

Four-month rifapentine-moxifloxacin tuberculosis (TB) treatment regimen:

Considerations for specific groups of people with TB disease



CDC recommends the 4-month rifapentine-moxifloxacin regimen as an option for treating drug-susceptible pulmonary TB disease for

- » People who are 12 years and older
- » People with a body weight at or above 40 kg
- » People with [HIV](#) with CD4 counts at or above 100 cells/microliter (µL), who are receiving or planning to start efavirenz as part of their [antiretroviral therapy \(ART\)](#) regimen in the absence of any other known drug-drug interactions between antituberculosis and antiretroviral medications
- » People who have no contraindications to this regimen
- » People with a negative sputum culture who in the judgment of the clinician likely represent paucibacillary or low mycobacterial burden TB disease unless the person is included in one of the non-recommended groups listed below

Note: A 4-month regimen for smear-negative, culture-negative, noncavitary pulmonary TB disease exists in the [2016 CDC guidelines](#) for the treatment of drug-susceptible TB disease and may also be used.



CDC recommends that clinical consultation be obtained to determine if the 4-month rifapentine-moxifloxacin regimen is an acceptable treatment option for

- » People at increased risk of *Mycobacterium tuberculosis* (*M. tuberculosis*) resistance to any drug in the 4-month regimen
- » People who received more than 5 doses of TB treatment in the prior 6 months
- » People who received more than 5 doses of latent TB infection treatment in the prior 6 months
- » People who received more than 5 doses of treatment with any one or more of the following drugs for any reason (e.g., urinary tract infection, pneumonia) in the prior 30 days:
 - » Isoniazid (INH), rifampin (RIF), rifabutin, rifapentine (RPT), pyrazinamide (PZA), or any fluoroquinolone
- » People who have serum or plasma alanine aminotransferase or aspartate aminotransferase more than 3 times the upper limit of normal or total bilirubin more than 2.5 times the upper limit of normal, or with preexisting advanced liver disease
- » People who have renal insufficiency or end-stage renal disease, or
 - » Serum or plasma creatinine level more than 2 times the upper limit of normal, or
 - » Plasma potassium level less than 3.5 milliequivalents per liter (mEq/L)
- » People who have types of extrapulmonary TB that are likely to be paucibacillary, not pose a substantial risk of death or disability, and not require prolonged treatment (i.e., pleural or lymph node TB)
- » People with a sputum specimen that is unable to be submitted for any *M. tuberculosis* resistance testing prior to initiating the 4-month treatment regimen



CDC does *not* recommend the 4-month rifapentine-moxifloxacin regimen for

- » People who are younger than 12 years old
- » People with a body weight below 40 kilograms (kg)
- » People who are pregnant or breastfeeding
- » People who have most types of suspected or documented extrapulmonary TB
- » People who have a history of prolonged QT syndrome or concurrent use of one or more QT-prolonging medications (in addition to moxifloxacin (MOX))
- » People who are receiving medications with known clinically relevant drug-drug interactions with INH, RPT, PZA, or MOX

Additional Resources:

Interim Guidance: 4-Month Rifapentine-Moxifloxacin Regimen for the Treatment of Drug-Susceptible Pulmonary Tuberculosis – United States, 2022. *MMWR Morb Mortal Wkly Rep*, 2022. https://www.cdc.gov/mmwr/volumes/71/wr/mm7108a1.htm?s_cid=mm7108a1_w

Frequently Asked Questions (FAQs) on a 4-month rifapentine-moxifloxacin TB treatment regimen: <https://www.cdc.gov/tb/topic/treatment/faq.htm>

Treatment for TB Disease: <https://www.cdc.gov/tb/topic/treatment/tbdisease.htm>

State TB Control Offices: <https://www.cdc.gov/tb/links/tboffices.htm>

TB Centers of Excellence for Training, Education, and Medical Consultation: https://www.cdc.gov/tb/education/tb_coe/default.htm



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