



EMLc

ATC codes: J04AM02

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| Indication | Tuberculosis ICD11 code: 1B4Z |
| INN | Isoniazid + rifampicin |
| Medicine type | Chemical agent |
| List type | Core (EML) (EMLc) |
| Additional notes | WHO recommends and endorses the use of fixed-dose combinations and the development of appropriate new fixed-dose combinations, including modified dosage forms, non-refrigerated products and paediatric dosage forms of assured pharmaceutical quality. |
| Formulations | Oral > Solid > dispersible tablet: 50 mg + 75 mg (EMLc) Oral > Solid > tablet: 75 mg + 150 mg (EML) ; 150 mg + 300 mg (EML) |
| EML status history | First added in 1989 (TRS 796) Changed in 1995 (TRS 867) Changed in 1997 (TRS 882) Changed in 1999 (TRS 895) Changed in 2007 (TRS 950) Changed in 2009 (TRS 958) Changed in 2017 (TRS 1006) Changed in 2019 (TRS 1021) |
| Sex | All |
| Age | Also recommended for children |
| Therapeutic alternatives | The recommendation is for this specific medicine |
| Patent information | Patents have expired in most jurisdictions Read more about patents . |
| Wikipedia | Isoniazid + rifampicin |
| DrugBank | Isoniazid Rifampicin |

Summary of evidence and Expert Committee recommendations

The Expert Committee recommended the deletion of the 60 mg + 60 mg and 150 mg + 150 mg formulations of isoniazid + rifampicin for intermittent use three times weekly from the core list of the EML, noting the advice of the WHO Global TB Programme that their use is no longer recommended in current WHO guidelines based on evidence that patients who received three times weekly dosing had a higher risk of treatment failure, disease relapse and acquired drug resistance compared with patients who received daily dosing (1). References: 1. Guidelines for treatment of drug-susceptible tuberculosis and patient care, 2017 update. Geneva: World Health Organization; 2017.

