



February 2, 2022

Dear Colleague:

On August 14, 2019, the Food and Drug Administration (FDA) [approved](#) the use of pretomanid, a nitroimidazooxazine, as part of an all-oral combination with bedaquiline and linezolid [BPaL], administered by direct observation to adults with a diagnosis of pulmonary extensively drug resistant or treatment intolerant or nonresponsive multidrug-resistant tuberculosis (TB) disease.

Today, CDC released “[Provisional CDC Guidance for the Use of Pretomanid as part of a Regimen \[Bedaquiline, Pretomanid, and Linezolid \(BPaL\)\] to Treat Drug-Resistant Tuberculosis Disease](#).” The new provisional guidance includes considerations for clinicians on [administration](#), [precautions and adverse event monitoring](#), [microbiologic monitoring](#), and more.

**Bedaquiline, Pretomanid, and
Linezolid (BPaL)**

Provisional Guidance for the Use
of Pretomanid as Part of a
Regimen to Treat Drug-Resistant
Tuberculosis Disease



Key points:

- CDC recommends the use of pretomanid in combination with bedaquiline and linezolid in the treatment of adults with pulmonary extensively drug-resistant, pre-extensively drug-resistant (i.e., resistant to isoniazid, rifampin, and at least one fluoroquinolone or a second-line injectable) or treatment intolerant/nonresponsive multidrug-resistant TB disease when a safe and effective treatment regimen cannot otherwise be provided.
- Patients receiving BPaL must be monitored closely for adverse events, particularly peripheral and optic neuropathy, myelosuppression, and hepatotoxicity.
- Patients should be evaluated for [signs and symptoms of TB disease](#) during treatment as an indication of nonresponse to the regimen and assessment for acquired resistance.
- These guidelines will be updated as additional studies are published utilizing pretomanid in short course regimens for treatment of patients with multidrug-resistant TB.

We encourage clinicians, pharmacists, and public health professionals to review the [new provisional guidance](#). When drug-resistant TB is suspected or confirmed, providers should consult a TB expert physician. Clinicians and providers can contact [state and local TB control offices](#) and [TB Centers of Excellence for Training, Education and Medical Consultation](#) for additional information on diagnosing and treating drug-resistant TB disease.

CDC has additional information on [drug-resistant TB disease](#) for clinicians, public health professionals, and patients.

Thank you for your work and continued commitment to address the challenges of drug-resistant TB.

/Philip LoBue/

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