




Section: 20. Muscle relaxants (peripherally-acting) and cholinesterase inhibitors

ATC codes: M03AA01

| | |
|--------------------------|---|
| Indication | Muscle relaxants ICD11 code: XM1638330014 |
| INN | Alcuronium chloride |
| Medicine type | Chemical agent |
| List type | Core |
| Formulations | Parenteral > General injections > IV: 5 mg per mL in 2 mL ampoule (alcuronium chloride) |
| EML status history | First added in 1993 (TRS 850) Removed in 2011 (TRS 965) |
| Sex | All |
| Age | Adolescents and adults |
| Therapeutic alternatives | Medicines within the same pharmacological class can be used |
| Patent information | Patents have expired in most jurisdictions Read more about patents .  |
| Wikipedia | Alcuronium  |
| DrugBank | Alcuronium  |

Summary of evidence and Expert Committee recommendations

Alcuronium was replaced by atracurium (with a square box) following a review of muscle relaxants on the the EML in 2011. Alcuronium has a slow onset and long duration of action, with more adverse effects than other non-depolarizing agents (1). It is no longer registered by stringent regulatory authorities (United States, United Kingdom, France). Atracurium has fewer adverse effects, although it can cause histamine release. Rocuronium and vecuronium have longer onset of action but decreased risk of tachycardia. Pancuronium has an even longer onset and duration of action. The Committee noted that the information in the review showed that, within the class, atracurium is cheaper than others except pancuronium (Table 7 in the application) and therefore recommended the replacement of alcuronium with atracurium (2), due to its comparative effectiveness and safety profile, current availability, and cost. The Committee recommended that this section (Section 20) be reviewed before the next Expert Committee meeting, to consider which longer-acting agents were needed, and which were specifically useful in children. References: 1. Hunter JM. New neuromuscular blocking drugs. New England Journal of Medicine, 1995,332:1691–1699.

