Table S1: Fifty-eight FDA-approved drugs used for the study

Drug Name	Drug class
Propafenone-HCI	Antiarrhythmic
Dihydroergotamine mesylate	Antimigraine, Vasoconstrictor, Analgesic
Haloperidol	Antipsychotic, Schizophrenia treatment
Apomorphine-HCI	Non selective dopamine agonist and anti -
Promethazine-HCI	Anti-Allergic Sedative
Quetiapine Fumarate	Antipsychotic
Imipramine	Antidepressant
Amoxapine	Antidepressant
Entacapone	Antiparkinsonian
Carvedilol	Antihypertensive, Congestive heart failure treatment
Gefitinib	Antineoplastic
Nimodipine	Antihypertensive, Vasodilator
Trifluoperazine-HCI	Antipsychotic, Antiemetics
Bromocriptine mesylate	Antiparkinson, Antidyskinetic
Ethacrynic acid	Diuretic
Raloxifene-HCl	Antihypocalcemic, Osteoporosis Prophylactic, Bone Density Conservation Agent
Zafirlukast	Antiasthmatic
Granisetron-HCI	Antiemetic
Aspirin	Analgesic
Mesalamine	Anti-inflammatory
Carboplatin	Antineoplastic
Danazol	Estrogen Antagonist, Endometriosis treatment
Estrone	Antineoplastic, Estrogen
Fenoprofen-Ca	Analgesic
Fenofibrate	Antilipidemic
Finasteride	Benign prostatic hypertrophy treatment
Fluorouracil	Antineoplastic
Gemfibrozil	Antilipemic
Itraconazole	Antifungal

	Contracontina
Levonorgestrel	Contraceptive
Losartan-K	Antihypertensive, Antiarrhythmic
Mebendazole	Anthelmintic
Mefenamic acid	Antipyretic
Melphalan	for ovarian cancer and multiple myeloma.
Methyldopa sesquihydrate	An antihypertensive agent
Methylprednisolone	Anti-inflammatory, Antiemetic, Neuroprotective
Nabumetone	Nonsteroidal anti-inflammatory, Antineoplastic
Pantoprazole	Treats gastroesophageal reflux disease (GERD) and damage to the esophagus. Also treats high levels of acid in the stomach
Paroxetine-HCI	Antidepressant
Misoprostol	Anti-Ulcer Agent, Abortifacient Agent
Mifepristone	Contraceptive
Megestrol acetate	Contraceptive, Hormonal, Antineoplastic
Asenapine maleate	Antipsychotic
Carglumic Acid	Hyperammonaemia treatment
Carmustine	Antineoplastic
Colchicine	A natural product that is used as a medication used for gout
Desogestrel	Contraceptive
Doxapram-HCI	Respiratory stimulant
Epinastine-HCI	Antiallergic, Antihistamine, Mast cell stabilizer
Ethinyl Estradiol	Contraceptive
Etonogestrel	Hormonal contraceptive
Metaxalone	Hypnotic/Sedative, Muscle Relaxant
Mometasone Furoate	Anti-inflammatory, antiallergic
Nitisinone	hereditary tyrosinemia type 1 treatment
Orlistat	Anti-Obesity Agent
Podofilox	Antineoplastic
Trimipramine maleate	Antidepressant



Supplementary Figure 1. The effects of 58 FDA drugs on BCG-induced macrophage cell death. RAW264.7 cells were infected with BCG-Wasabi at an MOI of 10 for 3 hours and then treated with 50 ug/ml of gentamicin for 1 hour. After washes with PBS twice, cells were incubated with 58 FDA-approved drugs along with 20 ug/ml of gentamicin for 24 hours. Macrophage cytotoxicity was evaluated by FVD660 staining and flow cytometry analysis. The data was plotted as a percentage of FVD660 and wasabi double-positive cells in drug-treated cells, normalized to DMSO treated infected RAW264.7 cells. The data represent the means ± standard deviations (SD) for two independent experiments. One-way ANOVA was used for statistical analysis to compare drug-treated to the DMSO group. *P< 0.05.



Supplementary Figure 2. Amoxapine has no significant cytotoxicity on macrophages at 10 μ M. (A) RAW 264.7 cells were treated with 10 μ M Amoxapine for 2 days and cell viability was measured by MTT assay. (B) THP1 cells were treated with 10 μ M Amoxapine for 3 days and MTT assay was used to measure cell viability. The data represent the means ± SD for two independent experiments. The student t-test was used for statistical analysis.



Supplementary Figure 3. Amoxapine induces autophagy in macrophages. RAW 264.7 LC3-GFP cells were infected with BCG Danish at an MOI of 10 for 3 hours and then treated with 10 μ M Amoxapine for 24 hours. Cells were fixed and stained with DAPI. The confocal images were acquired by using an A1 Nikon confocal microscope with a 60X objective lens and puncta analyses were performed by NIS Elements software. One-way ANOVA with Dunnett's test was used for statistical analysis to compare drug-treated and infected groups to the untreated and uninfected (UI) control group. *P< 0.05; **P< 0.01, ***P< 0.001.



Supplementary Figure 4. (A) Amoxapine induces LC3B-II levels in primary murine bone marrow-derived macrophages. Murine BMDMs were infected with *Mtb* H37Rv at an MOI of 10 for 4 hours and treated with Amoxapine at indicated concentrations, or BMDMs were uninfected and treated with Amoxapine for 3 days. LC3B-I, LC3B-II, and actin levels in murine BMDMs were determined by western blots. Shorter and more prolonged exposures are shown. (B) Resazurin microtiter assay was used to evaluate the sensitivity of *Mtb* H37Rv to Amoxapine treatment after 5 days of incubation.



Supplementary Figure 5. Post-treatment with metabolites of Amoxapine reduces intracellular survival of *Mtb* H37Rv in THP1 cells. THP1 cells were infected with *Mtb* H37Rv at an MOI of 10 for 4 hours and then treated with 7-hydroxyamoxapine or 8-hydroxyamoxapine at concentrations of 5 and 10 μ M for 2 days. (A) LC3B-II levels were determined by western blots and quantified by Image J. (B) Intracellular bacterial load was enumerated. The data represent the means ± SD for two independent experiments. One-way ANOVA with Dunnett's test was used for statistical analysis to compare drug-treated groups to the untreated control group. *P< 0.05.



Supplementary Figure 6. Post-treatment with Amoxapine inhibits necrosis without affecting apoptosis. RAW 264.7 cells were infected with BCG-Wasabi at an MOI of 10 for 3 hours and then treated with 10 μ M Amoxapine for 24 hours. Cells were stained with GFP-certified Apoptosis/Necrosis detection kit, followed by flow cytometry analysis. (A) Necrosis positive cells was plotted. (B) Apoptosis in BCG-infected macrophages were plotted. The data represent the means ± standard deviations (SD) for two independent experiments. One-way ANOVA or the student t-test was used for statistical analysis. *P< 0.05; **P< 0.01.