Capreomycin

NOT RECOMMENDED AS AN ESSENTIAL MEDICINE

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

EMLc Codes ATC: J04AB30

Indication	Multi-drug resistant Mycobacterium tuberculosis Code ICD11: MG52.00
INN	Capreomycin
Type de médicament	Chemical agent
Groupes d'antibiotiques	A ACCESS
Type de liste	Liste complémentaire
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)
Historique des statuts LME	Ajouté pour la première fois en 1999 (TRS 895) Modifié en 2002 (TRS 914) Modifié en 2007 (TRS 950) Retiré en 2019 (TRS 1021)
Sexe	Tous
Âge	Aussi recommandé pour les enfants
Équivalence thérapeutique	La recommandation concerne ce médicament spécifique
Renseignements sur le brevet	Patents have expired in most jurisdictions Lire la suite sur les brevets.
Wikipédia	Capreomycin
DrugBank	Capreomycin

Résumé des preuves et recommandation du comité d'experts

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.

