

# Ethambutol + isoniazid

NOT RECOMMENDED AS AN  
ESSENTIAL MEDICINE

Section: [6. Anti-infective medicines](#) > [6.2. Antibacterials](#) > [6.2.5. Antituberculosis medicines](#)

ATC codes: [J04AM03](#)

Indication	Tuberculosis <span>ICD11 code: <a href="#">1B4Z</a></span>
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 ( <a href="#">TRS 882</a> ) Removed in 2019 ( <a href="#">TRS 1021</a> )
Sex	All
Age	Adolescents and adults
Therapeutic alternatives	The recommendation is for this specific medicine
Patent information	Patents have expired in most jurisdictions Read more <a href="#">about patents</a> . <a href="#">↗</a>
Wikipedia	<a href="#">Ethambutol + isoniazid</a> <a href="#">↗</a>
DrugBank	<a href="#">Ethambutol</a> <a href="#">↗</a> , <a href="#">Isoniazid</a> <a href="#">↗</a>

## 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 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.

