Dosing Recommendations for Adult Patients with Drug-Susceptible Organisms

Drug	Normal Renal Function	Change in Frequency for Reduced Renal Function?	Creatinine Clearance <30 mL/min ^a	
Ethambutol	Standard dose ^b : 15-20 mg/kg once daily	Yes	20-25 mg/kg 3x/weekly (not daily)	
Isoniazid	Standard dose: 5 mg/kg daily (max 300 mg) Vitamin B6 daily 25-50 mg			
	<u>Intermittent dose:</u> 15 mg/kg (max 900 mg)	No	No dose adjustment	
	High dose therapy: 13-18 mg/kg daily			
Pyrazinamide	<u>Standard dose^b:</u> 25-35 mg/kg daily	Yes	25-35 mg/kg (maximum 3000 mg) 3x/weekly (not daily)	
Rifabutin	Standard dose: 300 mg daily	No	Monitor drug concentrations to avoid toxicity	
Rifampin	ampin <u>Standard dose:</u> 10 mg/kg daily		No dose adjustment	

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

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

Dosing Recommendations for Adult Patients with Drug-Susceptible Organisms

Adapted from the 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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^aIncluding adult patients receiveing hemodialysis ^bBased on estimated lean body weight. Optimal doses for obese patients are not established.

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

	Intensive Phase		Continuation Phase				Regimen
Regimen	Drug ^a	Interval and Dose ^b (Minimum Duration)	Drugs	Interval/Dose ^{b,c} (Minimum Duration)	Range of Total Doses	Comments ^{c,d}	Effectiveness Greater
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.	1
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.	Lesser

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

INH-isoniazid