



Wits Reproductive Health and HIV Institute

**A Quick Reference to Drugs commonly used in the Management of TB**  
**ORAL AGENTS - 1<sup>st</sup> line**

<b>NAME</b>	<b>RIFAMPICIN (Bactericidal, Sterilizing)</b>
<b>DOSE/KG</b>	10 mg/kg/day
<b>USUAL DOSE</b>	600 mg dly
<b>MAXIMUM DOSE</b>	600 mg dly
<b>CAUTION</b>	Hepatic disease, alcoholism, porphyria, hypersensitivity to Rifampicin
<b>COMMON SIDE EFFECTS</b>	↑ ALT, GI , Hypersensitivity, Orange discoloration of body fluids
<b>PAEDIATRIC DOSE</b>	10 mg/kg/day (up to 20 mg/kg/day for TBM/Miliary TB)
<b>RENAL DOSE</b>	N/A
<b>LIVER IMPAIRMENT DOSE</b>	8 mg/kg/day
<b>PREGNANCY</b>	Category C
<b>LACTATION</b>	Amount excreted too small to harm
<b>BUILDING A REGIMEN</b>	High early bactericidal activity. With Isoniazid achieves greater killing than either drug alone. Resistance more rare than Isoniazid resistance

<b>NAME</b>	<b>ISONIAZID (Bactericidal)</b>
<b>DOSE/KG</b>	5 mg/kg/day (10 mg/kg/day = High dose INH)
<b>USUAL DOSE</b>	300 mg dly
<b>MAXIMUM DOSE</b>	300 mg dly
<b>CAUTION</b>	Hepatic disease, Epilepsy, hypersensitivity to Isoniazid, porphyria
<b>COMMON SIDE EFFECTS</b>	Skin rash, peripheral neuropathy, ↑ ALT, neurotoxicity, haematological effects
<b>PAEDIATRIC DOSE</b>	5-10 mg/kg/day (up to 15 mg/kg/day for TBM/Miliary TB)
<b>RENAL DOSE</b>	N/A
<b>LIVER IMPAIRMENT DOSE</b>	N/A
<b>PREGNANCY</b>	Category C
<b>LACTATION</b>	Monitor infant for adverse effects
<b>BUILDING A REGIMEN</b>	Highest early bactericidal activity. With Rifampicin achieves greater killing than either drug alone. Strain of TB may still be susceptible in certain cases of resistance depending on mutation

<b>NAME</b>	<b>PYRAZINAMIDE (Sterilizing)</b>
<b>DOSE/KG</b>	20-30 mg/kg/day
<b>USUAL DOSE</b>	1600 mg dly
<b>MAXIMUM DOSE</b>	2 g dly
<b>CAUTION</b>	Gout, Hepatic disease, Diabetes, Renal impairment, hypersensitivity to pyrazinamide, isoniazid, ethionamide or niacin, porphyria
<b>COMMON SIDE EFFECTS</b>	Hepatotoxicity, arthralgia (hyperuricaemia), GI side effects, skin rash
<b>PAEDIATRIC DOSE</b>	15-30 mg/kg/day (up to 40 mg/kg/day for TBM/Miliary TB)

<b>RENAL DOSE</b>	Use doses at lower limit of recommended range. GFR<10 ml/min - ↓dose by 50%
<b>LIVER IMPAIRMENT DOSE</b>	Avoid drug if possible
<b>PREGNANCY</b>	Category C
<b>LACTATION</b>	No problems with usage
<b>BUILDING A REGIMEN</b>	Good sterilizing activity, contributes to shortening of duration of treatment. Resistance not tested routinely

<b>NAME</b>	<b>ETHAMBUTOL</b> (Bacteriostatic, may be bactericidal at high doses)
<b>DOSE/KG</b>	15-20 mg/kg/day
<b>USUAL DOSE</b>	800 mg dly
<b>MAXIMUM DOSE</b>	1000 mg dly
<b>CAUTION</b>	Eye defects, renal disease or hyperuricaemia
<b>COMMON SIDE EFFECTS</b>	Ocular toxicity, arthralgia (hyperuricaemia), GI side effects
<b>PAEDIATRIC DOSE</b>	15-25 mg/kg/day (up to 15 mg/kg/day for TBM/Miliary TB)
<b>RENAL DOSE</b>	GFR <10 ml/min - 15 mg/kg every 48 hours
<b>LIVER IMPAIRMENT DOSE</b>	N/A
<b>PREGNANCY</b>	Max 15 mg/kg/day
<b>LACTATION</b>	No known adverse effects
<b>BUILDING A REGIMEN</b>	

### **ORAL AGENTS - 2<sup>st</sup> line**

<b>NAME</b>	<b>ETHIONAMIDE</b> (Bacteriostatic)
<b>DOSE/KG</b>	15-20 mg/kg/day
<b>USUAL DOSE</b>	1000 mg dly (Split dose 250 mg mane, 750 mg nocte to minimize nausea)
<b>MAXIMUM DOSE</b>	1000 mg dly
<b>CAUTION</b>	Hepatic disease, previous hypersensitivity to Ethionamide or porphyria. Use with caution in diabetes, alcoholics, psychiatric illness, depression, hypothyroidism and epilepsy
<b>COMMON SIDE EFFECTS</b>	GI side effects, CNS toxicity, Hepatotoxicity
<b>PAEDIATRIC DOSE</b>	10 mg/kg/day
<b>RENAL DOSE</b>	GFR <30 ml/min or on dialysis - Decrease dose by 50%
<b>LIVER IMPAIRMENT DOSE</b>	N/A
<b>PREGNANCY</b>	Category C. Teratogenic in animals. Avoid
<b>LACTATION</b>	Safety not established
<b>BUILDING A REGIMEN</b>	

<b>NAME</b>	<b>CYCLOSERINE (AND TERIZIDONE - a derivative of Cycloserine)</b> (Bacteriostatic)
<b>DOSE/KG</b>	10-20 mg/kg/day. + Pyridoxine to prevent CNS Side effects
<b>USUAL DOSE</b>	500-750 mg dly or 250-500 mg bd
<b>MAXIMUM DOSE</b>	1000 mg dly
<b>CAUTION</b>	Contraindicated in psychiatric conditions, epilepsy, severe renal impairment, alcohol abuse and porphyria. Caution in elderly and those

	with renal impairment
<b>COMMON SIDE EFFECTS</b>	CNS toxicity (more common with Cycloserine), skin rash
<b>PAEDIATRIC DOSE</b>	10 mg/kg/day
<b>RENAL DOSE</b>	Extend dose interval and adjust by monitoring drug levels (Target - 20-30micromg/ml) GFR 10-50 ml/min - Extend dosing interval to 24 hrs GFR <10 ml/min - Extend dosing interval to 36-48 hrs
<b>LIVER IMPAIRMENT DOSE</b>	N/A
<b>PREGNANCY</b>	Use only if no alternatives
<b>LACTATION</b>	Give infant Pyridoxine
<b>BUILDING A REGIMEN</b>	Does not share cross-resistance with other anti-TB drugs

<b>NAME</b>	<b>PARA-AMINO SALICYLIC ACID (PAS)</b>
<b>DOSE/KG</b>	150 mg/kg/day or 10-12 g/day in 2 divided doses
<b>USUAL DOSE</b>	5 g bd
<b>MAXIMUM DOSE</b>	12 g/day
<b>CAUTION</b>	Allergy to aspirin or PAS. Avoid in advance renal impairment
<b>COMMON SIDE EFFECTS</b>	Anorexia, diarrhoea, hypothyroidism. Low risk of hepatitis
<b>PAEDIATRIC DOSE</b>	150 mg/kg/day in 2 or 3 divided doses
<b>RENAL DOSE</b>	Avoid
<b>LIVER IMPAIRMENT DOSE</b>	N/A
<b>PREGNANCY</b>	Avoid
<b>LACTATION</b>	Concentrations excreted in breast milk are low
<b>BUILDING A REGIMEN</b>	

### ***FLUOROQUINOLONES - 2<sup>nd</sup> line***

<b>NAME</b>	<b>LEVOFLOXACIN (Bactericidal)</b>
<b>DOSE/KG</b>	-
<b>USUAL DOSE</b>	750 mg dly
<b>MAXIMUM DOSE</b>	750 mg dly
<b>CAUTION</b>	As for Ciprofloxacin
<b>COMMON SIDE EFFECTS</b>	As for Ciprofloxacin.
<b>PAEDIATRIC DOSE</b>	7.5-10 mg/kg/day (Max 750 mg)
<b>RENAL DOSE</b>	GFR <30 ml/min - 750-1000mg 3 times/week
<b>LIVER IMPAIRMENT DOSE</b>	N/A
<b>PREGNANCY</b>	Avoid
<b>LACTATION</b>	Avoid
<b>BUILDING A REGIMEN</b>	

<b>NAME</b>	<b>OFLOXACIN (Bactericidal)</b>
<b>DOSE/KG</b>	-
<b>USUAL DOSE</b>	800 mg dly or 400 mg bd
<b>MAXIMUM DOSE</b>	800 mg dly
<b>CAUTION</b>	Avoid in patients with prolonged QT interval. Previous hypersensitivity

	to fluoroquinolones. Caution in patients with CNS disorders, hepatic or renal involvement and in children
<b>COMMON SIDE EFFECTS</b>	GI side effects, Headaches, dizziness, drowsiness, insomnia, arthralgia. Hypersensitivity
<b>PAEDIATRIC DOSE</b>	15-20 mg/kg/day
<b>RENAL DOSE</b>	GFR <30 ml/min - 800 mg 3 times/week
<b>LIVER IMPAIRMENT DOSE</b>	N/A
<b>PREGNANCY</b>	Avoid
<b>LACTATION</b>	Avoid
<b>BUILDING A REGIMEN</b>	

<b>NAME</b>	<b>CIPROFLOXACIN (Bactericidal)</b>
<b>DOSE/KG</b>	-
<b>USUAL DOSE</b>	500-750 mg bd (Doses at higher range preferred in TB)
<b>MAXIMUM DOSE</b>	750 mg bd
<b>CAUTION</b>	Avoid in patients with prolonged QT interval. Previous hypersensitivity to fluoroquinolones. Caution in patients with CNS disorders, hepatic or renal involvement and in children
<b>COMMON SIDE EFFECTS</b>	GI side effects, Headaches, dizziness, drowsiness, insomnia, arthralgia. Hypersensitivity
<b>PAEDIATRIC DOSE</b>	20-30 mg/kg/day in 2 divided doses
<b>RENAL DOSE</b>	GFR <30 ml/min - 1000-1500 mg 3 times/week
<b>LIVER IMPAIRMENT DOSE</b>	N/A
<b>PREGNANCY</b>	Avoid
<b>LACTATION</b>	Avoid
<b>BUILDING A REGIMEN</b>	

<b>NAME</b>	<b>MOXIFLOXACIN (Bactericidal)</b>
<b>DOSE/KG</b>	-
<b>USUAL DOSE</b>	400 mg dly
<b>MAXIMUM DOSE</b>	400 mg dly
<b>CAUTION</b>	As for Ciprofloxacin
<b>COMMON SIDE EFFECTS</b>	As for Ciprofloxacin
<b>PAEDIATRIC DOSE</b>	7.5-10 mg/kg/day (Max 400 mg)
<b>RENAL DOSE</b>	No dose adjustment
<b>LIVER IMPAIRMENT DOSE</b>	N/A
<b>PREGNANCY</b>	Avoid
<b>LACTATION</b>	Avoid
<b>BUILDING A REGIMEN</b>	

### ***INJECTABLE AGENTS***

<b>NAME</b>	<b>STREPTOMYCIN (Bactericidal)</b>
<b>DOSE/KG</b>	15-20 mg/kg/day IMI
<b>USUAL DOSE</b>	750 mg dly IMI
<b>MAXIMUM DOSE</b>	1000 mg dly IMI
<b>CAUTION</b>	Patients with renal failure, impaired hearing or vestibular defects, previous hypersensitivity to Streptomycin. Contraindicated in

	myasthenia gravis
<b>COMMON SIDE EFFECTS</b>	Ototoxicity, renal toxicity, hypersensitivity, skin rash
<b>PAEDIATRIC DOSE</b>	20-40 mg/kg/day
<b>RENAL DOSE</b>	GFR 10-50 ml/min - 15 mg/kg every 24-72 hours GFR <10 ml/min - 15 mg/kg every 72-96 hours
<b>LIVER IMPAIRMENT DOSE</b>	N/A
<b>PREGNANCY</b>	Can cause ototoxicity in foetus - avoid
<b>LACTATION</b>	No known adverse effects
<b>BUILDING A REGIMEN</b>	

<b>NAME</b>	<b>KANAMYCIN</b> (Bactericidal)
<b>DOSE/KG</b>	15 mg/kg/day IMI
<b>USUAL DOSE</b>	750-1000 mg dly IMI
<b>MAXIMUM DOSE</b>	1500 mg dly IMI
<b>CAUTION</b>	Patients with renal failure, impaired hearing or vestibular defects, previous hypersensitivity to Kanamycin. Contraindicated in myasthenia gravis
<b>COMMON SIDE EFFECTS</b>	Ototoxicity, renal toxicity, hypersensitivity, skin rash
<b>PAEDIATRIC DOSE</b>	15-30 mg/kg/day
<b>RENAL DOSE</b>	GFR <30 ml/min - 12-15 mg/kg 2-3 times/week
<b>LIVER IMPAIRMENT DOSE</b>	N/A
<b>PREGNANCY</b>	Avoid
<b>LACTATION</b>	No known adverse effects
<b>BUILDING A REGIMEN</b>	Vs Amikacin - As effective, less well tolerated, cheaper Vs Streptomycin - Streptomycin-resistant strains usually susceptible to Kanamycin and Amikacin

<b>NAME</b>	<b>AMIKACIN</b> (Bactericidal)
<b>DOSE/KG</b>	15-20 mg/kg/day IMI
<b>USUAL DOSE</b>	750-1000 mg dly IMI
<b>MAXIMUM DOSE</b>	1500 mg dly IMI
<b>CAUTION</b>	Patients with renal failure, impaired hearing or vestibular defects, previous hypersensitivity to Amikacin. Contraindicated in myasthenia gravis. Caution in neonates
<b>COMMON SIDE EFFECTS</b>	Ototoxicity, renal toxicity, peripheral neuropathy, hypersensitivity, skin rash
<b>TARGET DRUG LEVELS</b>	Peak > 30 mg/L; trough < 1 mg/L
<b>PAEDIATRIC DOSE</b>	<10 years - 25 mg/kg dly on first day; then 18 mg/kg dly >10 years - 20 mg/kg dly on first day; then 15 mg/kg dly
<b>RENAL DOSE</b>	GFR <60 ml/min - Loading dose 10 mg/kg with further doses guided by drug levels
<b>LIVER IMPAIRMENT DOSE</b>	N/A
<b>PREGNANCY</b>	Avoid
<b>LACTATION</b>	No known adverse effects
<b>BUILDING A REGIMEN</b>	Vs Kanamycin - As effective, better tolerated, more expensive

	Vs Streptomycin - Streptomycin-resistant strains usually susceptible to Kanamycin and Amikacin
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**Resources:**

1. Schaaf H, Zumla AI et al. Tuberculosis: A Comprehensive Clinical Reference. Elsevier 2009.
2. South African Medicines Formulary. Produced by the Division of Clinical Pharmacology, University of Cape Town.