

**ALASKA TUBERCULOSIS PROGRAM
TUBERCULOSIS PRESCRIPTION / MEDICATION REQUEST FORM
FAX COMPLETED FORM TO 907-563-7868 (INCOMPLETE FORMS MAY DELAY PROCESSING)**

Date Needed at Facility: _____ OR next delivery cycle ***Expedited Shipping requires Epi approval, Overnight Shipping Approved by: _____

Patient Last Name: _____ Patient First Name: _____ DOB: _____

Weight: _____ kg HR# _____ MALE FEMALE and PREGNANT OR BREASTFEEDING (CHECK ONLY IF APPLICABLE)

No Known Allergies OR List Allergies: _____ Projected Start Date: _____

Medications taking (including OTC's): _____

- New Medication Request - Modification of Existing Medication Order - English Medication Info Sheet or other: _____

Doses given from STOCK: _____ Dispense in: Bottles OR Unit Dose Packs (NOT CHILD PROOF)

Provider Prescription

PT NAME: _____ ADDRESS/CITY: _____

Drug Order(s)	Dose	Route	Frequency	Doses Requested for Therapy
<input type="checkbox"/> ISONIAZID	_____ mg	_____	<input type="checkbox"/> 7X wk <input type="checkbox"/> 5X wk <input type="checkbox"/> 3X wk <input type="checkbox"/> 2X wk <input type="checkbox"/> Wkly	_____ x _____ Doses
<input type="checkbox"/> RIFAMPIN	_____ mg	_____	<input type="checkbox"/> 7X wk <input type="checkbox"/> 5X wk <input type="checkbox"/> 3X wk <input type="checkbox"/> 2X wk	_____ x _____ Doses
<input type="checkbox"/> PYRAZINAMIDE	_____ mg	_____	<input type="checkbox"/> 7X wk <input type="checkbox"/> 5X wk	_____ x _____ Doses
<input type="checkbox"/> ETHAMBUTOL	_____ mg	_____	<input type="checkbox"/> 7X wk <input type="checkbox"/> 5X wk	_____ x _____ Doses
<input type="checkbox"/> B-6 PYRIDOXINE	_____ mg	_____	<input type="checkbox"/> 7X wk <input type="checkbox"/> 5X wk <input type="checkbox"/> 3X wk <input type="checkbox"/> 2X wk <input type="checkbox"/> Wkly	_____ x _____ Doses
<input type="checkbox"/> RIFAPENTINE	_____ mg	_____		<input type="checkbox"/> Wkly _____ x _____ Doses
<input type="checkbox"/> MOXIFLOXACIN	_____ mg	_____	<input type="checkbox"/> 7X wk <input type="checkbox"/> 5X wk	_____ x _____ Doses
<input type="checkbox"/> _____	_____ mg	_____		_____ x _____ Doses

Notation / Special Request: _____

*Provider Signature: _____ Date: _____

*Provider Printed Name: _____ Provider City: _____

Provider Phone: _____ Provider Fax: _____

Are these medications to treat: Active disease LTBI Window prophylaxis

Mail to: _____

PHN Requesting Medication / Point of Contact: _____

Address: _____

City: _____ Phone: _____

City: _____ St _____ Zip _____

Date of Request: _____

For Alaska TB Program use

AK TB Program Review by: _____ Date: _____ Faxed to Drug Room by: _____ Date: _____

Form in compliance with 12 AAC 52.460 Prescription Drug Order Information

**This form also: "Provides Health Care Under Contractual Arrangements" as defined by HRSA with the prescribing provider and the 340B Covered Entity. Providers agree to use standard and approved regimens as referenced in the AK TB Manual to treat individuals for suspected or confirmed tuberculosis/LTBI. In special situations and after consultation with the Alaska TB program, other regimens may be approved if clinically indicated.*

Table 1: First-line anti-tuberculosis drugs and dosing for adults and children*
For drug dosing recommendations for active disease in pediatrics refer to table 3.

Drug	Preparation	Adult/Child	Daily	Daily Max Dosage	Once-weekly (1x/week)	Once-weekly Max Dosage	Twice-weekly (2x/week)	Twice-weekly Max Dosage	Thrice-weekly (3x/week)	Thrice-weekly Max Dosage
Isoniazid	Tablets (50, 100, 300 mg); Elixir (50 mg/5 ml); Aqueous IV/IM solution (100 mg/ml) [±]	Adults	5 mg/kg	300 mg	15 mg/kg	900 mg	15 mg/kg	900	15 mg/kg	900
		Children	10-15 mg/kg	300 mg	---	---	20-30 mg/kg	900	---†	900
Rifampin	Capsule (150, 300 mg); suspend powder for PO; Aqueous IV solution	Adults**	10 mg/kg	600 mg	---	---	10 mg/kg	600	10 mg/kg	600
		Children [#]	children ≥ 2 years 15-20mg/kg children < 2 years 20-30 mg/kg	600 mg	---	---	10-20 mg/kg	600	---†	600
Rifabutin ^{††}	Capsule (150 mg)	Adults**	5 mg/kg	300 mg	---	---	Not recommended	---	Not recommended	---
		Children	Appropriate dosing for children is unknown. Estimated at 5mg/kg.							
Pyrazinamide	Tablet (500 mg)	Adults	40-55 kg → 1,000 mg 56-75 kg → 1,500 mg 76-90 kg → 2,000 mg	---	---	---	40-55 kg → 2,000 mg 56-75 kg → 3,000 mg 76-90 kg → 4,000 mg	---	40-55 kg → 1,500 mg 56-75 kg → 2,500 mg 76-90 kg → 3,000 mg	---
		Children	35 (30-40) mg/kg	---	---	---	50 mg/kg	---	---†	---
Ethambutol	Tablet (100 and 400 mg)	Adults	40-55 kg → 800 mg 56-75 kg → 1,200 mg 76-90 kg → 1,600 mg	---	---	---	40-55 kg → 2,000 mg 56-75 kg → 2,800 mg 76-90 kg → 4,000 mg	---	40-55 kg → 1,200 mg 56-75 kg → 2,000 mg 76-90 kg → 2,400 mg	---
		Children	20 (15-25) mg/kg	---	---	---	50 mg/kg	---	---†	---
Isoniazid and Rifapentine (3HP) Once Weekly for 12 Weeks, for Persons Aged ≥2 Years for treatment of LTBI										
	Preparation	Adult/Child	Once Weekly	Max Dose						
Isoniazid	Tablet (100 and 300 mg)	≥ 12 years of age	15 mg/kg rounded up to nearest 50/100 mg	900						
		2-11 years of age	25mg/kg rounded up to the nearest 50/100 mg	900						
Rifapentine	Tablet (150 mg)		10.0-14.0 kg → 300 mg 14.1-25.0 kg → 450 mg 25.1-32.0 kg → 600 mg 32.1-49.9 kg → 750 mg ≥ 50kg → 900 mg	900						

Daily or thrice weekly dosing is preferred.

*Dosing based on actual weight is acceptable in patients who are not obese. For obese patients (>20% above ideal body weight [IBW]), dosing based on IBW may be preferred for initial doses. Some clinicians prefer a modified IBW (IBW + [0.40 x (actual weight – IBW)]) as is done for initial aminoglycoside doses. Because tuberculosis drug dosing for obese patients has not been established, therapeutic drug monitoring may be considered for such patients

† For purpose of this document, adult dosing begins at age 15 years or at a weight of >40 kg in younger children. The optimal doses for thrice-weekly therapy in children and adolescents have not been established. Some experts use in adolescents the same doses as recommended for adults, and for younger children the same doses as recommended for twice-weekly therapy .

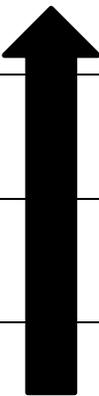
±Pyridoxine (vitamin B6), 20-50 mg/day, is given with INH to all persons at risk of neuropathy (eg, pregnant women; breastfeeding infants; persons with HIV; patients with diabetes, alcoholism. Malnutrition, or chronic renal failure; patients with advanced age.) For patients with peripheral neuropathy, experts recommend increasing pyridoxine dose to 100 mg/d.

** Higher doses of rifampin, currently as high as 35 mg/kg, are being studied in clinical trials/

†† Rifabutin dose may need to be adjusted when used with protease inhibitors or nonnucleoside reverse transcriptase inhibitors.

⌘ American Academy of Pediatrics. [Tuberculosis]. In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. Red Book: 2018-2021 Report of the Committee on Infectious Diseases. 31st ed. Itasca, IL: American Academy of Pediatrics;2018 [pg. 842]

DRUG REGIMENS FOR MICROBIOLOGICALLY CONFIRMED PULMONARY TUBERCULOSIS CAUSED BY DRUG-SUSCEPTIBLE ORGANISMS

Intensive Phase			Continuation Phase				Regimen Effectiveness
Regimen	Drug ^a	Interval and Dose ^b (Minimum Duration)	Drugs	Interval and Dose ^{b,c} (minimum Duration)	Range of Total Doses	Comments ^{c,d}	
1	INH RIF PZA EMB	7 d/wk for 56 doses (8 wk), or 5 d/wk for 40 doses (8 wk)	INH RIF	7 d/wk for 126 doses (18 wk), or 5 d/wk for 90 doses (18 wk)	182-130	This is the preferred regimen for patients with newly diagnosed pulmonary tuberculosis	
2	INH RIF PZA EMB	7 d/wk for 56 doses (8 wk), or 5 d/wk for 40 doses (8 wk)	INH RIF	3 times weekly for 54 doses (18 wk)	110-94	Preferred alternative regimen in situations in which more frequent DOT during continuation phase is difficult to achieve	
3	INH RIF PZA EMB	3 times weekly for 24 doses (8 wk)	INH RIF	3 times weekly for 54 doses (18 wk)	78	Use regimen with caution in patients with HIV and/or cavitary disease. Missed doses can lead to treatment failure, relapse, and acquired drug resistance	
4	INH RIF PZA EMB	7 d/wk for 14 doses then twice weekly for 12 doses ^e	INH RIF	Twice weekly for 36 doses (18 wk)	62	Do not use twice-weekly regimens in HIV-infected patients or patients with smear-positive and/or cavitary disease. If doses are missed, then therapy is equivalent to once weekly, which is inferior	

Source: ATS, CDC, IDSA. Treatment of Drug-Susceptible Tuberculosis. Clinical Infectious Diseases 2016; 63(7):147-95.

Abbreviations: DOT: directly observer therapy; EMB: ethambutol; HIV: human immunodeficiency virus; INH: isoniazid; PZA: pyrazinamide; RIF: rifampin

^a Other combinations may be appropriate in certain circumstance; additional details are provided in the section “recommended Treatment Regimens.”

^b When DOT is used, drugs may be given 5 days per week and the necessary number of doses adjusted accordingly. Although there are no studies that compare 5 with 7 daily doses, extensive experience indicates this would be an effective practice. DOT should be used when drugs are administered <7 days per week.

^c Based on expert opinion, patients with cavitation on initial chest radiograph and positive cultures at completion of 2 months of therapy should receive a 7-month (31-week) continuation phase

^d Pyridoxine (vitamin B6), 25-50 mg/day, is given with INH total persons at risk of neuropathy(eg, pregnant women; breastfeeding infants; persons with HIV; patients with diabetes, alcoholism, malnutrition, or chronic renal failure; or patients with advance age). For patients with peripheral neuropathy, experts recommend increasing pyridoxine dose to 100mg/day.

^e Alternatively, some US tuberculosis control programs have administered intensive-phase regimens 5 days per week for 15 doses (3 weeks), then twice weekly for 12 doses.

Table 3. Pediatric Drug Dosing for Active Disease

TABLE 2. ISONIAZID

Child's weight		Daily isoniazid dose 10-15 mg/kg/dose		
KILOGRAMS	POUNDS	MILLIGRAMS	100 mg TABS	300 mg TABS
3-5	6.6-11	50 mg	1/2	0
5-7.5	11-16.4	75 mg	3/4	0
7.5-10	16.5-22	100 mg	1	0
10-15	22-33	150 mg	0	1/2
15-20	33-44	200 mg	2	0
Over 20	Over 44	300 mg	0	1

Maximum daily isoniazid dose is 300 mg

TABLE 3. RIFAMPIN updated 9-25-19

Child's weight		Daily rifampin dose			
KILOGRAMS	POUNDS	MILLIGRAMS	150 mg CAP	300 mg CAP	mg/kg/dose
< 3.3 over 28 days	7.3	75 mg	1/2	0	22.7+
3.3-5	7.3-11	100 mg	2/3	0	20-30
5-7.5	11-16.5	150 mg	1	0	20-30
7.5-11	16.5-24	225 mg	1.5	0	20-30
11-15	24-33	300 mg	0	1	20-27
15-20	33-44	375 mg	1/2	1	19-25
20-27	44-59	450 mg	1	1	17-22
Over 27	Over 59	600 mg	0	2	< 22

Maximum daily rifampin dose is currently 600 mg (higher adult doses are being evaluated)

Recent studies suggest that young children metabolize rifampin more quickly and that doses of rifampin used in the past have not been achieving adult serum levels. Hence, the 2018 AAP Red Book notes: Many experts recommend using a daily rifampin dose of 20-30 mg/kg/day for infants and toddlers, and for serious forms of tuberculosis such as meningitis and disseminated disease. Neonates (<28 days of age) should receive rifampin 10 mg/kg/day

When isoniazid in a dosage exceeding 10/mg/kg/dose is used in combination with rifampin, the incidence of hepatotoxic effects may be increased.

TABLE 4. PYRAZINAMIDE revised 6/7/16

Child's weight		Daily pyrazinamide dose 30-40 mg/kg/dose	
KILOGRAMS	POUNDS	MILLIGRAMS	500 mg TABS
3-4.2	6.6-9.2	125 mg	1/4
4.3-6.2	9.4-13.6	187.5 mg	3/8
6.3-8.9	14-20	250 mg	1/2
9-12.5	20-27.5	375 mg	3/4
12.6-18	27.7-40	500 mg	1
18.1-25	40-55	750 mg	1 1/2
25.1-33.3	55-73	1000 mg	2
33.4-41.5	73-91	1250 mg	2 1/2
41.6-50	91-110	1500 mg	3
50.1 & over	Over 110	2000 mg	4

Dose obese children on lean body weight

Maximum daily pyrazinamide dose is 2 grams

TABLE 5. ETHAMBUTOL updated 7-26-18 to align with 2018 AAP Red Book

Child's weight		Daily ethambutol dose 15-25 mg/kg/dose		
KILOGRAMS	POUNDS	MILLIGRAMS	100 mg TABS	400 mg TABS
4-6	9-13	100 mg	1	0
6-8	14-17	150 mg	1 1/2	0
8-12.5	18-27	200 mg	2	0
12.5-17.5	28-38	300 mg	3	0
17.5-22.5	39-49	400 mg	0	1
22.5-27.5	50-60	500 mg	1	1
27.5-32.5	61-71	600 mg	2	1
32.5-37.5	72-82	700 mg	3	1
37.5-55	83-121	800 mg	0	2
56-75	123-165	1200 mg	0	3

Dose obese children on lean body weight

Maximum daily ethambutol dose: See note

Note: AAP recommends 1 gram as a maximum daily ethambutol dose for children. TB pharmacologists suggest dosing based on lean weight. Max daily dose might exceed 1 gram for a muscular teen.