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 • 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)	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

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

RECOMMENDED	RATING
Early[a] treatment with a pangenotypic DAA regimen is recommended when the patient is clinically stable.	II, B

[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

RECOMMENDED	DURATION	RATING
Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg)[b]	12 weeks	I, C
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 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.

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

RECOMMENDED	RATING
Prophylactic[a] or preemptive[b] treatment with a pangenotypic DAA regimen is recommended.	II, B

[a] Initiate DAA therapy immediately pretransplant or on day 0 posttransplant. No HCV RNA testing of the transplant recipient is required
[b] Initiate DAA therapy on day 0 to day 7 posttransplant, as soon as the patient is clinically stable. Demonstration of HCV viremia in the transplant recipient is not required

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

Treatment of HCV-Uninfected Recipients of Non-Liver 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

[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] 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.

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