

RECOMMENDED TREATMENT REGIMENS FOR LTBI

Regimen	Duration	Dose	Frequency	Common adverse effects
First-line regimens (2 options)				
*Rifapentine and isoniazid (3HP)	3 months (12 doses)	Isoniazid: 15 mg/kg Maximum: 900 mg Rifapentine: 10-14.0 kg: 300 mg 14.1-25.0 kg: 450 mg 25.1-32.0 kg: 600 mg 32.1-49.9 kg: 750 mg ≥50.0 kg: 900 mg Maximum: 900 mg	Once weekly	Flu-like reactions, drug interactions
Rifampin (4R)	4 months (120 doses)	10mg/kg Maximum: 600 mg	Daily	Rash, drug interactions
Second-line regimen				
Isoniazid (9H)	9 months (270 doses)	5mg/kg Maximum: 300 mg	Daily	Hepatotoxicity, peripheral neuropathy

*Note: Rifapentine should be prescribed as observed therapy; NWHU can do the observed therapy

From: [Canadian TB Standards](#)

Baseline testing and monitoring

- Baseline liver function tests (AST, ALT and Bilirubin) as well as complete blood count (CBC) should be completed prior to clients starting TB medication.
- After one month of treatment, repeat testing should be performed for all regimens. A CBC should also be performed for those taking a rifamycin.
- Patients taking 4R or 3HP do not require further laboratory monitoring unless the patient has an abnormal test result, develops symptoms, or has risk factors for hepatotoxicity
- Patients who are on the INH (9H) regimen are recommended to be monitored every month for the remainder of the treatment, especially those with pre-existing liver disease, a history of ethanol abuse or age of greater than 35 years.
- Vitamin B6 is recommended to minimize the risk of neuropathy with the 3HP (50mg at each dose) and 9H (25mg daily) regimen

Additional guidance and recommendations can be found in the current [Canadian TB Standards](#).

For questions or concerns, please contact your local Public Health Nurse at the Northwestern Health Unit.