

Follow up evaluation schedule of DR TB patient during treatment by regimen

Regimen Class	All oral regimen for H Mono /Poly DR TB	Shorter MDR TB Regimen	All oral longer regimen for MDR/RR
Duration	6/ 9 months (no separate IP/CP)	9 – 11 months (4-6m IP, 5m CP)	18-20 months (no separate IP/CP)
Clinical + Wt.	Monthly	Monthly in IP, Quarterly in CP	Monthly in first 6 months, Quarterly beyond 6 months
Smear Microscopy	Monthly from 3 rd month onwards	Monthly from 3 rd month onwards till end of IP, Monthly in extended IP only if previous month S+ve.	With culture at C-DST lab
Culture	At end of 3 rd , 6 th and 9 th month (if applicable)	At 3 rd , 6 th and end of Rx	Monthly from 3 rd month onward to end of 6 months. Quarterly beyond 6 months, 2 consecutive monthly culture if any culture +ve from 6m onwards
DST	NAAT, SL LPA and LC DST as per algorithm if smear/culture +ve at 3 rd ,6 th and/or 9 th month	FL & SL LPA and LC DST (Mfx 1.0, Lzd*, Cfz* & Z*) if any culture +ve (3 rd , 6 th and end of Rx) or smear +ve at end of IP, end of extended IP and end of Rx	FL & SL LPA and LC DST (Mfx 1.0, Lzd*, Cfz*, Bdq* & Dlm*) if any time culture +ve at end of 6 months or beyond 6 months.
S. Creatinine		Monthly till SLI course is completed	If Injectable is used, monthly till SLI course is completed
Audiometry		Every 2 months till SLI course is completed and then as and when clinically indicated	If Injectable is used, every 2 months till SLI course is completed and as and when clinically indicated
UPT	As and when clinically indicated	As and when clinically indicated	As and when clinically indicated
CBC/platelets ^	As and when clinically indicated	As and when clinically indicated	15 th day, monthly in first 6 months, then as and when clinically indicated
TSH & LFT ^o	As and when clinically indicated	At end of IP, then as and when clinically indicated	LFT quarterly, as and when clinically indicated
CXR	As and when clinically indicated and at end of Rx	At end of IP, end of treatment, then as and when clinically indicated	At end of 6 months, end of treatment, as and when clinically indicated
ECG ^s	As and when clinically indicated	At 2 wks, monthly in IP, then as and when clinically indicated	At 2 wks, monthly in first 6 months, then as and when clinically indicated
S. Electrolytes (Na, K, Mg, Ca)	As and when clinically indicated	As and when indicated and in case of any QTcF prolongation	As and when indicated and in case of any QTcF prolongation
Specialist consultation	As and when clinically indicated	As and when clinically indicated	As and when clinically indicated
Colour vision test	Once in two months (in children)	Once in two months (in children)	Ophthalmic exam once in 3 months