

Inactive TB Treatment Regimens and Completion Criteria

Preferred Regimens for Inactive TB Treatment

- **Rifampin (or Rifabutin) Daily for 4 Months (4R)**
 - Treatment Completion: 120 doses within 6 months
 - Patient Monitoring: Monthly, over the phone monitoring is adequate
- **Rifapentine and Isoniazid Once Weekly for 3 Months (3HP)**
 - Treatment Completion: 12 doses within 16 weeks. (For patients who are unable to complete 12 doses, treatment can be considered complete if 11 doses are taken within 16 weeks.) Doses should be separated by >72 hours to be counted.
 - Patient Monitoring: Any regimens containing INH requires monthly monitoring in person to assess for hepatotoxicity.
- **Isoniazid and Rifampin Daily for 3 Months (3HR)**
 - Treatment Completion: Total of 90 doses taken within 4 months.
 - Patient Monitoring: Any regimens containing INH requires monthly monitoring in person to assess for hepatotoxicity.

Alternative Regimens for Inactive TB Treatment

- **Isoniazid for 9 Months (9H)**
 - Treatment Completion
 - Daily: Completion of treatment is 9 months (270 doses) within 9-12 months. For patients who are unable or unlikely to complete 270 doses, treatment may be considered to be completed if they have taken the number of doses in the time frame needed to complete the daily 6H regimen (52 dose within 6-9 months).
 - Twice weekly by directly observed therapy (DOT): Completion of treatment is 76 doses within 9-12 months.
 - Patient Monitoring: Any regimens containing INH requires monthly monitoring in person to assess for hepatotoxicity.
- **Isoniazid for 6 Months (6H)**
 - Treatment Completion
 - Daily: Completion of treatment is 6 months (180 doses) within 6-9 months.
 - Twice weekly by DOT: Completion of treatment is 52 doses within 6- 9 months.
 - Patient Monitoring: Any regimens containing INH requires monthly monitoring in person to assess for hepatotoxicity.

Inactive TB Treatment Interruptions

Please review the patient monitoring information for each treatment regimen. If an individual is not at high-risk for active TB disease, and has repeated interruptions or treatment attempts, therapy may be discontinued. The patient should be educated on signs and symptoms of active TB disease and instructed to seek medical care immediately, if any of these develop.