

SHARED CARE AGREEMENT



Name of medicine tenofovir disoproxil

Indication Chronic hepatitis B infection (adults)

Version: 3.0

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 Procedure 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 tenofovir
- 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
- Make the decision of / advising on when to discontinue treatment with tenofovir.

General Practitioners and primary care non-medical prescribers:

- Continue prescribing tenofovir 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.

Patient, Relatives, Carers

- As listed in NHS Lothian Policy and Procedures for the Shared Care of Medicines

Support and Advice for the GP

Contact Points

RIE		WGH	
Hepatology Nurse Practitioner	0131 242 1639	Regional Infectious Disease Unit	0131 537 2820
Secretaries, Liver Unit	0131 242 1223	Specialist Nurse Practitioner	0131 537 2856

Key information on the medicine

Refer to current edition of the British National Formulary (BNF), available at <https://www.medicinescomplete.com/#/>, or [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

Tenofovir is a nucleoside reverse transcriptase inhibitor. Tenofovir disoproxil tablets 245mg are licensed for the treatment of chronic hepatitis B virus (HBV) in adults with compensated and decompensated liver disease.

Indication

Tenofovir 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

Tenofovir disoproxil 245mg tablets
Take ONE tablet ONCE daily

Tenofovir is eliminated by renal excretion and the exposure to tenofovir increases in patients with renal dysfunction. There is limited data available on the use of tenofovir in renal impairment and therefore it should only be used if the potential benefits outweigh the potential risks. Renal function and serum phosphate should be measured regularly, particularly in patients at risk of renal impairment.

The dose of tenofovir 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 the SPC.

Supply: Tenofovir tablets 245mg - available as generic product via the standard community pharmacy suppliers

Take care to prescribe tenofovir disoproxil, and not tenofovir alafenamide.

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&Es, Phosphate	First year of treatment: Months 2-3, 6 and 12 by specialist team at clinic visit After first year of treatment: <ul style="list-style-type: none">• 6 - 12 monthly at clinic visit• Consider more frequent GP monitoring for patients at risk of renal disease (aged >60 years, diabetic, eGFR <60) as requested	Out with normal range	Contact specialist team
LFTs	First year of treatment: 6 monthly at clinic visit 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 for full details

Fertility, Pregnancy and Lactation – Refer to current Summary of Product Characteristics: www.medicines.org.uk for full details

- Tenofovir may be continued throughout pregnancy
- Tenofovir is excreted in human milk at very low levels and exposure of infants through breast milk is considered negligible. Although long-term data is limited, no adverse reactions have been reported in breast-fed infants, and HBV-infected mothers using tenofovir disoproxil may breast-feed.

Adverse effects - Refer to current Summary of Product Characteristics: 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 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 December 2025 meeting on 04.02.2026)