


## Patients Who Develop Recurrent HCV Infection Post Liver Transplantation

### Post Liver Transplantation: Genotype 1-6

Recommended regimens listed by pangenotypic activity, evidence level and alphabetically for:


#### Treatment-Naive and -Experienced Patients With Genotype 1-6 Infection in the Allograft Without Cirrhosis

RECOMMENDED	DURATION	RATING 
Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) <sup>a</sup>	12 weeks	I, B
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)	12 weeks	I, B
<b>Genotype 1, 4, 5, or 6 only:</b> Daily fixed-dose combination of ledipasvir (90 mg)/sofosbuvir (400 mg)	12 weeks	I, B

<sup>a</sup> Dosing is 3 coformulated tablets (glecaprevir [100 mg]/pibrentasvir [40 mg]) taken once daily. Please refer to the prescribing information.

Recommended regimens listed by pangenotypic, evidence level and alphabetically for:


#### Treatment-Naive and -Experienced Patients With Genotype 1-6 Infection in the Allograft With Compensated Cirrhosis

RECOMMENDED	DURATION	RATING 
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)	12 weeks	I, B
Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) <sup>a</sup>	12 weeks	I, C
<b>Genotype 1, 4, 5, or 6 only:</b> Daily fixed-dose combination of ledipasvir (90 mg)/sofosbuvir (400 mg)	12 weeks	I, A

<sup>a</sup> Dosing is 3 coformulated tablets (glecaprevir [100 mg]/pibrentasvir [40 mg]) taken once daily. Please refer to the prescribing information.

Recommended regimens listed by pangenotypic, evidence level and alphabetically for:

### Treatment-Naive and -Experienced Patients With Genotype 1-6 Infection in the Allograft and Decompensated Cirrhosis<sup>a</sup>

RECOMMENDED	DURATION	RATING 
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/ ribavirin starting at 600 mg and increased as tolerated <sup>b</sup>	12 to 24 weeks <sup>c</sup>	I, B
<b>Genotype 1, 4, 5, or 6 only:</b> Daily fixed-dose combination of ledipasvir (90 mg)/sofosbuvir (400 mg) with low initial dose of ribavirin (600 mg, increase as tolerated) <sup>b</sup>	12 to 24 weeks <sup>c</sup>	I, B

<sup>a</sup> Includes CTP class B and class C patients.

<sup>b</sup> The starting dose of ribavirin should be 600 mg/d and increased or decreased as tolerated. If renal dysfunction is present, a lower starting dose is recommended. Maximum ribavirin dose is 1000 mg/d if <75 kg and 1200 mg/d if ≥75 kg body weight.

<sup>c</sup> 24-week treatment duration is recommended if treatment experienced.

Recommended regimen for:

### DAA-Experienced Patients With Genotype 1-6 Infection in the Allograft, With or Without Compensated Cirrhosis<sup>a</sup>

RECOMMENDED	DURATION	RATING 
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) <sup>b</sup>	12 weeks	I, C

<sup>a</sup> Excludes CTP class B and class C patients.

<sup>b</sup> For patients with cirrhosis plus multiple negative baseline characteristic, consideration should be given to adding ribavirin. The starting dose of ribavirin should be 600 mg/d and increased or decreased as tolerated. If renal dysfunction is present, a lower starting dose is recommended. Maximum ribavirin dose is 1000 mg/d if <75 kg and 1200 mg/d if ≥75 kg body weight.

**Table. DAA Interactions With Calcineurin Inhibitors**

	Cyclosporine (CSA)	Tacrolimus (TAC)
Sofosbuvir (SOF)	4.5-fold ? in SOF AUC, but GS-331007 metabolite unchanged; no a priori dose adjustment	No interaction observed; no a priori dose adjustment
Ledipasvir	No data; no a priori dose adjustment	No data; no a priori dose adjustment
Elbasvir /	15-fold ? in GZR AUC and	43% ? in TAC; no a priori dose

	Cyclosporine (CSA)	Tacrolimus (TAC)
grazoprevir (EBR/GZR)	2-fold ? in EBR AUC; combination is not recommended	adjustment
Velpatasvir	No interaction observed; no a priori dose adjustment	No data; no a priori dose adjustment
Glecaprevir / pibrentasvir (GLE/PIB)	5-fold ? in GLE AUC with higher doses (400 mg) of CSA; not recommended in patients requiring stable CSA doses >100 mg/day	1.45-fold ? in TAC AUC; no a priori dose adjustment; monitor TAC levels and titrate TAC dose as needed
Sofosbuvir / velpatasvir / voxilaprevir (SOF/VEL/VOX)	9.4-fold ? in VOX AUC; combination is not recommended	No data; no a priori dose adjustment
AUC=area under the curve		

**Last update:** October 24, 2022