

## Corrigendum to “Indian National Association for Study of the Liver (INASL) guidance for antiviral therapy against HCV infection: Update 2016” [J. Clin. Exp. Hepatol. 6 (2016) 119–145]

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The authors regret for the typological error in Table 3 published in the original version of the article. The corrected version of Table 3 is given below:

The authors would like to apologise for any inconvenience caused.

**Table 3 Recommended HCV Treatment Regimen for Patients with Decompensated Cirrhosis.**

Genotype	Recommended regimen
1 & 4	<ul style="list-style-type: none"> <li>• SOF + LDV + RBV (initial dose of 600 mg, increased as tolerated) × 12 weeks</li> <li>• SOF + DCV + RBV (initial dose of 600 mg, increased as tolerated) × 12 weeks</li> </ul> <b>Alternative regimen for RBV-intolerant patients</b> <ul style="list-style-type: none"> <li>• SOF + DCV × 24 weeks</li> <li>• SOF + LDV × 24 weeks</li> </ul>
2	<ul style="list-style-type: none"> <li>• SOF + DCV + RBV (initial dose of 600 mg, increased as tolerated) × 12 weeks</li> </ul>
3	<ul style="list-style-type: none"> <li>• SOF + DCV + RBV (initial dose of 600 mg, increased as tolerated) × 24 weeks</li> </ul> <b>Alternative regimen</b> <ul style="list-style-type: none"> <li>• SOF + RBV (initial dose of 600 mg, increased as tolerated) for up to 48 weeks</li> </ul>

DCV, daclatasvir (60 mg); LDV, ledipasvir (90 mg); RBV, Ribavirin; SOF, sofosbuvir.

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