Prescribing Protocol – SESLHDPR/678
Rifapentine for treatment of latent tuberculosis

Health
South Eastern Sydney
Local Health District

Prescribing Protocol Template for New Drugs	
Title	**Rifapentine for treatment of latent tuberculosis**
Areas where Protocol/Guideline applicable e.g. District, Hospital, ITU, Ward	SESLHD Respiratory / Infectious diseases clinics and inpatients
Areas where Protocol/Guideline not applicable	Paediatrics
Authorised Prescribers	Respiratory and Infectious diseases specialists only
Indication for use	Treatment of latent tuberculosis (TB)
Clinical condition	Latent TB deemed suitable for treatment as identified by respiratory physician, with consideration for the criteria for latent TB treatment as outlined in the Therapeutic Guidelines (eTG)
Place in Therapy	First line treatment for latent TB in patients who are likely to benefit from the weekly dosing schedule for compliance reasons Alternate treatment: single agent therapy with either rifampicin or isoniazid Note: Rifapentine is not a TGA registered medicine in Australia. Special Access Scheme (SAS) requirements apply. Documented Consent for Exceptional Use of Medicines (SESIH form S0199) must be obtained from all patients.
Contra-indications	Known hypersensitivity to rifapentine, other rifamycins (rifabutin, rifampicin), or any ingredient in the formulation Porphyria Pregnancy or breastfeeding Other medications incompatible with rifapentine and isoniazid
Precautions	Abnormal LFTs
Dosage	Rifapentine: >50kg = 900mg once weekly (4x150mg tablet) 32kg to 50kg = 750mg once weekly (3x150mg tablet)
In combination with:	Isoniazid 15mg/kg once weekly (Maximum of 900mg)
Duration of therapy	12 weeks
Important Drug Interactions	Oral contraceptives, some HIV medicines, warfarin Pharmacokinetic interactions likely with drugs metabolized by CYP3A4 or CYP2C8/9
Administration instructions	Rifapentine and isoniazid are administered orally. Administration with food may decrease nausea, vomiting, or GI upset in susceptible individuals. Administration should be under a directly observed treatment program (DOT) with dosing supervision by clinic staff, as per NSW Health policy for TB treatment

Monitoring requirements Safety Effectiveness (state objective criteria)	Baseline and monthly blood tests to monitor for abnormal LFTs. Monitor for side effects (e.g. dizziness, fainting, increased sweating, nausea and vomiting, loss of appetite, headache, joint pain, rash, hypersensitivity) Monitor for signs of C. Difficile infection (diarrhoea, colitis) Monitor routine bloods for active TB
Management of complications	Consider cessation of treatment
Basis of Protocol/Guideline (including sources of evidence, references)	CDC Guidelines for Treatment of latent tuberculosis infection. Recommendtaions from National Tuberculosis Controllers Association and CDC 2020
Groups consulted in development of this protocol	Pharmacy Department, SSEH

AUTHORISATION	
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GOVERNANCE	
Enactment date	11th September 2020
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Chairperson, QUM Committee	Dr John Shephard
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