Treatment of HCV Genotype 3

This is a PDF version of the following document:
Section 5: Treatment of Chronic Hepatitis C Infection
Topic 3: Treatment of HCV Genotype 3

You can always find the most up to date version of this document at https://www.hepatitisC.uw.edu/go/treatment-infection/treatment-genotype-3/core-concept/all.

Introduction

Background

In the United States, among all persons living with hepatitis C virus (HCV) infection, approximately 10% have HCV genotype 3 infection, with an even higher proportion of HCV genotype 3 among persons who inject drugs.\[1,2,3\] Individuals with HCV genotype 3, when compared with persons infected with other HCV genotypes, have relatively faster rates of fibrosis progression, higher prevalence of severe (Grade 3) steatosis, and a higher incidence of hepatocellular carcinoma.\[4,5,6,7\] In the current direct-acting antiviral (DAA) therapy era, HCV genotype 3 infection has been relatively difficult to treat compared with other HCV genotypes, especially in persons with cirrhosis or prior HCV treatment failure. The following discussion regarding initial treatment and retreatment of HCV genotype 3 assumes the person with HCV and their clinician have already made the decision to initiate HCV treatment. This topic review does not address the treatment of HCV genotype 3 in persons with decompensated cirrhosis, renal impairment, acute HCV infection, or post-liver transplantation.

Medications used to Treat Hepatitis C

The HCV Medications section on this website provides detailed information for each of the Food and Drug Administration (FDA)-approved medications listed in the treatment recommendations, including links to the full prescribing information and to patient assistance programs. The DAAs exert their action at specific steps in the HCV life cycle. There are three major classes of DAA medications: (1) nonstructural proteins 3/4A (NS3/4A) protease inhibitors, (2) NS5A inhibitors, and (3) NS5B polymerase inhibitors (Figure 1); the NS5B polymerase inhibitors include the nucleoside analogs and nonnucleoside analogs.\[8,9\] Adherence with the treatment regimen is of paramount importance. Thus, individuals should receive detailed counseling regarding the importance of adherence prior to starting therapy, as well as intensive monitoring and follow-up during therapy.

Approach to Choosing HCV Genotype 3 Treatment Regimen

When considering treatment of persons with chronic HCV genotype 3, five major factors influence the choice and duration of therapy: (1) cirrhosis status, (2) prior treatment experience, (3) coexistent renal disease, (4) drug interactions, and (5) medication cost and/or insurance considerations. With certain regimens for treatment-experienced and/or cirrhotic patients, pretreatment NS5A resistance may also influence both the choice of regimen and duration of therapy. The following treatment recommendations are based on the American Association for the Study of Liver Diseases and the Infectious Diseases Society of America (AASLD-IDSA) HCV Guidance for persons with HCV genotype 3 infection.\[10,11\]
• AASLD-IDSA HCV Guidance for Treatment-Naïve Patients with Genotype 3 HCV
• AASLD-IDSA HCV Guidance for Treatment-Experienced Patients with Genotype 3 HCV
HCV Genotype 3: Initial Treatment

Background

Treatment of HCV genotype 3 infection has emerged in the DAA era as the most treatment-refractory of all the HCV genotypes. Sustained virologic response rates at 12 weeks post treatment (SVR12) with sofosbuvir plus weight-based ribavirin given for 12 to 16 weeks are substantially lower SVR rates in persons with HCV genotype 3 than with HCV genotype 2.[12,13] The relatively lower SVR12 rates with HCV genotype 3 were improved by using a 12-week course of sofosbuvir plus ribavirin plus peginterferon,[14] or extending the all-oral sofosbuvir plus ribavirin regimen to 24 weeks.[15,16] The dual DAA combination of daclatasvir plus sofosbuvir proved more efficacious than sofosbuvir plus ribavirin combination, but required a longer duration (16 or 24 weeks) in patients with HCV genotype 3 infection and cirrhosis; the role of ribavirin remained unclear when duration was extended.[17,18,19,20] Glecaprevir-pibrentasvir and sofosbuvir-velpatasvir have since become the mainstay of DAA therapy for treatment-naïve patients with HCV genotype 3 infection, with both regimens demonstrating high efficacy, including in patients with compensated cirrhosis.[21,22,23,24,25]

Factors to Consider Prior to Choosing Initial Treatment Regimen

For persons chronically infected with genotype 3 hepatitis C, four factors should be considered when choosing the initial treatment regimen and duration: (1) the presence of baseline NS5A-resistance-associated substitution Y93H (screening required for patients with cirrhosis or prior treatment experience in whom sofosbuvir-velpatasvir or daclatasvir plus sofosbuvir is being considered), (2) presence or absence of cirrhosis, and (3) drug interactions, and (4) cost and/or insurance considerations.

AASLD-IDSA HCV Guidance for Initial Treatment of HCV Genotype 3

The following is a summary of recommendations issued in the AASLD-IDSA HCV Guidance. The recommendations listed below are for persons with hepatitis C genotype 3 infection who are treatment naïve.[26,27] For individuals with cirrhosis, the AASLD-IDSA HCV Guidance defines compensated cirrhosis as Child-Turcotte-Pugh class A and decompensated cirrhosis as Child-Turcotte-Pugh class B or class C (see CTP Calculator). The recommended regimens are listed by evidence level; when the evidence level is considered equivalent, the regimens are listed alphabetically.

Table 1. AASLD-IDSA HCV Guidance for Genotype 3: Initial Treatment Treatment-Naïve Genotype 3 Patients Without Cirrhosis

Recommended and alternative regimens listed alphabetically

<table>
<thead>
<tr>
<th>Recommended for Treatment-Naïve Genotype 3 Patients Without Cirrhosis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Glecaprevir-Pibrentasvir</strong></td>
</tr>
<tr>
<td><em>Fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) once daily for 8 weeks</em></td>
</tr>
<tr>
<td>Rating: Class I, Level A</td>
</tr>
<tr>
<td>Note: <em>This is taken as 3 tablets once daily with each fixed-dose tablet containing glecaprevir (100 mg)/pibrentasvir (40 mg).</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommended for Treatment-Naïve Genotype 3 Patients Without Cirrhosis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sofosbuvir-Velpatasvir</strong></td>
</tr>
<tr>
<td><em>Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) one tablet once daily for 12 weeks</em></td>
</tr>
<tr>
<td>Rating: Class I, Level A</td>
</tr>
</tbody>
</table>
## Table 2. AASLD-IDSA HCV Guidance for Genotype 3: Initial Treatment Treatment-Naïve Genotype 3 Patients With Compensated Cirrhosis

Recommended and alternative regimens listed by evidence level and alphabetically

### Recommended for Treatment-Naïve Genotype 3 Patients With Compensated Cirrhosis

**Glecaprevir-Pibrentasvir**  
*Fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) once daily for 8 weeks*

For HIV/HCV-coinfected patients, a treatment duration of 12 weeks is recommended.

Rating: **Class I, Level B**  
Note: *This is taken as 3 tablets once daily with each fixed-dose tablet containing glecaprevir (100 mg)/pibrentasvir (40 mg).*

### Alternative for Treatment-Naïve Genotype 3 Patients With Compensated Cirrhosis

**Sofosbuvir-Velpatasvir**  
*Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) one tablet once daily for 12 weeks*  

For patients without baseline NS5A resistance-associated substitution (RAS) Y93H for velpatasvir.

Rating: **Class I, Level A**

**Sofosbuvir-Velpatasvir-Voxilaprevir**  
*Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) one tablet once daily for 12 weeks*  

For patients with baseline NS5A resistance-associated substitution (RAS) Y93H for velpatasvir.

Rating: **Class Ia, Level A**

**Sofosbuvir-Velpatasvir**  
*Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) one tablet once daily for 12 weeks*  

**Ribavirin**  
1000 mg if <75 kg or 1200 mg if ≥75 kg for 12 weeks (the daily dose is given in two divided doses)

For patients with baseline NS5A resistance-associated substitution (RAS) Y93H for velpatasvir.

Rating: **Class Ia, Level A**
For patients with baseline NS5A resistance-associated substitution (RAS) Y93H for velpatasvir.

Rating: Class IIa, Level B

^For treatment of patients with decompensated cirrhosis, see the AASLD-IDSA Guidance: Unique Populations—Patients with Decompensated Cirrhosis.

Studies of Initial Treatment of Adults with HCV Genotype 3

The following key studies support the recommendations for initial treatment of patients with chronic hepatitis C and genotype 3 infection. The medications are listed in alphabetical order.

Glecaprevir-Pibrentasvir

- **ENDURANCE-3**: In this phase 3, randomized study, investigators compared the efficacy and safety of 8 or 12 weeks of glecaprevir-pibrentasvir versus 12 weeks of sofosbuvir and daclatasvir in noncirrhotic treatment-naïve adults with HCV genotype 3 infection; 348 individuals were randomized in 2:1 ratio to receive 12 weeks of either glecaprevir-pibrentasvir or sofosbuvir plus daclatasvir whereas 157 were assigned to 8 weeks of glecaprevir-pibrentasvir.[25] For individuals in the 8-week arm, 95% (149 of 157) achieved an SVR12. Similar results were observed in the 12-week arm—95% (222 of 233) achieved an SVR12.

- **EXPEDITION-8**: This was a phase 3b, single-arm trial to evaluate the efficacy of an 8-week course of glecaprevir-pibrentasvir in treatment-naïve individuals with HCV genotype 1, 2, 3, 4, 5, or 6 and compensated cirrhosis.[28] Among those enrolled 67% (231 of 343) of these participants had HCV genotype 1 infection.[28] Among the 63 individuals with HCV genotype 3 infection and cirrhosis, 95% (60 of 63) achieved an SVR12 by intent-to-treat analysis.[28]

- **SURVEYOR-II (Part 3)**: In this partially randomized, open-label, multicenter, phase 3 trial, the safety and efficacy of glecaprevir-pibrentasvir was evaluated in treatment-naïve and treatment-experienced adults with HCV genotype 3.[29] Enrollment included 40 treatment-naïve adults with compensated cirrhosis who received 12 weeks of glecaprevir-pibrentasvir. For the treatment-naïve participants 98% (39 of 40) achieved an SVR12.

Sofosbuvir-Velpatasvir

- **ASTRAL-3**: The ASTRAL-3 trial was a randomized, open-label, phase 3 study that compared sofosbuvir-velpatasvir for 12 weeks with sofosbuvir plus ribavirin for 24 weeks in adults with HCV genotype 3 infection.[22] Of the 552 persons enrolled in the study, 30% had compensated cirrhosis and 26% were treatment experienced. For the treatment-naïve participants who received sofosbuvir-velpatasvir, 97% (200 of 206) achieved an SVR12, which was significantly better than the 87% (174 of 201) SVR12 rate in treatment-naïve participants who received sofosbuvir plus ribavirin (P
HCV Genotype 3: Retreating Persons who Failed Prior Therapy

Background

Treatment of HCV Genotype 3 infection can be particularly challenging in persons with prior treatment failure, especially those with cirrhosis. Sofosbuvir-velpatasvir is currently the main recommended option for peginterferon plus ribavirin-experienced persons without cirrhosis based on the latest AASLD-IDSA HCV Guidance. In peginterferon plus ribavirin-experienced persons with compensated cirrhosis, the AASLD-IDSA HCV Guidance recommends using triple-class DAA therapy that includes an NS5A inhibitor, NS3/4 protease inhibitor, and NS5B polymerase inhibitor—either elbasvir-grazoprevir plus sofosbuvir or sofosbuvir-velpatasvir-voxilaprevir.

Factors to Consider Prior to Choosing Retreatment Regimen

For retreatment of adults with HCV genotype 3 infection, several factors influence the regimen choice, including (1) the prior regimen (categorized as prior peginterferon plus ribavirin or DAA experience [with or without prior receipt of an NS5A inhibitor]), (2) presence of NS5A resistance-associated substitution Y93H if sofosbuvir-velpatasvir or daclatasvir plus sofosbuvir is being considered, (3) presence or absence of cirrhosis, and (4) medication cost or insurance considerations. It is also worth noting that the clinical data for treatment-experienced individuals with HCV genotype 3 is more limited for the newest DAAs, such as glecaprevir-pibrentasvir, since these individuals are encountered less frequently in recent years due to the efficacy of earlier DAA regimens. Therefore, the optimal duration of therapy for retreatment of persons with HCV genotype 3 with glecaprevir-pibrentasvir is not well established. The retreatment of individuals with HCV genotype 3 who have decompensated cirrhosis, renal impairment, acute hepatitis C infection, or post-liver transplantation is not addressed in this lesson.

AASLD-IDSA HCV Guidance for Retreatment of HCV Genotype 3

The following is a summary of AASLD-IDSA HCV Guidance for adults with hepatitis C genotype 3 infection who are treatment experienced and failed prior therapy with either (1) peginterferon plus ribavirin, or (2) a DAA regimen, including NS5A inhibitor sofosbuvir. [30, 31, 32] For individuals with cirrhosis, the AASLD-IDSA HCV Guidance defines compensated cirrhosis as Child-Turcotte-Pugh class A and decompensated cirrhosis as Child-Turcotte-Pugh class B or class C. The recommended regimens are listed by evidence level; when the evidence level is considered equivalent, the regimens are listed alphabetically.

Table 3. AASLD-IDSA HCV Guidance for Genotype 3: Retreatment Peginterferon plus Ribavirin-Experienced, Genotype 3 Patients Without Cirrhosis

Recommended and alternative regimens listed by evidence level and alphabetically,

<table>
<thead>
<tr>
<th><strong>Recommended for Peginterferon plus Ribavirin-Experienced, Genotype 3 Patients Without Cirrhosis</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sofosbuvir-Velpatasvir</strong></td>
</tr>
<tr>
<td><em>Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) one tablet once daily for 12 weeks</em></td>
</tr>
</tbody>
</table>

Note: for patients without baseline resistance associated substitution (RAS) Y93H to velpatasvir. Baseline resistance-associated substitution (RAS) testing for Y93H is recommended. If the Y93H substitution is identified, a different regimen should be used, or weight-based ribavirin should be added.

Rating: [Class I, Level A](#)
Alternative for Peginterferon plus Ribavirin-Experienced, Genotype 3 Patients Without Cirrhosis

**Glecaprevir-Pibrentasvir**

*Fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) once daily for 16 weeks*

Rating: **Class IIa, Level B**

Note: *This is taken as 3 tablets once daily with each fixed-dose tablet containing glecaprevir (100 mg)/pibrentasvir (40 mg).

Alternative for Peginterferon plus Ribavirin-Experienced, Genotype 3 Patients Without Cirrhosis

**Sofosbuvir-Velpatasvir-Voxilaprevir**

*Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) one tablet once daily for 12 weeks*

When Y93H is present.

Rating: **Class IIb, Level B**


**Table 4. AASLD-IDSA HCV Guidance for Genotype 3: Retreatment Peginterferon plus Ribavirin-Experienced, Genotype 3 Patients With Compensated Cirrhosis**

Recommended and alternative regimens listed by evidence level and alphabetically

**Recommended for Peginterferon plus Ribavirin-Experienced, Genotype 3 Patients With Compensated Cirrhosis**

**Glecaprevir-Pibrentasvir**

*Fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) once daily for 16 weeks*

Rating: **Class IIa, Level B**

Note: *This is taken as 3 tablets once daily with each fixed-dose tablet containing glecaprevir (100 mg)/pibrentasvir (40 mg).

**Recommended for Peginterferon plus Ribavirin-Experienced, Genotype 3 Patients With Compensated Cirrhosis**

**Sofosbuvir-Velpatasvir-Voxilaprevir**

*Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) one tablet once daily for 12 weeks*

Rating: **Class IIb, Level B**
### Alternative for Peginterferon plus Ribavirin-Experienced, Genotype 3 Patients With Compensated Cirrhosis

<table>
<thead>
<tr>
<th><strong>Elbasvir-Grazoprevir</strong></th>
<th>+</th>
<th><strong>Sofosbuvir</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed-dose combination of elbasvir (50 mg)/grazoprevir (100 mg) one tablet once daily for 12 weeks</td>
<td>+</td>
<td>(400 mg) one tablet once daily for 12 weeks</td>
</tr>
</tbody>
</table>

Rating: [Class I, Level B](#)

### Alternative for Peginterferon plus Ribavirin-Experienced, Genotype 3 Patients With Compensated Cirrhosis

<table>
<thead>
<tr>
<th><strong>Sofosbuvir-Velpatasvir</strong></th>
<th>+</th>
<th><strong>Ribavirin</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) one tablet once daily for 12 weeks</td>
<td>+</td>
<td>1000 mg if &lt;75 kg or 1200 mg if ≥75 kg for 12 weeks (the daily dose is given in two divided doses)</td>
</tr>
</tbody>
</table>

Rating: [Class II, Level B](#)

^For treatment of patients with decompensated cirrhosis, see the AASLD-IDSA Guidance: Unique Populations—Patients with Decompensated Cirrhosis.


### Table 5. AASLD-IDSA HCV Guidance for Genotype 3: Retreatment Sofosbuvir plus Ribavirin-Experienced (+/- Peginterferon), Genotype 3 Patients, With or Without Compensated Cirrhosis

Recommended regimens listed by evidence level.

<table>
<thead>
<tr>
<th><strong>Recommended for Sofosbuvir plus Ribavirin-Experienced (+/- Peginterferon), Genotype 3 Patients, With or Without Compensated Cirrhosis</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sofosbuvir-Velpatasvir-Voxilaprevir</strong></td>
</tr>
<tr>
<td>Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) one tablet once daily for 12 weeks</td>
</tr>
</tbody>
</table>

Rating: [Class I, Level B](#)

<table>
<thead>
<tr>
<th><strong>Recommended for Sofosbuvir plus Ribavirin-Experienced (+/- Peginterferon), Genotype 3 Patients, With or Without Compensated Cirrhosis</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Glecaprevir-Pibrentasvir</strong></td>
</tr>
<tr>
<td><em>Fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) once daily for 16 weeks</em></td>
</tr>
</tbody>
</table>

Rating: [Class IIb, Level B](#)
Note: *This is taken as 3 tablets once daily with each fixed-dose tablet containing glecaprevir (100 mg)/pibrentasvir (40 mg).

^For treatment of patients with decompensated cirrhosis, see the AASLD-IDSA Guidance: Unique Populations—Patients with Decompensated Cirrhosis.


Table 6. AASLD-IDSA HCV Guidance for Genotype 3: Retreatment DAA-Experienced (Including NS5A Inhibitors Except Glecaprevir-Pibrentasvir Failures), Genotype 3 Patients, With or Without Compensated Cirrhosis^

<table>
<thead>
<tr>
<th>Recommended for DAA-Experienced (Including NS5A Inhibitors Except Glecaprevir-Pibrentasvir Failures), Genotype 3 Patients, With or Without Compensated Cirrhosis^</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sofosbuvir-Velpatasvir-Voxilaprevir</strong></td>
</tr>
<tr>
<td>Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) one tablet once daily for 12 weeks</td>
</tr>
<tr>
<td>Rating: <strong>Class I, Level A</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommended for DAA-Experienced (Including NS5A Inhibitors Except Glecaprevir-Pibrentasvir Failures), Genotype 3 Patients, With or Without Compensated Cirrhosis^</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sofosbuvir-Velpatasvir-Voxilaprevir + Ribavirin</strong></td>
</tr>
<tr>
<td>Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) one tablet once daily for 12 weeks</td>
</tr>
<tr>
<td>Rating: <strong>Class IIa, Level C</strong></td>
</tr>
</tbody>
</table>

^For treatment of patients with decompensated cirrhosis, see the AASLD-IDSA Guidance: Unique Populations—Patients with Decompensated Cirrhosis.


Table 7. AASLD-IDSA HCV Guidance for All Genotypes: Retreatment
Patients With Prior Glecaprevir/Pibrentasvir Treatment Failure (All Genotypes), With or Without Compensated Cirrhosis^  

Recommended for Patients With Prior Glecaprevir/Pibrentasvir Treatment Failure (All Genotypes), With or Without Compensated Cirrhosis^  

Glecaprevir-Pibrentasvir  
*Fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) once daily for 16 weeks  

Sofosbuvir  
(400 mg) one tablet once daily for 16 weeks  

Ribavirin  
1000 mg if <75 kg or 1200 mg if ≥75 kg for 16 weeks (the daily dose is given in two divided doses)  

For patients with or without compensated cirrhosis  

Rating: Class IIa, Level B  
Note: *This is taken as 3 tablets once daily with each fixed-dose tablet containing glecaprevir (100 mg)/pibrentasvir (40 mg)  

Sofosbuvir-Velpatasvir-Voxilaprevir  
Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) one tablet once daily for 12 weeks  

For patients without cirrhosis  

Rating: Class IIa, Level B  

Sofosbuvir-Velpatasvir-Voxilaprevir  
Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) one tablet once daily for 12 weeks  

+ Ribavirin  
1000 mg if <75 kg or 1200 mg if ≥75 kg for 12 weeks (the daily dose is given in two divided doses)  

For patients with compensated cirrhosis  

Rating: Class IIa, Level C  

^For treatment of patients with decompensated cirrhosis, see the AASLD-IDSA Guidance: Unique Populations—Patients with Decompensated Cirrhosis  

Source: AASLD-IDSA. Recommendations for testing, management, and treating hepatitis C. Retreatment of persons in whom prior therapy has failed: glecaprevir/pibrentasvir treatment failure (all genotypes).  

Table 8. AASLD-IDSA HCV Guidance for All Genotypes: Retreatment Patients With Prior Sofosbuvir-Velpatasvir-Voxilaprevir Treatment Failure (All Genotypes), With or Without Compensated Cirrhosis^
Recommended for Patients With Prior Sofosbuvir-Velpatasvir-Voxilaprevir Treatment Failure (All Genotypes), With or Without Compensated Cirrhosis

<table>
<thead>
<tr>
<th>Glecaprevir-Pibrentasvir</th>
<th>Sofosbuvir</th>
<th>Ribavirin</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg)</em> once daily for 16 weeks</td>
<td>(400 mg) one tablet once daily for 16 weeks</td>
<td>1000 mg if &lt;75 kg or 1200 mg if ≥75 kg for 16 weeks (the daily dose is given in two divided doses)</td>
</tr>
</tbody>
</table>

Rating: **Class IIa, Level B**

Note: *This is taken as 3 tablets once daily with each fixed-dose tablet containing glecaprevir (100 mg)/pibrentasvir (40 mg)

Recommended for Patients With Prior Sofosbuvir-Velpatasvir-Voxilaprevir Treatment Failure (All Genotypes), With or Without Compensated Cirrhosis

<table>
<thead>
<tr>
<th>Sofosbuvir-Velpatasvir-Voxilaprevir</th>
<th>Ribavirin</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg)</em> one tablet once daily for 24 weeks</td>
<td>1000 mg if &lt;75 kg or 1200 mg if ≥75 kg for 24 weeks (the daily dose is given in two divided doses)</td>
</tr>
</tbody>
</table>

Rating: **Class IIa, Level B**

^For treatment of patients with decompensated cirrhosis, see the AASLD-IDSA Guidance: Unique Populations—Patients with Decompensated Cirrhosis

Studies of Retreatment of Adults with HCV Genotype 3

The following key studies support the recommendations for treatment of persons with chronic hepatitis C and genotype 3 infection who are treatment-experienced. The medications are listed in alphabetical order.

Elbasvir-Grazoprevir plus Sofosbuvir

- **C-ISLE**: In this randomized, open-label phase 2 trial, the safety and efficacy of elbasvir-grazoprevir plus sofosbuvir with or without ribavirin was evaluated in treatment-naïve and peginterferon/ribavirin-experienced adults with HCV genotype 3 and compensated cirrhosis.[33] Among the treatment-naïve participants, 23 received 8 weeks of elbasvir-grazoprevir plus sofosbuvir plus ribavirin and 24 received 12 weeks of elbasvir-grazoprevir plus sofosbuvir. The 53 treatment-experienced participants were randomized 1:1:1 to receive (1) elbasvir-grazoprevir plus sofosbuvir for 12 weeks, (2) elbasvir-grazoprevir plus sofosbuvir plus ribavirin for 12 weeks, or (3) elbasvir-grazoprevir plus sofosbuvir for 16 weeks.[33] In an intent-to-treat analysis, the SVR12 rates ranged from 94 to 100% among the treatment arms, with only 2 viral relapses occurring and both were in the 8-week arm. Among the treatment-experienced participants, the SVR12 rates ranged from 94 to 100%, with the only study failures involving 1 person who withdrew consent and 1 who discontinued due to an adverse event.[33]

Glecaprevir-Pibrentasvir

- **SURVEYOR-II (Part 3)**: In this partially randomized, open-label, phase 3 trial, 44 treatment-experienced adults with HCV genotype 3 infection (without cirrhosis) were randomized 1:1 to receive either 12 or 16 weeks of glecaprevir-pibrentasvir.[29] In addition, 47 treatment-experienced adults with HCV genotype 3 who had compensated cirrhosis received 16 weeks of glecaprevir-pibrentasvir. Prior treatment experience was with (1) peginterferon (or interferon), with or without ribavirin, or (2) sofosbuvir plus ribavirin, with or without peginterferon.[29] An SVR12 was achieved in 96% (45 of 47) of the treatment-experienced participants with compensated cirrhosis who were treated with 16 weeks of glecaprevir-pibrentasvir.[29] In the non-cirrhotic, treatment-experienced group, 91% (20 of 22) of treatment-experienced participants achieved an SVR12 with 12 weeks of glecaprevir-pibrentasvir, compared with 95% (21 of 22) in the 16-week arm.[29]

Sofosbuvir-Velpatasvir

- **ASTRAL-3**: The ASTRAL-3 trial was a randomized, open-label, phase 3 study that compared sofosbuvir-velpatasvir for 12 weeks with sofosbuvir plus ribavirin for 24 weeks in adults with HCV genotype 3 infection.[22] Of the 552 participants enrolled in the study, 26% were treatment experienced with a prior interferon-containing regimen.[22] A total of 90% (64 of 71) of treatment-experienced recipients in the velpatasvir-sofosbuvir group achieved an SVR 12, which was significantly better than the 64% (44 of 69) of the treatment-experienced participants who received sofosbuvir plus ribavirin.[22] The SVR 12 rates for treatment-experienced persons who received velpatasvir-sofosbuvir were similar to participants with (89%) or without (91%) cirrhosis.[22]

Sofosbuvir-Velpatasvir-Voxilaprevir

- **POLARIS-3**: In this phase 3, open-label trial, adults with HCV genotype 3 infection and compensated cirrhosis who were DAA naïve (prior peginterferon and ribavirin experience permitted) were randomized to receive 8 weeks of sofosbuvir-velpatasvir-voxilaprevir or 12 weeks of sofosbuvir-velpatasvir.[23] Thirty-one percent were treatment-experienced. For the treatment-experienced participants, the SVR12 rate was 97% (34 of 35) for the sofosbuvir-velpatasvir-voxilaprevir arm and 91% (29 of 32) for the sofosbuvir-velpatasvir arm. All persons with baseline NS5A resistance-associated substitutions achieved an SVR12.[23]
POLARIS-4: In this phase 3, active-comparator, open-label trial, 314 adults with chronic HCV genotype 1, 2, or 3 with prior DAA therapy (but without an NS5A inhibitor) were randomized to receive 12 weeks of therapy with either sofosbuvir-velpatasvir-voxilaprevir or sofosbuvir-velpatasvir. Compensated cirrhosis was present in 46% and prior sofosbuvir exposure in 80% of participants. A total of 104 enrollees had HCV genotype 3. For these individuals with HCV genotype 3, the SVR12 rates were 94% (51 of 54) for the sofosbuvir-velpatasvir-voxilaprevir group and 85% (44 of 52) for the sofosbuvir-velpatasvir group. Virologic relapse was confirmed at week 4 for 8 individuals with HCV genotype 3 who received sofosbuvir-velpatasvir. Eight of the 16 virologic failures had genotype 3; all 8 had detectable Y93H mutation at the time of treatment failure and were in the sofosbuvir-velpatasvir arm.
Summary Points

- In the DAA era, HCV genotype 3 has emerged as the most difficult HCV genotype to treat.
- For treatment-naïve adults without cirrhosis, two regimens are recommended with equal evidence rating: (1) glecaprevir-pibrentasvir for 8 weeks, or (2) sofosbuvir-velpatasvir for 12 weeks.
- For treatment-naïve adults with compensated cirrhosis, two regimens are recommended: (1) glecaprevir-pibrentasvir for 8 weeks (in persons without HIV infection), or (2) sofosbuvir-velpatasvir for 12 weeks. If considering use of sofosbuvir-velpatasvir, baseline NS5A genotype 3 resistance testing should be performed, and ribavirin should be added to sofosbuvir-velpatasvir if the Y93H resistance-associated substitution (RAS) is detected.
- For retreatment of HCV genotype 3 in adults without cirrhosis (and prior peginterferon plus ribavirin experience), the recommended regimen is sofosbuvir-velpatasvir for 12 weeks. Baseline NS5A genotype 3 resistance testing should be performed, and ribavirin should be added to sofosbuvir-velpatasvir if the Y93H mutation is detected, or an alternative regimen such as glecaprevir-pibrentasvir should be considered.
- For retreatment of HCV genotype 3 in adults with compensated cirrhosis (and prior peginterferon plus ribavirin experience), two regimens are recommended: (1) glecaprevir-pibrentasvir for 16 weeks, or (2) sofosbuvir-velpatasvir-voxilaprevir for 12 weeks.
- Two regimens are recommended for retreatment of HCV genotype 3 infection in adults (with or without compensated cirrhosis) who are sofosbuvir plus ribavirin experienced (with or without prior peginterferon treatment): (1) sofosbuvir-velpatasvir-voxilaprevir for 12 weeks, or (2) glecaprevir-pibrentasvir for 16 weeks.
- The recommended regimen for retreatment of HCV genotype 3 infection in adults who are DAA experienced, including with an NS5A inhibitor (except glecaprevir-pibrentasvir failures) consists of sofosbuvir-velpatasvir-voxilaprevir for 12 weeks. In this situation, weight-based ribavirin should be added to this regimen for those with cirrhosis and prior failure with an NS5A inhibitor.
Citations


10. AASLD-IDSA. Recommendations for testing, management, and treating hepatitis C. Treatment-Naive Genotype 3. [AASLD-IDSA Hepatitis C Guidance]

11. AASLD-IDSA. Recommendations for testing, management, and treating hepatitis C. Treatment-Experienced Genotype 3. [AASLD-IDSA Hepatitis C Guidance]


26. AASLD-IDSA. Recommendations for testing, management, and treating hepatitis C. Initial treatment of HCV infection: treatment-naive genotype 3 without cirrhosis. [AASLD-IDSA Hepatitis C Guidance] -

27. AASLD-IDSA. Recommendations for testing, management, and treating hepatitis C. Initial treatment of HCV infection: treatment-naive genotype 3 with compensated cirrhosis [AASLD-IDSA Hepatitis C Guidance] -


30. AASLD-IDSA. Recommendations for testing, management, and treating hepatitis C. Retreatment of persons in whom prior therapy has failed: peginterferon/ribavirin-experienced, genotype 3 patients with compensated cirrhosis. [AASLD-IDSA Hepatitis C Guidance] -

31. AASLD-IDSA. Recommendations for testing, management, and treating hepatitis C. Retreatment of persons in whom prior therapy has failed: peginterferon/ribavirin-experienced, genotype 3 patients without cirrhosis. [AASLD-IDSA Hepatitis C Guidance] -

32. AASLD-IDSA. Recommendations for testing, management, and treating hepatitis C. Retreatment of persons in whom prior therapy has failed: DAA-experienced (including NS5A inhibitors except glecaprevir/pibrentasvir failures), genotype 3 patients with or without compensated cirrhosis. [AASLD-IDSA Hepatitis C Guidance] -


References


Lawitz E, Buti M, Vierling JM, et al. Safety and efficacy of a fixed-dose combination regimen of grazoprevir, ruzasvir, and uprifosbuvir with or without ribavirin in participants with and without cirrhosis with chronic hepatitis C virus genotype 1, 2, or 3 infection (C-CREST-1 and C-CREST-2, part B): two randomised, phase 2, open-label trials. Lancet Gastroenterol Hepatol. 2017;2:814-23.


**Figures**

**Figure 1 Classes of Direct-Acting Antiviral Agents Used to Treat HCV**

Note that all medications in gray boxes have been discontinued and are no longer manufactured in the United States.

<table>
<thead>
<tr>
<th>NS3/4A Protease Inhibitors</th>
<th>NS5A Inhibitors</th>
<th>NS5B Polymerase Inhibitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boceprevir</td>
<td>Daclatasvir</td>
<td>Dasabuvir</td>
</tr>
<tr>
<td>Glecaprevir</td>
<td>Elbasvir</td>
<td>Sofosbuvir</td>
</tr>
<tr>
<td>Grazoprevir</td>
<td>Ledipasvir</td>
<td></td>
</tr>
<tr>
<td>Paritaprevir</td>
<td>Ombitasvir</td>
<td></td>
</tr>
<tr>
<td>Simeprevir</td>
<td>Pibrentasvir</td>
<td></td>
</tr>
<tr>
<td>Telaprevir</td>
<td>Velpatasvir</td>
<td></td>
</tr>
<tr>
<td>Voxilaprevir</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 1. AASLD-IDSA HCV Guidance for Genotype 3: Initial Treatment
#### Treatment-Naïve Genotype 3 Patients Without Cirrhosis

Recommended and alternative regimens listed alphabetically

<table>
<thead>
<tr>
<th>Recommended for Treatment-Naïve Genotype 3 Patients Without Cirrhosis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Glecaprevir-Pibrentasvir</strong></td>
</tr>
<tr>
<td><em>Fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) once daily for 8 weeks</em></td>
</tr>
<tr>
<td>Rating: <strong>Class I, Level A</strong></td>
</tr>
<tr>
<td>Note: <em>This is taken as 3 tablets once daily with each fixed-dose tablet containing glecaprevir (100 mg)/pibrentasvir (40 mg).</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommended for Treatment-Naïve Genotype 3 Patients Without Cirrhosis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sofosbuvir-Velpatasvir</strong></td>
</tr>
<tr>
<td><em>Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) one tablet once daily for 12 weeks</em></td>
</tr>
<tr>
<td>Rating: <strong>Class I, Level A</strong></td>
</tr>
</tbody>
</table>

Table 2. AASLD-IDSA HCV Guidance for Genotype 3: Initial Treatment

Treatment-Naïve Genotype 3 Patients With Compensated Cirrhosis

Recommended and alternative regimens listed by evidence level and alphabetically

### Recommended for Treatment-Naïve Genotype 3 Patients With Compensated Cirrhosis

**Glecaprevir-Pibrentasvir**

*Fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) once daily for 8 weeks*

For HIV/HCV-coinfected patients, a treatment duration of 12 weeks is recommended.

Rating: **Class I**, **Level B**

Note: *This is taken as 3 tablets once daily with each fixed-dose tablet containing glecaprevir (100 mg)/pibrentasvir (40 mg).

### Recommended for Treatment-Naïve Genotype 3 Patients With Compensated Cirrhosis

**Sofosbuvir-Velpatasvir**

*Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) one tablet once daily for 12 weeks*

For patients without baseline NS5A resistance-associated substitution (RAS) Y93H for velpatasvir.

Rating: **Class I**, **Level A**

### Alternative for Treatment-Naïve Genotype 3 Patients With Compensated Cirrhosis

**Sofosbuvir-Velpatasvir + Ribavirin**

*Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) one tablet once daily for 12 weeks*

For patients with baseline NS5A resistance-associated substitution (RAS) Y93H for velpatasvir.

Rating: **Class IIa**, **Level A**

### Alternative for Treatment-Naïve Genotype 3 Patients With Compensated Cirrhosis

**Sofosbuvir-Velpatasvir-Voxilaprevir**

*Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) one tablet once daily for 12 weeks*

For patients with baseline NS5A resistance-associated substitution (RAS) Y93H for velpatasvir.

Rating: **Class IIa**, **Level B**

^For treatment of patients with decompensated cirrhosis, see the AASLD-IDSA Guidance: Unique
Populations—Patients with Decompensated Cirrhosis.

**Table 3. AASLD-IDSA HCV Guidance for Genotype 3: Retreatment**

**Peginterferon plus Ribavirin-Experienced, Genotype 3 Patients Without Cirrhosis**

Recommended and alternative regimens listed by evidence level and alphabetically,

---

### Recommended for Peginterferon plus Ribavirin-Experienced, Genotype 3 Patients Without Cirrhosis

**Sofosbuvir-Velpatasvir**

*Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) one tablet once daily for 12 weeks*

Note: for patients without baseline resistance associated substitution (RAS) Y93H to velpatasvir. Baseline resistance-associated substitution (RAS) testing for Y93H is recommended. If the Y93H substitution is identified, a different regimen should be used, or weight-based ribavirin should be added.

Rating: **Class I, Level A**

---

### Alternative for Peginterferon plus Ribavirin-Experienced, Genotype 3 Patients Without Cirrhosis

**Glecaprevir-Pibrentasvir**

*Fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) once daily for 16 weeks*

Rating: **Class IIa, Level B**

Note: *This is taken as 3 tablets once daily with each fixed-dose tablet containing glecaprevir (100 mg)/pibrentasvir (40 mg).*

---

**Sofosbuvir-Velpatasvir-Voxilaprevir**

*Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) one tablet once daily for 12 weeks*

When Y93H is present.

Rating: **Class IIb, Level B**

---

Table 4. AASLD-IDSA HCV Guidance for Genotype 3: Retreatment Peginterferon plus Ribavirin-Experienced, Genotype 3 Patients With Compensated Cirrhosis

Recommended and alternative regimens listed by evidence level and alphabetically

| Recommended for Peginterferon plus Ribavirin-Experienced, Genotype 3 Patients With Compensated Cirrhosis |
| Glecaprevir-Pibrentasvir |
| *Fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) once daily for 16 weeks |
| Rating: Class Ila, Level B |
| Note: *This is taken as 3 tablets once daily with each fixed-dose tablet containing glecaprevir (100 mg)/pibrentasvir (40 mg). |

| Recommended for Peginterferon plus Ribavirin-Experienced, Genotype 3 Patients With Compensated Cirrhosis |
| Sofosbuvir-Velpatasvir-Voxilaprevir |
| Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) one tablet once daily for 12 weeks |
| Rating: Class IIb, Level B |

| Alternative for Peginterferon plus Ribavirin-Experienced, Genotype 3 Patients With Compensated Cirrhosis |
| Elbasvir-Grazoprevir + Sofosbuvir |
| Fixed-dose combination of elbasvir (50 mg)/grazoprevir (100 mg) one tablet once daily for 12 weeks + (400 mg) one tablet once daily for 12 weeks |
| Rating: Class I, Level B |

| Alternative for Peginterferon plus Ribavirin-Experienced, Genotype 3 Patients With Compensated Cirrhosis |
| Sofosbuvir-Velpatasvir + Ribavirin |
| Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) one tablet once daily for 12 weeks + Ribavirin 1000 mg if <75 kg or 1200 mg if ≥75 kg for 12 weeks (the daily dose is given in two divided doses) |
| Rating: Class II, Level B |

^For treatment of patients with decompensated cirrhosis, see the AASLD-IDSA Guidance: Unique Populations—Patients with Decompensated Cirrhosis.
### Table 5. AASLD-IDSA HCV Guidance for Genotype 3: Retreatment
Sofosbuvir plus Ribavirin-Experienced (+/- Peginterferon), Genotype 3 Patients, With or Without Compensated Cirrhosis

Recommended regimens listed by evidence level.

<table>
<thead>
<tr>
<th>Recommended for Sofosbuvir plus Ribavirin-Experienced (+/- Peginterferon), Genotype 3 Patients, With or Without Compensated Cirrhosis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sofosbuvir-Velpatasvir-Voxilaprevir</strong></td>
</tr>
<tr>
<td><em>Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) one tablet once daily for 12 weeks</em></td>
</tr>
<tr>
<td>Rating: <a href="#">Class I, Level B</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommended for Sofosbuvir plus Ribavirin-Experienced (+/- Peginterferon), Genotype 3 Patients, With or Without Compensated Cirrhosis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Glecaprevir-Pibrentasvir</strong></td>
</tr>
<tr>
<td><em>Fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) once daily for 16 weeks</em></td>
</tr>
<tr>
<td>Rating: <a href="#">Class IIb, Level B</a></td>
</tr>
<tr>
<td>Note: <em>This is taken as 3 tablets once daily with each fixed-dose tablet containing glecaprevir (100 mg)/pibrentasvir (40 mg).</em></td>
</tr>
</tbody>
</table>

^For treatment of patients with decompensated cirrhosis, see the AASLD-IDSA Guidance: Unique Populations—Patients with Decompensated Cirrhosis.

Table 6. AASLD-IDSA HCV Guidance for Genotype 3: Retreatment DAA-Experienced (Including NS5A Inhibitors Except Glecaprevir-Pibrentasvir Failures), Genotype 3 Patients, With or Without Compensated Cirrhosis^  

**Recommended for DAA-Experienced (Including NS5A Inhibitors Except Glecaprevir-Pibrentasvir Failures), Genotype 3 Patients, With or Without Compensated Cirrhosis^**  

**Sofosbuvir-Velpatasvir-Voxilaprevir**  
Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) one tablet once daily for 12 weeks  
Rating: **Class I, Level A**  

**Recommended for DAA-Experienced (Including NS5A Inhibitors Except Glecaprevir-Pibrentasvir Failures), Genotype 3 Patients, With or Without Compensated Cirrhosis^**  

**Sofosbuvir-Velpatasvir-Voxilaprevir**  
Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) one tablet once daily for 12 weeks  
**Ribavirin**  
1000 mg if <75 kg or 1200 mg if ≥75 kg for 12 weeks (the daily dose is given in two divided doses)  
Rating: **Class IIa, Level C**  

For patients with prior NS5A inhibitor failure and cirrhosis, addition of weight-based ribavirin is recommended.  

For treatment of patients with decompensated cirrhosis, see the AASLD-IDSA Guidance: Unique Populations—Patients with Decompensated Cirrhosis.

Table 7. AASLD-IDSA HCV Guidance for All Genotypes: Retreatment Patients With Prior Glecaprevir/Pibrentasvir Treatment Failure (All Genotypes), With or Without Compensated Cirrhosis

<table>
<thead>
<tr>
<th>Glecaprevir-Pibrentasvir</th>
<th>Sofosbuvir</th>
<th>Ribavirin</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) once daily for 16 weeks</em></td>
<td>(400 mg) one tablet once daily for 16 weeks</td>
<td>1000 mg if &lt;75 kg or 1200 mg if ≥75 kg for 16 weeks (the daily dose is given in two divided doses)</td>
</tr>
</tbody>
</table>

For patients with or without compensated cirrhosis

Rating: [Class IIa, Level B](#)

Note: *This is taken as 3 tablets once daily with each fixed-dose tablet containing glecaprevir (100 mg)/pibrentasvir (40 mg)

---

Recommended for Patients With Prior Glecaprevir/Pibrentasvir Treatment Failure (All Genotypes), With or Without Compensated Cirrhosis

<table>
<thead>
<tr>
<th>Sofosbuvir-Velpatasvir-Voxilaprevir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) one tablet once daily for 12 weeks</td>
</tr>
</tbody>
</table>

For patients without cirrhosis

Rating: [Class IIa, Level B](#)

---

Recommended for Patients With Prior Glecaprevir/Pibrentasvir Treatment Failure (All Genotypes), With or Without Compensated Cirrhosis

<table>
<thead>
<tr>
<th>Sofosbuvir-Velpatasvir-Voxilaprevir</th>
<th>Ribavirin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) one tablet once daily for 12 weeks</td>
<td>1000 mg if &lt;75 kg or 1200 mg if ≥75 kg for 12 weeks (the daily dose is given in two divided doses)</td>
</tr>
</tbody>
</table>

For patients with compensated cirrhosis

Rating: [Class IIa, Level C](#)

---

^For treatment of patients with decompensated cirrhosis, see the AASLD-IDSA Guidance: Unique Populations—Patients with Decompensated Cirrhosis

### Table 8. AASLD-IDSA HCV Guidance for All Genotypes: Retreatment Patients With Prior Sofosbuvir-Velpatasvir-Voxilaprevir Treatment Failure (All Genotypes), With or Without Compensated Cirrhosis

<table>
<thead>
<tr>
<th>Recommended for Patients With Prior Sofosbuvir-Velpatasvir-Voxilaprevir Treatment Failure (All Genotypes), With or Without Compensated Cirrhosis</th>
<th>Glecaprevir-Pibrentasvir</th>
<th>Sofosbuvir</th>
<th>Ribavirin</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) once daily for 16 weeks</em></td>
<td>(400 mg) one tablet once daily for 16 weeks</td>
<td>1000 mg if &lt;75 kg or 1200 mg if ≥75 kg for 16 weeks (the daily dose is given in two divided doses)</td>
<td></td>
</tr>
<tr>
<td>Rating: <strong>Class Ila, Level B</strong></td>
<td>Note: <em>This is taken as 3 tablets once daily with each fixed-dose tablet containing glecaprevir (100 mg)/pibrentasvir (40 mg)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommended for Patients With Prior Sofosbuvir-Velpatasvir-Voxilaprevir Treatment Failure (All Genotypes), With or Without Compensated Cirrhosis</th>
<th>Sofosbuvir-Velpatasvir-Voxilaprevir</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg)/voxilaprevir (100 mg) one tablet once daily for 24 weeks</em></td>
<td>1000 mg if &lt;75 kg or 1200 mg if ≥75 kg for 24 weeks (the daily dose is given in two divided doses)</td>
</tr>
<tr>
<td>Rating: <strong>Class Ila, Level B</strong></td>
<td></td>
</tr>
</tbody>
</table>

^For treatment of patients with decompensated cirrhosis, see the AASLD-IDSA Guidance: Unique Populations—Patients with Decompensated Cirrhosis
