

## Sofosbuvir-Based and Elbasvir/Grazoprevir Treatment Failures

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

### Sofosbuvir-Based Treatment Failures, With or Without Compensated Cirrhosis<sup>a</sup>

RECOMMENDED	DURATION	RATING <b>i</b>
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) <sup>b</sup>	12 weeks	I, A
ALTERNATIVE	DURATION	RATING 1
Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) except for NS3/4 protease inhibitor inclusive combination DAA regimen failures <sup>c</sup>	16 weeks	I, A
<ul> <li>Not recommended for genotype 3 infection with sofosbuvir/NS5A inhibitor experience.</li> </ul>		

<sup>&</sup>lt;sup>a</sup> For <u>decompensated cirrhosis</u>, please refer to the appropriate section.

Last update: January 21, 2021

## Glecaprevir/Pibrentasvir Treatment Failures

Recommended regimens listed by evidence level and alphabetically for:

# Glecaprevir/Pibrentasvir Treatment Failures (All Genotypes), With or Without Compensated Cirrhosis<sup>a</sup>

RECOMMENDED	DURATION	RATING 1
Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) plus daily sofosbuvir (400 mg) and weight-based ribavirin	16 weeks	IIa, B
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg)	12 weeks	IIa, B

<sup>&</sup>lt;sup>b</sup> Genotype 3: Add weight-based ribavirin if cirrhosis is present and there are no contraindications.

<sup>&</sup>lt;sup>c</sup> This regimen is not recommended for patients with prior exposure to an NS5A inhibitor plus NS3/4 PI regimens (eg. Elbasvir/grazoprevir).

#### **Treatment-Experienced**

Recommended regimens listed by evidence level and alphabetically for:

# Glecaprevir/Pibrentasvir Treatment Failures (All Genotypes), With or Without Compensated Cirrhosis<sup>a</sup> •

For patients with compensated cirrhosis, addition of weight-based ribavirin is recommended.	12 weeks	IIa, C

<sup>&</sup>lt;sup>a</sup> For <u>decompensated cirrhosis</u>, please refer to the appropriate section.

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# Multiple DAA Treatment Failures (All Genotypes), Including Sofosbuvir/Velpatasvir/Voxilaprevir or Sofosbuvir Plus Glecaprevir/Pibrentasvir

Recommended regimens listed by evidence level and alphabetically for:

# Sofosbuvir/Velpatasvir/Voxilaprevir Treatment Failures, With or Without Compensated Cirrhosis<sup>a</sup> •

RECOMMENDED	DURATION	RATING 1
Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) plus daily sofosbuvir (400 mg) and weight-based ribavirin	16 weeks <sup>b</sup>	IIa, B
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) plus weight-based ribavirin	24 weeks	IIa, B

<sup>&</sup>lt;sup>a</sup> For <u>decompensated cirrhosis</u>, please refer to the appropriate section.

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<sup>&</sup>lt;sup>b</sup> Extension of treatment to 24 weeks should be considered in extremely difficult cases (eg, genotype 3 with cirrhosis) or failure following sofosbuvir plus glecaprevir/pibrentasvir.