

## Retreatment of Persons in Whom Prior Therapy Failed

This section provides guidance on the retreatment of persons with chronic HCV infection in whom prior therapy failed. The level of the evidence available to inform the best regimen for each patient and the strength of the recommendation vary, and are rated accordingly (see [Methods Table 2](#)). In addition, specific recommendations are given when treatment differs for a particular group (eg, those infected with different viral genotypes). Recommended regimens are those that are favored for most patients in that group, based on optimal efficacy, favorable tolerability and toxicity profiles, complexity, and duration.

Alternative regimens are those that are effective but, relative to recommended regimens, have potential disadvantages, limitations for use in certain patient populations, or less supporting data. In certain situations, an alternative regimen may be optimal for a specific patient.

Not recommended regimens are clearly inferior compared to recommended and alternative regimens due to factors such as lower efficacy, unfavorable tolerability and toxicity, longer treatment duration, and/or higher pill burden. Unless otherwise indicated, such regimens should not be administered to patients with HCV infection.

Specific considerations for [pediatric patients](#) and persons with [HIV/HCV coinfection](#), [decompensated cirrhosis](#) (moderate or severe hepatic impairment; [Child-Turcotte-Pugh \[CTP\] class B or C](#)), [HCV infection post liver transplantation](#), and severe [renal impairment](#), end-stage renal disease (ESRD), or [HCV infection post kidney transplantation](#) are addressed in other sections of the guidance.

Recommended and alternative regimens are listed in order of level of evidence. When several regimens are at the same recommendation level, they are listed in alphabetical order. Regimen choice should be determined based on patient-specific data, including drug interactions. Patients receiving antiviral therapy require careful pretreatment assessment for comorbidities that may influence treatment response. All patients require careful monitoring during treatment, particularly for anemia if ribavirin is included in the regimen (See [Monitoring section](#)).

### Mixed Genotypes

Rarely, genotyping assays may indicate the presence of a mixed infection (eg, genotypes 1a and 2). Treatment data for mixed genotypes with direct-acting antivirals (DAAs) are sparse but utilization of a pangenotypic regimen should be considered. When the correct combination or duration of treatment is unclear, expert consultation should be sought.

The following pages include guidance for management of treatment-experienced patients.

- [Genotype 1](#)
- [Genotype 2](#)
- [Genotype 3](#)
- [Genotype 4](#)
- [Genotype 5 or 6](#)

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