I.8 Prednisolone – adrenal insufficiency – EML and EMLc					
Reviewer summary	⊠ Supportive of the proposal				
	☐ Not supportive of the proposal				
	Justification (based on considerations of the dimensions described below): This feels like a no-brainer, obvious inclusion in the EML. Prednisolone is cheaper and more effective, thus more cost-effective, than currently included hydrocortisone. Plus, a lower dose formulation is sufficient and would be even more cost-effective. I can't think of a good reason not to support the proposal.				
Does the EML and/or EMLc currently recommend alternative medicines for the		⊠ Yes	□ No	☐ Not applicable	
proposed indication that can be considered therapeutic alternatives? (https://list.essentialmeds.org/)		Hydrocortisone. But prednisolone, specially lower dose as proposed, is more cost-effective.			
Does adequate evidence exist for the efficacy/effectiveness of the medicine for the proposed indication?		⊠ Yes	□ No	☐ Not applicable	
(e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;)					
Does adequate evidence exist for the safety/harms associated with the proposed medicine?		⊠ Yes	□ No	☐ Not applicable	
(e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;)					
Overall, does the proposed medicine have a favourable and meaningful balance of benefits to harms?		⊠ Yes	□ No	☐ Not applicable	
Are there any special requirements for the safe, effective and appropriate use of the medicines?		⊠ Yes	□ No	☐ Not applicable	
(e.g. laboratory diagnostic and/or monitoring tests, specialized training for health providers, etc)					
Are there any issues regarding price, cost-effectiveness and budget implications in different settings?		☐ Yes	⊠ No	☐ Not applicable	
		This is better, cheaper, and more costeffective.			
Is the medicine available and accessible across countries?		☐ Yes	⊠ No	☐ Not applicable	
(e.g. shortages, generics and biosimilars, pooled procurement programmes, access programmes)		Medicine is available, but lower dose formulation not so. Hence, the hope is that by including in EML, it will be more widely available and accessible.			
Does the medicine have wide regulatory approval?		☑ Yes, for the proposed indication			
		☐ Yes, but only for other indications (off-label for proposed indication) ☐ No ☐ Not applicable			