Washington State Department of Health

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RECOMMENDED DRUG REGIMENS FOR TREATMENT OF LTBI

Drug	Interval/ Duration	Adult, ≥15yrs, Dosage (max)	Pediatric, <15yrs, Dosage (max)	Criteria for Completion	Comments
INH	Daily for 9 mos.	5 mg/kg (300mg)	10-20 mg/kg (300mg)	*270 doses within 12 mos.	**DAILY INH PREFERRED FOR ALL PERSONS** Not indicated for persons exposed to INH-resistant TB
	Twice-weekly for 9 mos.	15mg/kg (900mg)	20-30 mg/kg	*76 doses within 12 mos.	• **DOT <u>should</u> be used with twice-weekly dosing**
RIF	Daily for 4 mos.	10 mg/kg (600mg)		120 doses within 6 mos.	For contacts of patients with INH-resistant, RIF-susceptible TB or when shorter course treatment is preferred
	Daily for at least 6 mos.		10-20 mg/kg (600mg)	180 doses within 9 mos.	In HIV-infected persons, protease inhibitors or NNRTIs should not be administered concurrently with RIF Monitor interactions with other drugs metabolized by the CYP3A system (e.g, beta-blockers, opiates, anti-epileptics, oral hypoglycemics, etc.)
INH/ RPT	Once weekly for 12 wks.	<u>Rifapentine:</u> 10-14kg=300mg 14.1-25kg=450mg 25.1-32kg=600mg 32.1-49.9kg=750mg (900mg) <u>INH:</u> 15mg/kg (900mg)	Only for ≥12yr <u>Rifapentine:</u> 10-14kg=300mg 14.1-25kg=450mg 25.1-32kg=600mg 32.1-49.9kg=750mg (900mg) <u>INH:</u> 15mg/kg (900mg)	11 or 12 doses within 16 wks.	• **DOT <u>should</u> be used with this regimen** Do not use in children <2, or for HIV-infected patients receiving ARV therapy, or for pregnant women, or for persons exposed to INH or RIF-resistant TB INH is preferred for children 2-11, however, this regimen may considered when completion of 9 months of INH is unlikely <u>and</u> the risk of TB disease is great

Abbreviations: INH=Isoniazid, RIF=Rifampin, RPT=rifapentine, NNRTIs=non-nucleoside reverse transcriptase inhibitors, ARV= antiretroviral, DOT=directly observed therapy, mos.=months, wks.=weeks

*Isoniazid for six months can be considered a complete course of LTBI therapy; however, it is not indicated for persons with HIV infection or fibrotic lesions, or for children, or for persons exposed to INH-resistant TB

Drug Information

Drug	Adverse Reactions	Contraindications	Monitoring	Patient Instructions
INH	• Hepatitis • Peripheral neuropathy • Hypersensitivity reactions • Fatigue, neurasthenia Other rare reactions, including optic neuritis, athralgias, CNS changes, drug-induced lupus, headache, diarrhea, and cramping. **Note:** Pyridoxine (B6) supplements are also recommended for pregnant and breast feeding women, breast-feeding infants, children and adolescents on milk- and meat-deficient diets, children who experience parasthesias while taking INH, and those with HIV infection	Patients infected with presumed INH-resistant strain	Clinical monitoring is essential. Liver function monitoring is appropriate if given with other hepatotoxic medications or if there are symptoms of hepatotoxicity. Monitor concentrations of phenytoin or carbamazepine.	• May take with food • Avoid alcohol • Avoid antacid within one hour of taking INH • **Call doctor right away if**: Loss of appetite for a few days Tiredness, weakness Stomach pain, nausea, or vomiting Numbness or tingling in fingers or toes Blurred vision, eye pain Yellow skin or eyes or dark-colored urine
RIF/ RPT	• **Many drug interactions** • Orange staining of body fluid • Rash and pruritus • GI upset, flu-like syndrome • Hepatotoxicity • Hematologic abnormalities (thrombocytopenia, hemolytic anemia)	**Rifamycin allergy**; due do **drug interactions**, may be contraindicated with concurrent use of certain drugs (ARVs, anticoagulants, methadone, oral hypoglycemics).	Liver function monitoring is appropriate if given with other hepatotoxic medications or if there are symptoms of hepatotoxicity; monitor drug concentrations of interacting medications	• Best taken without food • Avoid wearing soft contact lenses • RIF decreases effectiveness of oral hormone-based birth control methods • **Call doctor right away if:** Unusual tiredness or loss of appetite Severe abdominal upset Fever or chills Bruising or bleeding gums

- Routine monthly monitoring of liver function tests (LFTs) not generally indicated, except in the following circumstances: Abnormal LFT at baseline , Chronic liver disease, HIV infection, Risk for hepatic disease, including other potentially hepatotoxic drugs (e.g., statins, anti-convulsants or over- the-counter drugs, e.g., acetaminophen), regular alcohol use, pregnancy or immediate postpartum, inability to communicate effectively about adverse effects in a patients ≥~30-35 years of age.
- At the initiation of therapy and at monthly intervals, patients should be educated (and re-educated) about common adverse effects and told to do the following if any adverse effects occur: (1) interrupt therapy immediately, (2) contact the prescriber, and (3) not resume therapy until so directed by the prescriber. Monthly encounters should also include an assessment for the adverse effects set forth above.

Medication should be withheld and patients evaluated if:

- Transaminase levels >3 times upper limit of normal in presence of symptoms
- Transaminase levels >5 times upper limit of normal in asymptomatic patient

Pediatrics: If children taking LTBI treatment develop hepatitis, seek other causes. Discontinue LTBI treatment in cases of symptomatic hepatitis, noting transaminase levels stated above

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