# Latent Tuberculosis Infection (LTBI) Treatment Regimens: Updated Dec 2020

<table>
<thead>
<tr>
<th>Regimens*</th>
<th>Dosages</th>
<th>Comments</th>
</tr>
</thead>
</table>
| **Rifampin Daily x 4 months** [4R] | **Preparation:** 150 mg or 300 mg capsules  
**Adults:** Generally 600 mg. Consider 450 mg once daily for adults who weigh less than 50 kg  
**Children:** 15-20 mg/kg once daily (600 mg maximum)  
**Target Duration:** 120 doses within 180 days | • Higher rate of treatment completion  
• Lower rate of side effects, especially drug-induced hepatitis  
• **Caution:** drug-drug interactions |
| **Isoniazid (INH) + Rifapentine Once weekly x 12 weeks** [3HP] | **Isoniazid** **Adults and Children (age 12 and older):** 15 mg/kg per dose once weekly, rounded up to the nearest 50 or 100 mg (max 900 mg)  
**Children (age 2-11):** INH 25 mg/kg per dose once weekly, rounded up to the nearest 50 or 100 mg (max 900 mg)  
**Rifapentine** **Adults and Children:** once weekly dosage by weight  
**Preparation:** 150 mg tablets. 300 mg for 10.0 – 14.0 kg, 450 mg for 14.1 – 25.0 kg, 600 mg for 25.1 – 32.0 kg, 750 mg for 32.1 – 49.9 kg, 900mg for ≥50.0 kg  
**Target Duration:** 12 doses within 16 weeks | • Higher rate of treatment completion  
• Lower rate of drug-induced hepatitis  
• Higher rate of treatment discontinuation due to adverse events  
• **Caution:** drug-drug interactions due to rifapentine |
| **Isoniazid (INH) + Rifampin Daily x 3 months** [3HR] | **Isoniazid**  
**Preparation:** 100 mg or 300 mg tablets  
**Adults:** 5 mg/kg per dose (300 mg max)  
Consider 200 mg once daily for adults 40 kg or less  
**Children:** 10-15 mg/kg per dose (300 mg max)  
**Rifampin**  
See the dosages for “**Rifampin Daily x 4 months [4R]”**  
**Target Duration:** 90 doses within 4 months | • Higher rate of treatment completion  
• Similar rate of drug-induced hepatitis compared to daily INH  
• Higher rate of treatment discontinuation due to adverse events  
• **Caution:** drug-drug interactions due to rifampin |


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| Isoniazid Daily x 6 – 9 months [6H/9H] | Preparation: 100 mg or 300 mg tablets  
Adults: 5 mg/kg per dose (300 mg max)  
Consider 200 mg once daily for adults 40 kg or less  
Children: 10-15 mg/kg per dose (300 mg max)  
Target duration: 180 doses within 9 months; 270 doses within 12 months | • For those who cannot swallow pills (e.g., younger children), crush tablets as liquid suspension is poorly tolerated  
• Lowest rates of treatment completion |

- **Monthly symptom review** to assess side effects for any regimens
- **Pyridoxine**: If the patient has diabetes, HIV, renal failure, alcoholism, poor nutrition, or is pregnant/breast-feeding, give pyridoxine 25-50 mg daily for 3HR and 6H/9H, or pyridoxine 50 mg once weekly for 3HP

**The comparison of the LTBI regimens**

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Frequency</th>
<th>The typical number of pills each time (adults &gt; 50 kg)</th>
<th>Completion rate (compared to INH)</th>
<th>Risk of drug-induced hepatitis (compared to INH)</th>
<th>Rate of treatment discontinuation due to adverse effects (compared to INH)</th>
<th>Drug-drug interactions (compared to INH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4R</td>
<td>Once daily</td>
<td>2 pills</td>
<td>Higher</td>
<td>Lower</td>
<td>Lower</td>
<td>Higher</td>
</tr>
<tr>
<td>3HP</td>
<td>Once weekly</td>
<td>9 pills</td>
<td>Higher</td>
<td>Lower</td>
<td>Higher, but lower than 4R or 3HR</td>
<td></td>
</tr>
<tr>
<td>3HR</td>
<td>Once daily</td>
<td>3 pills</td>
<td>Higher</td>
<td>Similar</td>
<td>Higher</td>
<td>Higher</td>
</tr>
<tr>
<td>6H/9H</td>
<td>Once daily</td>
<td>1 pill</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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