


Patients Who Develop Recurrent HCV Infection Post Liver Transplantation

Post Liver Transplantation: Genotype 1, 4, 5, or 6 Infection

Recommended regimens listed by evidence level and alphabetically for:


Treatment-Naive and -Experienced Patients With Genotype 1, 4, 5, or 6 Infection in the Allograft Without Cirrhosis

RECOMMENDED	DURATION	RATING 
Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) ^a	12 weeks	I, A
Daily fixed-dose combination of ledipasvir (90 mg)/sofosbuvir (400 mg) with weight-based ribavirin	12 weeks	I, A

^a This is a 3-tablet coformulation. Please refer to the prescribing information.

Recommended regimen for:

Treatment-Naive and -Experienced Patients With Genotype 1, 4, 5, or 6 Infection in the Allograft With Compensated Cirrhosis

RECOMMENDED	DURATION	RATING 
Daily fixed-dose combination of ledipasvir (90 mg)/sofosbuvir (400 mg) with weight-based ribavirin for 12 weeks	12 weeks	I, A

Alternative regimens listed by evidence level and alphabetically for:

Treatment-Naive and -Experienced Patients With Genotype 1, 4, 5, or 6 Infection in the Allograft, With or Without Compensated Cirrhosis ^a **i**

ALTERNATIVE	DURATION	RATING i
Daily daclatasvir (60 mg) ^a plus sofosbuvir (400 mg) with low initial dose of ribavirin (600 mg, increase as tolerated)	12 weeks	I, B
Genotype 1 or 4 infection only: Daily simeprevir (150 mg) plus sofosbuvir (400 mg) with or without weight-based ribavirin	12 weeks	I, B
Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) ^b	12 weeks	IIa, C

^a The dose of daclatasvir may need to be increased or decreased when used concomitantly with cytochrome P450 3A/4 inducers and inhibitors, respectively. Please refer to the prescribing information and the section on [HIV/HCV coinfection](#) for patients on antiretroviral therapy.

^b This is a 3-tablet coformulation. Please refer to the prescribing information.

Recommended regimen for:

Treatment-Naive and -Experienced Patients With Genotype 1, 4, 5, or 6 Infection in the Allograft and Decompensated Cirrhosis^a **i**


RECOMMENDED	DURATION	RATING i
Daily fixed-dose combination of ledipasvir (90 mg)/sofosbuvir (400 mg) with low initial dose of ribavirin (600 mg, increase as tolerated)	12 weeks	I, B

^a Includes CTP class B and class C patients.

Post Liver Transplantation: Genotype 2 or 3 Infection

Recommended regimens listed by evidence level and alphabetically for:



Treatment-Naive and -Experienced Patients With Genotype 2 or 3 Infection in the Allograft Without Cirrhosis

RECOMMENDED	DURATION	RATING 
Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) ^a	12 weeks	I, A
Daily daclatasvir (60 mg) ^b plus sofosbuvir (400 mg) with low initial dose of ribavirin (600 mg, increase as tolerated)	12 weeks	II, A

^a This is a 3-tablet coformulation. Please refer to the prescribing information.^b The dose of daclatasvir may need to be increased or decreased when used concomitantly with cytochrome P450 3A/4 inducers and inhibitors, respectively. Please refer to the prescribing information and the section on [HIV/HCV coinfection](#) for patients on antiretroviral therapy.

Recommended and alternative regimens listed by evidence level and alphabetically for:


Treatment-Naive and -Experienced Patients With Genotype 2 or 3 Infection in the Allograft With Compensated Cirrhosis 

RECOMMENDED	DURATION	RATING 
Daily daclatasvir (60 mg) ^a plus sofosbuvir (400 mg) with low initial dose of ribavirin (600 mg, increase as tolerated)	12 weeks	II, A
ALTERNATIVE	DURATION	RATING 
Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) ^b	12 weeks	II, C
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) with weight-based ribavirin	12 weeks	II, C

^a The dose of daclatasvir may need to be increased or decreased when used concomitantly with cytochrome P450 3A/4 inducers and inhibitors, respectively. Please refer to the prescribing information and the section on [HIV/HCV coinfection](#) for patients on antiretroviral therapy.^b This is a 3-tablet coformulation. Please refer to the prescribing information.

Recommended regimens listed by evidence level and alphabetically for:

Treatment-Naive and -Experienced Patients With Genotype 2 or 3 Infection in the Allograft and Decompensated Cirrhosis^a

RECOMMENDED	DURATION	RATING 
Daily daclatasvir (60 mg) ^b plus sofosbuvir (400 mg) with low initial dose of ribavirin (600 mg, increase as tolerated)	12 weeks	II, A
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) with weight-based ribavirin	12 weeks	II, C

^a Includes CTP class B and class C patients.

^b The dose of daclatasvir may need to be increased or decreased when used concomitantly with cytochrome P450 3A/4 inducers and inhibitors, respectively. Please refer to the prescribing information and the section on [HIV/HCV coinfection](#) for patients on antiretroviral therapy.

Table. DAA Interactions With Calcineurin Inhibitors

	Cyclosporine (CSA)	Tacrolimus (TAC)
Sofosbuvir (SOF)	4.5-fold ? in SOF AUC, but GS-331007 metabolite unchanged; no a priori dose adjustment	No interaction observed; no a priori dose adjustment
Ledipasvir	No data; no a priori dose adjustment	No data; no a priori dose adjustment
Paritaprevir / ritonavir / ombitasvir + dasabuvir (PrOD)	5.8-fold ? in CSA AUC; modeling suggest using 1/5 of CSA dose during PrOD treatment, monitor CSA levels and titrate CSA dose as needed	57-fold ? in TAC AUC; modeling suggests TAC 0.5 mg every 7 days during PrOD treatment, monitor TAC levels and titrate TAC dose as needed
Elbasvir / grazoprevir (EBR/GZR)	15-fold ? in GZR AUC and 2-fold ? in EBR AUC; combination is not recommended	43% ? in TAC; no a priori dose adjustment
Velpatasvir	No interaction observed; no a priori dose adjustment	No data; no a priori dose adjustment
Glecaprevir / pibrentasvir (GLE/PIB)	5-fold ? in GLE AUC with higher doses (400 mg) of CSA; not recommended in patients requiring stable CSA doses >100 mg/day	1.45-fold ? in TAC AUC; no a priori dose adjustment, monitor TAC levels and titrate TAC dose as needed
Sofosbuvir / velpatasvir / voxilaprevir (SOF/VEL/VOX)	9.4-fold ? in VOX AUC; combination is not recommended	No data; no a priori dose adjustment
AUC=area under the curve		

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