CONSIDERATIONS FOR PATIENTS STARTING INH & RIFAPENTINE ONCE WEEKLY 12-DOSE TREATMENT (3HP) FOR LATENT TB INFECTION (LTBI)

Summary of INH & RIF once weekly 12-dose regimen (3HP)

In 2011 CDC launched a new short-course combination regimen for treatment of latent TB infection (LTBI) consisting of Isoniazid (INH) and Rifapentine (RPT) once weekly for 12 weeks (3HP). CDC updated the recommendations in 2018 (see the following): **Update of Recommendations for Use of Once-Weekly Isoniazid Rifapentine Regimen to Treat Latent TB Infection:** https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm6725a5-H.pdf.
The following information is provided as a summary and is not a substitute for reviewing the CDC guidelines.

- **Dosage and Medication Formulation:**
  Isoniazid (INH): INH is formulated as 100 mg and 300 mg tablets.
  Rifapentine (RPT): Rifapentine is formulated as a 150 mg tablet in a blister pack which should be kept sealed until used.

Drug	Dosage	Maximum Dose
INH	Patients ≥12 years = 15 mg/kg rounded to the nearest 50 or 100 mg	900 mg
	Patients 2-11 years = 25 mg/kg rounded to the nearest 50 or 100 mg	
Rifapentine	10.0 – 14.0 kg = 300 mg	900 mg
	14.1 – 25.0 kg = 450 mg	
	25.1 – 32.0 kg = 600 mg	
	32.1 – 49.9 kg = 750 mg	
	≥ 50.0 kg = 900 mg	

- **Patients Recommended for 3HP therapy:**
  1) Persons 18+ (adults)
  2) Persons 2-17 years of age
  3) Persons who are living with HIV/AIDS and taking antiretroviral medications with acceptable drug interactions with Rifapentine

- **Patients Not Recommended for 3HP therapy:**
  1) Children aged <2 years of age (the preferred regimen is 9 months of INH)
  2) Persons living with HIV/AIDS and taking antiretroviral medications with clinically significant or unknown drug interactions with rifapentine
  3) Pregnant women or women expecting to become pregnant during treatment
  4) Patients who have LTBI with presumed INH or Rifampin resistance

- **Clinician monitoring:** A side effects assessment should be completed weekly for patients on directly observed therapy (DOT) and monthly for patients who self-administer their medication. The assessment should include a review for on the following: fever, fatigue, yellowing of eyes, darkened urine, rash/itching, aches/joint point, loss of appetite, bruising easily, bleeding tendency, abdominal pain, nausea/vomiting, weakness or dizziness.

- **Laboratory monitoring during treatment:** Baseline hepatic chemistry blood tests (ATS) are not paid for by the Department of Health, however these tests should be considered for the following patients:
  1) Patients with HIV infection
  2) Patients with liver disorders
  3) Patients in the immediate postpartum period (≤3 months after delivery)
  4) Patients with regular alcohol usage
  5) Patients using medications with possible interactions

  Discontinuance of INH and RFT should be considered if a serum aminotransferase concentration is ≥5 times the upper limit of normal even in the absence of symptoms or ≥3 times the upper limit of normal in the presence of symptoms.

- **Completion of therapy:** The patient must complete all 12 doses of the regimen within 16 weeks' time to be counted as complete. Doses must be separated by at least 72 hours (3 days) to count.