SUMMARY OF PRODUCT CHARACTERISTICS
HepBest (Tenofovir Alafenamide Tablets 25 mg)

1. NAME OF THE MEDICINAL PRODUCT

HepBest (Tenofovir Alafenamide Tablets 25 mg)

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each film-coated tablet contains tenofovir alafenamide fumarate equivalent to tenofovir alafenamide 25 mg.

Excipients with known effect:

Each tablet contains 67.957 mg lactose (as monohydrate). For warnings, see section 4.4.

For a full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Film-coated tablet.

White to off-white, round, biconvex, film-coated tablet debossed with "M" on one side and "TFI" on the other side.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

HepBest is indicated for the treatment of chronic hepatitis B (CHB) in adults and adolescents aged 12 years and older with body weight at least 35 kg.

4.2 Posology and method of administration

One tablet once daily with food. Therapy should be initiated by a physician experienced in the management of chronic hepatitis B.

Treatment discontinuation

In HBeAg-positive patients without cirrhosis: at least 6–12 months after HBe seroconversion (HBeAg loss and HBV DNA loss with anti-HBe detection) or until HBs seroconversion or loss of efficacy. In HBeAg-negative patients without cirrhosis: at least until HBs seroconversion or evidence of loss of efficacy. In patients with advanced liver disease or cirrhosis: treatment discontinuation is not recommended as post-treatment exacerbation can be serious and fatal.

Missed dose

If a dose is missed and less than 18 hours have passed, take as soon as possible and resume normal schedule. If more than 18 hours have passed, skip the missed dose and resume normal schedule. If vomiting occurs within 1 hour of taking, repeat the dose.

Special populations

Elderly: No dose adjustment required. Renal impairment: No dose adjustment required for CrCl ≥15 mL/min or in patients on haemodialysis (administer after completion of dialysis on dialysis days). No recommendations for CrCl <15 mL/min not on dialysis. Hepatic impairment: No dose adjustment required (see section 5.2). Paediatric (<12 years or <35 kg): Not established.

Method of administration

Oral. Take with food.

4.3 Contraindications

- Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.
- HepBest should not be co-administered with products containing tenofovir alafenamide, tenofovir disoproxil fumarate or adefovir dipivoxil.

4.4 Special warnings and precautions for use

HBV transmission

HepBest does not prevent the risk of transmission of HBV to others. Appropriate precautions must continue to be used.

Exacerbation of hepatitis on treatment

Spontaneous exacerbations in chronic hepatitis B are common and characterised by transient increases in serum ALT. Patients with cirrhosis may be at higher risk of hepatic decompensation following exacerbation and should be closely monitored.

Exacerbation of hepatitis after treatment discontinuation

Acute exacerbation of hepatitis has been reported in patients who have discontinued treatment, usually in association with rising HBV DNA. Severe exacerbations, including fatal outcomes, may occur. Hepatic function should be monitored for at least 6 months after discontinuation.

Renal impairment

Monitor renal function in patients with renal impairment. For patients with CrCl <30 mL/min, very limited data are available (see section 5.2). Potential risk of nephrotoxicity from chronic low-level tenofovir exposure cannot be excluded.

Co-infection with HIV

HIV antibody testing should be offered to all HBV-infected patients before initiating therapy. In patients co-infected with HBV and HIV, HepBest should be co-administered with other antiretrovirals appropriate for HIV treatment.

Drug interactions

Co-administration with inducers of P-glycoprotein (e.g. rifampicin, rifabutin, carbamazepine, phenobarbital, phenytoin, St. John's wort) is not recommended as these may decrease tenofovir alafenamide concentrations. Co-administration with strong P-gp inhibitors (e.g. itraconazole, ketoconazole) may increase tenofovir alafenamide concentrations and is not recommended.

Lactose

Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine.

4.5 Interaction with other medicinal products and other forms of interaction

HepBest should not be co-administered with products containing tenofovir disoproxil fumarate, tenofovir alafenamide or adefovir dipivoxil. P-gp inducers reduce tenofovir alafenamide concentrations — not recommended. Strong P-gp inhibitors increase tenofovir alafenamide concentrations — not recommended. Tenofovir alafenamide is not an inhibitor of CYP1A2, 2B6, 2C8, 2C9, 2C19, 2D6 or 3A4 in vitro. Interaction with warfarin, digoxin, metformin and other oral contraceptives was not considered clinically relevant (see interaction table in full reference SmPC).

4.6 Fertility, pregnancy and lactation

Pregnancy

Limited data (<300 exposed outcomes). Use may be considered during pregnancy if necessary. Animal studies show no harmful effects on reproductive toxicity.

Breast-feeding

HepBest should not be used during breast-feeding (tenofovir is excreted in animal milk; insufficient information in humans).

Fertility

Animal studies show no harmful effects on fertility with tenofovir alafenamide.

4.7 Effects on ability to drive and use machines

HepBest has no or negligible influence on the ability to drive and use machines. Patients should be informed that dizziness has been reported.

4.8 Undesirable effects

Summary of safety profile

The most frequently reported adverse reactions are headache (11%), nausea (6%) and fatigue (6%), based on Week 72 data from Phase 3 studies (n=866).

System Organ Class	Very common (≥1/10)	Common (≥1/100 to <1/10)
Nervous system	Headache	Dizziness
Gastrointestinal		Diarrhoea, vomiting, nausea, abdominal pain, abdominal distension, flatulence
Hepatobiliary		Increased ALT
Musculoskeletal		Arthralgia
Skin		Rash, pruritus
General		Fatigue

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the National Regulatory Authority.

4.9 Overdose
If overdose occurs, monitor for evidence of toxicity and institute general supportive measures including monitoring of vital signs and clinical status. Tenofovir is efficiently removed by haemodialysis (extraction coefficient approximately 54%).

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties
Pharmacotherapeutic group: Antivirals for systemic use; nucleoside and nucleotide reverse transcriptase inhibitors. ATC code: J05AF13.

Tenofovir alafenamide is a phosphonamidate prodrug of tenofovir (2'deoxyadenosine monophosphate analogue). It enters primary hepatocytes by passive diffusion and by hepatic uptake transporters OATP1B1 and OATP1B3. Carboxylesterase 1 in hepatocytes converts it to tenofovir, which is phosphorylated to tenofovir diphosphate — the pharmacologically active metabolite. Tenofovir diphosphate inhibits HBV replication by incorporating into viral DNA by the HBV reverse transcriptase, resulting in DNA chain termination. HepBest was non-inferior to tenofovir disoproxil fumarate in Phase 3 studies (Studies 108 and 110) in HBeAg-negative and HBeAg-positive CHB patients. In both studies, HBV DNA <29 IU/mL was achieved in 93–94% of patients (HBeAg-negative) and 64% (HBeAg-positive) at Week 48. HepBest was associated with smaller decreases in bone mineral density and smaller changes in renal safety parameters compared to TDF.

5.2 Pharmacokinetic properties
Tenofovir alafenamide: Rapidly absorbed; peak plasma concentration approximately 0.48 hours post-dose. Oral bioavailability increased 65% with a high-fat meal. Protein binding approximately 80%. Metabolised by carboxylesterase 1 in hepatocytes to tenofovir. Tenofovir alafenamide half-life approximately 0.51 hours; tenofovir half-life approximately 32 hours. Primarily eliminated via metabolism; renal excretion of intact tenofovir alafenamide <1%.

5.3 Preclinical safety data
Primary target organs in non-clinical studies are bone and kidney. Bone toxicity (reduced BMD) observed in rats and dogs at tenofovir exposures at least 4-fold greater than therapeutic. Minimal infiltration of histiocytes in the eye in dogs at high exposures. Not mutagenic or clastogenic. Tenofovir disoproxil fumarate (as prodrug surrogate) was not carcinogenic in mice or rats at standard doses. No effects on reproduction in rats or rabbits.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients
Core tablet: Lactose monohydrate (67.957 mg per tablet; excipient with known effect), microcrystalline cellulose, croscarmellose sodium, magnesium stearate. Film coat: Polyvinyl alcohol, polyethylene glycol, titanium dioxide (E171), purified talc.

6.2 Incompatibilities
Not applicable.

6.3 Shelf life
24 months.

6.4 Special precautions for storage
Do not store above 30°C. Store in original container. Keep out of the reach and sight of children.

6.5 Nature and contents of container
HDPE bottle. Pack sizes: 30, 90 and 180 tablets. Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling
No special requirements. Any unused product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER
MYLAN LABORATORIES LIMITED

Plot no. 11, 12 & 13, Indore SEZ, Pharma Zone, Phase-II,

Sector-III, Pithampur – 454775, Dist. Dhar (MP), India.

(Product manufactured under licence from Gilead Sciences Inc.)

8. MARKETING AUTHORISATION NUMBER (PPB REGISTRATION NUMBER)
H2026/CTD7098/18178

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17.02.2026

10. DATE OF REVISION OF THE TEXT
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