RIFABUTIN

Rifabutin is at a critical shortage and may only be provided for patients who meet this criteria:

Active TB disease:

1. **For new/existing patients on medications contraindicated with rifampin (RIF), rifabutin (RBT) may be used.**
   a. For HIV positive patients on antiretrovirals (refer to grey box below for specific drug interactions), transplant patients on anti-rejection medications or patients on methadone: no consultation required.
   b. For any other medication: **seek consultation.**

2. **For new patients needing a liver friendly regimen:** RIF is usually tolerated.
   a. RIF should first be challenged (e.g. RIF/fluoroquinolone [FQ]/Ethambutol [EMB]).
   b. For patients who fail an initial rifampin challenge: **seek consultation.**

3. **For existing patients who were initially on RIF but developed an adverse reaction and a RIF challenge was previously unsuccessful:**
   a. Continue RBT. No consultation required.

Prophylaxis (TB Infection or Window Prophylaxis):

1. **For new TB Infection:** Do NOT start on RBT.
   a. If unable to use RIF or Rifapentine (RPT), use the 6-month isoniazid (INH) regimen*.
   b. If INH is not an option, defer treatment unless patient has is immunocompromised or is under age 5; **seek medical consultation.**

2. **For existing patients on RBT use one of the following options:**
   a. Rifampin may first be challenged unless there is an **absolute** contraindication. If successfully challenged, complete therapy with RIF and no change in completion date.
   b. If patient cannot transition to RIF:
      • Non-immune compromized: patient can be closed after 90 doses (three months).
      • Immune compromised:
         o If less than 2 months of treatment remaining, continue RBT and complete 120 doses.
         o If more than 2 months of treatment remaining, transition to INH and complete a total of 6 months.

*From: [cdc.gov/mmwr/volumes/69/rr/rr6901a1.htm](http://cdc.gov/mmwr/volumes/69/rr/rr6901a1.htm)

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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 RIF or rifapentine [RPT]):** atazanavir, darunavir, fosamprenavir, indinavir, lopinavir, nefinavir, ritonavir, 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 RPT, and dose adjusted for use with RIF.

3. **NRTI:** zidovudine. **NOTE:** TAF incompatible with ALL rifamycins. All other NRTIs can be used with RIF.

4. **INSTI:** dolutegravir. **NOTE:** raltegravir is compatible with weekly RPT and bictegravir is incompatible with ALL rifamycins.
NOTE: When ordering these medications in ITEAMS, no bulk orders will be accepted. Each patient must have one unique ITEAMS ID that will be used for their initial and refill orders.

To Order Rifabutin:
- Any new or existing order must meet criteria listed on page 1. Complete the TB Medication Request Form, Section 1a (A, B, or C), and indicate details of consultation in Section 2 when indicated.
- After criteria is selected and consult is obtained (when required), order in ITEAMS. When the ITEAMS order number is generated, include that number on the Request Form, Section 3, along with requestor details.
- Send Request Form to the TB Branch nurses (see Section 4) for the first new order or first refill; the nurses will indicate how to order subsequent refills after initial approval.

MOXIFLOXACIN
Moxifloxacin may be used for any client requiring a fluoroquinolone, after initial consultation.

To order Moxifloxacin:
- Any new order must first be approved by a medical consultant. Complete the TB Medication Request Form and include the order in Section 1b and details of initial consultation in Section 2.
- After consult is obtained, order in ITEAMS. When the ITEAMS number is generated, include that number in the Request Form, Section 3, along with requestor details.
- Send Request Form to the TB Branch nurses for initial approval (see Section 4 of the request form.)
- When refills are needed after initial approval, order medications in ITEAMS. Write “REFILL” on the ITEAMS comments box; TB Medication Request Form is not required.

LEVOFLOXACIN
Clients who were switched to levofloxacin from moxifloxacin should transition back to moxifloxacin. Levofloxacin may only be prescribed after medical consultation.

To order Levofloxacin:
- Any new or continued order must first be approved by a medical consultant unless there is clear indication of moxifloxacin intolerance (complete the TB Medication Request Form and indicate in Section 2 consultation details or physician rationale).
- After consult is obtained, order in ITEAMS. When the ITEAMS number is generated, include that number in the Request Form, Section 3, along with requestor details.
- Send Request Form to the TB Branch nurses (see Section 4) for the first new order or first refill; the nurses will indicate how to order subsequent refills after initial approval.

When Medical Consultation is Required:
- Contact a DSHS-recognized TB medical consultant: dshs.texas.gov/idcu/disease/tb/consultants/
- Discharge summaries from the Texas Center for Infectious Disease (TCID) may also be accepted.