DRUG	DAILY DOSE	
	ADULT	PEDIATRIC
Isoniazid	5 mg/kg, max 300 mg	10 (7–15) mg/kg, max 300 mg
Rifampin	10 mg/kg, max 600 mg	15 (10–20) mg/kg, max 600 mg
Pyrazinamide	25 mg/kg, max 2 g	35 (30–40) mg/kg
Ethambutol[b]	15 mg/kg	20 (15–25) mg/kg

[a]The duration of treatment with individual drugs varies by regimen, as detailed in Table 178-3. [b]In certain settings, streptomycin (15 mg/kg daily, with a maximal dose of 1 g; or 25–30 mg/kg thrice weekly, with a maximal dose of 1.5 g) can replace ethambutol in the initial phase of treatment. However, streptomycin generally is no longer considered a first-line drug.

Source: Based on recommendations of the American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention and the World Health Organization.

Because of a lower degree of effectiveness and tolerability, several classes of second-line drugs are generally used only for the treatment of patients with drug-resistant TB. These agents have previously been classified in various manners to facilitate a standardized approach to their use. In the latest WHO guidance on the treatment of MDR-TB, they are now grouped in three ranked categories for the purpose of designing more individualized regimens of 18–20 months' duration. Group A drugs include three classes of oral agents: the fluoroquinolones levofloxacin and moxifloxacin; the oxazolidinone linezolid; and the recently introduced diarylquinoline bedaquiline, which was granted accelerated approval by the FDA in late 2012. Group B drugs include two other oral agents: clofazimine and cycloserine (or its analogue terizidone). Group C drugs include the nitroimidazole delamanid; imipenem-cilastatin or meropenem; the injectable aminoglycosides amikacin and streptomycin (the latter formerly a first-line agent, now rarely used for drug-resistant TB because resistance levels worldwide are high and it is more toxic than the other drugs in the same class); ethionamide or prothionamide; and PAS. In addition, the first-line anti-TB drugs ethambutol and pyrazinamide (both included in Group C) as well as high-dose isoniazid (only for the shorter regimen; see below) are used for MDR-TB treatment. Information about drugs used in the treatment