

Patients With Decompensated Cirrhosis

Recommended for All Patients With HCV Infection Who Have Decompensated Cirrhosis 3 RATING 1 RECOMMENDED I, C Patients with HCV infection who have decompensated cirrhosis—moderate or severe hepatic impairment, ie, Child-Turcotte-Pugh (CTP) class B or class C-should be referred to a medical practitioner with expertise in that condition, ideally in a liver transplant center.

Decompensated Cirrhosis Genotype 1-6

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

Patients With Decompensated Cirrhosis^a Who Have Genotype 1-6 and Are Ribavirin Eligible

RECOMMENDED	DURATION	RATING 1
Genotype 1-6 : Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) with weight-based ribavirin ^b	12 weeks	I, A ^c
Genotype 1, 4, 5, or 6 only : Daily fixed-dose combination of ledipasvir (90 mg)/sofosbuvir (400 mg) with low initial dose of ribavirin (600 mg, increase as tolerated to weight-based dose)	12 weeks	I, A ^d

^a Includes CTP class B and class C patients who may or may not be candidates for liver transplantation, including those with hepatocellular carcinoma.

^b Low initial dose of ribavirin (600 mg) is recommended for patients with CTP class C cirrhosis; increase as tolerated.

^c Only available data for genotype 6 are in patients with compensated cirrhosis.

^d Only available data for genotypes 5 and 6 are in a small number of patients with compensated cirrhosis.

Summary: Patients With Decompensated Cirrhosis

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

Patients With Decompensated Cirrhosis^a Who Have Genotype 1-6 and Are Ribavirin Ineligible

RECOMMENDED	DURATION	RATING 1
Genotype 1-6 : Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)	24 weeks	I, A ^b
Genotype 1, 4, 5, or 6 only : Daily fixed-dose combination of ledipasvir (90 mg)/sofosbuvir (400 mg)	24 weeks	I, A ^c

^a Includes CTP class B and class C patients who may or may not be candidates for liver transplantation, including those with hepatocellular carcinoma.

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

Patients With Decompensated Cirrhosis^a and Genotype 1-6 Infection in Whom Prior Sofosbuvir- or NS5A Inhibitor-Based Treatment Failed

RECOMMENDED	DURATION	RATING 1
Genotype 1-6 : Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) with weight-based ribavirin ^b	24 weeks	II, C ^c
Prior sofosbuvir-based treatment failure, genotype 1, 4, 5, or 6 only: Daily fixed-dose combination of ledipasvir (90 mg)/sofosbuvir (400 mg) with low initial dose of ribavirin (600 mg; increase as tolerated)	24 weeks	II, C ^d

^a Includes CTP class B and class C patients who may or may not be candidates for liver transplantation, including those with hepatocellular carcinoma.

Regimens not recommended for:

Patients With Decompensated Cirrhosis (Moderate or Severe Hepatic Impairment; Child-Turcotte-Pugh Class B or C) •

NOT RECOMMENDED	RATING 1
Any protease inhibitor-containing regimen (eg, glecaprevir, grazoprevir, and voxilaprevir).	III, B
Interferon-based regimens	III, B

^b Only available data for genotype 6 are in patients with compensated cirrhosis.

^c Only available data for genotypes 5 and 6 are in a small number of patients with compensated cirrhosis.

^b Low initial dose of ribavirin (600 mg) is recommended for patients with CTP class C cirrhosis.

^c Only available data for genotypes 5 and 6 are in a small number of patients with compensated cirrhosis.

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