

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

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

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