

Taking Your Hepatitis C Therapy: SIMEPREVIR

Simeprevir

Start Date: _____ End Date: _____ Expected Treatment Duration: _____ weeks



- Dose: 1 capsule (150 mg) daily with food, taken at the same time each day
- Store at room temperature (<86° F) away from direct sunlight
- Use sunscreen and limit sun exposure

Ribavirin

Start Date: _____ End Date: _____ Expected Treatment Duration: _____ weeks



- You will be given 200 mg capsules or tablets; your dose will be based on your weight and 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







Peginterferon

Start Date: _____ End Date: _____ Expected Treatment Duration: _____ weeks



- You will be given prefilled syringes or pens; store in the refrigerator
- Dose: Pegasys® _____ mcg/week or Peg-Intron® _____ mL (_____ mcg)/week
- This medication is injected once weekly—take it the same day, same time

My Medication Schedule

Morning 	Evening 	Inject weekly Yes <input type="checkbox"/> No <input type="checkbox"/>
Time: _____ am	Time: _____ pm	Day _____ Time: _____ am/pm
 Ribavirin Take ____ ribavirin with food	 Ribavirin Take ____ ribavirin with food	 Peginterferon _____ mcg per week
 Simeprevir Take 1 capsule with food		

Note: **Simeprevir is taken for the first 12 weeks only.** You can choose to take **simeprevir** together with **ribavirin** or at a separate time of day, but be sure to take it at the same time each day.

If You Miss a Dose:

Simeprevir:

- If your next dose is due less than 12 hours from now, SKIP THE MISSED DOSE and continue with your normal schedule
- If your next dose is more than 12 hours from now, TAKE THE MISSED DOSE NOW WITH FOOD and continue with your normal schedule
- If you miss multiple doses, call your prescriber/clinic listed below

Ribavirin:

- If you miss more than 1-2 days of ribavirin, call your prescriber/clinic listed below

Prescriber/Clinic Contact: _____

For Refills: _____