All antituberculosis medications should be given concurrently, as a single dose.

**RIF** (Rifamicin)

- **PO (continuation phase)**
  - **POa:** 300-600 mg/day
  - **POb,c:** 600 mg/day

**INH** (Isoniazid)

- **PO:** 300 mg/day

**EBC** (Ethambutol)

- **PO:** 15-25 mg/kg/day

**PZA** (Pyrazinamide)

- **PO:** 20-25 mg/kg/day

**RIF** (Rifampicin)

- **PO:** 600 mg/day

**Streptomycin**

- **IM:** 0.1 mg/kg/day

**Kanamycin**

- **PO:** 0.5 mg/kg/day

**Ethionamide**

- **PO:** 10 mg/kg/day

For patients who are not responding to therapy or who have positive cultures after 3 months of therapy, susceptibility testing should be repeated. If resistance is detected, therapy should be changed as appropriate.

**Directly Observed Therapy (DOT)** is the international standard of care for all patients with TB disease and is essential in the management of cases of multidrug-resistant TB (MDR-TB).

**Standard Therapy for Active Disease in Adults**

- **Component A Founding**
- **Component B**
- **Component C**

**Standard Therapy for Active Disease in Adolescents**

- **Component A Founding**
- **Component B**
- **Component C**

**Treatment of Suspected Drug-Resistant TB**

- A single drug should never be added to a failing treatment regimen.
- Treatment of suspected drug-resistant TB should be done in conjunction with M. tuberculosis, rifampicin, isoniazid, and pyrazinamide.
- **INH**, **RIF**, **EMB**, and **PZA** are preferred.

**Drug Susceptibility Testing**

- It is vital to seek expert consultation when DOT is not used.
- Drug susceptibility testing should be done on the initial isolates. Susceptibility testing should be repeated for patients who are not responding to therapy or who have positive cultures after 3 months of therapy.

**Public Health**

- For all patients, drug susceptibility testing should be done on the initial isolates. Susceptibility testing should be repeated for patients who are not responding to therapy or who have positive cultures after 3 months of therapy.

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**Treatment of Tuberculosis**

**DRUG REGIMENS FOR CULTURE-POSITIVE PULMONARY TUBERCULOSIS CAUSED BY DRUG-SENSITIVE ORGANISMS IN ADULTS**

**TUBERCULOSIS CAUSED BY DRUG-SUSCEPTIBLE ORGANISMS IN ADULTS**

**DRUG REGIMENS FOR CULTURE-POSITIVE PULMONARY TUBERCULOSIS IN ADULTS**

<table>
<thead>
<tr>
<th>Initial Phase</th>
<th>Continuation Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMB</strong></td>
<td><strong>INH</strong></td>
</tr>
<tr>
<td>4 - Drug Combination</td>
<td>1 - Drug Combination</td>
</tr>
<tr>
<td>4 - Drug</td>
<td>1 - Drug</td>
</tr>
<tr>
<td>EMB: 15 mg/kg 1x/wk for 10 doses (2 wks)</td>
<td>INH: 500 mg 7 days/wk for 56 doses (8 wks)</td>
</tr>
<tr>
<td>RIF: 500 mg 7 days/wk for 40 doses (8 wks)</td>
<td>RIF: 7 days/wk for 26 weeks</td>
</tr>
<tr>
<td>PZA: 500-1000 mg 7 days/wk for 80 doses (16 wks)</td>
<td>PZA: 7 days/wk for 26 weeks</td>
</tr>
</tbody>
</table>

**ANTI-TUBERCULAR DRUGS: SECOND-LINE MEDICATIONS:**

- **Streptomycin (SM):**
  - Usual dose is 750-1000 mg IV/IM; given as a single dose 5-7 days/week & reduced to 2-3 doses/week after 2-4 months or after culture conversion, depending on efficacy of drug regimen.

- **Moxifloxacin (MOX):**
  - PO 15-20 mg/kg [1 g] or divided BID
  - IM 15 mg/kg

- **Levofloxacin (LEV):**
  - PO/IV 500-750 mg or divided BID

- **Gatifloxacin (GAT):**
  - PO/IV 400 mg

- **Ethionamide (ETA):**
  - Usual dose is 75 mg/kg daily or 500 mg daily; given in divided doses 1x/2x/3x weekly; use cautiously in patients with renal insufficiency. Pyridoxine may decrease CNS effects. Avoid sunlight.

- **Capreomycin (CM):**
  - IM/IV 15 mg/kg [1 g] given as a single dose weekly after the first 2-4 weeks and when culture conversion is achieved in all drug-sensitive cases except for ethionamide.

All patients with drug-resistant TB should be placed on directly observed therapy (DOT). Second-line drugs are not intended for use concurrently, unless employed in consultation with a physician in patients with drug resistance or drug intolerance. Usual dose is 750-1000 mg IV/IM; given as a single dose 5-7 days/week or divided BID.