

Tuberculosis

CHI Formulary Treatment algorithm

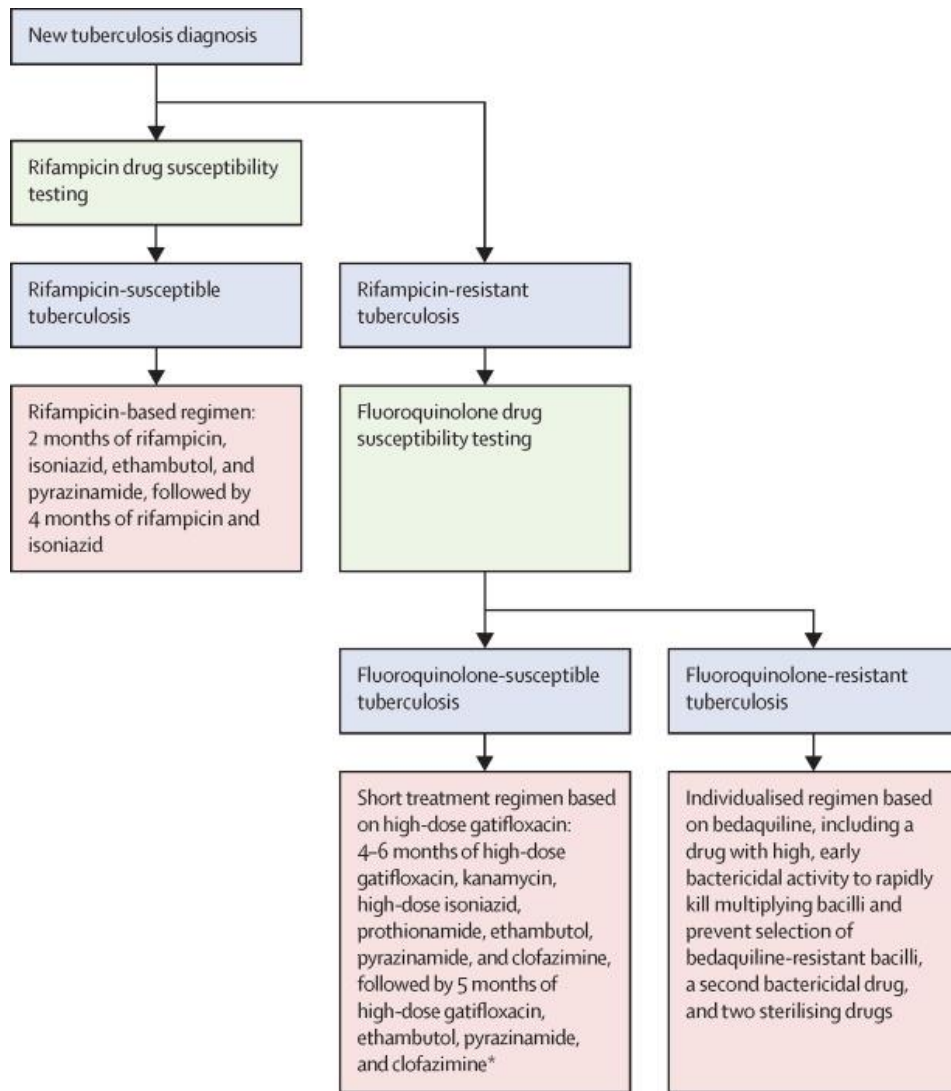
Treatment algorithm- November
2023

Supporting treatment algorithms
for the clinical management of
Tuberculosis

Figures 1 and 2 outline a comprehensive treatment algorithm on **Tuberculosis**, respectively, aimed at addressing the different lines of treatment after thorough review of medical and economic evidence by CHI committees.

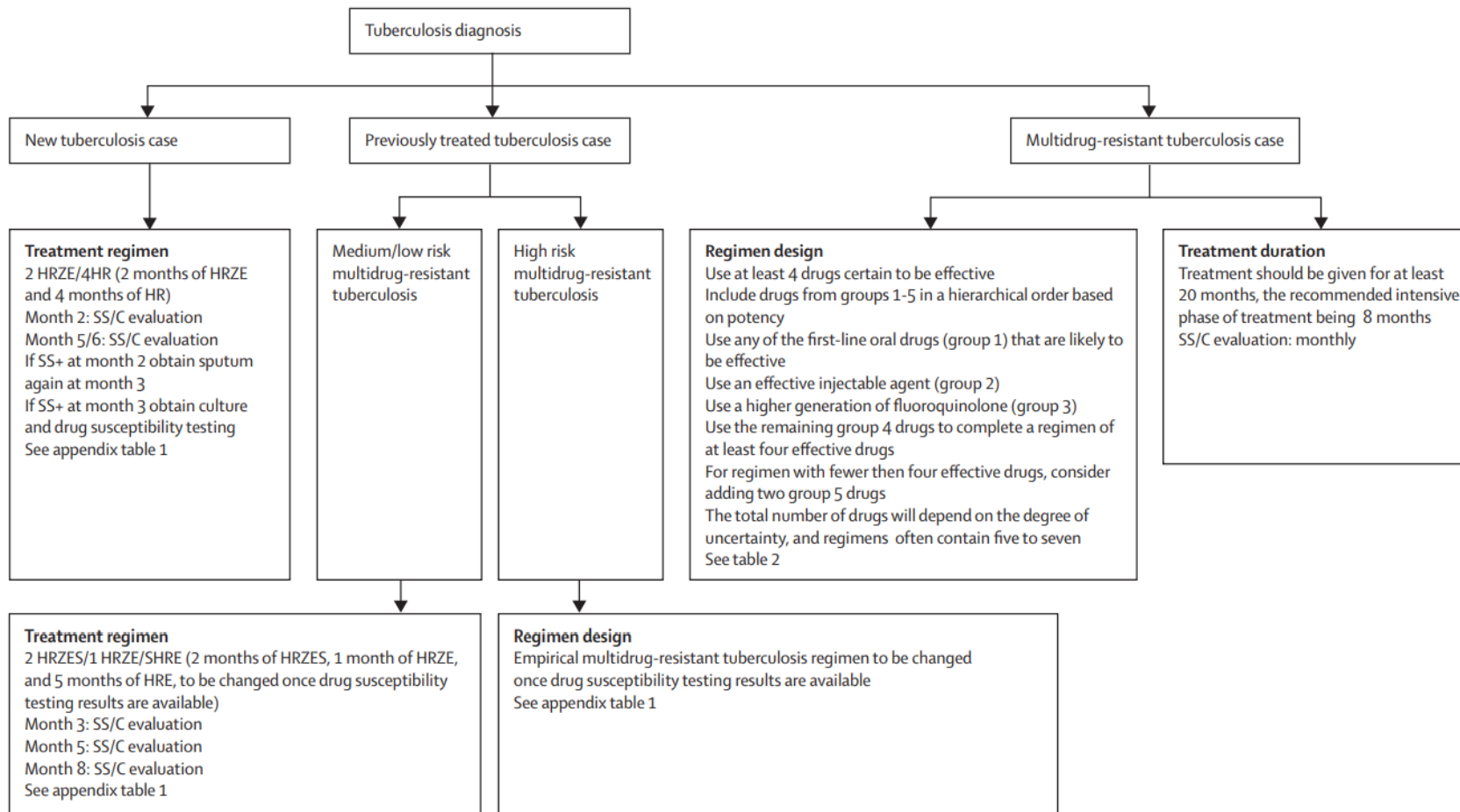
For further evidence, please refer to CHI **Tuberculosis** full report. You can stay updated on the upcoming changes to our formulary by visiting our website at <https://chi.gov.sa/AboutCCHI/CCHIprograms/Pages/IDF.aspx>

Our treatment algorithm offers a robust framework for enhancing patient care and optimizing treatment outcomes across a range of treatment options, holding great promise for improving healthcare delivery.



¹ Blue indicates tuberculosis diagnosis. Green indicates drug susceptibility testing. Red indicates recommended treatment regimen. *Kanamycin (or another second-line injectable) can be replaced with linezolid in case of audiometry abnormalities, or another drug with high early bactericidal activity for children, pregnant woman, and patients with diabetes.

Figure 1: Cascade Approach to Tuberculosis Treatment



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Figure 2: Treatment regimens and monitoring in new, previously treated, and MDR tuberculosis cases

H=isoniazid. R=rifampicin. Z=pyrazinamide. E=ethambutol. S=streptomycin. SS/C=sputum smear/ culture. SS+=sputum smear positive.