Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Diacon AH, Pym A, Grobusch M, et al. The diarylquinoline TMC207 for multidrug-resistant tuberculosis. N Engl J Med 2009;360:2397-405.

The dosing of medications used to treat TB are shown in the table below:

Supplemental Table 1. Drugs used in the Background Regimen for the treatment of MDR-TB

Background regimen drugs	Formulation	Daily dosage (mg)		Phase (intensive / continuation)
		Minimum	Maximum	
Aminoglycosides				
Kanamycin[a]	Vial, 1g	750	1000	Intensive
Amikacin[a]	Vial, 1g	750	1000	Intensive
Thioamides				
Ethionamide[b,c]	Tablet, 250 mg	500	750	Intensive / continuation
Prothionamide[c]	Tablet, 250 mg	500	1000	Intensive / continuation
Pyrazinamide	Tablet, 400 or 500 mg	1200	1600	Intensive
Fluoroquinolones				
Ofloxacin[d,e]	Tablet, 200 mg	600	800	Intensive / continuation
Ciprofloxacin[e]	Tablet, 250 mg	1000	1500	Intensive / continuation
Ethambutol[f]	Tablet, 400 mg	1000	1200	Intensive / continuation
Terizidone / Cycloserine[f,g]	Capsule, 250 mg	500	750	Intensive / continuation

[a] in case of unavailability of kanamycin due to drug supply issues, amikacin may be used.

[b] for reasons of intolerability (nausea), the dose may be split into 2 parts administered 10-12 hours apart, or the daily dose may be taken in the evening or may be taken with orange juice or milk or other liquid.

[c] in case of unavailability of ethionamide due to drug supply issues, prothionamide may be used.

[d] for reasons of intolerability, the dose may be reduced during the continuation phase.

[e] in case of unavailability of ofloxacin due to drug supply issues, ciprofloxacin may be used.

[f] in case of intolerance to terizidone / cycloserine and if there is no resistance to ethambutol as determined by drug susceptibility testing, ethambutol may be substituted for terizidone / cycloserine.

[g] to reduce CNS effects, 150 mg/day of pyridoxine may be administered.