



## Kidney Transplant Patients

### Post Kidney Transplantation: Genotype 1-6

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

## Treatment-Naive and Non-DAA-Experienced Kidney Transplant Patients With Genotype 1-6 Infection, With or Without Compensated Cirrhosis<sup>a</sup>

RECOMMENDED	DURATION	RATING 
Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) <sup>b</sup>	12 weeks	I, A <sup>c</sup> IIa, C <sup>d</sup>
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)	12 weeks	IIa, C
<b>Genotype 1, 4, 5, or 6 only:</b> Daily fixed-dose combination of ledipasvir (90 mg)/sofosbuvir (400 mg)	12 weeks	I, A
ALTERNATIVE	DURATION	RATING 
<b>Genotype 1 or 4 only:</b> Daily fixed-dose combination of elbasvir (50 mg)/grazoprevir (100 mg) for patients without baseline NS5A RASs <sup>e</sup> for elbasvir	12 weeks	I, B

<sup>a</sup> For [decompensated cirrhosis](#), please refer to the appropriate section.

<sup>b</sup> Dosing is 3 coformulated tablets (glecaprevir [100 mg]/pibrentasvir [40 mg]) taken once daily. Please refer to the prescribing information.


<sup>c</sup> Based on evidence for patients without cirrhosis.

<sup>d</sup> Based on evidence for patients with compensated cirrhosis.

<sup>e</sup> Includes genotype 1a resistance-associated substitutions at amino acid positions 28, 30, 31, or 93 known to confer [antiviral resistance](#).

Recommended regimen for:

## DAA-Experienced Kidney Transplant Patients With Genotype 1-6 Infection, With or Without Compensated Cirrhosis<sup>a</sup>

RECOMMENDED	DURATION	RATING 
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg), with or without ribavirin <sup>b</sup>	12 weeks	IIa, C

<sup>a</sup> Excludes CTP class B and class C patients. For [decompensated cirrhosis](#), please refer to the appropriate section.

<sup>b</sup> For patients with cirrhosis and multiple negative baseline characteristic, consideration should be given to adding ribavirin. If renal dysfunction is present, a lower starting dose is recommended. Maximum ribavirin dose is 1000 mg/d for patients who weigh <75 kg and 1200 mg/d for those who weigh ≥75 kg.

For additional information on treatment of DAA failures post transplant, treatment of decompensated cirrhosis following transplantation, treatment of transplant recipients from HCV-positive donors, and post-transplant drug-drug interactions, please see [Patients Who Develop Recurrent HCV Infection Post Liver Transplantation](#).

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