**AGA INSTITUTE GUIDELINE ON**

**Hepatitis B Reactivation (HBVr)**

**CLINICAL DECISION SUPPORT TOOL**

**HIGH RISK (REACTIVATION RISK >10%)**

- **HBsAg-positive/anti-HBc-positive or HBsAg-negative/anti-HBc-positive**
  - Patients taking B cell depleting agents (e.g., rituximab, ofatumumab)
  - Antiviral prophylaxis for at least 12 months after discontinuation of immunosuppressive therapy

- **HBsAg-positive/anti-HBc-positive**
  - Patients taking anthracycline derivatives (e.g., doxorubicin, epirubicin)
  - Antiviral prophylaxis for at least 6 months after discontinuation of immunosuppressive therapy

- **Patients taking moderate dose (10-20 mg prednisone daily or equivalent) or high dose (> 20 mg prednisone daily or equivalent) corticosteroids daily for > 4 weeks**

GRADE - strong recommendation, moderate quality of evidence

Review online at gastro.org/hbvrdecisiontool.
### MODERATE RISK (REACTIVATION RISK 1–10%)

- **HBsAg-positive/anti-HBc-positive or HBsAg-negative/anti-HBc-positive**
  - Patients taking TNF-\( \alpha \) inhibitors (e.g., etanercept, adalimumab, certolizumab, infliximab)
  - Patients taking other cytokine or integrin inhibitors (e.g., abatacept, ustekinumab, natalizumab, vedolizumab)
  - Patients taking tyrosine kinase inhibitors (e.g., imatinib, nilotinib)
  - Patients taking low-dose (< 10 mg prednisone daily or equivalent) corticosteroids daily for duration of ≥ 4 weeks
  - Patients taking moderate dose (10–20 mg prednisone daily or equivalent) or high dose (> 20 mg prednisone daily or equivalent) corticosteroids daily for ≥ 4 weeks. Patients taking anthracycline derivatives (e.g., doxorubicin, epirubicin)

- **HBsAg-positive/anti-HBc-positive**
  - Suggest antiviral prophylaxis for at least 6 months after discontinuation of immunosuppressive therapy*

- **HBsAg-negative/anti-HBc-positive**
  - GRADE - weak recommendation, moderate quality of evidence
  - *Patients who place a higher value on avoiding the long-term use of antiviral therapy and cost associated with its use and a lower value on avoiding the small risk of reactivation (particularly in those who are HBsAg-negative), may reasonably select no prophylaxis over antiviral prophylaxis

### LOW RISK (REACTIVATION RISK < 1%)

- **HBsAg-positive/anti-HBc-positive or HBsAg-negative/anti-HBc-positive**
  - Patients taking traditional immunosuppressive agents (e.g., azathioprine, 6-mercaptopurine, methotrexate)

- **HBsAg-negative/anti-HBc-positive**
  - Patients taking intra-articular corticosteroids. Patients taking any dose oral corticosteroids daily for duration of ≤ 1 week.
  - Patients taking low dose (< 10 mg prednisone or equivalent) corticosteroids for ≥ 4 weeks

- **Suggest not to use routine antiviral prophylaxis in patients undergoing immunosuppressive drug therapy who are at low risk for HBVr**

- GRADE - weak recommendation, moderate quality of evidence

Review online at [gastro.org/hbvrdecisiontool](http://gastro.org/hbvrdecisiontool).