



Treatment Shortening: 4-month RPT-Moxi Regimen - Considerations Before Use

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- No conflict of interests
- No relevant financial relationships with any commercial companies pertaining to this educational activity





4 month RPT-Moxi Regimen – Considerations Before Use

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Treatment shortening regimen – Drug Sensitive TB

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Four-Month Rifapentine Regimens with or without Moxifloxacin for Tuberculosis

S.E. Dorman, P. Nahid, E.V. Kurbatova, P.P.J. Phillips, K. Bryant, K.E. Dooley, M. Engle, S.V. Goldberg, H.T.T. Phan, J. Hakim, J.L. Johnson, M. Lourens, N.A. Martinson, G. Muzanyi, K. Narunsky, S. Nerette, N.V. Nguyen, T.H. Pham, S. Pierre, A.E. Purfield, W. Samaneka, R.M. Savic, I. Sanne, N.A. Scott, J. Shenje, E. Sizemore, A. Vernon, Z. Waja, M. Weiner, S. Swindells, and R.E. Chaisson, for the AIDS Clinical Trials Group and the Tuberculosis Trials Consortium

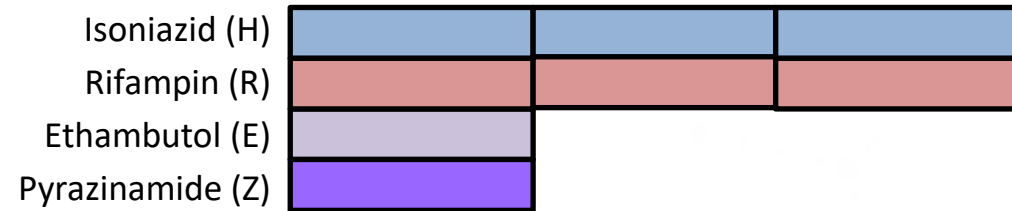
2234 participants (194 PLHIV, 1703 with cavity on CXR)
Randomized 1:1:1 to 3 arms
Noninferiority study



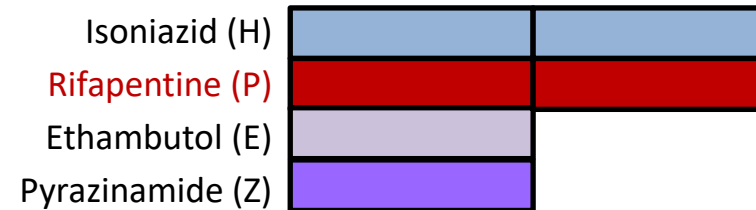
Study 31/A5349



Control
(2HRZE/4HR)

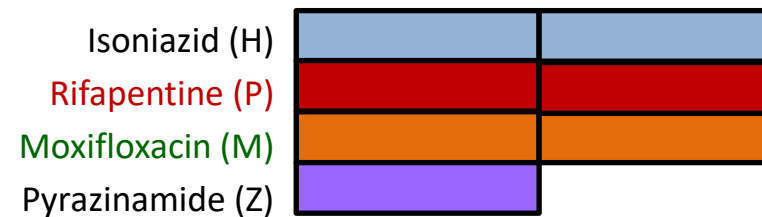


RPT
(2HPZE/2HP)



Inferior to 6
month
regimen

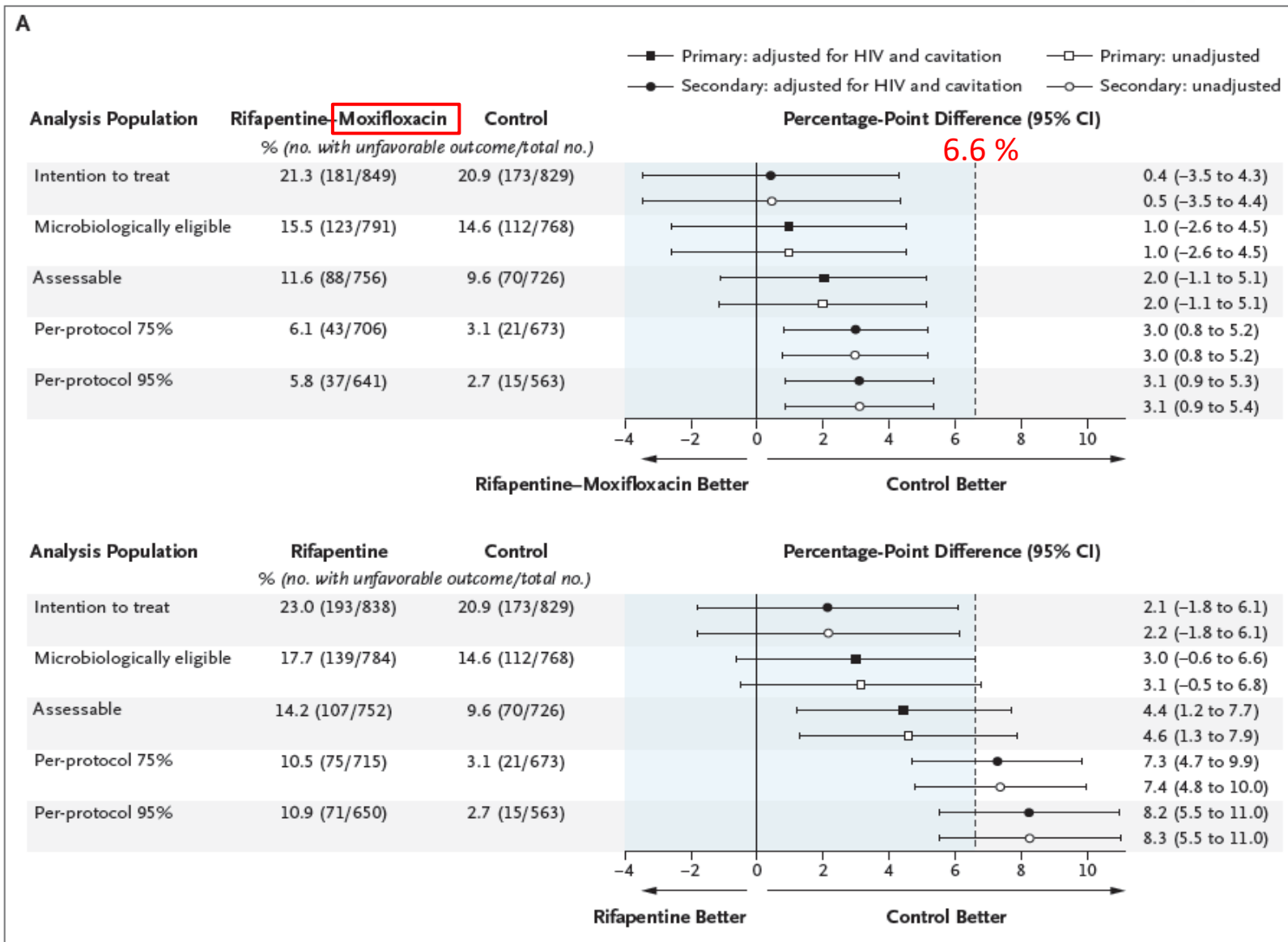
RPT/Moxi
(2HPZM/4HPM)



Notes:

- HRZE dosed at standard doses
- Dosed daily, 7 days/week, observed 5 days/week
- Rifapentine 1200 mg (8 tablets)
- Moxifloxacin 400 mg

Study 31 - Results



Some Points to Consider

- We have to start treating with this regimen, the patients have spoken
- Smear conversion by 8 weeks:
 - standard regimen 63.4%
 - RPT/moxi arm 78.5%
- Study compared 4 months of RPT/moxi regimen to *6 months* of standard therapy



What does CDC say?

CDC recommends the 4-month RPT-MOX regimen for treating patients

- aged ≥ 12 years
- with body weight ≥ 40 kg (88 lb.)
- with pulmonary TB
- caused by organisms that are not known or suspected to be drug-resistant
- and who have no contraindications to this regimen



Groups That May Not Benefit

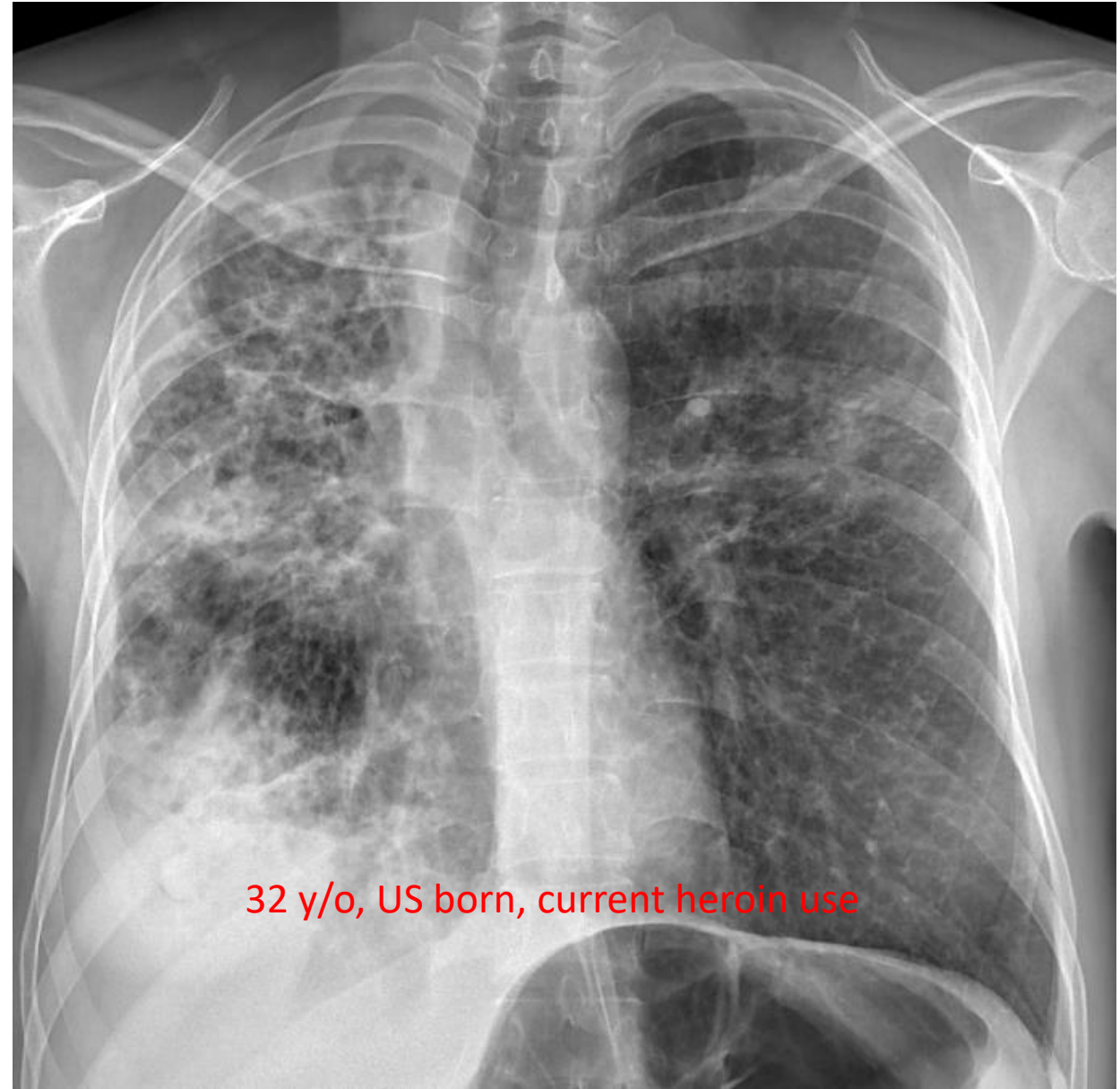
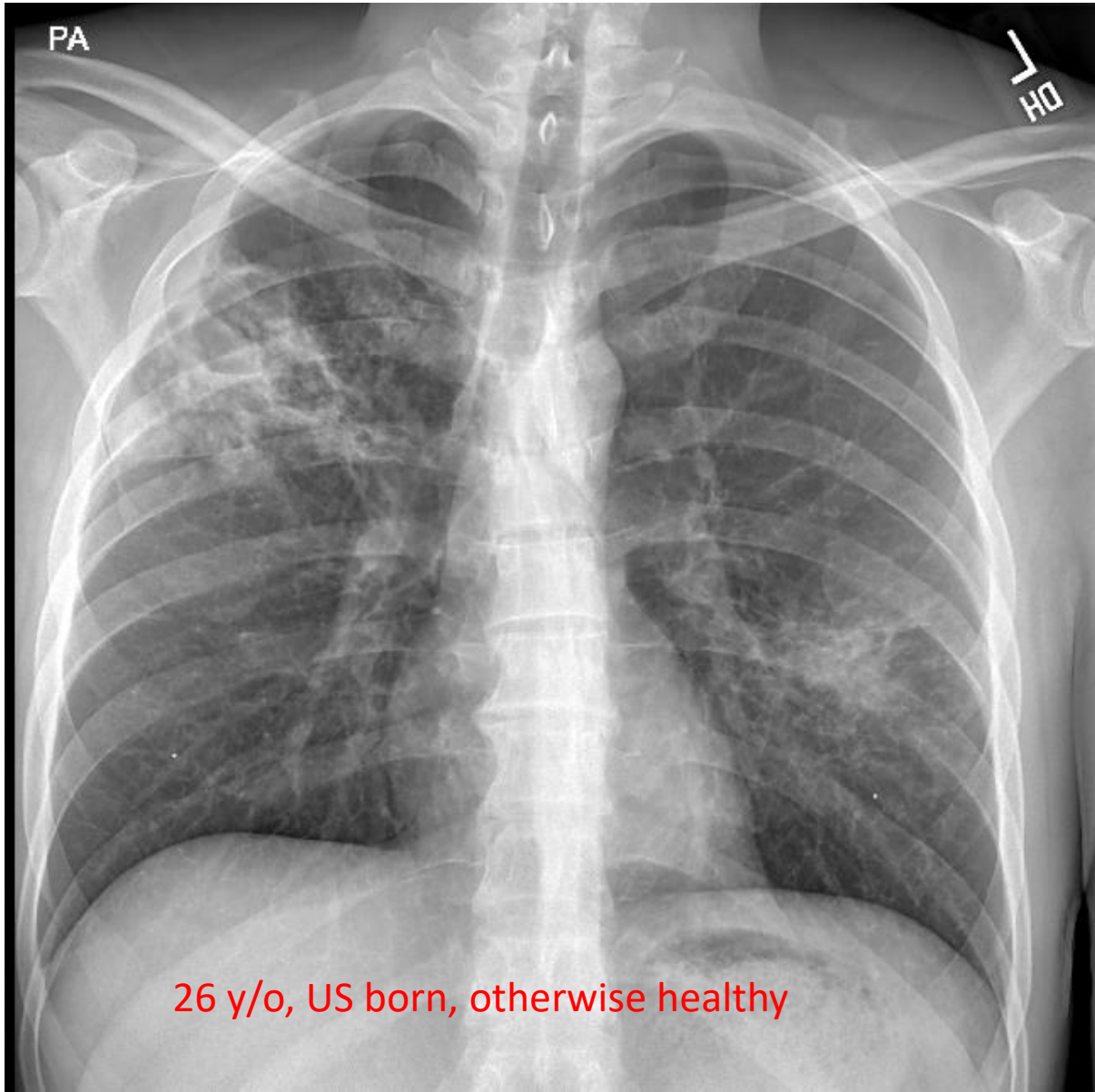
- Patients < 12 years old and ≥ 75 years old
- Pregnant women
- Patients with liver disease
- Patients with renal disease
- Patients with multiple medication interactions
- Patients with extensive disease, even pulmonary, that would require 9 or more months of standard treatment
- Tiny patients (< 88 lb.)

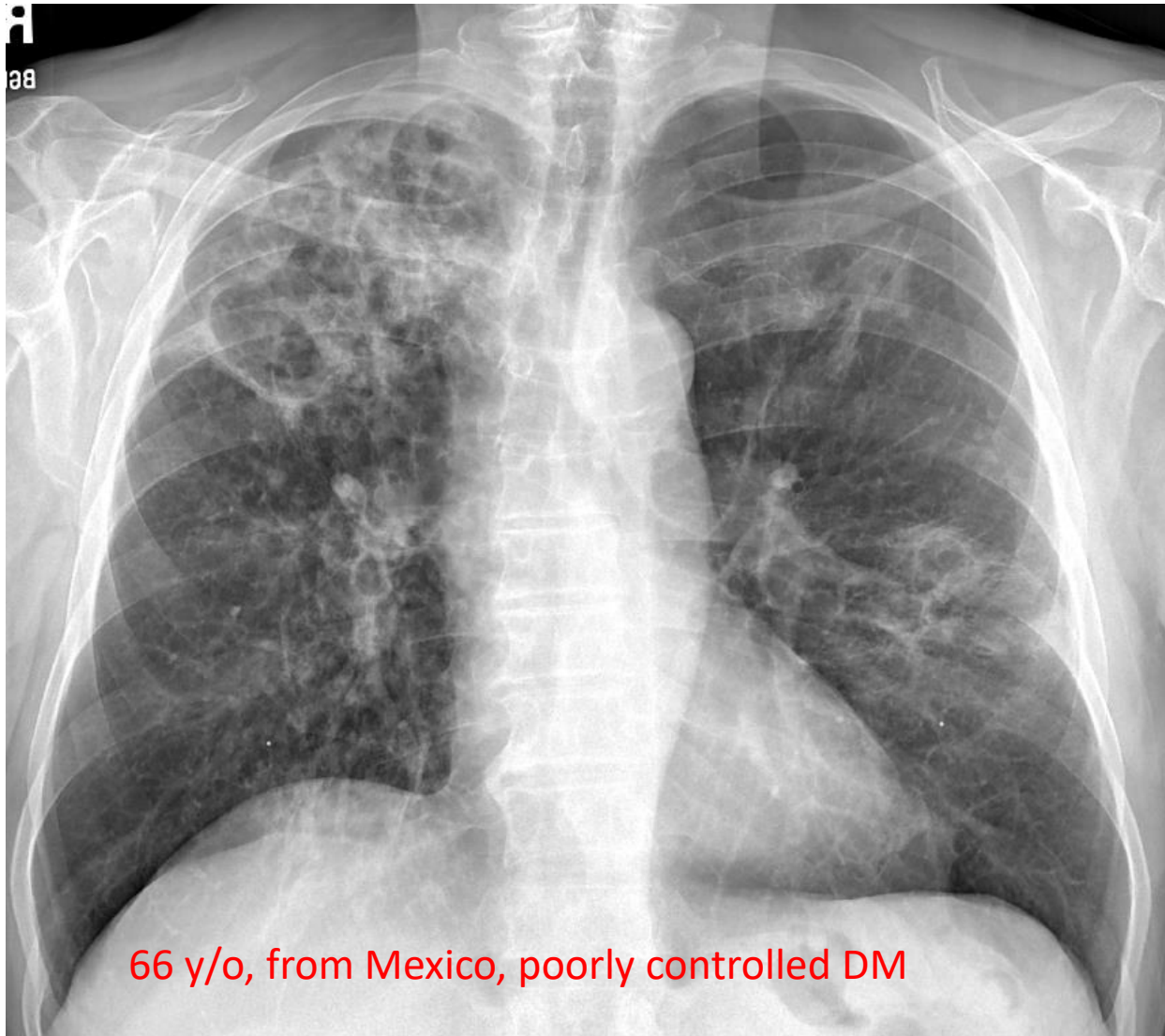


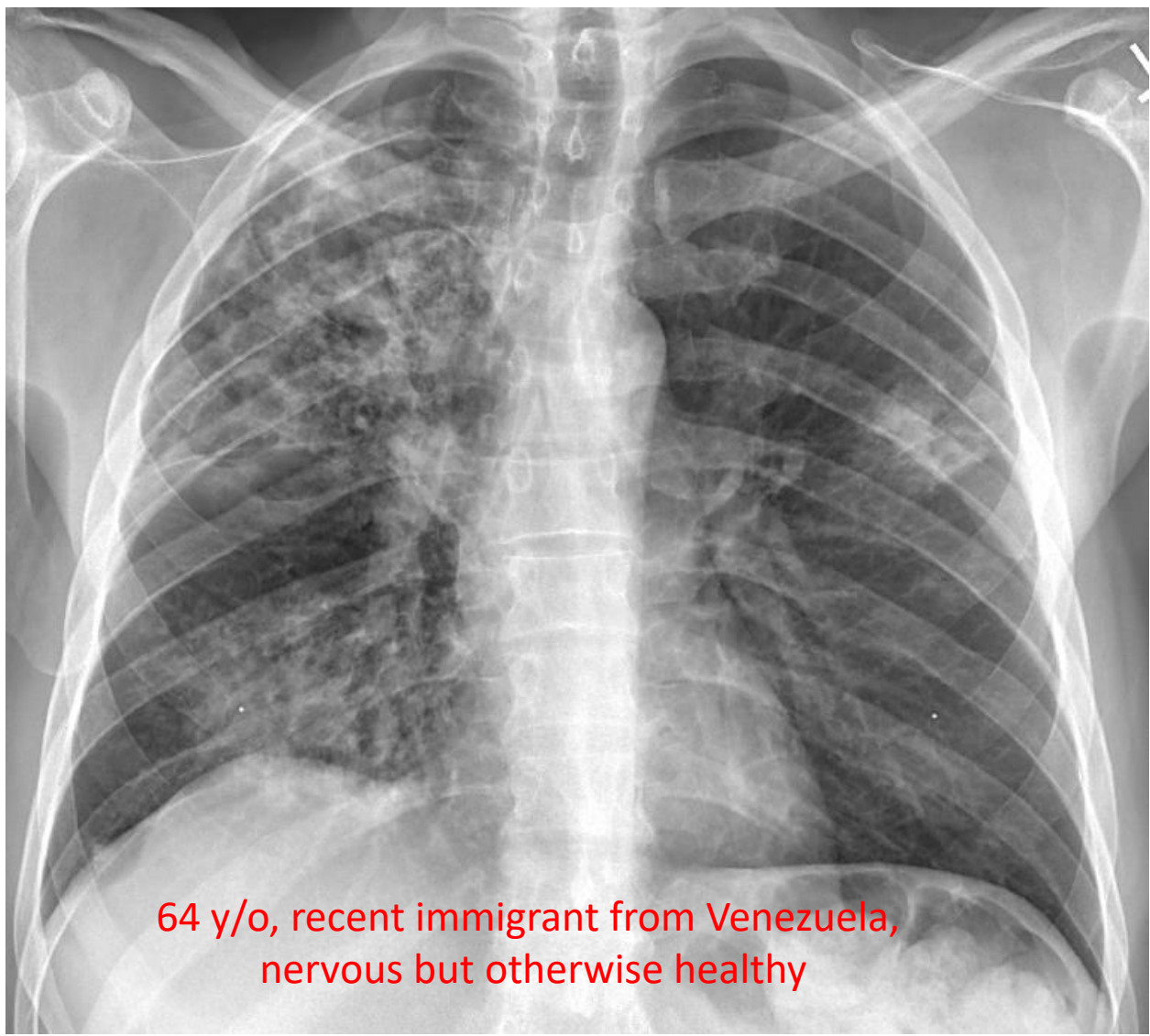
Potential Challenges

- Pill burden
- Tolerability (versus safety, efficacy)
- Familiarity with the regimen
 - Substitutions?
 - EOT and they need more treatment?
- Drug shortages!











As we roll out 'newer, better',
we must remember:

One size does not fit all!

Questions?

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