HEPATITIS B CARE

HEP B FOLLOW UP LABS

Every 6 months:

Liver function tests, HBsAg, and AFP

HBV DNA for those with previous HBV DNA above 1000 IU/ml or elevated ALT or AST, and those with hepatocellular carcinoma (HCC), family history of HCC, on antiviral therapy.

Yearly: HBV DNA, CBC

RUQ ULTRASOUND EVERY 6 MONTHS

Men ≥ age 40

Women ≥ age 50

Persons with AFP >10 (Note: if female under age of 50, screen for pregnancy first).

Family history of HCC

Hepatitis B Genotype F at any age

Previous HCC

Advanced liver fibrosis (Metavir F_3 or F_4 fibrosis)

WHO NEEDS HEPATITIS B TREATMENT – CONSULT LIVER DISEASE SPECIALIST FIRST

Those with HBV DNA > 20,000 and ALT > 2x ULN normal

If liver biopsy shows moderate or greater inflammation or fibrosis

Those with history of HCC with any detectable HBV DNA

Persons with moderate to advanced liver fibrosis (Metavir F_2, F_3, or F_4)

HBV DNA > 2000 IU/ml plus elevated ALT plus FibroScan > 9kPa in persons who have not had a liver biopsy

Hepatitis B patients starting cancer chemotherapy or immunosuppressive therapy who are HBsAg +. Screen these patients for HBsAg and HBV DNA. Place those who are HBsAg+ on tenofovir or entecavir.

Note: <u>All persons</u> should be screened before starting cancer chemotherapy or immunosuppressive therapy by drawing HBsAg and HBcAb. If either of these are positive, then obtain HBV DNA.

HIV ab testing should be completed prior to starting any HBV antiviral medication

See Hepatitis B Medication Information on Next Page

HEP B TREATMENT MEDS (will be initiated by Hepatology provider do not discontinue w/o guidance). Note: There is a risk of severe acute exacerbation of Hepatitis B with discontinuation of Hep B meds!

Drug	Dosage	Adverse Effects	Monitoring labs and Management (in consultation w/Hepatology)
tenofovir disoproxil fumarate (TDF) (do not use if renal impaired)	**300mg daily**	• New or worsening renal impairment • Bone loss • ~ 10% - Rash, diarrhea, headache, pain, depression, asthenia, nausea	Creatinine, phosphorus baseline, 2-8 wks after starting, then q 3-6 mos Avoid use with other nephrotoxic drugs, monitor renal labs periodically and switch to TAF if worsening renal function Consider assessing BMD and supplementing Ca+ and D. Symptomatic management or switch to entecavir or TAF
entecavir	**0.5 or 1mg daily 2 hours before or after a meal**	• Lactic acidosis and severe hepatomegaly w/steatosis • ≤ 3% - Headache, fatigue, dizziness, nausea	Creatinine at baseline & q 6 mos. Dosage adjustment if GFR <50. If suspected, suspend treatment Symptomatic management or switch to TDF or TAF
tenofovir alofenamide (TAF) (not recommended if est. Cr.Cl. <15)	**25mg once daily w/food**	• New or worsening renal impairment • ≥ 5% - Headache, abdominal pain, fatigue, cough, nausea and back pain	Creatinine, phosphorus, est. cr.cl., urine glucose and protein D/C med if significant decrease in renal function or evidence of Fanconi syndrome Symptomatic management or switch to TDF or entecavir

GOT A QUESTION? WHO TO CALL

Liver Disease & Hepatitis Program – 907-729-1560 or 800-655-4837 and ask for a provider or Mary Snowball, RN [907-729-1564, (T & Th)] or another liver disease RN when Mary is not available.