Direct-acting antivirals (DAAs) achieve high rates of sustained virologic response in hepatitis C. However, studies on retreatment options for patients who have failed several DAAs treatment regimens that include nonstructural protein 5A (NS5A) inhibitors remain scarce.

**Aim and Objectives**

- To assess the efficacy of glecaprevir/pibrentasvir plus sofosbuvir and ribavirin for 12 weeks in genotype 1b patient with compensated cirrhosis who had virologic failure to multiple treatments including regimens containing NS5A inhibitors.

**Materials and Methods**

- A 50-year-old man failed multiple hepatitis C treatments.
- The resistance testing showed resistance to NS5A inhibitors except pibrentasvir.
- New treatment with glecaprevir/pibrentasvir plus sofosbuvir and ribavirin for 12 weeks was started.
- Prior to the treatment, drug interactions were checked.
- An undetectable HCV RNA level 12 weeks after completion of therapy (SVR12) defines treatment success.

**Results**

- Two potential drug interactions were detected:
  - Gemfibrozil ⇒ it was discontinued because of increased risk of gastrointestinal side effects.
  - Carvedilol ⇒ a close monitoring of heart rate and blood pressure was recommended.
- The treatment was well tolerated and adherence was correct.
- Patient achieved SVR12 in this fifth hepatitis C treatment with glecaprevir/pibrentasvir plus sofosbuvir and ribavirin for 12 weeks.

**Conclusion and Relevance**

- In this particularly difficult-to-cure cirrhotic patient previously exposed to NS5A inhibitors, the combination of glecaprevir/pibrentasvir plus sofosbuvir and ribavirin administered for 12 weeks achieved SVR12.