Quinidine

NOT RECOMMENDED AS AN ESSENTIAL MEDICINE

Section: 12. Cardiovascular medicines > 12.2. Antiarrhythmic medicines

Codes ATC: C01BA01

Indication	Cardiac arrhythmia Code ICD11: BC9Z
Type de médicament	Chemical agent
Type de liste	Liste complémentaire
Formulations	**Oral > Solid:** 200 mg (sulfate)
Historique des statuts LME	Ajouté pour la première fois en 1977 (TRS 615) Modifié en 1979 (TRS 641) Modifié en 1984 (TRS 722) Modifié en 1987 (TRS 770) Retiré en 2009 (TRS 958)
Sexe	Tous
Âge	Adolescents et adultes
Équivalence thérapeutique	Des médicaments appartenant à la même classe pharmacologique peuvent être utilisés
Renseignements sur le brevet	Patents have expired in most jurisdictions Lire la suite sur les brevets.
Wikipédia	Quinidine
DrugBank	Quinidine

Résumé des preuves et recommandation du comité d'experts

Quinidine was deleted from the complementary list of the EML in 2009. An application was prepared by the Public Health and Pharmacology Department, Weill Medical College of Cornell University, New York, USA, for the deletion of quinidine 200 mg from the Model List. The Committee noted that a recent Cochrane Review (1) and a large multicentre RCT (2) were cited in the application to support the lack of superior efficacy of quinidine over other antiarrhythmic medicines and strategies in prolonging the life of cardiac patients. The Committee recognized that quinidine has many serious adverse effects; it is associated with increased morbidity, risk of QT prolongation and induction of fatal arrhythmias in the adult population. It interacts with a large number of other medicines with potentially fatal consequences, including anti-infectives and antifungals, which are used extensively in developing countries. The Committee accepted that the evidence presented could also apply to procainamide, another class IA antiarrhythmic agent currently on the Model List. The Committee recommended the deletion of quinidine and procainamide from the Complementary Model List because of the lack of evidence of superior efficacy or safety when compared to other antiarrhythmic medicines, and the availability of effective and safer alternatives, on the Model List. References: 1. Lafuente-Lafuente C et al. Antiarrhythmias for maintaining sinus rhythm after cardioversion of atrial fibrillation. Cochrane Database of Systematic Reviews, 2007, (4):CD005049. 2. The Atrial Fibrillation Follow-up Investigation of Rhythm Management (AFFIRM) Investigators. A comparison of rate control and rhythm control in patients with atrial fibrillation. New England Journal of Medicine, 2002, 347:1825–1833.

