

**POLICY NAME**

Pretomanid

**POLICY #**

2729P

## Criteria

### Exclusion Criteria – Any of the following prevents coverage

- ☐ 2.1 Not to be used in those who have a contraindication to bedaquiline and/or linezolid
- ☐ 2.2 Drug-sensitive tuberculosis
- ☐ 2.3 Latent infection due to *Mycobacterium tuberculosis*
- ☐ 2.4 Extra-pulmonary infection (infection outside of the lungs) due to *Mycobacterium tuberculosis*
- ☐ 2.5 Multi-drug resistant tuberculosis in patients who are responsive to standard therapy and are not treatment intolerant

### Coverage Criteria

- ☐ 1.1 Treatment of pulmonary tuberculosis (TB) that is resistant to isoniazid, rifamycins, a fluoroquinolone and an alternative injectable antibiotic OR pulmonary TB resistant to isoniazid and rifampin
- ☐ 1.2 Member is treatment intolerant or non-responsive to standard therapy. [Treatment failure refers to failure of cultures to become negative during the course of treatment, or reappearance of positive cultures after the cultures convert to negative during treatment]
- ☐ 1.3 Age 18 years or older
- ☐ 1.4 Prescribed by or in consultation with an Infectious Disease specialist or pulmonologist (lung doctor)
- ☐ 1.5 Documentation that pretomanid will be used in combination with Sirturo (bedaquiline) and linezolid