

The Wyoming Department of Health (WDH) TB Control Program provides free medication for suspect and active TB cases as well as persons diagnosed with latent TB infection who are currently residing in the state of Wyoming. All TB medication is provided free of charge without regard to the patient's ability to pay. Health-care personnel who are requesting a patient be started on TB medications may call the WDH TB Program at 307-777-8939.

Patients must meet the below criteria in order to qualify for medications through the WDH TB Program. Providers requesting medication must submit the entire TB Risk Assessment as well as a copy of their patient's prescriptions and the results of a chest x-ray or other chest imaging study to the WDH TB Program prior to receiving a Scriptguide Medication card. After receiving a Scriptguide medication card, patients may take their TB prescriptions to any Wyoming pharmacy to be filled.

Latent TB infection:

A case that meets **all** the following criteria:

- Positive Tuberculin Skin Test (TST) and/or positive Interferon Gamma Release Assay (IGRA) for *M. tuberculosis*.
- Chest radiograph, chest computerized tomography scan or other chest imaging study in which findings are not consistent with active TB disease.

Active TB infection: Cases may be defined by either 1) clinical case definition or 2) meeting laboratory criteria.

1) Clinical case definition:

A case that meets **all** the following criteria:

- A positive tuberculin skin test or positive interferon gamma release assay for *M. tuberculosis*
- Other signs and symptoms compatible with tuberculosis (TB) (e.g., abnormal chest radiograph, abnormal chest computerized tomography scan or other chest imaging study, or clinical evidence of current disease)
- A complete diagnostic evaluation

OR

2) Laboratory criteria for diagnosis

- Isolation of *M. tuberculosis* from a clinical specimen* OR
- Demonstration of *M. tuberculosis* complex from a clinical specimen by nucleic acid amplification test,** OR
- Demonstration of acid-fast bacilli in a clinical specimen when a culture has not been or cannot be obtained or is falsely negative or contaminated.

*Use of rapid identification techniques for *M. tuberculosis* (e.g., DNA probes and mycolic acid high-pressure liquid chromatography performed on a culture from a clinical specimen) are acceptable under this criterion.

** Nucleic acid amplification (NAA) tests must be accompanied by culture for mycobacteria species for clinical purposes. A culture isolate of *M. tuberculosis* complex is required for complete drug susceptibility testing and also genotyping. However, for surveillance purposes, CDC will accept results obtained from NAA tests approved by the Food and Drug Administration (FDA) and used according to the approved product labeling on the package insert, or a test produced and validated in accordance with applicable FDA and Clinical Laboratory Improvement Amendments (CLIA) regulations.



Listed below is the current Wyoming Department of Health TB medication formulary:

Medication Name	Dosage	Tablets/capsules per bottle
Isoniazid (INH)	300 mg	#30
Isoniazid (INH)	100 mg	#100
Liquid INH	50 mg/5 ml	pint size bottle
Rifampin (RIF)	300 mg	#60
Rifampin (RIF)	150 mg	#30
Rifapentine	150mg	#24 or #32 blister pack
Pyrazinamide (PZA)	500 mg	#60 and #90
Pyridoxine (Vitamin B6)	25-100 mg	any
Ethambutol (EMB)	400 mg	#60 and #90
Ethambutol (EMB)	100 mg	#100
Levofloxacin (Levaquin)	250 mg	#50 and #100
Levofloxacin (Levaquin)	500 mg	#50 and #100
Levofloxacin (Levaquin)	750 mg	#50 and #100
Levofloxacin (Levaquin)	oral solution	any
Moxifloxacin (Avelox)	400 mg	#30
Streptomycin	1 g vials	10 vials per box
Sterile water	10 ml vials	25 vials per box
Rifabutin (Mycobutin)	150 mg	#100
Ethionamide (Trecator-SC)	250 mg	#100
PAS (p-Aminosalicylic Acid) (Paser)	4 g	30 granule packets per box
Cycloserine (Ceromylin)	250 mg	#40
Bedaquiline (Sirturo)	100 mg	Any

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