Treatment of HCV-Uninfected Transplant Recipients Receiving Organs From HCV-Viremic Donors

Recommendations When Considering Use of HCV-Viremic Donor Organs in HCV-Uninfected Recipients

RECOMMENDED	RATING
Informed consent should include the following elements: • Risk of transmission from an HCV-viremic donor (and with a PHS-defined increased risk donor, the potential risks for other viral infections) • Risk of liver disease if HCV treatment is not available or treatment is unsuccessful • Benefits, specifically reduced waiting time and possibly lower waiting list mortality • Unknown long-term consequences (hepatic and extrahepatic) of HCV exposure (even if cure is attained) • Risk of graft failure • Risk of HCV transmission to partner	I, C
Transplant programs should have a programmatic strategy to: • Document informed consent • Assure access to HCV treatment and retreatment(s), as necessary • Ensure long-term follow-up of recipients (beyond SVR12)	I, C

Recommendations Regarding Timing of DAA Therapy

RECOMMENDED	RATING
Prophylactic/preemptive treatment[a] with a pangenotypic DAA regimen is recommended.	II, B
ALTERNATIVE	RATING
Treatment with a pangenotypic DAA regimen within the first week after transplantation, is a reasonable alternative. A genotype-specific regimen may be used if genotype information from the donor or recipient is available to guide therapy.	II, B

[a] Prior to HCV RNA results, typically day 0 to 1 post-transplant

Recommended and alternative[a] regimens listed by evidence level and alphabetically for:

Treatment of HCV-Uninfected Recipients of Organs From HCV-Viremic Donors

RECOMMENDED	DURATION	RATING
Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg)[b]	8 weeks	I, C
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)	12 weeks	I, C
ALTERNATIVE	DURATION	RATING
Genotype 1 and 4 only: Daily fixed-dose combination of elbasvir (50 mg)/grazoprevir (100 mg) for patients without baseline NS5A RASs[c] for elbasvir	12 weeks	I, C
Genotype 1, 4, 5, or 6 only: Daily fixed-dose combination of ledipasvir (90 mg)/sofosbuvir (400 mg)	12 weeks	I, C

[a] Other considerations in selection of the DAA regimen:

- Presence of liver dysfunction (eg, elevated bilirubin) as protease inhibitors should be avoided
- Specific drugs that are contraindicated or not recommended with specific DAA agents, including but not limited to:
  - High-dose antacid therapy (eg, twice daily proton pump inhibitor)
  - Amiodarone (contraindicated with sofosbuvir-inclusive regimens; see prescribing information)
  - Specific statins (eg, atorvastatin)
- Consideration of immunosuppressive drugs and DAA interactions (see below)

[b] Dosing is 3 coformulated tablets (glecaprevir [100 mg]/pibrentasvir [40 mg]) taken once daily. Please refer to the prescribing information.
[c] Includes genotype 1a resistance-associated substitutions at amino acid positions 28, 30, 31, or 93 known to confer antiviral resistance.

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