Prescribing Information for LATENT TUBERCULOSIS INFECTION (LTBI) in Adults

Please note: LTBI prescribing can be done by primary care under the direction of Respiratory Team

All latent TB patients should be reviewed by Respiratory Consultant by Face to Face or Virtual consultation

Recommendations for treatment of HIV patients with LTBI will be via HIV MDT

Patient agrees to LTBI treatment

Standard LTBI drug regimen: duration 3 months in total

*RIFINAH 300 (Rifampicin/Isoniazid) TWO tablets DAILY

(if <50kg *RIFINAH 150 (rifampicin/isoniazid) THREE tablets DAILY)

PLUS

PYRIDOXINE 10mg DAILY (to prevent isoniazid induced peripheral neuropathy)

***Rifinah - to accommodate pack size it is acceptable for each month supply requested to dispense one original pack (28 day supply)**

Alternative LTBI regimes:

Index case has resistance to rifampicin or significant drug interactions/intolerance to rifampicin
ISONIAZID 300mg DAILY *PLUS* PYRIDOXINE 10mg DAILY (to prevent isoniazid induced peripheral neuropathy) Duration: 6 months

Index case has resistance to isoniazid
RIFAMPICIN 600mg DAILY Duration: 4 months
(<50kg 450mg DAILY)

Respiratory/Infectious Diseases Team Actions:

- Check drug interactions – see below - contact pharmacist for advice
- Document discussion re contraception in patients of child bearing potential
- Complete GP Communication on clinical portal for primary care prescription (see example below)
    - If patient is attending a face to face consultation a prescription for hospital pharmacy dispensing may be issued if the patient prefers – please use standard prescription forms and complete GP communication but state that medicines have already been supplied via hospital pharmacy
- Complete ICE request for LFTs at 2 weeks
- Inform patient where to attend for blood test
- Arrange follow up consultation
- Unless biologic therapy is an emergency, patients should complete at least 1 month of LTBI treatment prior to starting the biologic (for advice for specialities on LTBI screening see guidance)

Notes:

Unlike Active TB treatment, LTBI treatment rarely needs to be started urgently.

During periods of TB drug shortages LTBI patients will be prioritised in the following order:

- Contacts of Active TB patients
- Patients requiring LTBI treatment prior to initiating biologics
- LTBI screening via Occupational Health
- All others identified via LTBI screening

Developed by: K Hill Pharmacist/ TB MDT June 2020
Updated: Sept 2023
Approved by: AMG Sept 2023
Review: Sept 2026

References:

NICE TB Guidance 2019
WHO LTBI Guidance 2020

Example GP Communication

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: Latent TB infection (LTBI)

Comment/Recommendations: Requires 3 month course of treatment under direction of Dr Connell, Respiratory consultant. Please prescribe as per details below. Course to be started prior to planned biologic treatment.

Follow up by clinic required: Yes

Follow up by clinic required: Arranged by Dr Connell to be done by Near Me consultation.

Specific Monitoring Required: Yes

Monitoring Recommended: LFTs at 2 weeks - Dr Connell has given the patient the number to call the phlebotomy hub and requested bloods on ICE.

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	RIFINAH 300	2 tablets	DAILY	Latent TB infection	3 month course
2.	PYRIDOXINE	10mg	DAILY	prophylaxis isoniazid induced neuropathy	3 month course

Is any Medication to be discontinued: No

Further comment/Recommendations:

Full clinic letter to follow. Interaction check done for rifampicin/isoniazid - rifampicin may reduce levels of fluoxetine/amitriptyline/omeprazole. No initial dose adjustments required but consider increase in dose if signs/symptoms of reduced efficacy.

THINK INTERACTIONS!

Please consider drug interactions with anti-tuberculosis medication. There are many interactions with common medications and caution should be taken when starting a patient on anti tuberculosis medication or adding/changing medication when a patient is currently on anti-tuberculosis treatment.

For patients of child bearing potential, check method of contraception – depot medroxyprogesterone acetate (DPMA) and intra-uterine devices (Cu-IUD/LNG-IUS) are not affected by rifampicin. All other hormonal methods of contraception and emergency contraception are affected (including implants) so barrier contraception should be recommended while on rifampicin and for 4 weeks after stopping.

Drug interaction resources:

BNF:
https://bnf.nice.org.uk/interaction/

Stockley's Interaction Checker:
https://www.medicinescomplete.com/#/interactions/stockley

Another helpful resource is TB Drug Monographs:
http://www.tbdrugmonographs.co.uk/

Antimicrobial Pharmacist email:
tay.antibioticpharm@nhs.scot