UCMC - Liver Transplant and Hepatitis B (HBV) Guidelines

TABLE Key: (+) = positive value, (-) negative value, (----) no standard recommendation necessary

Recipient			Donor		HBIG *(administer 1st dose over 2 hours starting in anhepatic phase)*	Tenofovir alafenamide (TAF)[1] *Initiate POD#0 (continue indefinitely)*	Monitoring Post-Transplant		
HBsAg	**HBV DNA**	**HBsAb**	**HBV DNA**	**HBcAb**			**HBsAb**	**HBV DNA**	**HBsAg**
–	n/a	n/a	Either result +		No	TAF 25 mg po daily[3-7]	3 & 12 months then every 6 months		----
+	Undetectable	+/–	+/-	+/–	No	TAF 25 mg po daily[3-7]	----	3 & 12 months then every 6 months	12 months, then annually
	Detectable but < 2,000 IU/ml	+/–	+	+/-	No				
			–	+/–	Yes 10,000 units x 1 dose[1]				
	Detectable and > 2,000 IU/ml	+/–	+	+/-	No				
			–	+/–	YES 10,000 units daily x 7 doses POD #0-6[1], then subsequent doses over 1st year[2]				

[1]HBIG 1st dose: 10,000 IU in 250 ml NS IVPB over 2 hours. Administration of 1st dose starting in anhepatic phase.

[2]HBIG subsequent doses over the 1st year: 10,000 IU in 250 ml NS IVPB over 2 hours. Administer daily x 6 (POD #1-6), then monthly until month 12, starting POD 30. Discontinue HBIG therapy if HBsAg positive 1 month or DNA positive 3 months post LTx

[3] Tenofovir alafenamide (TAF) and entecavir (ENT) are first line therapies. TAF alafenamide is preferred. If unable to obtain insurance coverage for TAF, use ENT 0.5 mg po daily.

[4] Entecavir dose should be increased to 1 mg daily in patients refractory to nucleoside therapy or with decompensated liver disease (physician discretion)

[5] Entecavir tablets are a Level 2 hazardous drug and can't be crushed; If unable to take PO meds order entecavir oral solution.

[6] If antiviral therapy is delayed (ie. NPO) and not initiated by POD#1:

(a) Administer single dose of HBIG 10,000 units IV (if already received HBIG dose during anhepatic phase then monitor HBsAb to determine when next dose is due (see 6b below)

(b) Until antiviral is initiated monitor HBsAb titers every 7 days. IF HBsAb < 500 mIU/mL redose HBIG (5,000 units IV)

[7]Renal Dose Adjustments

CrCl (mL/min)	Entecavir (0.5 mg dose)	Entecavir (1.0mg dose)	Tenofovir Disoproxil (non-form)
>50	0.5 mg daily	1 mg daily	300 mg daily
30-50	0.5 mg every 48 hrs	1 mg every 48 hrs	300 mg every 48 hrs
10 to 30	0.5 mg every 72 hrs	1 mg every 72 hrs	300 mg every 72-96 hrs
<10 or PD	0.5 mg every 7 days	1 mg every 7 days	300 mg every 7 days
HD	0.5 mg every 7 days after HD	1.0 mg every 7 days after HD	300 mg every 7 days after HD
CVVH	0.5 mg every 48 hrs	1 mg every 48 hrs	300 mg every 96 hrs

CrCl (mL/min)	Tenofovir Alafenamide
>15	25 mg daily
<15 or PD	Use not recommended
HD	25 mg daily; after HD on HD days
CVVH	No data

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