize stomach upset such as nausea and vomiting
- Do not consider pregnancy until at least 6 months after treatment for either partner has ended

My Daily Medication Schedule
Start Date: ____________  End Date: ___________  Expected Treatment Duration: ________ weeks

<table>
<thead>
<tr>
<th>Morning</th>
<th>Time: _______am</th>
<th>evening</th>
<th>Time: _______pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daclatasvir</td>
<td>Take 1 tablet daily</td>
<td>Sofosbuvir</td>
<td>Take 1 tablet daily</td>
</tr>
<tr>
<td>Ribavirin</td>
<td>Take ____ ribavirin with food</td>
<td>Ribavirin</td>
<td>Take ____ ribavirin with food</td>
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</tbody>
</table>

Note: Daclatasvir and sofosbuvir (and ribavirin) can be taken together or at different times, but keep to the same time of day for each drug

If You Miss a Dose:
Daclatasvir
- If you miss a dose, TAKE THE MISSED DOSE THE SAME DAY as soon as you remember; take your next dose of daclatasvir at your regular time the next day
- Do not take more than 1 tablet of daclatasvir in a day
- DO NOT take two doses at the same time to make up for a missed dose

Sofosbuvir
- If you miss a dose, TAKE THE MISSED DOSE THE SAME DAY as soon as you remember; take your next dose of sofosbuvir at your regular time the next day
- Do not take more than 1 tablet of sofosbuvir in a day
- DO NOT take two doses at the same time to make up for a missed dose

Note: If you miss multiple doses of either drug, call your prescriber/clinic listed below

Prescriber/Clinic Contact: ____________________________
For Refills: ____________________________