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

- Informed consent should include the following elements:
  - Risk of transmission from an HCV-viremic donor
  - Risk of liver disease if HCV treatment is not available or treatment is unsuccessful
  - Risk of graft failure
  - Risk of extrahepatic complications, such as HCV-associated renal disease
  - Risk of HCV transmission to partner
  - Benefits, specifically reduced waiting time and possibly lower waiting list mortality
  - Other unknown long-term consequences (hepatic and extrahepatic) of HCV exposure (even if cure is attained)

- 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)

Recommendation Regarding Timing of DAA Therapy for HCV-Negative Recipients of HCV-Viremic Liver Transplant

- Early\(^a\) treatment with a pangenotypic DAA regimen is recommended when the patient is clinically stable.

\(^a\) Early treatment refers to starting within the first 2 weeks after liver transplant but preferably within the first week when the patient is clinically stable.
Recommended regimens listed by pangenotypic, evidence level and alphabetically for:

### Treatment of HCV-Uninfected Recipients of Liver Grafts from HCV-Viremic Donors

<table>
<thead>
<tr>
<th>RECOMMENDED</th>
<th>DURATION</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg)</td>
<td>12 weeks</td>
<td>I, C</td>
</tr>
<tr>
<td>Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)</td>
<td>12 weeks</td>
<td>I, C</td>
</tr>
</tbody>
</table>

*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.

### Recommendation Regarding Timing of DAA Therapy for HCV-Negative Recipients of HCV-Viremic Non-Liver Solid Organ Transplant

<table>
<thead>
<tr>
<th>RECOMMENDED</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylactic*/preemptive*b treatment with a pangenotypic DAA regimen is recommended.</td>
<td>II, B</td>
</tr>
</tbody>
</table>

*a* Prior to HCV RNA results, typically immediately pre-transplant or day 0 post-transplant

*b* Day 0 to within the first week post-transplant, typically as soon as the patient is deemed clinically stable

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

### Treatment of HCV-Uninfected Recipients of Non-Liver Organs from HCV-Viremic Donors

<table>
<thead>
<tr>
<th>RECOMMENDED</th>
<th>DURATION</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg)</td>
<td>8 weeks</td>
<td>I, C</td>
</tr>
<tr>
<td>Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)</td>
<td>12 weeks</td>
<td>I, C</td>
</tr>
</tbody>
</table>
Recommended regimens listed by pangenotypic, evidence level and alphabetically for:

**Treatment of HCV-Uninfected Recipients of Non-Liver Organs from HCV-Viremic Donors**

**a** Other considerations in selection of the DAA regimen:

- Presence of liver dysfunction (e.g., 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 (e.g., twice daily proton pump inhibitor)
  - Amiodarone (contraindicated with sofosbuvir-inclusive regimens; see prescribing information)
  - Specific statins (e.g., atorvastatin)
- Consideration of immunosuppressive drugs and DAA interactions (see below)

**b** 8 weeks is recommended for prophylactic/preemptive treatment approaches. However, if treatment initiation is delayed beyond the first week after transplant, treatment should be continued for 12 weeks. Dosing is 3 coformulated tablets (glecaprevir [100 mg]/pibrentasvir [40 mg]) taken once daily. Please refer to the prescribing information.

**Last update:** October 24, 2022