Management of hepatitis B

(JANUARY 2009)

An error occurred in TABLE 2 of the article Elgouhari HM, Abu-Rajab Tamimi, Carey W. Hepatitis B: A strategy for evaluation and management. Cleve Clin J Med 2009; 76:19–35. In the lamivudine column, the information on drug resistance, pregnancy risk category, and cost was incorrect. The corrected table is reproduced below and online (www.ccjm.org). Also, the bulleted text in the first column of page 24 should read: "Chronic inactive carriers who have *no* e antigen, persistently normal ALT levels, and very low or undetectable levels of HBV DNA without evidence of significant liver injury."

TABLE 2

Approved agents for treating hepatitis B virus infection

	INTERFERONS		NUCLEOSIDE/NUCLEOTIDE ANALOGUES				
	INF ALFA-2B (INTRON-A)	PEG IFN ALFA-2A (PEGASYS)	TENOFOVIR (VIREAD)	ENTECAVIR (BARACLUDE)	ADEFOVIR (HEPSERA)	TELBIVUDINE (TYZEKA)	LAMIVUDINE (EPIVIR-HBV)
Dose	5 MU/day or 10 MU 3 times weekly	180 μg/week	300 mg/day	0.5 mg/day [a]	10 mg/day	600 mg/day	100 mg/day
Renal dose adjustment [b]	None [c]	None [c]	Yes	Yes	Yes	Yes	Yes
Route	Subcutaneous	Subcutaneous	Oral	Oral	Oral	Oral	Oral
Duration in chronic hepatitis							
e antigen-positive	4–6 months	1 year	> 1 year	≥ 1 year [d]	≥ 1 year [d]	≥ 1 year [d]	≥ 1 year [d]
e antigen-negative	1 year	1 year	> 1 year	> 1 year	> 1 year	> 1 year	> 1 year
Black-box warnings	No	No	Yes [e,f]	Yes [e,f,g]	Yes [e,f,g]	Yes [e,f]	Yes [e,f,g]
Drug resistance	None	None	None at 96 weeks	< 1% up to 2 years	None at 1 year; 29% at 5 years	~ 25% up to 2 years	~ 20% at 1 year; ~ 70% at 5 years
Pregnancy risk category	C [h]	C [h]	B [i]	C [h]	C [h]	B [i]	B [i]
Cost [j]	High	High	Low	High	Intermediate	Intermediate	Low

[a] Entecavir dose for lamivudine-refractory or resistant patients is 1.0 mg daily

[b] When indicated, doses are adjusted for patients with estimated creatinine clearance < 50 mL/minute (see **TABLE 3** for the detailed doses)

[c] There are only very limited data about interferon-based therapy in HBV-infected patients with renal impairment

[d] Treatment for at least 12 months continuing for at least 6 months after e antigen seroconversion

[e] Severe lactic acidosis, sometimes fatal, may occur with nucleoside/nucleotide analogues

[f] Hepatitis B exacerbations may occur upon discontinuation of therapy

[g] Offer HIV counseling and testing prior to use; higher dose may be indicated if HIV infection is present

[h] Animal studies have shown an adverse effect on the fetus and there are no adequate and well-controlled studies in humans, but potential benefits may warrant use of the drug in pregnant women despite potential risks

[i] Animal studies show no risk to the fetus and there are no adequate and well-controlled studies in pregnant women; or animal studies have shown an adverse effect, but adequate and well-controlled studies in pregnant women show no risk to the fetus in any trimester

[j] Based on treatment duration of 1 year

INF alfa-2B = interferon alfa-2B, PEG INF alfa-2A = pegylated interferon alfa 2A

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