

Texas department of State Health Services
Tuberculosis and Hansen's Disease Unit

Tuberculosis (TB) Medication Usage Criteria During Drug Shortages

Moxifloxacin

Moxifloxacin is in short supply and may only be prescribed for patients who meet criteria in this document until further notice.

Moxifloxacin may only be used for these priority patients:

1. Patients with known resistance to levofloxacin (and susceptible to moxifloxacin) or who have a documented intolerance to levofloxacin. *Consult required for new patients only, not existing patients.*
2. Patients prescribed the bedaquiline/pretomanid/linezolid/moxifloxacin (BPaLM) regimen, as levofloxacin cannot be substituted for this regimen. *Consult required for new patients.*
3. Patients with one-month or less of moxifloxacin before they complete therapy. *No consult required.*
4. Patients who have a medical consult *specifically* recommending moxifloxacin over levofloxacin (including patients on a rifampin resistant regimen, renal failure, meningitis, and other instances when moxifloxacin may be preferred). *Consultation required.*

Section 1: EXISTING Patients Currently on Moxifloxacin

- **Switch to levofloxacin (unless prioritized in 1-4, above) and ensure the following:**
 - There is a new medication order from the treating physician.
 - An updated medication consent form is completed for levofloxacin (see *Resources for Levofloxacin Administration* on page 2).
 - The patient is educated about the change in medication, side effects, and monitoring needed.
 - Order levofloxacin based on patient's current weight and kidney function; adjust doses for renal failure/dialysis. *Refer to Table 1. Levofloxacin dosing.*

Note: Patients may take the remainder of their moxifloxacin doses on hand and then start levofloxacin with no interruption. Continue to count DOT doses as usual.

Section 2: NEW Patients Who Require a Fluroquinolone (FQN)

- **Obtain medical consultation when a new patient requires a FQN in their TB regimen:**
 - Consultation should be obtained from a DSHS-recognized TB medical consultant or DSHS regional medical director (RMD) on the preferred FQN (either levofloxacin or moxifloxacin).

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Section 3: Directions for Ordering Moxifloxacin in PIOS

If patient meets criteria for use, do the following:

1. In the PIOS comments section, indicate the ***NEDSS investigation ID*** (ex. CAS123456789TX01) ***and reason*** for the order (refer to page 1).
2. If a consultation is required, also attach the consult in NEDSS.

Note: Orders will *automatically* be rejected if the comments section is blank or is unclear.

Table 1: Levofloxacin Dosing

Typical Adult Dosing: Levofloxacin	Pediatric Dosing*: Levofloxacin
<p>40 – 55 kgs: 750 mg PO daily 56 – >70 kgs: 1,000 mg PO daily</p> <p>Renal failure/dialysis: 750–1,000 mg/dose, 3 times weekly (not daily) for creatinine clearance <30ml/min</p> <p>Notes:</p> <ul style="list-style-type: none"> • <i>Moxifloxacin is the preferred FQN in renal failure if recommended by a medical consultant</i> 	<p>Range: 15-20mg/kg</p> <p>Under 20kg: 15-20mg/kg 20kgs: 400mg 21-23kgs: 400 – 450mg 24-25kgs: 500mg 26-35 kgs: 750mg</p> <p>Notes:</p> <ul style="list-style-type: none"> • <i>Under 20kgs: Seek medical consultation first for adequate dosing</i> • <i>Levofloxacin 25mg/ml oral solution in a 100ml or 480ml bottle is available to order in PIOS</i>

*Reference: http://sentinel-project.org/wp-content/uploads/2022/03/DRTB-Field-Guide-2021_v5.pdf

Section 4: Resources

- **Levofloxacin Fact Sheet-** dosages, administration, side effects, and monitoring information can be found here: https://www.currytbcenter.ucsf.edu/sites/default/files/2022-12/SG3_2022_Chapter5_MedicFactSheets.pdf#linezolid
- **Medication Consents:** www.dshs.texas.gov/idcu/disease/tb/forms/
- **Medical Consultation Options:** Contact a DSHS-Recognized TB Medical Consultant at www.dshs.texas.gov/idcu/disease/tb/consultants/ or a DSHS Regional Medical Director (RMD) at <https://www.dshs.texas.gov/regional-local-health-operations/public-health-regions>.

For questions, contact the DSHS TB Unit Nurse Consultants:

- Rachel Munoz, RN:
 - Email: rachel.munoz@dshs.texas.gov; Cell 512-956-1044
- Amanda Decimo, MPH, RN:
 - Email: amanda.decimo@dshs.texas.gov; Cell 512-423-8118
- Elizabeth Foy, MSN, RN:
 - Email: elizabeth.foy@dshs.texas.gov; Cell 512-806-4334