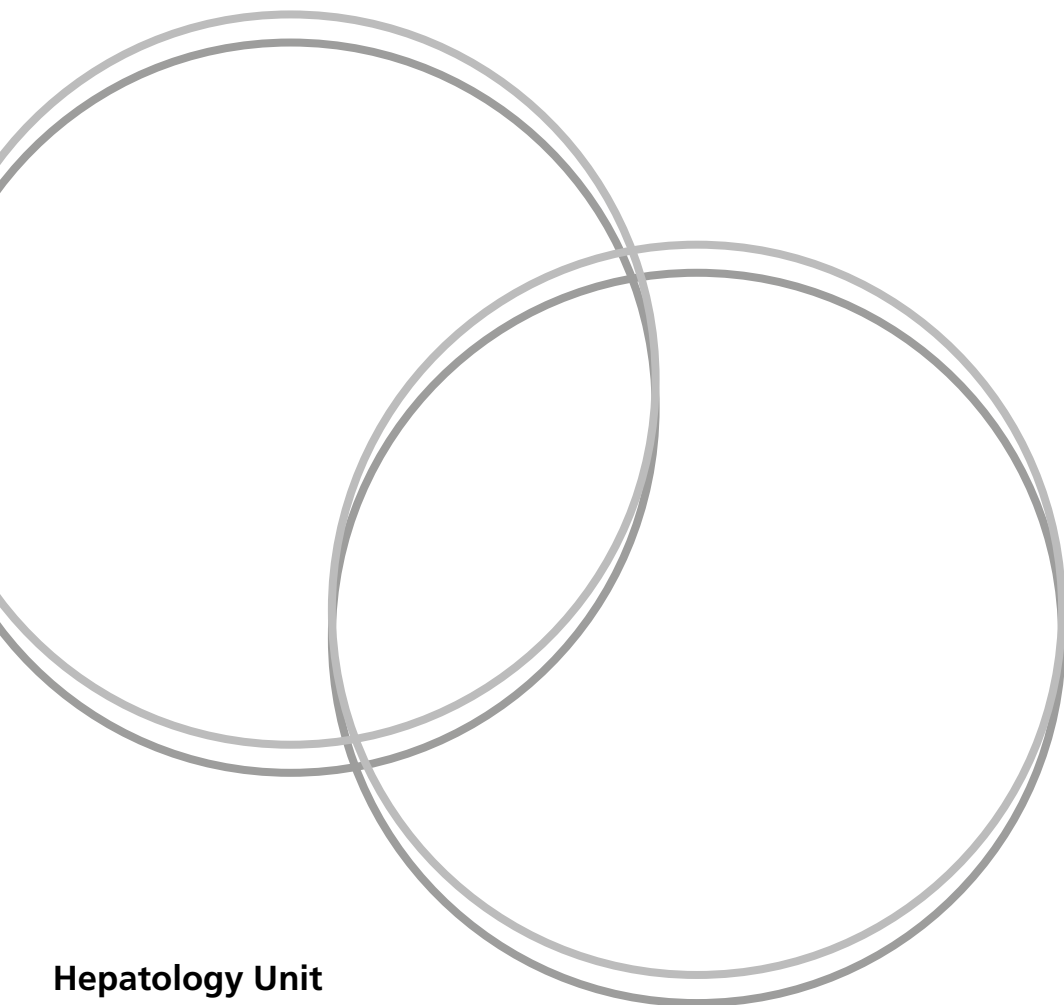


# Tenofovir disoproxil

**Information for patients**



## **Why have I been started on this medicine?**

Tenofovir disoproxil (usually known as Tenofovir, or sometimes abbreviated to TDF) is an antiviral medicine used in the treatment of Hepatitis B viral infection. Hepatitis B virus (also known as 'hep B' or HBV) infects the liver, and in some cases can cause long-term liver damage if left untreated.

We will assess your need to start treatment based on your age and sex, blood tests that measure liver inflammation, measurement of the level of the virus in your blood (known as the viral load), and assessment of your liver by fibroscan (a kind of ultrasound scan). We will discuss the results of these tests with you, and use them to advise whether we recommend you need to start treatment.

Tenofovir is also used for some patients with HIV infection (in combination with other antiviral drugs).

## **How does it work?**

Tenofovir suppresses Hepatitis B virus by switching off replication of the virus in your liver.

Tenofovir does not usually lead to cure of the infection, although the virus does completely clear in a few cases (this happens in about 1% of infected adults each year).

Treatment significantly reduces the risk of passing the infection to others through sexual contact or blood contamination. If blood tests consistently show the virus is undetectable, there is a negligible risk of transmission, but it is still wise to make sure you are careful, and that your family are vaccinated.

## **What dose do I take and how do I take it?**

The standard dose is 245mg (one tablet) once daily, taken with food. Taking the dose at the same time each day will help you to remember to take it.

If you have any problems swallowing the tablets, please discuss this with the hepatology team.

## **How long will I be taking it?**

For most people, long term treatment is required. We will monitor you to check that you do not experience side-effects. In a few cases, where we have evidence that the virus has been completely cleared, we may be able to stop treatment.

## **Where do I get supplies of tablets from?**

Once treatment is started it is important to ensure that you always have an adequate supply of tablets along with a reserve supply, in case you run out of tablets or lose your main supply.

Treatment will be prescribed by the hospital hepatology team and delivered to your home or designated address via a homecare delivery service, usually every 3 months. You will be given a separate information leaflet containing further details about the delivery service.

Several pharmaceutical companies make tenofovir so you may occasionally see a change in the packaging. There is no difference in effectiveness, safety or tolerability of different versions. However if you feel you are experiencing more side effects following a change you should let us know.

## **What happens if I forget to take a dose?**

Remembering to take Tenofovir is necessary for it to work properly.

If you forget to take a dose of Tenofovir you should take the tablet with food as soon as you remember. If the dose is more than 12 hours late then the missed dose should not be taken, and the next dose should be taken at the normal time. Do not double the dose.

If you are having problems remembering to take the medicine, and miss more than one dose please let the hepatology team know as they may be able to help you. It is also important to contact the team if you accidentally take too much Tenofovir.

## **What happens if I am sick (vomit) after a dose?**

If you vomit within 1 hour of taking Tenofovir then you should take another tablet. If you vomit more than 1 hour after taking Tenofovir, then you do not need to take another dose that day. If vomiting continues for more than 48 hours you should contact the hepatology team or your GP.

## **What are the common side effects?**

Side effects are generally mild, but may include abdominal (tummy) pain, lack of energy, diarrhoea, rash, headache, feeling sick (nausea) or being sick (vomiting), dizziness.

Rare side effects include kidney problems and softening of the bones which we will monitor whilst you are on treatment, by doing blood tests every 3-6 months. If we see evidence of these problems developing, we can reduce the dose of tenofovir, or switch you onto an alternative medicine.

If side effects are a problem, please talk to the hepatology team.

**Do not stop taking the medication without seeking advice.**

## **Do I need any special checks while on treatment?**

You will have regular blood tests to check that the medicine is working properly and to monitor for potential side effects. We will also monitor the condition of your liver via blood tests and scans.

You will be given appointments to attend clinic every 3 - 6 months. If you fail to attend several clinic appointments we will need to review the prescribing of your medicine. You should let us know if you are unable to attend, so we can offer you an alternative appointment.

## **Does my treatment interfere with my other medicines?**

Tenofovir can interact with other medicines, particularly those that affect the kidneys. This includes medicines that can be bought over the counter (e.g. non-steroidal anti-inflammatories like ibuprofen and aspirin) and herbal remedies. This can lead to increased side effects or the treatment not working properly. Before starting treatment we will check what medicines you are currently taking and check for any interactions.

**It is important to check with the hepatology nurse, doctor, or pharmacist before starting any new medicines once treatment has started to ensure that they are ok.**

## Is treatment OK in pregnancy and breastfeeding?

There is a lot of experience from many big studies that tenofovir treatment in pregnancy is safe for you and your baby. If the levels of hepatitis B virus in your body are high, we may advise that you start tenofovir treatment during pregnancy to reduce the risk of passing on the virus to your baby,

Babies born to mothers with HBV infection should also receive three doses of HBV vaccine, starting with a dose soon after birth. In some situations, this will also be accompanied by a one-off dose of antibody therapy ('immunoglobulin') to reduce the risk even further. If this advice is followed, there is no risk of transmitting the infection to your baby through breast milk. You can safely continue antiviral treatment while breastfeeding.

Please discuss with the hepatology team if you are pregnant or planning to become pregnant so that we can make sure we provide the right monitoring and treatment. Your midwife should be informed of HBV infection so they can ensure you and your baby receive the right care.

**If you are admitted to hospital as an inpatient or attend any hospital or GP appointment it is important that you tell a doctor that you are taking Tenofovir. You should bring your medicine with you when you come to hospital.**

## **Further information is available from:**

The manufacturer's patient information leaflet (PIL) supplied with the medicine

### **National Institute for Health and Care Excellence (NICE).**

Hepatitis B (chronic): Diagnosis and management – information for the public (CG 165) 2017

**<https://www.nice.org.uk/guidance/cg165/ifp/chapter/About-this-information>**

### **The British Liver Trust at:**

**<https://www.britishlivertrust.org.uk/>**

**Alternatively please speak to your doctor, pharmacist or nurse specialist**

## Further Information

Please speak to the department where you are being seen if you would like an interpreter. You will find their contact details on your appointment letter. Please also ask them if you would like this information leaflet in another format, such as:

- easy read
- large print
- braille
- audio
- electronically
- in another language.

We have tried to make this information meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They will be happy to help.

Author: Aimee Francisco and Sarah Cripps (Pharmacists), February 2019  
Verified by Dr Philippa Matthews (Consultant Microbiologist)

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[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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