

**Weight-based DR-TB drug dosages\* for patients older than 14 years**

Group	Drug	Daily Dose	30-35 kg	36-45 kg	46-55 kg	56-70 kg	>70 kg
A	Levofloxacin	750-1000 mg once daily	750 mg	750 mg	1000 mg	1000 mg	1000 mg
	Moxifloxacin	400 mg once daily					
	Bedaquiline	400 mg once daily for 2 weeks then 200 mg 3 times per week for 22 weeks					
	Linezolid	600 mg once daily	Refer to pediatric charts		600 mg	600 mg	600 mg
B	Clofazimine	100mg once daily					
	Cycloserine/ Terizidone	10-15mg/kg once daily if tolerated, otherwise in 2 divided doses	500 mg	500 mg	750 mg	750 mg	750 mg
C	Ethambutol	15-25 mg/kg once daily	800 mg	800 mg	1200 mg	1200 mg	1200 mg
	Delamanid	100 mg twice daily					
	Pyrazinamide	20-30 mg/kg once daily	800 mg or 1000 mg	1000 mg or 1200 mg	1500 mg or 1600 mg	1500 mg or 1600 mg	2000 mg
	Imipenem/ Cilastatin	1000 mg = 2 vials twice daily - to be used with clavulanic acid					
	Meropenem	1000 mg three times or 2000 mg twice daily - to be used with clavulanic acid					
	Amikacin	15-20 mg/kg once daily	625 mg	750 mg	750 mg	1000 mg	1000 mg
	Ethionamide/ Prothionamide	15-20 mg once daily or 2 divided doses	500 mg	500 mg	750 mg	750 mg	1000 mg
	p-amino salicylic acid	8-12 g/day in 2 divided doses	8 g	8 g	8 g	8 g	8-12 g
Other	High-dose isoniazid	10-15 mg/kg, maximum 600 mg/day	400 mg	400 mg	600 mg	600 mg	600 mg
	Clavulanic acid	125 mg twice daily only to be used with carbapenems					
	Kanamycin	15-20 mg/kg	500-625 mg	625 mg	750 mg	1000 mg	1000 mg
	Capreomycin	15-20 mg/kg	625 mg	750 mg	750 mg	1000 mg	1000 mg

\* Dosages were established by the Guideline Development Group for the WHO treatment guidelines for rifampicin- and multidrug-resistant tuberculosis, 2018 update and the WHO Global task force on the pharmacokinetics and pharmacodynamics (PK/PD) of TB medicines and other experts. They are based on the most recent reviews and best practices in the treatment of MDR/RR-TB. For certain agents, the dosages were informed by pharmacokinetic modelling results based on the principle of allometric scaling (Anderson BJ, Holford NH. Mechanism-based concepts of size and maturity in pharmacokinetics. *Annu Rev Pharmacol Toxicol* 2008;48:303–32). Due to the pharmacokinetic properties of certain medicines, the doses proposed may exceed the mg/kg/day ranges shown here in order to achieve blood concentrations similar to target levels in an average adult patient. In patients <30 kg, the schedule for <15 year olds should be followed unless otherwise indicated. If multiple dose options are given for one weight band, select the lower or higher option depending on whether the patient is at the lower or higher limit of the body weight range. Dosing more closely to the target mg/kg/day should be aimed for, and is more feasible with oral or parenteral fluids and when solid forms of different dosages are available. Fractioning of tablets into halves or less should be avoided, if possible. Therapeutic drug monitoring is advised when the dose is at the upper and lower ends of the range to minimize the adverse therapeutic consequences of over- and under-exposure, respectively (especially for injectable agents, linezolid and fluoroquinolones).