An azithromycin-based regimen was less likely to be changed or discontinued than a clarithromycin-based regimen, and a rifampin-containing regimen was less likely to be changed or discontinued than a rifabutin-containing regimen within 12 months of therapy start.

**REGIMEN CHANGE/DISCONTINUATION WITHIN 12 MONTHS**

<table>
<thead>
<tr>
<th>Clarithromycin-based regimens than azithromycin-based regimens</th>
<th>Rifabutin-based regimens than rifampin-based regimens</th>
</tr>
</thead>
</table>
| • Clarithromycin-ethambutol-rifamycin vs azithromycin-ethambutol-rifamycin  
  \( \text{aHR} \ 1.12; \ 95\% \ CI, \ 1.04 \text{ to} \ 1.20 \text{ with rifampin} \)  
  \( \text{aHR} \ 1.11; \ 95\% \ CI, \ 0.93 \text{ to} \ 1.32 \text{ with rifabutin} \)  
  \( \text{aHR} \ 1.64; \ 95\% \ CI, \ 1.43 \text{ to} \ 1.64 \)  
| • Clarithromycin-ethambutol-rifabutin vs azithromycin-ethambutol-rifampin  
  \( \text{aHR} \ 1.49; \ 95\% \ CI, \ 1.33 \text{ to} \ 1.68 \text{ with azithromycin} \)  
  \( \text{aHR} \ 1.47; \ 95\% \ CI, \ 1.27 \text{ to} \ 1.70 \text{ with clarithromycin} \)  
| • Macrolide-ethambutol-rifampin vs macrolide-ethambutol-rifabutin (rifamycin comparison)  
  \( \text{aHR} \ 1.49; \ 95\% \ CI, \ 1.33 \text{ to} \ 1.68 \text{ with azithromycin} \)  
  \( \text{aHR} \ 1.47; \ 95\% \ CI, \ 1.27 \text{ to} \ 1.70 \text{ with clarithromycin} \)  