



National TB Medication Focal Point

Activity Landscape and Key Accomplishments

Accreditation Statement



Accreditation Statement

In support of improving patient care, Mayo Clinic College of Medicine and Science is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Credit Statement(s):

AMA

Mayo Clinic College of Medicine and Science designates this live activity for a maximum of 18.25 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



ACPE

Mayo Clinic College of Medicine and Science designates this educational activity for a maximum of 18.25 ACPE Knowledge-based contact hours. Participants should claim only the credit commensurate with the extent of their participation in the activity.

UAN Number: UAN JA0000238-0000-26-089-L99-P.

ANCC

Mayo Clinic College of Medicine and Science designates this activity for a maximum of 18.25 ANCC contact hours. Nurses should claim only the credit commensurate with the extent of their participation in the activity.



IPCE CREDIT™

This activity was planned by and for the healthcare team, and learners will receive 18.25 Interprofessional Continuing Education (IPCE) credit for learning and change.

Other Healthcare Professionals:

A record of attendance will be provided to all registrants for requesting credits in accordance with state nursing boards, specialty societies or other professional associations.

For disclosure information regarding Mayo Clinic School of Continuous Professional Development accreditation review committee member(s) and staff, please go [here](#) to the course accreditation page.

Available Credit

- 18.25 ACPE
- 18.25 *AMA PRA Category 1 Credit™*
- 18.25 ANCC
- 18.25 Attendance
- 18.25 IPCE

Role Overview



Cross-Sector Liaison

Acts as a liaison across
states, federal partners,
manufacturers, and
distributors



Access & Coordination

Addresses medication
access, shortages, pricing,
and coordination issues



Problem-Solving

Supports both immediate
problem-solving and
longer-term system
improvements

Branding and Communication



Developed the TBRx Alert
newsletter logo





NTCA

**National Tuberculosis
Coalition of America**



TBRx Alert Newsletter



https://conta.cc/4fBVHrQ?utm_source=copilot.com



Medication Requests and Tracking

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Assisted
Requests

- Maintain tracking spreadsheet for medication requests and shortages
- Assisted 16 states with drug requests involving INH, BDQ, PZA, RIF, rifabutin, IV moxifloxacin, IV Rifampin, generic Priftin and cycloserine.
- Assisted with shortages of biologics, Tubersol and Aplisol
- Managed repeated follow-up communications with states based on need

Drug Supply Issues (1 of 2)

DRUG	ISSUE	RESULTS	FOLLOW-UP
INH	▪ Limited supply of 30-count bottles; 300 mg INH and significant price increase	▪ Spoke with FDA; they do not get involved with pricing	▪ State Program sent HAN to LHD: use RIF and save INH for active disease patients
BDQ	▪ Delayed response from MMS and J&J in trying to obtain drug	▪ Provided MMS contact info and timeframes. Referred program to TX program to help since they had similar issue. Contacted J&J; paperwork issues identified	▪ Shipping address did not match contract address (HIBIC/HIN). BDQ eventually received at HD
PZA	▪ Trouble getting PZA from supplier; R&S	▪ Spoke to FDA; drug available. Suggested local issue	▪ Relayed info to program
Rifabutin	▪ On backorder; shortage of raw material reported	▪ Contacted FDA: Information received: ▪ Greenstone LLC on short supply, expects release in weeks. ▪ Novitium Pharma available, increasing production. No discontinuation of rifabutin capsules	▪ Continue checking with wholesalers for supply
Cycloserine	▪ No longer available/manufactured in U.S. HHS Pharmacy stock expires 7/31/26	▪ FDA confirmed Dr. Reddy has adequate cycloserine supply. Customer service will help locate product 1-866-733-3952	▪ Relayed info to program

Drug Supply Issues (2 of 2)

DRUG	ISSUE	RESULTS	FOLLOW-UP
Rifabutin	Wholesaler does not have Rifabutin; manufacturer out of stock	Relayed information to program from FDA regarding manufactures	Continue checking with wholesalers for supply
Cycloserine	Current supply expires 7/31. Would FDA consider extending expiration date?	FDA: adequate supply available; additional product expected before 7/31. Would not support expiry extension unless Dr. Reddy provides supporting data	Notified program
BDQ	Patient denied BDQ due to income level; patient is not a U.S. citizen	Contacted J&J: patient must be U.S. citizen for free drugs. Stated that would be a problem. Later in the week, patient received the drug	Notified program
BDQ	J&J does not provide meds to Pacific Islands due to shipping and transportation issues. Policy changed Oct 2025	J&J has no mechanism for shipping to Pacific territories. J&J legal asked about logistics from HI to the PI	Arranged call with J&J. Program received drug
IV Moxi	FDA website shows IV Moxi discontinued since Oct 2025. Will manufacturer resume production?	FDA: Viartis working to get product back to market, hopefully by Q3/Q4	Notified programs

Current U.S. Situation – Key 1st Line TB Drugs

- Rifapentine FDA shortage – since 3/2020
 - 1 manufacturer
- Rifampin FDA shortage – since 12/2021
 - 2 manufacturers
- Isoniazid (5/2023 now resolved) → huge price increase late 2024
 - Manufacturing issues
 - Now effectively 1 manufacturer
 - Old drug – introduced 1952

Rifabutin Capsule Supply Update

FDA RESPONSE — April 29, 2026

Greenstone LLC

SHORT
SUPPLY

Currently on short supply. Estimates release of additional product in a few weeks.

Novitium Pharma

AVAILABLE

Remains available. Manufacturer is increasing production to meet demand.

FDA STATUS :



FDA is not aware of any discontinuation for rifabutin capsules at this time.

Drug and Diagnostic Shortages

- Drug shortages/procurement issues within the past year:

- Isoniazid
- Rifampin
- Rifapentine
- Rifabutin
- Pyrazinamide
- Ethambutol
- Moxifloxacin
- Pretomanid



- Diagnostic issues

- PZA phenotypic DST testing – discontinued
- Tubersol price increase
- Aplisol shortage – “pockets” confirmed by FDA

Report TB Drug Availability Challenges



Notification Form

If your TB program experiences a TB drug supply shortage or price increase, notify NTCA on the TB Drug Availability Challenges Notification Form.

Open the Notification Form on NTCA Website →

nationaltbcoalition.org/about-us/communications/report-tb-drug-availability-challenges

Data Gathering and Program Support



Questionnaires & Plans

Developed
questionnaires and
reviewing state drug
mitigation plans



Program Intelligence

Collecting information on
program structure,
distributor use, and 340B
participation

Survey Results





Purpose and Target Audience

Purpose

To learn more about how TB medications are procured across COAG-funded TB programs (state, big city, territorial).

Target Audience

Program Managers in COAG-funded jurisdictions.

Overall Results

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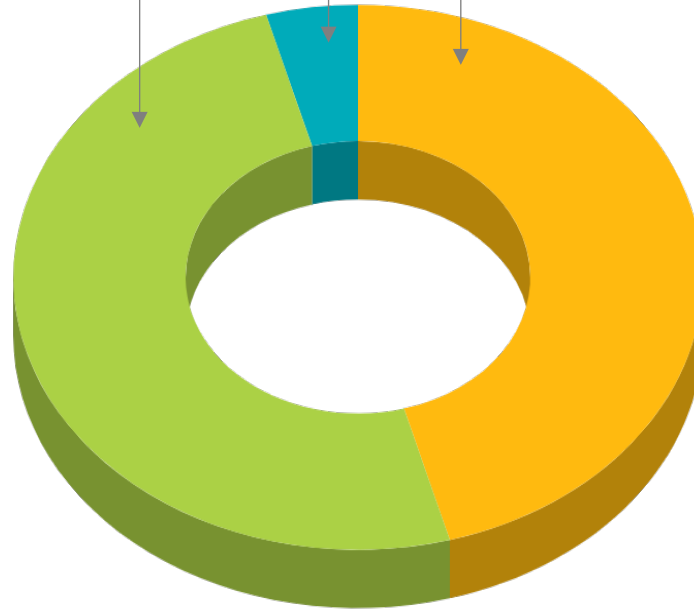
Responses
from 43 jurisdictions
(66.2% response rate)

TB Program Structure

Decentralized

- Local health departments (city, county, or regional) manage most or all TB activities independently.
- Local jurisdictions may have their own TB staff, clinical services, case management, and contact investigation processes.
- The state provides oversight, guidance, and reporting requirements, but day-to-day operations occur locally.

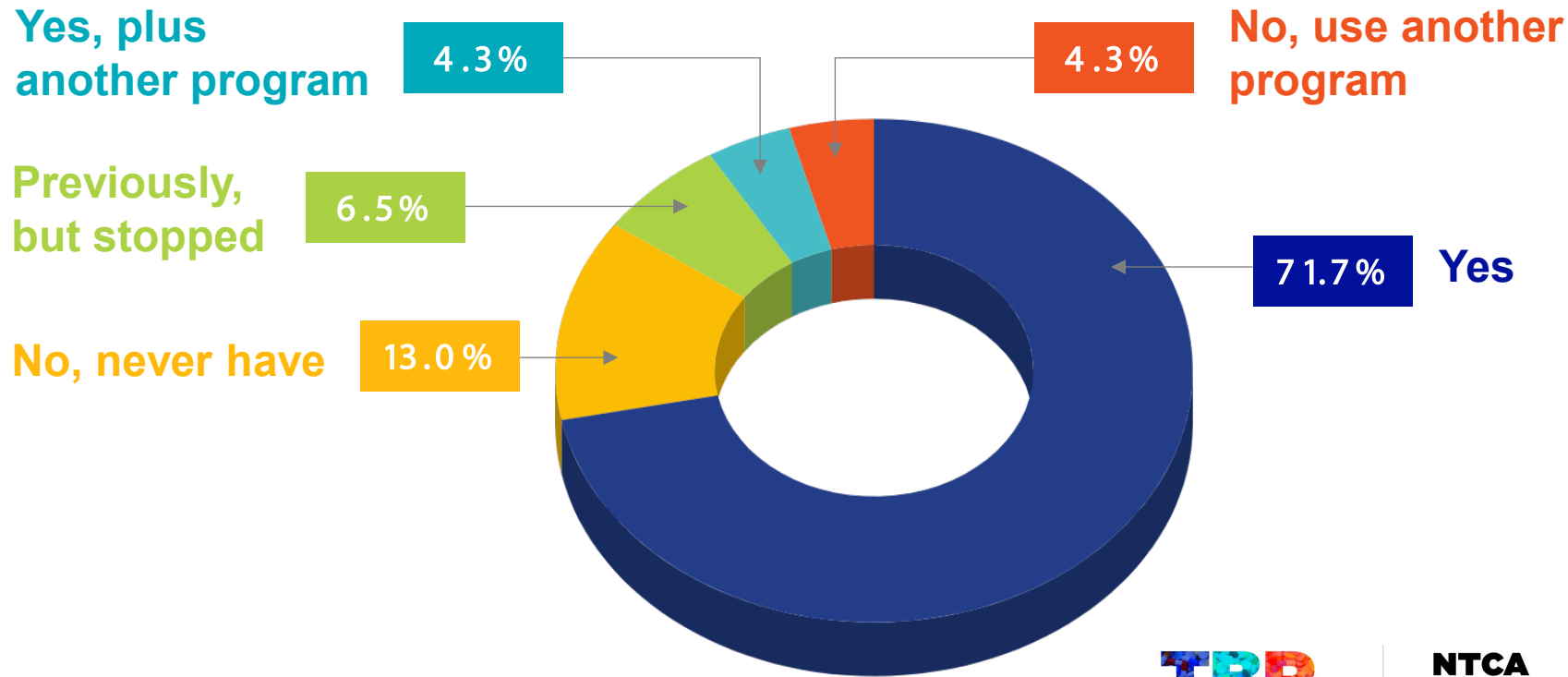
Hybrid



Centralized

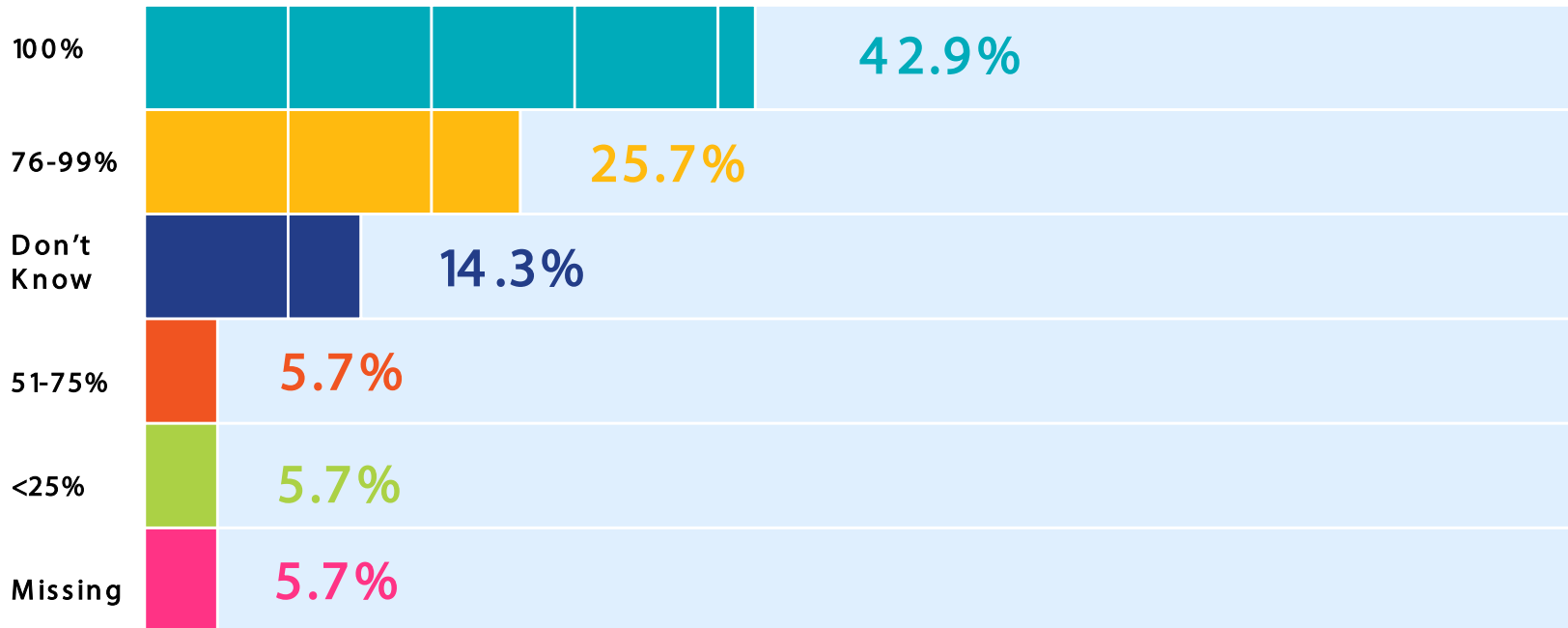
- All core TB functions are managed and directed at the state level, including case management, contact investigations, clinical oversight, data reporting, and drug procurement.
- Local health departments do not operate independently for TB services; they follow state protocols and rely on the state for decision making and resources.

Participation in 340B Pricing

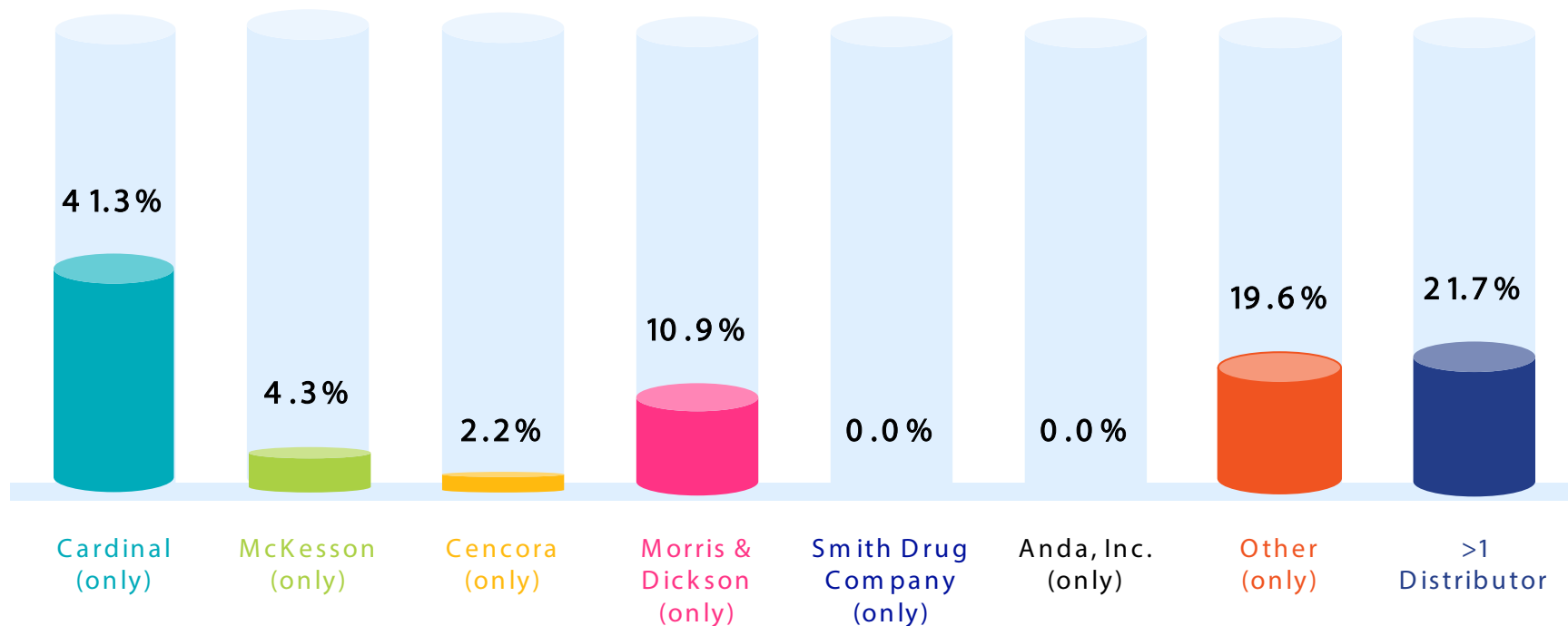


% of Patients Receiving TB Meds at 340B Pricing

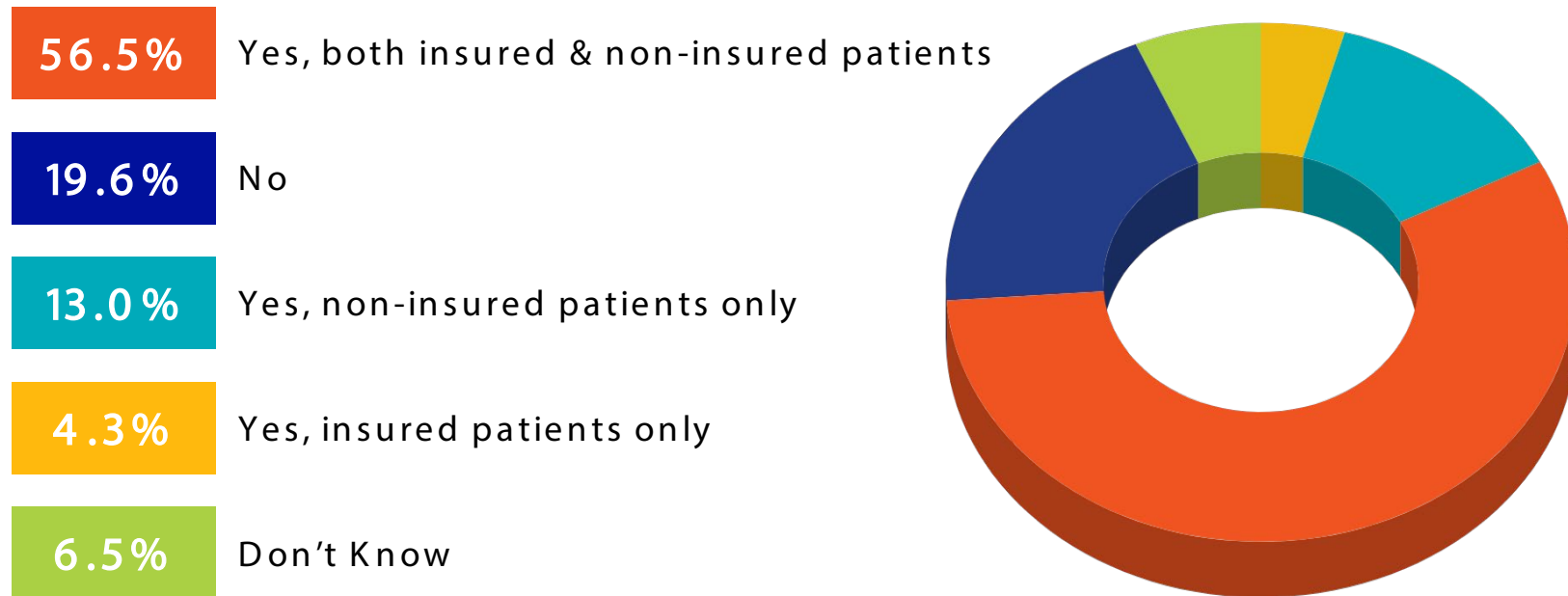
% of Patients Receiving TB Medications
at 340B Pricing



TB Medication Distributors



Has Your Program Ever Procured Sirturo (BDQ) from J&J/Metro Medical?



Additional Survey's Will Be Coming

Capture newly emerging issues — drug shortages, manufacturer changes (BDQ generics, new pediatric formulations), and tariff or pricing shifts that weren't on the radar last time.

Strengthen the case to funders and partners — current, jurisdiction-level evidence is more persuasive to CDC, FDA, and manufacturer counterparts than older aggregate numbers.

Stronger data — will inform liaison work with states, FDA, and manufacturers on TB drug supply

Track changes over time — establish a baseline and re-measure to see whether procurement bottlenecks, distributor mix, or 340B participation shift year over year.



Future Planned Activities

Continue acting as liaison with states, FDA, manufacturers and distributors

Distribute TBRx Alert newsletters and develop the BDQ insured and uninsured checklist

Develop a manufacturer and distributor reference list for states

Explore centralized procurement and pharmacy models for GDF pediatric drugs





Key Takeaway

The focal point role is to improve coordination, increased visibility into medication access barriers, and advanced practical solutions for TB drug availability, pricing, and distribution.

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Thank you!