| **Consolidation Arm a: Adult Dosing** |
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| **Drug** |  **Recommended Dose (per dose)** | **Frequency**  |
| **Oral clofazimine** | 100 – 300mg | Once daily |
| **Oral azithromycin**  | 250 – 500mg | Thrice weekly |
| *If azithromycin not tolerated, use oral clarithromycin.* | **<40kg or poorly tolerated**250mg | Thrice weekly |
| **Oral clarithromycin***Clarithromycin only for use if azithromycin not tolerated.* | 500mg | Twice daily |
| **In combination with one to three of the following oral antibiotics guided by participant susceptibility and tolerance.** |
| **Oral linezolid** | 600mg | Once daily |
| **Oral trimethoprim with sulfamethoxazole**  | 160mg/800mg | Twice daily |
| **Oral bedaquiline** *(Weighing at least 30kg)* | **First 2 weeks** 400mg | Once daily |
| **For remaining 22 weeks** 200mgMax duration 6 months | Thrice weeklyAt least 48 hours between doses |
| **Oral rifabutin** | 5mg/kg, max 450mg | Once daily |
| **Oral doxycycline** | 100mg | Once daily |
| **Oral moxifloxacin** | 400mg | Once daily |
| **For participants with confirmed mixed NTM (slow growers + MABS) infections, there is an option to add oral ethambutol to the treatment arm in accordance with the dosing below.**  |
| **Oral ethambutol**Ethambutol should be dosed on ideal body weight. | 15mg/kg(round to account for tablet strength)**OR** | Once daily |
| 25mg/kg(round to account for tablet strength) | Thrice weekly |

| **Consolidation Arm b: Adult Dosing** |
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| **Drug** |  **Recommended Dose (per dose)** | **Frequency**  |
| **Inhaled amikacin (IA)****(IV formulation)** | 500mg | Twice daily |
| **Oral clofazimine** | 100 – 300mg | Once daily |
| **Oral azithromycin** | 250 – 500mg | Thrice weekly |
| *If azithromycin not tolerated, use oral clarithromycin.* | **<40kg or poorly tolerated**250mg | Thrice weekly |
| **Oral clarithromycin***Clarithromycin only for use if azithromycin not tolerated.* | 500mg | Twice daily |
| **In combination with one to three of the following oral antibiotics guided by participant susceptibility and tolerance.** |
| **Oral linezolid** | 600mg | Once daily |
| **Oral trimethoprim with sulfamethoxazole** | 160mg/800mg  | Twice daily |
| **Oral bedaquiline***(Weighing at least 30kg)* | **First 2 weeks** 400mg | Once daily |
| **For remaining 22 weeks** 200mgMax duration 6 months | Thrice weeklyAt least 48 hours between doses |
| **Oral rifabutin** | 5mg/kg, max 450mg | Once daily |
| **Oral doxycycline** | 100mg | Once daily |
| **Oral moxifloxacin** | 400mg | Once daily |
| **For participants with confirmed mixed NTM (slow growers + MABS) infections, there is an option to add oral ethambutol to the treatment arm in accordance with the dosing below.**  |
| **Oral ethambutol**Ethambutol should be dosed on ideal body weight. | 15mg/kg (round to account for tablet strength)**OR** | Once daily |
| 25mg/kg (round to account for tablet strength) | Thrice weekly |

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| **Consolidation Arm a: Paediatric Dosing** |
| **Drug** | **Recommended Dose** **(per dose)** | **Frequency** |
| **Oral clofazimine**Dosing may be rounded to account for capsules. | **<40kg**3-5mg/kg, max 50mg | Once daily |
| **≥40kg**3-5mg/kg, max 100mg |
| **Oral azithromycin***If azithromycin not tolerated, use oral clarithromycin.* | 10mg/kg, max 500mg | Once daily |
| **Oral clarithromycin***Only for use if azithromycin not tolerated.* | **Children 1 month – 11 years of age** |
| <8 kg | 7.5mg/kg  | Twice daily |
| 8-11 kg | 62.5mg |
| 12-19 kg | 125mg |
| 20-29 kg | 187.5mg |
| 30-40 kg | 250mg |
| **Children 12-18 years of age** |
| Dosing independent of weight | 500mg | Twice daily |
| **In** **combination with one to three of the following oral antibiotics guided by participant susceptibility and tolerance**. |
| **Oral linezolid** | 1 month – 9 years | 10mg/kg, max 450mg | Twice daily |
| 10 – 12 years | 10mg/kg, max 600mg | Daily |
| >12 years | 600mg | Daily |
| **Oral trimethoprim with sulfamethoxazole**  | 5mg/kg trimethoprimmax 160mg trimethoprim | Twice daily |
| **Oral bedaquiline****(age ≥5 years)** | **Weeks 1 and 2** |
| ≥15kg - <20kg | 160mg | Once daily |
| ≥20kg - <30kg | 200mg |
| ≥30kg | 400mg |
| **Weeks 3-24 -** Max Duration 6 Months |
| ≥15kg - <20kg | 80mg | Thrice weekly.At least 48 hours between doses |
| ≥20kg - <30kg | 100mg |
| ≥30kg | 200mg |
| **Oral rifabutin** | 5mg/kg, max 300 – 450mg | Once daily |
| **Oral doxycycline****(ages ≥8 years)** | 2mg/kg, max 100mg | Once daily |
| **Oral moxifloxacin** Dosing may be rounded to account for capsules. | 10-15mg/kg, max 400mg | Once daily |
| **For participants with confirmed mixed NTM (slow growers + MABS) infections, there is an option to add oral ethambutol to the treatment arm in accordance with the dosing below.** |
| **Oral ethambutol**Ethambutol should be dosed on ideal body weight. | 15mg/kg, max 1200mg (round to account for tablet strength) | Once daily |

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| **Consolidation Arm b: Paediatric Dosing** |
| **Drug** | **Recommended Dose** **(per dose)** | **Frequency** |
| **Inhaled amikacin (IA)****(IV formulation)** | 500mg | Twice daily |
| **Oral clofazimine**Dosing may be rounded to account for capsules. | **<40kg**3-5mg/kg, max 50mg | Once daily |
| **≥40kg**3-5mg/kg, max 100mg |
| **Oral azithromycin***If azithromycin not tolerated, use oral clarithromycin.* | 10mg/kg, max 500mg | Once daily |
| **Oral clarithromycin***Only for use if azithromycin not tolerated.* | **Children 1 month – 11 years of age** |
| <8 kg | 7.5mg/kg  | Twice daily |
| 8-11 kg | 62.5mg |
| 12-19 kg | 125mg |
| 20-29 kg | 187.5mg |
| 30-40 kg | 250mg |
| **Children 12-18 years of age** |
| Dosing independent of weight | 500mg | Twice daily |
| **In** **combination with one to three of the following oral antibiotics guided by participant susceptibility and tolerance**. |
| **Oral linezolid** | 1 month – 9 years | 10mg/kg, max 450mg | Twice daily |
| 10 – 12 years | 10mg/kg, max 600mg | Daily |
| >12 years | 600mg | Daily |
| **Oral trimethoprim with sulfamethoxazole**  | 5mg/kg trimethoprimmax 160mg trimethoprim | Twice daily |
| **Oral bedaquiline****(age ≥5 years)** | **Weeks 1 and 2** |
| ≥15kg - <20kg | 160mg | Once daily |
| ≥20kg - <30kg | 200mg |
| ≥30kg | 400mg |
| **Weeks 3-24 -** Max Duration 6 Months |
| ≥15kg - <20kg | 80mg | Thrice weekly.At least 48 hours between doses |
| ≥20kg - <30kg | 100mg |
| ≥30kg | 200mg |
| **Oral rifabutin** | 5mg/kg, max 300 – 450mg | Once daily |
| **Oral doxycycline****(ages ≥8 years)** | 2mg/kg, max 100mg | Once daily |
| **Oral moxifloxacin** Dosing may be rounded to account for capsules. | 10-15mg/kg, max 400mg | Once daily |
| **For participants with confirmed mixed NTM (slow growers + MABS) infections, there is an option to add oral ethambutol to the treatment arm in accordance with the dosing below.** |
| **Oral ethambutol**Ethambutol should be dosed on ideal body weight. | 15mg/kg, max 1200mg (round to account for tablet strength) | Once daily |