

UCMC – Kidney Transplant

DONOR Hepatitis B (HBV): Recipient Treatment and Monitoring

- DONOR: HBV DNA negative and HBcAb positive**

Recipients	Treatment	Testing	Time points Post-Transplant
HBsAb positive (defined as HBsAb \geq 10 mIU/ml)	None	HBsAb and HBV DNA quant PCR ⁶⁻⁸	3, 6, 12 months ⁹
HBsAb negative	Tenofovir alafenamide 25 mg daily ¹⁻⁵ Initiate POD #0; continue 6 months	HBsAb, HBsAg and HBV DNA quant PCR ⁶⁻⁸	

- DONOR: HBV DNA positive and/or HBsAg positive**

Recipients	Treatment	Testing	Time points Post-Transplant
ALL (regardless of HBsAb status)	Tenofovir alafenamide 25 mg daily ¹⁻⁵ Initiate POD #0; continue 1 year ¹⁰	HBsAb, HBsAg and HBV DNA quant PCR ⁶⁻⁸	1, 3, 6, 12 months; THEN 6 months <u>after</u> stopping antiviral therapy ¹¹

¹Tenofovir alafenamide and entecavir are first line therapy. Tenofovir alafenamide is preferred. If unable to obtain insurance coverage for tenofovir alafenamide, use entecavir

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

³Tenofovir should be used if history of significant lamivudine exposure

⁴IF antiviral therapy is delayed (ie. NPO) and not initiated by POD#1: Administer single dose of HBIG 10,000 units IV and monitor HBsAb titers every 7 days until antiviral initiated. IF HBsAb < 500 mIU/mL redose HBIG (5,000 units IV)

⁵Renal Dose Adjustments

CrCl (mL/min)	Entecavir	Tenofovir Disoproxil (non-form)
≥ 50	0.5 mg daily	300 mg daily
30 - 49	0.5 mg every 48 hrs	300 mg every 48 hrs
10 to 29	0.5 mg every 72 hrs	300 mg every 72-96 hrs
<10 or PD	0.5 mg every 7 days	300 mg every 7 days
HD	0.5 mg every 7 days after HD	300 mg every 7 days after HD
CVVH	0.5 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

⁶If HBsAb negative (<10 mIU/ml), refer for HBV vaccination through PCP if >3-6 months post-transplant

⁷If HBsAg or HBV DNA quant PCR become positive at any timepoint, refer to hepatology for further management

⁸If HBcAb checked and is positive, no change in management or referral to hepatology needed

⁹Can stop testing at 1 year if HBsAg and/or HBV DNA quant PCR are negative

¹⁰Can stop antiviral therapy at 1 year if HBsAg and HBV DNA quant PCR are negative

¹¹If HBsAg and HBV DNA quant PCR are negative at 6 months after stopping antiviral therapy, can stop further testing