





		EMLc	ATC codes: <a href="#">J01XB02</a>
Indication	Carbapenem-resistant <i>Pseudomonas aeruginosa</i>	ICD11 code: <a href="#">MG50.80</a>	
INN	Polymyxin B		
Medicine type	Chemical agent		
Antibiotic groups	 RESERVE		
List type	Complementary		
Formulations	Parenteral > General injections > unspecified: 500000 IU in vial powder for injection		
EML status history	First added in 2019 ( <a href="#">TRS 1021</a> )		
Sex	All		
Age	Also recommended for children		
Therapeutic equivalence	The recommendation is for this specific medicine		
Patent information	Patents have expired in most jurisdictions Read more <a href="#">about patents</a> . 		
Wikipedia	<a href="#">Polymyxin b</a> 		
DrugBank	<a href="#">Polymyxin b (Polymyxin B Sulfate)</a> 		

### Summary of evidence and Expert Committee recommendations

The Expert Committee endorsed the inclusion of polymyxin B on the complementary list of the EML and EMLc as a RESERVE group antibiotic. The Reserve group includes antibiotics that should be reserved for treatment of confirmed or suspected infections due to multidrug-resistant organisms. Reserve group antibiotics should be considered as 'last resort' options. Seven selected Reserve group antibiotics are listed as individual medicines on the WHO Model Lists as they have a favourable benefit-risk profile and proven activity against Critical Priority” or “High Priority” pathogens as identified by the WHO priority pathogens list, most notably carbapenem-resistant Enterobacteriaceae. These antibiotics should be globally accessible, but their use should be tailored to highly specific patients and settings, when alternatives are not suitable or have failed. To preserve their effectiveness these Reserve group antibiotics should be prioritized as key targets of national and international stewardship programmes including regular monitoring and reporting of their use.

