

**Table 12. Dosing Recommendations for Adult Patients with Reduced Renal Function<sup>a</sup>**

Drug	Change in Frequency?	Recommended Dose and Frequency for Patients with Creatinine Clearance <30 mL/min <sup>a</sup>
Isoniazid	No	300 mg once daily, or 900 mg 3 times/wk
Rifampin	No	600 mg once daily, or 600 mg 3 times/wk
Pyrazinamide	Yes	25-35 mg/kg/dose 3 times/wk (not daily)
Ethambutol	Yes	20-25 mg/kg/dose 3 times/wk (not daily)
Levofloxacin	Yes	750-1000 mg/dose 3 times/wk (not daily)
Moxifloxacin	No	400 mg once daily
Cycloserine	Yes	250 mg once daily, or 500 mg/dose 3 times/wk <sup>b</sup>
Ethionamide	No	250-500 mg/dose daily
Para-amino salicylic acid	No	4 g/dose twice daily
Streptomycin	Yes	15 mg/kg/dose 2-3 times/wk (not daily)
Capreomycin	Yes	15 mg/kg/dose 2-3 times/wk (not daily)
Kanamycin	Yes	15 mg/kg/dose 2-3 times/wk (not daily)
Amikacin	Yes	15 mg/kg/dose 2-3 times/wk (not daily)

<sup>a</sup>Including adult patients receiveing hemodialysis; <sup>b</sup>the appropriateness of 250-mg daily doses has not been established.

**Please note:** Standard doses are given unless there is intolerance; there should be careful monitoring of neurotoxicity; the medications should be given after hemodialysis on the day of hemodialysis; and monitoring of serum drug concentrations should be considered.



## Tuberculosis Treatment Guidelines

Table 2. Drug Regimens for Microbiologically Confirmed Pulmonary Tuberculosis Caused by Drug-Susceptible Organisms

Table 12. Dosing Recommendations for Adult Patients with Reduced Renal Function, Including Adults Patients receiving Hemodialysis


**Reference: Official American Thoracic Society, Centers for Disease Control and Prevention, Infectious Disease Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis Clinical Infectious Diseases • 2016**

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**Table 2. Drug Regimens for Microbiologically Confirmed Pulmonary Tuberculosis Caused by Drug-Susceptible Organisms**

Regimen	<i>Intensive Phase</i>		<i>Continuation Phase</i>		Range of Total Doses	Comments <sup>c,d</sup>	Regimen Effectiveness Greater  Lesser
	Drug <sup>a</sup>	Interval and Dose <sup>b</sup> ( <i>Minimum Duration</i> )	Drugs	Interval/Dose <sup>b,c</sup> ( <i>Minimum Duration</i> )			
1	INH RIF PZA EMB	7 d/wk for 56 doses (8 wk), or 5 d/wk for 40 doses (8 wk)	INH RIF	7 d/wk for 126 doses (18 wk), or 5 d/wk for 90 doses (18 wk)	182-130	This is the preferred regimen for patients with newly diagnosed pulmonary tuberculosis.	
2	INH RIF PZA EMB	7 d/wk for 56 doses (8 wk), or 5 d/wk for 40 doses (8 wk)	INH RIF	3 times weekly for 54 doses (18 wk)	110-94	Preferred alternative regimen in situations in which more frequent DOT during continuation phase is difficult to achieve.	
3	INH RIF PZA EMB	3 times weekly for 24 doses (8 wk)	INH RIF	3 times weekly for 54 doses (18 wk)	78	Use regimen with caution in patients with HIV and/or cavitary disease. Missed doses can lead to treatment failure, relapse, and acquired drug resistance.	
4	INH RIF PZA EMB	7 d/wk for 14 doses then twice weekly for 12 doses	INH RIF	Twice weekly for 36 doses (18 wk)	62	Do not use twice-weekly regimens in HIV-infected patients or patients with smear-positive and/or cavitary disease. If doses are missed, then therapy is equivalent to once weekly, which is inferior.	

**a** Other combinations may be appropriate in certain circumstances; **b** When DOT is used, drugs may be given 5 days per week and the necessary number of doses adjusted accordingly. Although there are no studies that compare 5 with 7 daily doses, extensive experience indicates this would be an effective practice. DOT should be used when drugs are administered <7 days per week; **c** Based on expert opinion, patients with cavitation on initial chest radiograph and positive cultures at completion of 2 months of therapy should receive a 7-month (31-week) continuation phase; **d** Pyridoxine (vitamin B6), 25–50 mg/day, is given with INH to all persons at risk of neuropathy (eg, pregnant women; breastfeeding infants; persons with HIV; patients with diabetes, alcoholism, malnutrition, or chronic renal failure; or patients with advanced age). For patients with peripheral neuropathy, experts recommend increasing pyridoxine dose to 100 mg/day; **e** See [426]. Alternatively, some US tuberculosis control programs have administered intensive-phase regimens 5 days per week for 15 doses (3 weeks), then twice weekly for 12 doses.

*DOT*-directly observed therapy; *EMB*-ethambutol; *INH*-isoniazid; *PZA*-pyrazinamide; *RIF*-rifampin