



Rifapentine has been shown to be effective for treatment of tuberculosis when given once per week. It is a rifamycin derivative with a longer half-life than rifampin.

Compared with the standard regimen of twice a week treatment, once a week treatment during the continuation phase reduces by 30% the number of contacts needed between the patient and the directly observed therapy provider.

Rifapentine **once a week**, during the continuation phase, is safe and effective for treatment of pulmonary tuberculosis in **HIV-negative people without cavitation** on chest radiography. The usual dose is **600 mg** (4 tablets, 150 mg each, taken at the same time) **with isoniazid once weekly** for **4 months** during the continuation phase of treatment for drug-susceptible tuberculosis.

Indication for use:

- Completion of **2 month** initial phase of treatment for active tuberculosis disease using a standard regimen of **isoniazid, rifampin, pyrazinamide, and ethambutol**.
- TB isolate demonstrates susceptibility to above first-line TB drugs.
- Documentation of a negative HIV test.
- Chest x-ray impression documents non-cavitary TB.
- Documentation of 3 consecutive negative smears from sputum collected on different days.

REFERENCES AND NOTES

¹The Tuberculosis Trials Consortium. Rifapentine and isoniazid once a week versus rifampicin and isoniazid twice a week for treatment of drug-susceptible pulmonary tuberculosis in HIV-negative patients: a randomised clinical trial. *The Lancet*. 2002;360:528-534.

²American Thoracic Society, Centers for Disease Control and Prevention, Infectious Diseases Society of America. Treatment of Tuberculosis. *Am J Respir Crit Care Med*. 2003;167:603-662.

For more information about tuberculosis treatment, call the TB Program at (608) 266-9692.