

Patients With Decompensated Cirrhosis

Recommended for All Patients With HCV Infection Who Have Decompensated Cirrhosis ⁱ	
RECOMMENDED	RATING ⁱ
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.	I, C

Decompensated Cirrhosis Genotype 1-6

Recommended regimens listed by evidence level and alphabetically for:		
Patients With Decompensated Cirrhosis ^a Who Have Genotype 1-6 and Are Ribavirin Eligible		
RECOMMENDED	DURATION	RATING ⁱ
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 ^b
Genotype 1-6: Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) with weight-based ribavirin ^c	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 Only available data for genotypes 5 and 6 are in a small number of patients with compensated cirrhosis.

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

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

Recommended regimens listed by evidence level and alphabetically for:		
Patients With Decompensated Cirrhosis ^a Who Have Genotype 1-6 and Are Ribavirin Ineligible		
RECOMMENDED	DURATION	RATING ⁱ
Genotype 1, 4, 5, or 6 only: Daily fixed-dose combination of ledipasvir (90 mg)/sofosbuvir (400 mg)	24 weeks	I, A ^b
Genotype 1-6: Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)	24 weeks	I, A ^c

Recommended regimens listed by evidence level and alphabetically for:

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

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

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

Recommended regimens listed by 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
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 ^b
Genotype 1-6: Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) with weight-based ribavirin ^c	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.

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

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

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

Regimens not recommended for:

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

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

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