How is rifampin prescribed to treat TB infection?
Rifampin is taken once daily for 4 months to treat TB infection.

Is the regimen effective?
Though there is not as much published data on the efficacy of rifampin as for isoniazid or isoniazid + rifapentine, there is substantial clinical experience with its use. A randomized controlled trial is currently in progress and efficacy data should be available soon.

What are the advantages of this regimen?
- Reduces the treatment time by over 50% (compared to 9 months of isoniazid)
- Higher rates of treatment completion which increases treatment effectiveness
- Substantially lower rates of hepatotoxicity

Who should be considered for treatment with 4 months of rifampin for TB infection?
The California Department of Public Health TB Control Branch and the California TB Controllers Association recommend four months of rifampin as an equal alternative to 9 months of daily isoniazid or 12 weekly doses of isoniazid + rifapentine. It should be considered for:
- Persons with TB infection of any age
- Adults and children exposed to isoniazid-resistant TB

Who is NOT recommended for treatment with 4 months of rifampin?
- Individuals having drug interactions with rifampin that are difficult to manage. Rifamycins are inducers of cytochromes P4503A4 & P4502C8/9 and decrease blood levels of numerous medications (e.g., transplantation drugs, oral contraceptives, warfarin, sulfonylureas, opioids, steroids, antihypertensives, etc). In some cases rifabutin may be substituted for rifampin.
- Rifampin is contraindicated in HIV infected persons being treated with certain combinations of antiretroviral drugs (ARVs). In some cases rifabutin may be substituted for rifampin. For more information on interactions with ARVs see: [https://www.cdc.gov/tb/publications/guidelines/tb_hiv_drugs/default.htm](https://www.cdc.gov/tb/publications/guidelines/tb_hiv_drugs/default.htm)
- Persons presumed infected with *M. tuberculosis* resistant to rifampin
- Individuals who have had prior adverse events or hypersensitivity to rifamycins

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
<th>Max dose</th>
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<tbody>
<tr>
<td>Rifampin</td>
<td>4.0 – 7.5 kg = 75 mg</td>
<td>600 mg</td>
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<td></td>
<td>7.5 – 12.5 kg = 150 mg</td>
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<td></td>
<td>12.5 – 17.5 kg = 225 mg</td>
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<td></td>
<td>17.5 – 25.0 kg = 300 mg</td>
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<td>25.0 – 35.0 kg = 450 mg</td>
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<td>Over 35.0 kg = 600 mg</td>
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<tr>
<td>Rifabutin</td>
<td>5 mg/kg for adults</td>
<td>300 mg</td>
</tr>
<tr>
<td></td>
<td>Children not recommended</td>
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</tbody>
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Rifampin and Rifabutin capsules can be opened and the contents mixed with semi-solid food for patients who are unable to swallow pills.
What are the possible side effects?
- GI upset
- Hepatotoxicity
- Hypersensitivity reaction (rash and pruritis, flu-like syndrome, thrombocytopenia, hemolytic anemia, ARF, & TTP)
- Hematologic abnormalities
- Orange discoloration of body fluids

What type of monitoring do I need to do?
- Monthly interview and brief physical examination to identify treatment-associated adverse events
- Baseline hepatic chemistry is recommended for patients with specific conditions:
  - HIV infection
  - Liver disorders
  - Pregnancy and in the immediate postpartum period
  - Regular alcohol use
  - Consider also for older persons and those taking medications for chronic medical conditions
- If baseline hepatic chemistry testing is abnormal, continue with at least monthly testing as indicated. More frequent testing, e.g. weekly or biweekly is appropriate until the pattern for the patient’s hepatic chemistry testing is established

What should be done when treatment is completed?
- Patients should receive written documentation of TST or IGRA testing results, CXR results, names and dosages of medications, and duration of treatment anytime TB testing is requested.
- Providers should re-educate patients about the signs and symptoms of TB reactivation and advise them to contact a medical provider if these symptoms develop.
- Repeat CXRs are not indicated unless TB symptoms or TB disease is suspected.

What is completion therapy?
- Defined as completing at least 120 doses within a 6 month period

Resources
- Los Angeles County TB Control Program
  http://www.publichealth.lacounty.gov/tb
  213-745-0800
- California Department of Public Health Tuberculosis Control Branch (TBCB)
  http://www.cdph.ca.gov/programs/tb/Pages/default.aspx
  510-620-3000
- California TB Controllers Association
  http://www.ctca.org/
  510-479-6139
- Centers for Disease Control and Prevention Division of Tuberculosis Elimination
  http://www.cdc.gov/tb/
  800-232-4636
- Curry International Tuberculosis Center Warmline Consultation Service
  http://www.currytbcenter.ucsf.edu/
  877-390-6682 or 510-238-510