**Figure 2.** Criteria to Discontinue Therapy for Chronic Hepatitis B Virus (HBV) Infection

**HBeAg (antigen)-positive patients who seroconvert to HBeAb (antibody)-positive**

- **Yes**
  - Indefinite therapy unless strong rationale for discontinuation (see legend)

- **No**
  - Monitor ALT and HBV DNA
  - If ALT normal and HBV DNA undetectable for 12 months, discontinue therapy

**HBeAg (antigen)-negative patients**

- **Yes**
  - Indefinite therapy due to risk of decompensation and death

- **No**
  - Indefinite therapy unless strong rationale for discontinuation (see legend)

**ALT** indicates alanine aminotransferase; **HBeAb**, hepatitis B antibody; **HBeAg**, hepatitis B antigen.

Discontinuation of therapy should include consideration of risks and benefits, including virological collapse, hepatic decompensation, liver cancer, death, burden of therapy (eg, financial costs), and preferences of patient or provider.

Individuals with persistent viremia (failure to achieve undetectable levels of HBV DNA after 96 weeks and/or the decline of HBV DNA plateauing) should continue nucleos(t)ide analog therapy, regardless of ALT levels. If virological breakthrough (HBV DNA increase by >1 log compared to nadir or HBV DNA ≥100 IU/mL when previously undetectable) occurs, consider switching therapy or adding a second antiviral drug.

This figure was developed by Quest Diagnostics based in part on reference 21. It is provided for informational purposes only and is not intended as medical advice. A physician’s test selection and interpretation, diagnosis, and patient management decisions should be based on his/her education, clinical expertise, current guidelines, and assessment of the patient.