

Is There an Association Between Regimens for *Mycobacterium Avium* Complex Pulmonary Disease and Adverse Events or Regimen Change?

STUDY DESIGN

Retrospective cohort study in **4,626** Medicare beneficiaries evaluating **tolerability outcomes of prescribed guideline-based therapy** for presumed *Mycobacterium avium* complex pulmonary disease from 2006 to 2014

RESULTS



REGIMEN CHANGE/DISCONTINUATION WITHIN 12 MONTHS



Clarithromycin-based regimens than azithromycin-based regimens

- Clarithromycin-ethambutol-rifamycin vs azithromycin-ethambutol-rifamycin
aHR 1.12; 95% CI, 1.04 to 1.20 with rifampin
aHR 1.11; 95% CI, 0.93 to 1.32 with rifabutin
- Clarithromycin-ethambutol-rifabutin vs azithromycin-ethambutol-rifampin
aHR 1.64; 95% CI, 1.43 to 1.64



Rifabutin-based regimens than rifampin-based regimens

- Macrolide-ethambutol-rifampin vs macrolide-ethambutol-rifabutin (rifamycin comparison)
aHR 1.49; 95% CI, 1.33 to 1.68 with azithromycin
aHR 1.47; 95% CI, 1.27 to 1.70 with clarithromycin

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.