

# SHARED CARE AGREEMENT



**Name of medicine** Entecavir

**Indication** Chronic hepatitis B infection (adults)

Version: 1.0

Approval date: **February 2026**

Review date: **February 2029**

The Shared Care Agreement (SCA) is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface. It does not contain all of the relevant product information, which should be sought using the current British National Formulary and manufacturer's Summary of Product Characteristics. The SCA must be used in conjunction with the NHS Lothian Policy and Procedures for the Shared Care of Medicines, available [here](#).

## Roles and responsibilities

Listed below are specific responsibilities that are additional to those included in the NHS Lothian Policy and Procedures for Shared Care. Please refer to the policy for core roles and responsibilities that apply to all Shared Care Agreements.

### Consultant:

- Initiate prescription and provide initial 3 month supply of entecavir
- Monitor weight, urea and electrolytes (including phosphate), full blood count, liver function tests and HBV-DNA levels every 6 - 12 months at clinic visits and communicate results to the GP
- Provide counselling to the patient regarding monitoring, adverse effects and how to take medication
- Provide advice to GP regarding additional monitoring and dose modifications when required.
- Counsel patients on the risk of entecavir in pregnancy and the potential need for suitable contraception (see guidance in Fertility section below) and advise or refer to GP as needed.
- Make the decision of / advising on when to discontinue treatment with entecavir.

### General Practitioner and primary care non-medical prescribers:

- Continue prescribing entecavir once the patient's treatment is stable
- Monitor urea and electrolytes (including phosphate) and liver function tests when requested between clinic visits as detailed under 'Monitoring' on page 2
- Contact specialist service if concerned about the results or if out with normal range
- Advise on a suitable form of contraception where relevant (see Fertility information below)
- If patient becomes pregnant discontinue medication and refer to specialist service

### Patient, Relatives, Carers

- As listed in NHS Lothian Policy and Procedures for the Shared Care of Medicines
- Follow guidance on contraception, pregnancy and breastfeeding

## Support and Advice for the GP

### RIE

Hepatology Nurse Practitioner 0131 242 1639  
Secretaries, Liver Unit 0131 242 1223

### WGH

Regional Infectious Disease Unit 0131 537 2820  
Specialist Nurse Practitioner 0131 537 2856

## Key Information on the Medicine

Please refer to the current edition of the [British National Formulary \(BNF\)](#), and [Summary of Product Characteristics \(SPC\)](#), for detailed product and prescribing information and specific guidance.

### Background to disease and use of drug for the given indication

Entecavir is a guanosine analogue with marked activity against hepatitis B virus (HBV) DNA polymerase. Entecavir is licensed for the treatment of chronic hepatitis B virus (HBV) in adults with compensated and decompensated liver disease.

### Indication

Entecavir is prescribed for patients with active chronic hepatitis B infection, in line with the NHS Lothian Chronic HBV Treatment Guidelines. [HBV | Right Decisions](#)

### Dosage and administration

Refer to current [Summary of Product Characteristics \(SPC\)](#)

Nucleoside-naïve patients **and** non or compensated liver disease: 500 micrograms once daily with or without food.

Decompensated liver disease **or** compensated liver disease with lamivudine resistance: 1mg once daily which must be taken on an empty stomach.

Entecavir is eliminated by renal excretion and the exposure to entecavir increases in patients with renal dysfunction. There is limited data available on the use of entecavir in renal impairment and therefore it should only be used if the potential benefits outweigh the potential risks. Renal function should be measured regularly, particularly in patients at risk of renal impairment. The dose of entecavir should be adjusted in renal impairment. This should be done in discussion with the specialist team initiating treatment. Details of dose adjustment can be found in SPC.

**Supply:** Entecavir 500 microgram tablets or Entecavir 1mg tablets are available as generic products via the standard community pharmacy suppliers.

### Monitoring

- Note that blood tests are monitored by the specialist service at 6 - 12 monthly clinic visits.
- Additional blood testing may be required in primary care in the first year of treatment and for patients at risk of renal disease (aged >60 years, diabetic, eGFR <60). Bloods are taken in primary care and reported to the specialist service for those patients.

| Test | Frequency  | Abnormal Result      | Action if Abnormal Result               |
|------|--|----------------------|---|
| U&E  | <ul style="list-style-type: none"><li>• First year of treatment: Months 2-3, 6 and 12 by specialist team at clinic visit.</li></ul> After first year of treatment: <ul style="list-style-type: none"><li>• 6 – 12 monthly at clinic visit</li><li>• Consider more frequent GP monitoring for patients at risk of renal disease (aged &gt;60 years, diabetic, eGFR &lt;60) as requested</li></ul> | Outwith normal range | Contact specialist team                 |
| LFTs | First year of treatment: 6 monthly at clinic visit<br><br>After first year of treatment: 6 -12 monthly at clinic visit   |                      | Contact specialist team if any concerns |

**Cautions, contraindications** - Refer to current Summary of Product Characteristics: [www.medicines.org.uk](http://www.medicines.org.uk) for full details

**Fertility, Pregnancy and Lactation** – Refer to current Summary of Product Characteristics: [www.medicines.org.uk](http://www.medicines.org.uk) for full details

- Entecavir is contra-indicated in pregnancy and should be used in caution in women of childbearing age. Any patients planning pregnancy should discuss with their specialist.
- Breast feeding should be discontinued during treatment with Entecavir. Patients wishing to breastfeed should discuss with their specialist.

**Adverse effects** - Refer to current Summary of Product Characteristics: [www.medicines.org.uk](http://www.medicines.org.uk) for full details

- **Rare adverse effects** - Lactic acidosis, usually in association with hepatic steatosis, has been reported with nucleoside analogues. The risk with tenofovir is thought to be low however cannot be excluded. Treatment should be discontinued under specialist direction. Note that there have been no cases reported in chronic hepatitis B treatment.

**Drug Interactions** - Refer to current Summary of Product Characteristics: [www.medicines.org.uk](http://www.medicines.org.uk) for full details

The presence of this Shared Care Agreement does not compel a primary care prescriber to prescribe if they feel that it is out with the scope of their competencies (as per GMC guidance on safe prescribing) or resources, as ultimate responsibility lies with the prescribing, not the recommending, clinician.

For office use only:

Approved by the General Practice Prescribing Committee (GPPC) (Post Dec 2025 meeting on 04.02.2026)