Capreomycin

Also called: Capastat; Capreomycin sulfate

What it is

An injectable cyclic polypeptide anti-TB drug, approved as Capastat (1971) and now discontinued in the US.

Approval status

Discontinued. Approved in the US as Capastat, NDA 050095, on June 2, 1971; Drugs@FDA (openFDA) lists the product as discontinued, and DailyMed carries no manufacturer label (read October 3, 2026).

Dosing, as printed in the page's Recommended Dosing box

Used in human trials

No manufacturer dose exists for this use: these are amounts given in published trials, not recommendations.

Protocol and source	Dose	Frequency	Duration	Route
Case report: XDR-TB in India **[Human study]** PMID 31562727	750 mg	Once daily	Months (tetany at 12 weeks)	Intramuscular

Educational information, not medical advice. Each dose above is tagged with its source: an approved label, a published human study, animal data, or amounts reported by users. None is a recommendation for you. An unapproved compound has no established safe or effective human dose, and products sold for "research use only" are not made or tested for people. Talk to a doctor before acting on anything on this site, including before you start, stop or change any medicine or dose.

Key human evidence

The first 3 of the 11 human studies carded on the page (15 study cards in all):

• **Individual-patient meta-analysis of injectables** (Human, 2021). Across MDR-TB patients given injectables, capreomycin (2,401 patients) was used more than amikacin despite worse results: compared with capreomycin, amikacin was associated with 9 more cures and 5 fewer deaths per 100 patients, and streptomycin with 10 more cures and 10 fewer deaths. **PMID 33124668**

• **Electrolyte disturbances** (Human, 1970). Tuberculosis patients treated with capreomycin developed gross electrolyte disturbances, including low potassium, magnesium and calcium and alkalosis, probably through secondary hyperaldosteronism; the authors advised withdrawing the drug if these developed. **PMID 5489186**

• **Kidney injury with tenofovir** (Human, 2018). In 215 South African patients with drug-resistant TB on kanamycin- or capreomycin-based regimens, nephrotoxicity ran at 3.6 cases per 100 person-months without antiretrovirals and 6.9 with tenofovir (hazard ratio 2.06, not significant), and 12 with other antiretrovirals (HR 4.09). **PMID 29683992**

Interactions

A PubMed search for interaction studies of this compound with any drug (October 5, 2026, 28 records) found none in people. That is not evidence that it is safe to combine with anything.

Side effects and cautions

Reported side effects	Contraindications and cautions
• Hearing loss and kidney toxicity, as with other injectable anti-TB drugs • Months of repeated injections	• Use only under specialist TB care where still available outside the US

Five questions to ask

1. Capreomycin is listed here as "Discontinued". What does the evidence on this sheet mean for someone in my situation, and is there an approved treatment I should consider instead?
2. Here are the medicines and supplements I take. Do any of them interact with Capreomycin? This sheet records none published, which does not mean none exist.
3. Which side effects should make me stop and call you, for example hearing loss and kidney toxicity?
4. Do any of the cautions on this sheet apply to me, such as: Use only under specialist TB care where still available outside the US?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

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