

Kidney Transplant Patients

Post Kidney Transplantation: Genotype 1-6

Recommended and alternative regimens listed by evidence level and alphabetically for:

Treatment-Naive and Non-DAA-Experienced Kidney Transplant Patients With Genotype 1-6 Infection, With or Without Compensated Cirrhosis^a

RECOMMENDED	DURATION	RATING
Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) ^b	12 weeks	I, A ^c IIa, C ^d
Genotype 1, 4, 5, or 6 only: Daily fixed-dose combination of ledipasvir (90 mg)/sofosbuvir (400 mg)	12 weeks	I, A
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)	12 weeks	IIa, C
ALTERNATIVE	DURATION	RATING
Genotype 1 or 4 only: Daily fixed-dose combination of elbasvir (50 mg)/grazoprevir (100 mg) for patients without baseline NS5A RASs ^e for elbasvir	12 weeks	I, B

^a For [decompensated cirrhosis](#), please refer to the appropriate section.

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


^c Based on evidence for patients without cirrhosis.

^d Based on evidence for patients with compensated cirrhosis.

^e Includes genotype 1a resistance-associated substitutions at amino acid positions 28, 30, 31, or 93 known to confer [antiviral resistance](#).

Recommended regimen for:

DAA-Experienced Kidney Transplant Patients With Genotype 1-6 Infection, With or Without Compensated Cirrhosis^a

RECOMMENDED	DURATION	RATING 
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg), with or without ribavirin ^b	12 weeks	IIa, C

^a Excludes CTP class B and class C patients. For [decompensated cirrhosis](#), please refer to the appropriate section.
^b For patients with cirrhosis and multiple negative baseline characteristic, consideration should be given to adding ribavirin. If renal dysfunction is present, a lower starting dose is recommended. Maximum ribavirin dose is 1000 mg/d for patients who weigh <75 kg and 1200 mg/d for those who weigh ≥75 kg.

For additional information on treatment of DAA failures post transplant, treatment of decompensated cirrhosis following transplantation, treatment of transplant recipients from HCV-positive donors, and post-transplant drug-drug interactions, please see [Patients Who Develop Recurrent HCV Infection Post Liver Transplantation](#).

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