## Ethambutol + isoniazid

## NOT RECOMMENDED AS AN

ESSENTIAL MEDICINE

Section: 6. Anti-infective medicines > 6.2. Antibacterials > 6.2.5. Antituberculosis medicines

|                             | ATC co   | odes: J04AM03 |
|-----------------------------|--|---------------|
| Indication                  | Tuberculosis ICD11 code: 1B4Z  |               |
| INN                         | Ethambutol + isoniazid   |               |
| Medicine type               | Chemical agent   |               |
| List type                   | Core   |               |
| Formulations                | Oral > Solid: 400 mg + 150 mg tablet                                   |               |
| EML status history          | First added in 1997 (TRS 882)<br>Removed in 2019 (TRS 1021)            |               |
| Sex                         | All  |               |
| Age                         | Adolescents and adults   |               |
| Therapeutic<br>alternatives | The recommendation is for this specific medicine                       |               |
| Patent information          | Patents have expired in most jurisdictions<br>Read more about patents. |               |
| Wikipedia                   | Ethambutol + isoniazid 🗹   |               |
| DrugBank                    | Ethambutol 🗹,<br>Isoniazid 🗹   |               |

## Summary of evidence and Expert Committee recommendations

The Expert Committee recommended the deletion of ethambutol + isoniazid (HE) fixed-dose combination formulation from the core list of the EML, noting the advice of the WHO Global TB Programme that its use is no longer recommended in current WHO guidelines based on evidence that treatment regimens involving this formulation have been associated with greater rates of relapses and death than alternative treatments. The 2010 WHO Treatment of tuberculosis guidelines guidelines for the treatment of tuberculosis (1) recommended that the two-month rifampicin regimen, 2HRZE/6HE, should be phased out, based on evidence that showed it to be associated with more relapses and deaths than the six-month rifampicin regimen, 2HRZE/4HR.

