

Table 4. Regimen Options for Treatment of HIV-Related TB Disease

Total Duration (months))	Induction Phase		Continuation Phase		Considerations for HIV Therapy	Comments
	Drugs	Interval/ Duration	Drugs	Interval/ Duration		
6*	INH RFB PZA [†] EMB [†]	Daily for 2 months (8 weeks)	INH RFB	Daily or 2 times/week for 4 months (18 weeks)	<p>Concurrent administration of rifabutin is contraindicated with hard-gel saquinavir and delavirdine.</p> <p>20% - 25% increase in the dose of PIs or NNRTIs might be necessary</p> <p>Patient should be monitored carefully for RFB drug toxicity (arthralgia, uveitis, leukopenia) if RFB is used concurrently with PIs or NNRTIs.</p> <p>Evidence of decreased antiretroviral drug activity should be assessed periodically with HIV RNA levels .</p> <p>No contraindication exists for the use of RFB with NRTIs.</p>	<p>If the patient is also taking nelfinavir, indinavir, amprenavir, or ritonavir, the daily dose of RFB is decreased from 300 mg to 150 mg, and to 150 mg two or three times a week when used with ritonavir The twice-weekly dose of RFB (300 mg) remains unchanged if the patient is also taking these PIs.</p> <p>If the patient is also taking efavirenz, the daily dose of RFB is increased from 300 mg to 450 mg or 600 mg.</p> <p>Thrice-weekly dosing for RFB has not been studied and cannot be currently recommended.</p>
9*	INH SM PZA EMB	Daily for 2 months (8 weeks)	INH SM PZA	2-3 times/week for 7 months (30 weeks)	Can be used concurrently with antiretroviral regimens that include PIs, NRTIs, and NNRTIs.	<p>SM is contraindicated for pregnant women.</p> <p>Every effort should be made to continue administering SM for the total duration of treatment. When SM is not used for the recommended 9 months, EMB should be added to the regimen and the treatment duration should be prolonged from 9 months (38 weeks) to 12 months (52 weeks).</p>
	INH SM PZA EMB	Daily for 2 weeks and then 2* times/ week for 6 weeks	INH SM PZA	2-3 times/week for 7 months (30 weeks)		

Total Duration (months)	Induction Phase		Continuation Phase		HIV Therapy	Comments
	Drugs	Interval/ Duration	Drugs	Interval/ Duration		
6*	INH RIF PZA [§] EMB [§] or SM	Daily for 2 months (8 weeks)	INH RIF	Daily or 2 - 3 times/week for 4 months (18 weeks)	<p>Rifampin can be used for the treatment of active TB disease for patients whose antiretroviral regimen includes</p> <ul style="list-style-type: none"> ! The NNRTI efavirenz and two nucleoside reverse transcriptase inhibitors (NRTIs); ! The protease inhibitor ritonavir and one or more NRTIs; or ! The combination of two protease inhibitors (ritonavir and either saquinavir hard-gel capsule or saquinavir soft-gel capsule). <p>NTRIs may be administered concurrently with RIF.</p> <p>If appropriate, patients should be assessed every 3 months to evaluate the decision to initiate antiretroviral therapy.</p> <p>A 2-week "P-450 induction wash-out" period may be necessary between the last dose of RIF and the first dose of protease inhibitors or NNRTIs.</p>	SM is contraindicated for pregnant women.
	INH RIF PZA [§] EMB [§] or SM	Daily for 2 weeks and then 2 - 3 times/week for 6 weeks	INH RIF	Daily or 2 - 3 times/week for 4 months (18 weeks)		
	INH RIF PZA EMB or SM	3 times/week for 2 months (8 weeks)	INH RIF PZA EMB or SM	3 times/week for 4 months (18 weeks)		

EMB - ethambutol, INH - isoniazid, PZA - pyrazinamide, RFB - rifabutin, RIF - rifampin, SM - streptomycin

PIs - protease inhibitors, NNRTIs - nonnucleoside reverse transcriptase inhibitors, NRTIs - nucleoside reverse transcriptase inhibitors

*Duration of therapy should be prolonged for patients with delayed response to therapy. Criteria for delayed response should be assessed at the end of the 2-month induction phase and include a) lack of conversion of the *Mycobacterium tuberculosis* culture from positive to negative or b) lack of resolution or progression of signs or symptoms of TB.

†Continue PZA and EMB for the total duration of the induction phase (8 weeks).

§Continue PZA for the total duration of the induction phase (8 weeks). EMB can be stopped after susceptibility test results indicate *Mycobacterium tuberculosis* susceptibility to INH and RIF.

Note: Directly observed therapy (DOT) is recommended for all TB treatment regimens.