• Nontuberculous mycobacterial lung disease (NTMLD) is characterized by the lack of a standardized, evidence-based treatment regimen, high treatment failure rates, poor adherence, and high rates of relapse, which result in a growing prevalence and incidence in the United States.

• Mycobacterium avium complex (MAC) is the most commonly isolated pathogen in NTMLD in the United States.

• Current guidelines from the American Thoracic Society (ATS) and the British Thoracic Society (BTS) recommend a multidrug regimen for initial treatment of NTMLD due to MAC with a multidrug regimen consisting of a macrolide and rifamycin, with or without aminoglycosides based on initial presentation (i.e., early disease and smear status).

• Literature suggests that adherence to the ATS/BTS guidelines is limited.

• In a study of 349 US physicians who were treating patients with NTMLD, 56% of regimens did not include a macrolide, which is known to be a key driver of the development of resistance to rifamycins, and asthma was associated with the development of macrolide resistance.

• Patients who require treatment modification due to disease progression have limited options, and competing treatment is often difficult to access and afford.

• Macrolide monotherapy is known to be a key driver of the development of resistance to rifamycins, which are effective against MAC and other diseases and are frequently prescribed.

• The choice of treatment regimen and when to initiate therapy depends on the goals for the patient and disease.

• Patients with NTMLD can have complex medical conditions, such as diabetes, chronic obstructive pulmonary disease, and underlying immune compromise.

• The diagnosis of NTMLD can be delayed, and patients may receive antibiotics treatment 2 years following NTMLD diagnosis.

• Specific factors, such as younger age, prior pneumonia, and smoking, are associated with a higher likelihood of using GBT regimen.

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