

<b>POLICY NAME</b>	Pretomanid	<b>POLICY #</b>	<b>2729P</b>
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## Criteria

### 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

### 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