

**APPLICANT** (stamp or sticker acceptable)      **PATIENT NHI:** .....      **REFERRER** Reg No: .....

Reg No: .....      First Names: .....      First Names: .....

Name: .....      Surname: .....      Surname: .....

Address: .....      DOB: .....      Address: .....

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Fax Number: .....      Fax Number: .....

### Adefovir dipivoxil

#### INITIAL APPLICATION

Applications only from a gastroenterologist or infectious disease specialist. Approvals valid for 1 year.

**Prerequisites** (tick boxes where appropriate)

Patient has confirmed Hepatitis B infection (HBsAg+)

and

**Documented resistance to lamivudine, defined as:**

Patient has raised serum ALT (> 1 × ULN)

and

Patient has HBV DNA greater than 100,000 copies per mL, or viral load ≥ 10 fold over nadir

and

Detection of M204I or M204V mutation

and

Patient is cirrhotic

and

adefovir dipivoxil to be used in combination with lamivudine

or

Patient is not cirrhotic

and

adefovir dipivoxil to be used as monotherapy

#### RENEWAL

Current approval Number (if known):.....

Applications only from a gastroenterologist or infectious disease specialist. Approvals valid for 2 years.

**Prerequisites** (tick box where appropriate)

In the opinion of the treating physician, treatment remains appropriate and patient is benefiting from treatment

Note:

Lamivudine should be added to adefovir dipivoxil if a patient develops documented resistance to adefovir dipivoxil, defined as:

1. raised serum ALT (> 1 × ULN); and
2. HBV DNA greater than 100,000 copies per mL, or viral load ≥ 10 fold over nadir; and
3. Detection of N236T or A181T/V mutation.

Adefovir dipivoxil should be stopped 6 months following HBeAg seroconversion for patients who were HBeAg+ prior to commencing adefovir dipivoxil.

The recommended dose of adefovir dipivoxil is no more than 10mg daily.

In patients with renal insufficiency adefovir dipivoxil dose should be reduced in accordance with the datasheet guidelines.

Adefovir dipivoxil should be avoided in pregnant women and children.

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: ..... Date: .....