

Virginia Guidelines for the Use of Isoniazid/Rifapentine (3HP) for the Treatment of Latent TB Infection in Health Department Settings

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Virginia Specific Guidelines

- ▶ Posted on the VDH TB Control website
 - Resources for Local Health Departments/Policies
- ▶ Included:
 - Who the regimen is recommended for as well as contraindications
 - Dosing
 - Monitoring recommendations

Virginia Specific Guidelines

- ▶ DOT mandatory for this regimen
- ▶ Completion defined as 11 or 12 doses within 16 weeks
- ▶ "Weekly" doses must be separated by > 72 hours to be countable

Individual Drug Pricing

- ▶ Isoniazid 300 mg– \$.09/tab
- ▶ Isoniazid 100 mg – \$.06/tab
- ▶ Pyridoxine 50 mg – \$.08/tab
- ▶ Rifapentine/Priftin 150mg – \$2.48/tab
 - New formulations with larger dose and fixed dose combinations in development
 - Price has dropped and will continue to drop



Approximate Current Pricing

Client Weight	INH Dose	Priftin Dose	Weekly Cost	Regimen Cost
10.0–14.0 kg	150–250 mg	300 mg	\$5.14	\$61.80
14.1–25.0 kg	250–400 mg	450 mg	\$7.68	\$92.16
25.1–32.0 kg	400–500 mg	600 mg	\$10.22	\$122.64
32.1–49.9 kg	500–750 mg	750 mg	\$12.70	\$152.52
≥ 50.0 kg (≥ 110 lb)	750 mg+ (900 mg max)	900 mg (max)	\$15.15	\$181.80

Post implementation Follow-up

- ▶ CDC TB LEADS Project
 - Considered non-research
 - normal post-marketing surveillance for a new regimen
 - Two year review of tolerability of new regimen in the real work
 - Focus on feasibility, cost effectiveness, adverse reactions, completion rates and unforeseen problems
 - No funding for participation
 - Virginia a potential site
 - May involve completion of a short survey form
 - Basic, standard, comprehensive
 - Process still in development
- ▶ Contact TB Control if clients placed on 3HP
- ▶ Call TB Control for any client on 3HP with adverse reactions that are hospitalized or die. 804-864-7906
