

DOT Dose Counting



Weeks of Treatment

August 2026

Six months = 26 weeks

Initial phase (IP) eight weeks + Continuation phase (CP) 18 weeks = 26 weeks

Nine months = 39 weeks

IP eight weeks + CP 31 weeks = 39 weeks

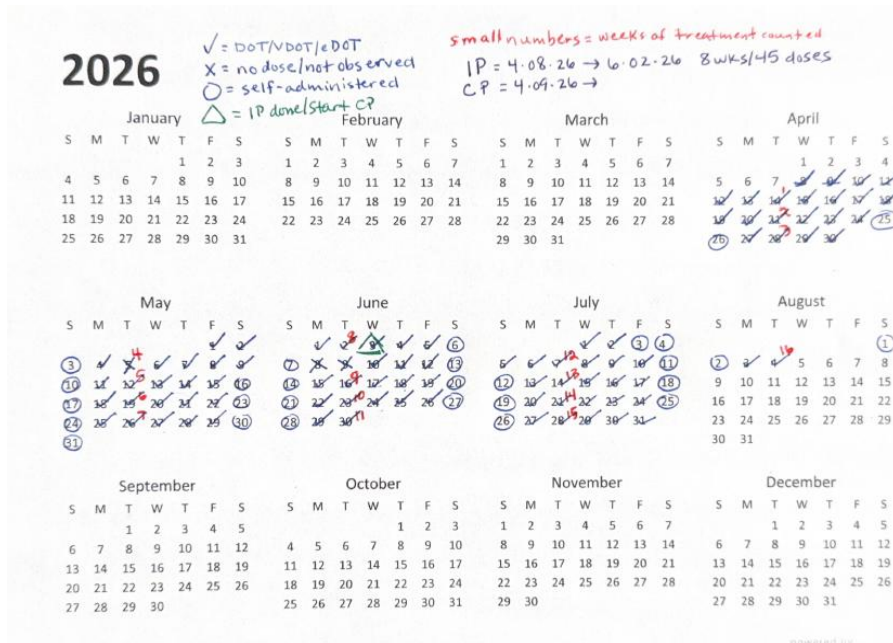
12 months = 52 weeks

IP eight weeks + CP 44 weeks = 52 weeks

Doses

- Six months (five days a week) = 40 doses IP + 90 doses CP = **130 doses**
- Six months (seven days a week) = 56 doses IP + 126 doses CP = **182 doses**

Use a yearly calendar to monitor doses. Record doses, indicate IP/CP, DOT/Self-administered doses (SA), missed doses, med changes, etc. using a template. See sample below:



DOT Tips

- **DOT, EDOT/VDOT = countable doses**
- Countable doses plus number of weeks are necessary when considering treatment completion
- Monitor IP and CP individually to assure number of doses given are within recommended time frame
- First 14 days recommended to be given DOT in person, seven days a week
- Use incentives and enablers to reach goal of treatment completion
- Hospital/nursing home/correctional facility doses count if MARs received
- Monitor weight to assure correct dose amounts
- Still photos or statements that medication was taken do not count as DOT, VDOT or EDOT
- BPAL is mandatory seven days per week DOT (no five days DOT/two days SA)

Treatment Completion

- Need physician order to discontinue PZA and EMB at end of initial phase
- Need physician order to stop medications at end of treatment
- Completion of six-month treatment can be within nine months
- Completion of nine-month treatment can be within one year

Interrupted Treatment

During initial phase:

- If lapse of 14 or more days, restart treatment
- If lapse of fewer than 14 days, continue treatment if able to complete IP in three months; if not, start over. Consult with Regional Nurse Consultant for help
- During continuation phase: Consult with RNC/IDOH team for consistently missed doses, consider incentives/enablers