TDOC HCV Treatment Workflow

approved by the TDOC Advisory Committee on HCV and HIV (TACHH)

Any lab that does not result is to be redrawn q 4 weeks until a result is obtained

Intake/New HCV Diagnosis/Pre TACHH Review- HCV RNA positive HepCOR Status **New Dx**

1. Labs/diagnostics to be completed within 90 days of intake/new diagnosis
   a. CBC—CMP—INR—AFP—HCV Quantitative (VL)—Genotype*—HIV—HBV Panel (Surface Antigen, Surface Antibody, Core Antibody)—FibroSure—FibroScan**—Ultrasound for F Stage 3 and 4—RAS/NS5A3 **if genotype 3 and cirrhotic (F4) or cirrhosis suspected**
      i. *If VL is too low to obtain genotype, redraw every 8 weeks until obtained
      ii. **FibroScan to be ordered; Completion will be based on FibroScan site schedule
   b. Patient to be placed in HCV CCC with CBC, CMP, and INR completed every 6 months; FibroSure annually and as warranted based on lab results/patient evaluation; US every 6 months if patient is cirrhotic/Fibrosis Stage 4
2. Provider and/or nursing designee to get CR 3869 HCV Patient Counseling and CR 3870 HCV Treatment Consent/Agreement forms signed and filed in the Medical Record prior to treatment
3. CR 1984 Refusal of Medical Services must be completed any time a patient refuses any diagnostic service, consult/referral, or provider visit prior to starting treatment; HepCOR Status **Refused,** details in Status Comment
   a. Refusal must state- Patient acknowledges understanding that by refusing any part of the TACHH evaluation process, they cannot receive HCV treatment and that any conditions related to HCV may worsen leading to irreversible organ damage and death; This refusal may be rescinded at any time, however all diagnostics will need to be completed/repeated
   b. Patient to remain in HCV CCC with offer of treatment every 6 month; New CR 1984 if still refusing
4. Update HepCOR with all diagnostic results and appropriate Status (see Status Definitions)

Post TACHH Committee Evaluation

1. Completed TACHH Recommendation Report to be sent to site HSA, Infection Control Nurse and Site Medical Director or designated provider; Done by the HCV Treatment Coordinator or designee
2. Printed recommendation report is to be presented to a provider for review and orders within 72 hours of receipt at site
   a. Serum pregnancy test for female patients should be ordered at this time to be drawn ASAP; results required before starting HCV treatment; hold treatment if positive and refer to OB/GYN
   b. If medication cannot be started within 10 days of receipt of the recommendation, the HCV Treatment Coordinator and vendor appropriate Regional Medical Director are to be notified via email
   c. All consults recommended to facilitate treatment are to be ordered as urgent
      i. Refusing needed consult, is to be considered refusing treatment (refer to Intake section; step 3)

Treatment Stage HepCOR Status **On DAA Tx**

1. CBC, CMP, HCV RNA Quantitative (VL) **every 4 weeks** while on treatment
2. TACHH Coordinator and vendor appropriate Regional Medical Director are to be notified of abnormal results and/or VL still positive at 8 weeks

Post HCV Treatment- HepCOR Status **Completed DAA Tx**

1. HCV VL to be done 12 weeks after treatment is completed
   a. VL <15, make Status **SVR**
      i. Discharge from HCV CCC; F stage 3 and 4 place in Cirrhosis CCC
   b. VL >15, Make Status **Failed Treatment**
      i. Draw CBC, CMP, INR, Genotype and RAS if original genotype was 1a or 3; US if pt is F Stage 3 or 4
      ii. Pt to remain in HCV CCC (refer to step 1b)
   c. If genotype is different change Status to **Reinfected**; UDS, HIV, HBV panel, and a referral to BH due to HCV reinfection are required anytime a patient is determined to be Reinfected; RAS is required if the new genotype is 1a or 3; pt to remain in HCV CCC (refer to Intake section; step 1b)
      i. BH to evaluate for needs related to barriers to successful HCV treatment
      ii. Must have negative UDS prior to retreatment
      iii. Refusing UDS or BH referral is to be treated as a Refusal of Treatment (refer to Intake section; step 3)

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Cirrhosis Chronic Care Clinic Guidelines

1. **F3**- Patients may be discharged from Cirrhosis CCC when their Fibrosis Stage improves to F2 or better; except for those with HIV or HBV
    a. Q 6 month CCC visit with Annual labs: CBC, CMP, INR, AFP, FibroSure
        i. If LFTs elevated HCV Qualitative
        ii. If AFP elevated Ultrasound
2. **F3 with HIV and/or chronic HBV**- Patients with a comorbidity of HIV and/or HBV will remain in Cirrhosis CCC regardless of Fibrosis Stage improvement while in TDOC custody
    a. Q 6 month CCC visit with q 6 month labs: CBC, CMP, INR, AFP, FibroSure
        i. If LFTs elevated HCV Qualitative
        ii. If AFP elevated Ultrasound
3. **F4**- Patients will remain in Cirrhosis CCC while in TDOC custody, regardless of Fibrosis Stage improvement
    a. Q 6 month CCC visit with q 6 month labs: CBC, CMP, INR, AFP, FibroSure
        i. If LFTs elevated HCV Qualitative
        ii. If AFP elevated Ultrasound
    b. Ultrasound annually

Approval and Acknowledgment of Understanding of the TDOC HCV Treatment Workflow And Cirrhosis Chronic Care Clinic Guidelines

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Name of Facility

_____ _____

Signature of Facility Health Service's Administrator Date

_____ _____

Signature of Facility Medical Director/Designee Date

_____ _____

Signature of Site Provider Date

_____ _____

Signature of Site Provider Date

_____ _____

Signature of Site Provider Date

_____ _____

Signature of Site Infectious Disease Coordinator Date