WHAT IS CLAIMED IS:

1. Use of epetraborole or a hydrate, solvate, or pharmaceutically acceptable salt thereof, in the manufacture of a medicament for use in combinatorial therapy for achieving a positive therapeutic response against a non-tuberculosis *Mycobacteria* (NTM) infection in a human subject in need of treatment thereof, wherein said medicament is to be administered in combination with ethambutol or a hydrate, solvate, or pharmaceutically acceptable salt thereof.

2. The use of claim **1**, wherein the epetraborole or a hydrate, solvate, or pharmaceutically acceptable salt thereof, is to be administered in an oral dose of between about 250 mg and about 1000 mg, or

optionally, wherein the epetraborole or a hydrate, solvate, or pharmaceutically acceptable salt thereof, is to be administered in an oral dose of between about 450 mg and 550 mg, or

optionally, wherein the epetraborole or a hydrate, solvate, or pharmaceutically acceptable salt thereof, is to be administered in an oral dose of about 500 mg.

3. The use of claim **1**, wherein the epetraborole or a hydrate, solvate, or pharmaceutically acceptable salt thereof, is epetraborole hydrochloride.

4. The use of claim **1**, wherein the ethambutol or a hydrate, solvate, or pharmaceutically acceptable salt thereof, is to be administered in an oral dose of between about 10 mg/kg and about 30 mg/kg,

optionally, wherein the ethambutol or a hydrate, solvate, or pharmaceutically acceptable salt thereof, is to be administered in an oral dose of between about 13 mg/kg and about 17 mg/kg, or

optionally, wherein the ethambutol or a hydrate, solvate, or pharmaceutically acceptable salt thereof, is to be administered in an oral dose of about 15 mg/kg, or

optionally, wherein the ethambutol or a hydrate, solvate, or pharmaceutically acceptable salt thereof, is to be administered in an oral dose of between about 23 mg/kg and about 27 mg/kg, or

optionally, wherein the ethambutol or a hydrate, solvate, or pharmaceutically

acceptable salt thereof, is to be administered in an oral dose of about 25 mg/kg.

5. The use of claim **1**, wherein the administration continues until the positive therapeutic response is achieved, or the administration continues while the positive therapeutic response is present.

6. The use according to any one of the previous claims, wherein the administration is according to a dosage regimen comprising:

(a)

an oral dose of the epetraborole or a hydrate, solvate, or pharmaceutically acceptable salt thereof, of between about 250 mg and about 1000 mg, to be administered daily or every other day, and

an oral dose of the ethambutol or a hydrate, solvate, or pharmaceutically acceptable salt thereof, between about 10 mg/kg and about 30 mg/kg, to be administered daily or three days a week; or

(b)

an oral dose of the epetraborole or a hydrate, solvate, or pharmaceutically acceptable salt thereof, of between about 450 mg and about 550 mg, to be administered daily, and

an oral dose of the ethambutol or a hydrate, solvate, or pharmaceutically acceptable salt thereof, between about 13 mg/kg and about 17 mg/kg, to be administered daily; or

(c)

an oral dose of the epetraborole or a hydrate, solvate, or pharmaceutically acceptable salt thereof, of between about 450 mg and about 550 mg, to be administered daily, and

an oral dose of the ethambutol or a hydrate, solvate, or pharmaceutically acceptable salt thereof, between about 23 mg/kg and about 27 mg/kg, to be administered three days a week, or

optionally, wherein the dosage regimen lasts between about 27 and about 29 days.

7. The use of claim **6**, wherein the dosage regimen is to be repeated two times or three times or four times or five times, or

optionally, wherein the dosage regimen is to be repeated between about fifteen times and thirty times, or

optionally, wherein the dosage regimen is to be repeated fifteen times or sixteen times or seventeen times or eighteen times or nineteen times or twenty times.

8. The use of any one of claims **2-7**, wherein the oral dose of the epetraborole or a hydrate, solvate, or pharmaceutically acceptable salt thereof is to be administered with food, or

wherein the oral dose of the epetraborole or a hydrate, solvate, or pharmaceutically acceptable salt thereof is to be administered in a fasting condition.

9. The use according to any one of the preceding claims, further comprising administration of a rifamycin or a hydrate, solvate, or pharmaceutically acceptable salt thereof, to the human subject,

optionally, wherein the rifamycin is rifampicin (rifampin), rifabutin, rifapentine, or rifaximin, or

optionally, wherein the rifamycin is rifampicin (rifampin), which is to be administered in an oral dose to the human subject of between about 5 mg/kg and about 15 mg/kg, or

optionally, wherein the rifampicin (rifampin) is to be administered in an oral dose of between about 9 mg/kg and about 11 mg/kg, or

optionally, wherein the rifamycin is rifampicin (rifampin), which is to be administered in an oral dose of between about 425 mg and about 625 mg, or

optionally, wherein the rifamycin is rifabutin, which is to be administered in an oral dose of between about 125 mg and about 325 mg, or

optionally, wherein the rifamycin is rifabutin, which is to be administered in an oral dose of between about 125 mg and about 175 mg or between about 275 mg and about 325 mg, or

optionally, wherein the rifamycin is rifabutin, which is to be administered in an oral dose of about 150 mg or about 300 mg.

10. The use according to any one of the preceding claims, further comprising administration of azithromycin or a hydrate, solvate, or pharmaceutically acceptable salt

thereof,

optionally, wherein the azithromycin is to be administered in an oral dose to the human subject of between about 225 mg and about 525 mg, or

optionally, wherein the azithromycin is to be administered in an oral dose to the human subject of about 250 mg or about 500 mg.

11. The use according to any one of the preceding claims, further comprising administration of clarithromycin or a hydrate, solvate, or pharmaceutically acceptable salt thereof,

optionally, wherein the clarithromycin is to be administered in an oral dose to the human subject of between about 475 mg and about 1025 mg, or

optionally, wherein the clarithromycin is to be administered in an oral dose to the human subject of about 1000 mg, or

optionally, wherein the clarithromycin is to be administered twice a day to the human subject, and wherein each oral dose is between about 475 mg and about 525 mg, or

optionally, wherein the clarithromycin is to be administered twice a day to the human subject, and wherein each oral dose is about 500 mg.

12. The use according to any one of the preceding claims, further comprising administration of amikacin to the human subject,

optionally, wherein the amikacin is to be administered in an intravenous dose of between about 5 mg/kg and about 30 mg/kg, or

optionally, wherein the amikacin is to be administered in an intravenous dose of between about 10 mg/kg and about 15 mg/kg, or

optionally, wherein the amikacin is to be administered in an intravenous dose of between about 15 mg/kg and about 25 mg/kg, or

optionally, wherein the amikacin is to be administered in an intravenous dose of between about 475 mg and about 525 mg, or

optionally, wherein the amikacin is to be administered in an intravenous dose of about 500 mg, or

optionally, wherein the amikacin is to be administered in an inhaled dose of between about 580 mg and about 600 mg, or

optionally, wherein the amikacin is to be administered in an inhaled dose of about

590 mg, or

optionally, wherein the amikacin is a liposomal suspension.

13. The use of any of claims **6-12**, wherein the use further comprises:

prior to the first administration of the dosage regimen, assessing an infection marker of the human subject,

wherein the infection marker is quantitative colony count and/or chest CT scan, thereby obtaining a baseline assessment, and

after the first administration of the dosage regimen, assessing the infection marker of the human subject, thereby obtaining a response assessment,

wherein the infection marker selected for the response assessment is the same as selected for the baseline assessment,

comparing the baseline assessment and the response assessment, and

determining the positive therapeutic response is achieved when the response assessment is an improvement over the baseline assessment,

optionally, wherein there is more than one response assessment.

14. The use of any of claims **6-12**, wherein the use further comprises:

prior to the first administration of the dosage regimen, assessing an infection marker of the human subject,

wherein the infection marker is quantitative colony count and/or chest CT scan, thereby obtaining a baseline assessment, and

after the first administration of the dosage regimen, assessing the infection marker of the human subject, thereby obtaining a first response assessment,

wherein the infection marker selected for the first response assessment is the same as selected for the baseline assessment,

comparing the baseline assessment and the first response assessment, and

determining the positive therapeutic response is achieved when the first response assessment is an improvement over the baseline assessment,

optionally, wherein the response assessment occurs at the conclusion of a dosage regimen or before a dosage regimen is to be repeated,

optionally, wherein the infection marker is expectorated sputum sample or induced sputum sample, and the response assessment is to be taken every between about 21 days and

about 35 days after the first dose of each dosage regimen, for between about 84 days and about 166 days, and the positive therapeutic response is when the quantitative colony count in the response assessment is one or more categorical scores below the quantitative colony count in the baseline assessment.

15. The use according to any one of the previous claims, wherein the non-tuberculosis *Mycobacteria* is rapidly growing,

optionally, wherein the non-tuberculosis *Mycobacteria* is rapidly growing, and is selected from the group consisting of *M. abscessus*, *M. arabiense*, *M. aromaticivorans*, *M. bacteremicum*, *M. barrassiae*, *M. bourgelatii*, *M. celeriflavum*, *M. chelonae, M. crocinum*, *M. franklinii*, *M. fukienense*, *M. hippocampi*, *M. insubricum*, *M. iranicum*, *M. litorale*, *M. llatzerense*, *M. monacense*, *M. pallens*, *M. rufum*, *M. rutilum*, *M. salmoniphilum*, *M. sediminis*, and *M. setense*; or

wherein the non-tuberculosis *Mycobacteria* is slowly growing,

optionally, wherein the non-tuberculosis *Mycobacteria* is slowly growing, and is selected from the group consisting of *M. algericum*, *M. alsiense*, *M. arosiense*, *M. bouchedurhonense*, *M. engbaekii*, *M. europaeum*, *M. fragae*, *M. heraklionense*, *M. indicus pranii*, *M. koreense*, *M. kumamotonense*, *M. kyorinense*, *M. lepromatosis*, *M. liflandii*, *M. longobardum*, *M. mantenii*, *M. marseillense*, *M. minnesotense*, *M. noviomagense*, *M. paraffinicum*, *M. paragordonae*, *M. parakoreense*, *M. paraseoulense*, *M. paraterrae*, *M. riyadhense*, *M. senuense*, *M. seoulense*, *M. sherrisii*, *M. shigaense*, *M. shinjukuense*, *M. simulans*, *M. sinense*, *M. stomatepiae*, *M. timonense*, *M. vulneris*, and *M. yongonense*; or

wherein the non-tuberculosis *Mycobacteria* is selected from the group consisting of *M. abscessus*, *M. avium* complex (MAC), *M. chelonae*, *M. fortuitum*, *M. gordonae*, *M. kansasii*, *M. mucogenicum*, *M. peregrinum*, and *M. xenopi*; or

wherein the non-tuberculosis *Mycobacteria* is selected from the group consisting of *M. abscessus*, *M. avium* complex (MAC), *M. fortuitum* complex, *M. gordonae*, *M. kansasii*, and *M. xenopi*; or

wherein the non-tuberculosis *Mycobacteria* is *Mycobacterium avium* complex; or

wherein the non-tuberculosis *Mycobacteria* is *M. avium*, *M. intracellulare*, *M. marseillaise*, *M. timonense*, *M. bouchedurhonense*, *M. colombi- ense*, *M. vulneris*, and *M. chimaera*; or

wherein the non-tuberculosis *Mycobacteria* is *M. intracellulare*; or

wherein the non-tuberculosis *Mycobacteria* is *M. intracellulare* subsp. *intracellulare* or *M. intracellulare* subsp. *chimaera*; or

wherein the non-tuberculosis *Mycobacteria* is *M. avium*; or

wherein the non-tuberculosis *Mycobacteria* is *M. avium* subsp. *avium*, *M. avium* subsp. *hominissium*, *M. avium* subsp. *silvaticum,* or *M. avium* subsp. *paratuberculosis*.

16. The use according to any one of the preceding claims, wherein the human subject has been administered at least one previous NTM treatment, which is not the epetraborole; or wherein the human subject has been administered at least two previous NTM treatments, neither of which is the epetraborole.