

Retreatment in Persons With Decompensated Cirrhosis

Recommended Regimens

Retreatment of people with decompensated cirrhosis who have experienced direct-acting antiviral (DAA) treatment failure is limited by the inability to use an NS3/4 protease inhibitor in the setting of decompensated cirrhosis. Recommendations to retreat with either sofosbuvir (400 mg)/velpatasvir (100 mg) plus weight-based ribavirin, or ledipasvir (90 mg)/sofosbuvir (400 mg) plus weight-based ribavirin for 24 weeks are based on relatively favorable SVR rates with these regimens among persons with compensated cirrhosis and prior DAA treatment failure (Gane, 2017); (Wyles, 2015b); (Osinusi, 2014).

Sofosbuvir/velpatasvir/voxilaprevir is not currently recommended for persons with decompensated cirrhosis in the context of very limited data. One small retrospective study reported that among 6 persons with decompensated cirrhosis and prior DAA treatment failure who underwent retreatment with sofosbuvir/velpatasvir/voxilaprevir, 83% (5/6) attained SVR (Patel, 2021).

For additional information, see the Persons With Decompensated Cirrhosis section.

Related References

Gane EJ, Shiffman ML, Etzkorn K, et al, et al. Sofosbuvir-velpatasvir with ribavirin for 24 weeks in hepatitis C virus patients previously treated with a direct-acting antiviral regimen. *Hepatology*. 2017;66(4):1083-1089.

Osinusi A, Kohli A, Marti MM, et al. Re-treatment of chronic hepatitis C virus genotype 1 infection after relapse: an open-label pilot study. *Ann Intern Med*. 2014;161(9):634-638.

Patel S, Martin MT, Flamm SL. Sofosbuvir/velpatasvir/voxilaprevir for hepatitis C virus retreatment in decompensated cirrhosis. *Liver Int*. 2021;41(12):3024-3027. doi: 10.1111/liv.15075.

Wyles D, Pockros P, Morelli G, et al. Ledipasvir-sofosbuvir plus ribavirin for patients with genotype 1 hepatitis C virus previously treated in clinical trials of sofosbuvir regimens. *Hepatology*. 2015;61(6):1793-7. doi: 10.1002/hep.27814.

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