

# MEMORANDUM

**From:** Director, MSD      **To:** Director, HPS      **Date:** 7 April 2021

**Our ref:**      **Attention:** Secretary of the Expert Committee on Selection and Use of Essential Medicines

**Your ref:**      **Through:**

**Originator:** MvO      **Subject:** PROPOSAL FOR A COMPREHENSIVE REVISION OF THE MENTAL HEALTH CHAPTER ON THE EML AND EMLc

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Over the last ten years the WHO has produced, and regularly updated, a number of evidence-based tools in the area of mental health, including WHO guidelines for the management of mental, neurological and substance use disorders (1) with linked derivative products such as the mental health Gap Action Programme (mhGAP) Intervention Guide (2). These products include recommendations on rational use of psychotropic medicines that not always fully match with the EML.

In parallel, the EML has progressively moved to include indications for use. Such indications may refer to a clinical condition (e.g. amoxicillin: *community acquired pneumonia*), target symptoms (e.g. fentanyl: *for the management of cancer pain*), to a subgroup of patients (e.g. oxamniquine: *for use when praziquantel treatment fails*), or to specific requirements (e.g. procaine benzylpenicillin: *not recommended as first-line treatment for neonatal sepsis except in settings with high neonatal mortality, when given by trained health workers in cases where hospital care is not achievable*). So far, this approach has not been applied to medicines for mental disorders, that are currently listed without any specifications. However, existing WHO guidance (1-2) report indications for use, target populations, and specific requirements for rational use of medicines for mental disorders.

Another aspect is that the WHO Guidelines for the Management of Conditions Specifically Related to Stress (3) includes an ICD-11 diagnostic category, with treatment indications, that is not included in the 21<sup>st</sup> EML (i.e., post-traumatic stress disorder).

## Request

- Align the EML with existing WHO recommendations and tools produced by the WHO Department of Mental Health and Substance Use.
- Update the EML for medicines for conditions that are currently not covered by existing WHO recommendations (anxiety disorders and obsessive-compulsive disorder). It is noted that MSD has a plan to address anxiety disorders in updated mhGAP guidelines.

Addition of indication for use for medicines for mental disorders as well as describing disorders in terms of ICD-11 categories should be considered.

Amongst others, the following changes may need to be carefully considered:

- Removal of chlorpromazine injections.
- Adding a squared box to risperidone (both for schizophrenia and bipolar disorder).
- Dropping haloperidol and chlorpromazine from the EMLc (children's list).
- Revising the age limit for fluoxetine (from 8 to 12).
- Adding fluoxetine with a squared box for post-traumatic stress disorder, for anxiety disorders, and for obsessive-compulsive disorder.

## Conclusion

In view of the content of existing WHO evidence-based recommendations and considering that the WHO EML is not fully consistent with these recommendations, a thorough revision of the mental health chapter for the 2023 EML/EMLc update is highly pertinent and relevant. I am asking you to guide us on possible next steps.

## References

1. WHO. mhGAP Evidence Resource Centre. Accessed from:  
[https://www.who.int/mental\\_health/mhgap/evidence/en/](https://www.who.int/mental_health/mhgap/evidence/en/)
2. WHO. mhGAP Intervention Guide - Version 2.0. Accessed from:  
<https://www.who.int/publications/i/item/mhgap-intervention-guide---version-2.0>
3. WHO. Guidelines for the Management of Conditions Specifically Related to Stress.  
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[https://apps.who.int/iris/bitstream/handle/10665/85119/9789241505406\\_eng.pdf;jsessionid=11EEE016568404DC97807DB37AA4B12D?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/85119/9789241505406_eng.pdf;jsessionid=11EEE016568404DC97807DB37AA4B12D?sequence=1)



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