



Hepatitis B Treatment

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People with acute hepatitis B do not require treatment. Rest, drinking lots of fluids and maintaining adequate nutrition are usually all that is needed to manage acute hepatitis B symptoms. In severe cases, hospitalization may be necessary, but this is rare. [Click here](#) for more information on managing the common symptoms of acute hepatitis B.

Chronic hepatitis B is not curable, but it is treatable. The goal of therapy is to reduce the risk of complications, including premature death. Treatment can help to prevent cirrhosis, liver failure and liver cancer by reducing [hepatitis B viral load](#) and the loss of [HBeAg](#) (either with or without detection of anti-HBe) while improving [liver enzyme levels](#). Many experts anticipate that medications to cure hepatitis B virus (HBV) will be available, perhaps as early as a few years from now.

Here's a list of the treatments currently available for hepatitis B:

## Preferred

- [Baraclude](#) (entecavir)
- [Intron A](#) (interferon alfa-2b) for children
- [Pegasys](#) (peginterferon alfa-2a) for adults
- [Vemlidy](#) (tenofovir alafenamide)
- [Viread](#) (tenofovir disoproxil fumarate)

## Not preferred

- [Epivir-HBV](#) (lamivudine)
- [Hepsera](#) (adefovir dipivoxil)

Note: Tyzeka (telbivudine) was discontinued in 2016.

[Click here](#) for more specific information about each type, or class, of approved HBV treatment along with information about drugs in the late stages of development.

Deciding when to start therapy and which treatment to take is largely determined by the [phase of](#)

[chronic HBV](#) a person has. Some factors that are considered are HBeAg status, HBV viral load, ALT levels, liver biopsy results (if conducted) and age. Other health considerations—such as the possibility of pregnancy or certain comorbidities (hepatitis D, HIV)—affect treatment choice. Peginterferon is the only effective treatment for people who are also coinfecting with hepatitis D. If coinfecting with HIV, the choice of HBV treatment is coordinated with the HIV medications.

The American Association for the Study of Liver Diseases (AASLD) maintains [basic guidelines](#)—which were last updated in February 2018—to help patients and their health care providers figure out when to begin treatment and which medications to use:

### Treatment for Adults With Chronic Hepatitis B

PHASE/CLINICAL CRITERIA	TREATMENT STRATEGY
<p>Immune-active</p> <ul style="list-style-type: none"> <li>• HBeAg - or +</li> <li>• ALT: <math>\geq 2 \times \text{ULN}^1</math></li> <li>• Or significant liver damage and viral load <math>&gt;2,000 \text{ IU/ml}</math> (HBeAg -) or <math>&gt;20,000 \text{ IU/ml}</math> (HBeAg+)</li> </ul>	<ul style="list-style-type: none"> <li>• Antiviral therapy is recommended. AASLD advises the following to be tried initially: Baraclude, Pegasys or Viread.</li> <li>• Although treatment isn't typically recommended for people with lower ALT levels and viral loads, treatment may be considered if liver disease is severe, or <math>&gt; 40</math> years old, or family history of hepatocellular carcinoma (HCC), etc.</li> <li>• In cases of cirrhosis, therapy recommended if viral load is <math>&gt;2,000 \text{ IU/ml}</math> regardless of ALT level</li> <li>• Treatment not recommended.</li> <li>• Treatment may be considered for adults <math>&gt; 40</math> years old with viral load <math>\geq 1,000,000 \text{ IU/ml}</math> and liver biopsy showing moderate to severe fibrosis or inflammation (evidence regarding this is weak).</li> </ul>
<p>Immune-tolerant</p> <ul style="list-style-type: none"> <li>• HBeAg +</li> <li>• ALT: normal</li> </ul>	<ul style="list-style-type: none"> <li>• Continue NA<sup>2</sup> therapy for at least 12 months of persistently normal ALT and undetectable viral load; alternatively, treat until loss of HBsAg.</li> <li>• Continue treatment indefinitely for adults with cirrhosis who seroconvert from HBeAg positive to anti-HBe</li> </ul>
<p>Immune-active persons on NA<sup>2</sup> therapy who seroconverted from HBeAg positive to anti-HBe</p> <ul style="list-style-type: none"> <li>• Anti-HBe +</li> <li>• ALT: normal</li> <li>• Viral load: undetectable</li> </ul>	<ul style="list-style-type: none"> <li>• Continue NA<sup>2</sup> therapy for at least 12 months of persistently normal ALT and undetectable viral load; alternatively, treat until loss of HBsAg.</li> <li>• Continue treatment indefinitely for adults with cirrhosis who seroconvert from HBeAg positive to anti-HBe</li> </ul>

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#### PHASE/CLINICAL CRITERIA:

##### **Immune-active**

- **HBeAg - or +**
- **ALT:  $\geq 2 \times \text{ULN}^1$**
- **Or significant liver damage and viral load  $>2,000 \text{ IU/ml}$  (HBeAg -) or  $>20,000 \text{ IU/ml}$  (HBeAg+)**

- TREATMENT STRATEGY
- Antiviral therapy is recommended. AASLD advises the following to be tried initially: Baraclude, Pegasys or Viread.
  - Although treatment isn't typically recommended for people with lower ALT levels and viral loads, treatment may be considered if liver disease is severe, or  $> 40$  years old, or family history of hepatocellular carcinoma (HCC), etc.
  - In cases of cirrhosis, therapy recommended if viral load is  $>2,000 \text{ IU/ml}$  regardless of ALT level

PHASE/CLINICAL CRITERIA:

**Immune-tolerant**

- **HBeAg +**
- **ALT: normal**

- Treatment not recommended.

TREATMENT STRATEGY • Treatment may be considered for adults > 40 years old with viral load  $\geq 1,000,000$  IU/ml and liver biopsy showing moderate to severe fibrosis or inflammation (evidence regarding this is weak).

PHASE/CLINICAL CRITERIA:

**Immune-active persons on NA<sup>2</sup> therapy who seroconverted from HBeAg positive to anti-HBe**

- **Anti-HBe +**
- **ALT: normal**
- **Viral load: undetectable**

- Continue NA<sup>2</sup> therapy for at least 12 months of persistently normal ALT and undetectable viral load; alternatively, treat until loss of HBsAg.

TREATMENT STRATEGY • Continue treatment indefinitely for adults with cirrhosis who seroconvert from HBeAg positive to anti-HBe

<sup>1</sup>ULN = upper limit of normal

<sup>2</sup>NA = nucleoside/nucleotide analog (Baraclude, Epivir-HBV, Hepsera, Viread, Viread)

It is important that people with chronic hepatitis B take their medications exactly as prescribed. Missing doses can cause HBV to become resistant to medications. Prematurely stopping medications can also cause HBV viral load and liver enzymes to increase quickly, which can damage the liver and cause severe symptoms. This can also occur in people who have HBV who develop resistance to their medications. In turn, it is very important for people with chronic hepatitis B who are receiving treatment to be monitored frequently and carefully by a health care provider.

Last Reviewed: March 4, 2019