



Tuberculosis Preventative Treatment in Adults – Order Sheet for Community Practitioners

****Must be submitted with a TB Reporting and Referral form**

TB Program
99 Regina St. S.
Waterloo ON N2J 4V3
(T) 519-575-4400
(F) 519-883-2248

Patient weight: _____
Allergies: _____
Current Medications: _____

Client name: _____
DOB: _____ HCN: _____
Address: _____

Phone: _____

(PLEASE CHECK OFF SELECTED REGIMEN BELOW)

First Line Regimens

3HP Regimen: Once-weekly rifapentine in combination with once weekly isoniazid and vitamin B6 for 3 months – **requires direct observed therapy (DOT) with Public Health and monthly medical assessments with ordering practitioner**

Client must agree to:

1. Take the 3HP medication on specified days and times as instructed by Region of Waterloo Public Health
2. Complete the full course of treatment
3. Attend all scheduled medical appointments, including in-person and virtual assessments, as directed by Region of Waterloo Public Health
4. Report side effects and adverse events to Public Health and prescribing health care provider
5. Not travel outside Ontario during treatment
6. Complete baseline blood testing and all follow up bloodwork as recommended

If you are interested in prescribing 3HP for your client, please contact Region of Waterloo Public Health to discuss ordering - 519-575-4400 ext. 5281

4R Regimen: Rifampin daily for 4 months – **self-administered:**

Rifampin 10 mg/kg (round to nearest 150 mg)
Max: 600 mg.
Available as 150mg and 300mg capsules

Rifampin _____mg
PO daily x 4 months (120 doses)

- Common adverse effects: Rash, drug interactions

Second Line Regimen

9H Regimen: Isoniazid daily for 9 months with Vitamin B6 – **self-administered:**

Isoniazid 5 mg/kg (round to nearest 50-100 mg)
Maximum: 300 mg.
Available as 100mg and 300mg tablets

Isoniazid _____ mg PO daily x 9 months (270 doses)
Vitamin B6 25 mg PO daily x 9 months (270 doses)

- Common adverse effects: Hepatotoxicity, peripheral neuropathy
- **Preferred in HIV-infected and transplant individuals**

SUPPORTIVE MEDICATIONS for all Regimens:

- Acetaminophen 650 mg PO q4hr prn
 - LIMIT DOSE TO MAX OF 2g per 24 hours if history of liver disease or active alcohol use
- Ibuprofen 400 mg PO q8hr prn
 - AVOID IF RENAL IMPAIRMENT OR SIGNIFICANT CARDIAC DISEASE

Physician: _____

CPSO#: _____

Date: _____

Signature: _____