

NEW! San Diego TB Program Website
REVISED! CDC Guidelines for TB Treatment for
Patients Taking Antiretroviral Therapy

Website

A new TB program website (<http://www.co.san-diego.ca.us/cnty/cntydepts/health/services/tb>) contains information about county TB services, reporting requirements, rates and trends, and general facts about TB disease and infection. TB disease reporting forms can be downloaded and direct linkages are provided to other TB-specific sites, including the Centers for Disease Control and Prevention (CDC) Division of TB Elimination (DTBE). Suggestions and comments are welcome.

CDC Guidelines for TB Treatment for HIV-Infected Patients taking Protease Inhibitors or Nonnucleoside Reverse Transcriptase Inhibitors

The CDC has released new guidelines (MMWR: March 10, 2000) for the use of rifamycins (Rifampin or Rifabutin) among HIV-infected patients taking protease inhibitors (PIs) or non-nucleoside reverse transcriptase inhibitors (NNRTIs). The drug-drug interactions between these agents are complex and are based on the ability of rifamycins to induce cytochrome P-450 isozymes (which can substantially decrease blood levels of the PIs and NNRTIs) and the ability of PIs and NNRTIs to induce or inhibit these same isozymes (which can affect blood levels of rifamycins). The guidelines are based on pharmacokinetic studies and limited clinical experience.

The importance of careful management of patients on these complex regimens cannot be overemphasized. Inadequate blood levels may lead to drug resistance and treatment failures, while elevated levels may lead to unacceptable toxicity. As stated in the CDC document, "The management of HIV-infected patients taking PIs or NNRTIs and undergoing treatment for active TB with rifabutin or rifampin should be directed by or in consultation with, a physician with experience in the care of patients with these two diseases."

Patients on these regimens should always be strictly monitored to ensure adequate dosages are taken. The health department provides in-home directly observed therapy (DOT) for patients with active TB disease upon request.

While, the use of a regimen containing no rifamycins can be considered in an HIV-infected patient with active TB, this approach is sub-optimal in many cases and cannot be routinely recommended. For treatment of latent (inactive) TB infection, however, strong consideration should be given to using 9-12 months of isoniazid, a compound for which there are no NNRTI or PI drug-drug interactions. If, however, the newly recommended two-month course of a rifamycin and pyrazinamide for latent infection is selected, drug interactions and dose adjustments must be addressed. The following is a brief overview of the latest guidelines, but a careful review of the document and expert consultation prior to actual patient management is essential.

Protease inhibitors: As in previous guidelines, the use of nelfinavir or indinavir with rifabutin in reduced dosages (150mg daily or 300mg 2-3 times weekly) is recommended; and the use of amprenavir in this manner is now included. The use of rifampin with these three agents remains contraindicated, as rifampin markedly decreases their blood levels. The indications for the use of ritonavir, the most potent

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inhibitor of P-450, as well as those for saquinavir preparations are more complex and are reviewed in the document.

Nonnucleoside reverse transcriptase inhibitors: Rifamycins markedly decrease the blood level of delaviridine and should not be used with this agent. Evidence suggests that rifabutin in usual dosages (300mg daily) may be used with nevirapine, and in increased doses (450-600 daily or 600 twice weekly) with efavirenz. Rifampin in usual dosages may be used with efavirenz, but the insufficient data exists regarding its use with nevirapine.

For a copy of the document, link to the CDC DTBE website via our website or access it directly at <http://www.cdc.gov/nchstp/tb/pubs/mmwrhtml/maj-guide.htm>.