

Texas Department of State Health Services  
**Notification of Tuberculosis Medication Availability**

The availability of first-line tuberculosis (TB) medications is in fluctuation leading to drug shortages. Reasons include gaps in the supply chain, shortages of active pharmaceutical ingredients (API), and manufacturers' decisions to stop producing drugs. Some shortages are listed on the Food and Drug Administration (FDA) website while others involve delays in procuring medications.

***This document outlines the current actions local and regional TB programs must adhere to when ordering TB medications, until otherwise directed by the DSHS Tuberculosis and Hansen's Disease Unit.***

**Medication Availability Updates, [Effective January 17, 2023](#):**

**General Updates:**

- **Rifapentine** is now available and has been re-prioritized for the treatment of TB infection. See Table 1.
- **Rifabutin** is no longer in critical shortage.
- **Rifampin** remains available.
- Continue to order in monthly increments.
- Bulk orders may be placed per usual.

Drug: **Rifapentine (RPT)**

Availability Status: **Available**

Action:

- Rifapentine should be prioritized to treat TB infection as part of the short course, three-month regimen of rifapentine and isoniazid (known as 3HP). See Table 1.

Drug: **Rifabutin (RBT)**

Availability Status: **Available**

Action:

- Rifabutin is now available for select patients (i.e., those who cannot take rifampin due to drug/drug interactions, have a documented sensitivity/intolerance to rifampin, etc.).
- See the [DSHS Standing Delegation Orders](#) for dosing and indications.

Drug: **Rifampin (RIF)**

Availability Status: **Available**

Action:

- Rifampin is available and prioritized for use in regimens for the treatment of TB disease.
- For patients with TB infection, rifampin may be considered if 3HP is not an option. See Table 1.

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**Options for Treatment of TB Infection**

Short-course regimens are preferred to increase treatment completion rates. Table 1 outlines the prioritization of regimens available for TB infection.

**Table 1.** Treatment Options\* for New Patients: TB Infection, Window Prophylaxis

<b>Option 1- Preferred</b>	<b>Option 2</b>	<b>Option 3</b>
<b>3 Months Once Weekly Isoniazid/Rifapentine (3HP)</b>	<b>4 Months Rifampin (4R)</b>	<b>6- or 9-Months Isoniazid (6H or 9H)</b>
<ul style="list-style-type: none"> <li>• For patients with no drug interactions or contraindications to RPT and INH.</li> <li>• For patients over the age of 2 years.</li> <li>• For contacts <i>not</i> exposed to a case of TB that is resistant to INH or a rifamycin.</li> <li>• For patients who are not pregnant or expecting to become pregnant.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider <b>ONLY</b> for patients in whom INH is contraindicated or when 3HP is not recommended (i.e., children &lt;2) or not tolerated.</li> </ul>	<ul style="list-style-type: none"> <li>• Use this regimen option for the following patients:               <ul style="list-style-type: none"> <li>○ Those who cannot tolerate 3HP or rifampin;</li> <li>○ Those with no drug/drug interactions or contraindications;</li> <li>○ those with no risk factors for hepatotoxicity;</li> <li>○ those <i>not</i> exposed to a case of TB that is resistant to INH.</li> </ul> </li> <li>• <b>As this is a regimen with the longest duration, it is important for clinics to support patient adherence.</b> <ul style="list-style-type: none"> <li>○ DOT is <u>highly recommended</u> to ensure completion of treatment (either in-person or by VDOT).</li> <li>○ Twice weekly DOT/VDOT is an option at the discretion of the licensed healthcare provider.</li> </ul> </li> </ul>

\*Refer to the [DSHS SDOs, Attachment 7: Medications](#)