

## [Quinidine](#)

Not recommended as an essential medicine

Section:

[12. Cardiovascular medicines 12.2. Antiarrhythmic medicines](#)

Codes ATC: [C01BA01](#)

Indication

Cardiac arrhythmia Code ICD11: [BC8Z](#)

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.