

TB Prescribing Information for standard TB prescribing regimes



Please note: this is for reference only and TB prescribing and monitoring is usually performed by specialist services (Infectious Diseases, Antimicrobial Pharmacists and Respiratory teams)

If concern regarding a possible TB case, please discuss with ID/Respiratory team

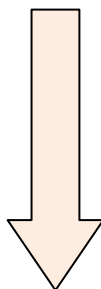
Standard pulmonary TB drug regime: duration 6 months in total (2 months 'Initiation Phase' followed by 4 months 'Continuation Phase')
For active TB of the central nervous system: duration 12 months in total (2 months 'Initiation Phase' followed by 10 months 'Continuation Phase')

For people with active TB of the lymph nodes, do not routinely extend treatment beyond 6 months for newly enlarged lymph nodes of sinus formation, or for residual enlargement of the lymph nodes or sinuses¹

(1): NICE guideline [NG33] Tuberculosis. Published date: January 2016. Last updated: May 2016

Initiation Phase 2 months

Modify the treatment regimen according to drug susceptibility testing



1. Rifampicin
 2. Isoniazid
 3. Pyrazinamide
- } RifATER
4. Ethambutol
 5. Pyridoxine 10mg OD

STANDARD DOSES:

Rifater dose according to body weight
<40 kg 3 tabs
40-49 kg 4 tabs
50-64 kg 5 tabs
>65 kg 6 tabs

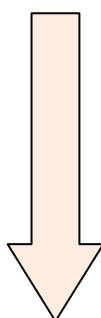
IF COMBINATION PRODUCT NOT SUITABLE:
Rifampicin <50kg 450mg daily, >50kg 600mg daily
Pyrazinamide <50kg 1.5g daily, >50kg 2g daily
Isoniazid 300mg daily

Pyridoxine 10mg daily (with all isoniazid preparations)
Ethambutol: 15mg/kg rounded to nearest 100mg

VORACTIV can be used during Rifater shortages or patient has communication/adherence issues

Continuation Phase 4 months

Modify the treatment regimen according to drug susceptibility testing.
May require longer duration of treatment depending on site of infection.



1. Rifampicin
 2. Isoniazid
- } RifINAH
3. Pyridoxine 10mg OD

STANDARD DOSES:

*Rifinah (Rifampicin/Isoniazid) - to accommodate pack size it is acceptable for each month supply requested to dispense one original pack (28 day supply)
Pyridoxine 10mg daily (with all isoniazid preparations)

IF COMBINATION PRODUCT NOT SUITABLE:
Rifampicin <50kg 450mg daily, >50kg 600mg daily
Pyrazinamide <50kg 1.5g daily, >50kg 2g daily
Isoniazid 300mg daily
Ethambutol 15mg/kg daily (rounded to nearest 100mg)

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 women of child bearing age, 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 interactions can be checked through:

BNF:

<https://bnf.nice.org.uk/interaction/>

or 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-UHB.antibioticpharm@nhs.net

Drug Monitoring ¹

(1): <http://www.tbdrugmonographs.co.uk/>

Rifampicin:

Indications for monitoring:

- Known or suspected malabsorption.
- Poor treatment response.

Target Level: 8 – 24mg/L (*Peak*).

Timing of sample:

- 2 hours post dose.
- Repeat at 6 hours if suspect delayed.

Frequency of Levels:

- Drug levels need not be routinely measured.

Isoniazid:

Indications for monitoring:

- Known or suspected malabsorption.
- Poor treatment response.

Target Level: 3 – 5mg/L (*Peak*).

Timing of sample:

- 2 hours post dose.
- Repeat at 6 hours if suspect delayed absorption.

Frequency of Levels:

- Drug levels need not be routinely measured.

Pyrazinamide:

Indications for monitoring:

- Known or suspected malabsorption.
- Poor treatment response.

Target Level: 20 – 40mg/L (*Peak*).

Timing of sample:

- 2 hours post dose.
- Repeat at 6 hours if suspect delayed.

Frequency of Levels:

- Drug levels need not be routinely measured.

Ethambutol:

Indications for monitoring:

- Known or suspected malabsorption.
- Renal impairment.
- Poor treatment response.

Target Level: 2 – 6mg/L (*Peak*)

Timing of sample:

- 2 hours post dose.
- Repeat at 6 hours if suspect delayed.

Frequency of Levels:

- Drug levels need not be routinely measured.