

Texas Department of State Health Services  
**Tuberculosis (TB) Medication Usage Criteria During Drug Shortages**

**RIFABUTIN**

*Rifabutin is in short supply and may only be provided for patients who meet criteria in this document until further notice.*

**Rifabutin may ONLY be used for these priority patients:**

- Patients with known or suspected TB disease in whom there are high-risk drug interactions with rifampin *as specified below* (see Section 1, A).
- Patients with known or suspected TB disease who have a documented failure to tolerate rifampin.
- Certain patients on treatment for latent TB infection (LTBI) or window prophylaxis as detailed on page 2.

When medical consultation is required, contact a DSHS-recognized TB medical consultant: [dshs.state.tx.us/idcu/disease/tb/consultants/](https://dshs.state.tx.us/idcu/disease/tb/consultants/)

**Section 1: Rifabutin Criteria for Known/Suspected TB Disease**

**A. For *new or existing* patients in whom rifampin is contraindicated (due to high-risk drug interactions):** Rifabutin may be used.

High-risk drug interactions are:

- Antiretrovirals (ARVs) for HIV (refer to Table 1)
- Anti-rejection medications for transplant patients (not limited to cyclosporine, tacrolimus)
- Methadone
- **By consultation only:** Other medications where the provider is unsure if rifampin is contraindicated. Refer to the [DSHS Standing Delegation Orders \(SDOs\)](#), page 42, Table 2 and page 46, Table 4 footnotes on rifampin when deciding on rifabutin or rifampin.

**B. For *new* patients needing a liver friendly regimen:** Rifampin is usually tolerated.

- Rifampin should first be used (e.g., a regimen with rifampin/fluoroquinolone/ethambutol).
- For patients who failed the initial rifampin challenge, document results and proceed with rifabutin. No consultation required.

**C. For *existing* patients initially on rifampin but developed a documented adverse reaction to rifampin:**

- Continue rifabutin. No consultation required.

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**Section 2: Rifabutin Criteria for Latent TB Infection (and Window Prophylaxis)**

**A. For new patients:** Do NOT start on rifabutin.

- If unable to use rifampin or rifapentine, use the 6-month isoniazid regimen.
- If isoniazid is not an option, **seek medical consultation.**

**B. For existing patients on rifabutin, use one of the following options:**

- Rifampin should be challenged unless there is an **absolute** contraindication. If successfully challenged, complete therapy with rifampin with no change in completion date.
- If patient cannot transition to rifampin:
  - **If less than 2 months of treatment remain**, continue rifabutin and complete 90 days/18 weeks (if directly observed therapy [DOT]) or 120 doses/4 months (if self-administered).
  - **If greater than 2 months of treatment remain**, transition to isoniazid, and complete a total of 6 months (e.g., if patient took 1 month of rifabutin, they would need 5 months of isoniazid for a total of 6 months of treatment).
    - If isoniazid is not an option, **seek consultation.**

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**Follow these steps when ordering rifabutin:**

1. Verify that patient meets ordering criteria and if needed, obtain consultation.
2. Ensure the patient is entered in NEDSS and has an investigation ID.
3. Order rifabutin in PIOS.
  - In the comments section, **include the NEDSS investigation ID.**
4. Once a PIOS order number is generated, complete *TB Medication Request Form*.
  - All applicable fields must be complete, including noting the PIOS order number and NEDSS investigation ID.
5. Upload the completed *TB Medication Request Form* (and consult, if required) to the supplemental information tab in the NEDSS investigation.
  - The DSHS Pharmacy Unit will *automatically* forward any rifabutin order received in PIOS directly to the TB Unit Clinical Care Team (CCT).
  - The CCT will verify the order with the *TB Medication Request Form* and approve or deny. NOTE: CCT will only be able to verify request if the NEDSS ID is noted in PIOS and form/consult is uploaded in NEDSS. Submitters will be notified if they are denied. Orders will be filled if approved.

***No generic clinic stock orders are allowed during this shortage.***

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**Table 1:** Rifampin and Known Anti-Retroviral (ARV) Contraindications

**Rifampin is contraindicated in patients with HIV who are receiving one or more of the following anti-retroviral (ARV) medications:**

1. PI (all PIs contraindicated with rifampin or rifapentine): **atazanavir, darunavir, lopinavir, nelfinavir, saquinavir, tipranavir**. *NOTE: Though compatible with rifabutin, may require lower doses of rifabutin.*
2. NNRTI: **doravirine, etravirine, nevirapine, rilpivirine**. *NOTE: Efavirenz is an NNRTI that can decrease drug levels of rifabutin but can be used with weekly rifapentine, and dose adjusted for use with rifampin.*
3. NRTI: **zidovudine, tenofovir alafenamide (TAF)**. *NOTE: TAF is incompatible with ALL rifamycins. All other NRTIs can be used with rifampin.*
4. INSTI: **dolutegravir**. *NOTE: raltegravir is compatible with weekly rifapentine; bictegravir is incompatible with ALL rifamycins.*

*For more information, refer to: Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. (2021)*

[clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/tuberculosis-hiv-coinfection](https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/tuberculosis-hiv-coinfection)