Capreomycin

NOT RECOMMENDED AS AN ESSENTIAL MEDICINE

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

EMLc | ATC codes: J04AB30

Indication	Multi-drug resistant Mycobacterium tuberculosis ICD11 code: ML32.00
INN	Capreomycin
Medicine type	Chemical agent
Antibiotic groups	A ACCESS
List type	Complementary (EML) (EMLc)
Additional notes	Reserve second-line medicine for the treatment of multidrug-resistant tuberculosis which should be used in specialized centres adhering to WHO standards for tuberculosis control
Formulations	Parenteral > General injections > IV: 1000 mg powder for injection (vial)
EML status history	First added in 1999 (TRS 895) Changed in 2002 (TRS 914) Changed in 2007 (TRS 950) Removed 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	Capreomycin
DrugBank	Capreomycin

Summary of evidence and Expert Committee recommendations

An application from the WHO Global TB Programme requested the removal from the EML and EMLc of capreomycin and kanamycin for use in treatment regimens for multidrug-resistant tuberculosis (MDR-TB). The proposed deletions were in alignment with recommendations in the 2019 update of the WHO consolidated guidelines on drug-resistant tuberculosis treatment (1). One of the key outcomes of the revision was a re-classification of medicines recommended for inclusion in regimens for MDR-TB/RR-TB. Capreomycin and kanamycin had previously been recommended as Group B, second-line injectable agents along with amikacin and streptomycin (2). The 2019 guidelines no longer recommend the use of capreomycin and kanamycin as treatment options. Use of capreomycin and kanamycin was associated with poorer outcomes when compared with regimens not containing these medicines in the latest data analysis. The Expert Committee recommended the deletion of capreomycin and kanamycin from the complementary list of the EML and EMLc, noting the advice of the WHO Global TB Programme that their use is no longer recommended in WHO guidelines due to evidence that regimens involving these agents were associated with worse outcomes compared with regimens that did not include them, and that fully oral regimens should be preferred for most patients. References: 1. WHO consolidated guidelines on drug-resistant tuberculosis treatment. Geneva: World Health Organization; 2019. 2. WHO treatment guidelines for drug-resistant tuberculosis, 2016 update (WHO/HTM/TB/2016.4). Geneva,World Health Organization. 2016.