



The Medical **Bulletin**

Drug Corner

Newer Anti-TB drug- Bedaquiline-

It is a diarylquinoline, binds to subunit c of mycobacterial ATP synthase.

Bedaquiline is available as 100 mg tablet for oral administration.

Its bioavailability is enhanced in presence of food & half-life of approximately 24-30 hours. Bedaquiline should be administered as directly observed therapy (DOT) along with standard MDR-TB regimen.

Recommended dose is 400 mg once daily for 2 weeks followed by 200 mg thrice weekly for 22 weeks. After 24 weeks of bedaquiline therapy, MDR-TB regimen should be continued as per national TB treatment guidelines.

The most common side-effects reported with bedaquiline therapy are nausea (30%), arthralgia (26%), headache (22%), hemoptysis (14%), chest pain (9%), anorexia (7%), and rash (6%). Important cardiovascular adverse effect is QT prolongation. Concurrent use of other QT-prolonging drugs causes additive QT prolongation.

The safety and efficacy of bedaquiline for treatment of drug-sensitive TB, extra-pulmonary TB, and HIV-infected patients is not established. Therefore, use of bedaquiline is not recommended in these settings.

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