| C.3   | Chlorpromazine, fluphenazine decanoate/enantate and haloperidol – review of |   |
|---|---|---|
|   | square box alterna  | tives – EML   |
| Draft recommendation  |   | ⊠ Recommended   |
|   |   | □ Not recommended   |
|   |   | <ol> <li>Justification: The submitted application contains several proposals for changes of Chlorpromazine, fluphenazine decanoate/enantate and haloperidol status in EML.</li> <li>Since haloperidol is the first line therapy, remove chlorpromazine from the main list and add it as therapeutic alternative to haloperidol.</li> <li>Add haloperidol decanoate and zuclopenthixol decanoate (if included in new version of WHO guideline) as therapeutic alternatives to fluphenazine.</li> </ol> |
| Does the proposed medicine address a relevant public health need?   |   | ⊠ Yes   |
|   |   | □ No  |
|   |   | □ Not applicable  |
|   |   | Comments:   |
|   |   |   |
| Does adequate evidence exist for the  |   | ⊠ Yes   |
| efficacy/effectiveness of the medicine for the proposed indication?   |   | □No   |
|   |   | □ Not applicable  |
| (this may be evidence included in the application, and/or additional evidence   |   | Comments:   |
| identified during the review process)   |   |   |
|   |   |   |
| Does adequate evidence exist for the safety/harms associated with the proposed medicine?  (this may be evidence included in the application, and/or additional evidence |   | ⊠ Yes   |
|   |   | □No   |
|   |   | □ Not applicable  |
|   |   | Comments:   |
| identified dur  | ing the review process)   |   |
|   |   |   |
| Are there any adverse effects of concern, or that may require special monitoring?   |   | ⊠ Yes   |
|   |   | □ No  |
|   |   | ☐ Not applicable  |
|   |   | Comments:   |
|   |   |   |
|   |   |   |

## $24^{\text{th}}$ WHO Expert Committee on Selection and Use of Essential Medicines Expert review

| Are there any special requirements for the safe, effective and appropriate use of the medicines?  (e.g. laboratory diagnostic and/or monitoring tests, specialized training for health providers, etc) | <ul> <li>Yes</li> <li>□ No</li> <li>□ Not applicable</li> <li>Comments: Parental dosage forms require close observation of the patients by qualified medical staff.</li> </ul>  |
|--|---|
| Are there any issues regarding cost, cost-effectiveness, affordability and/or access for the medicine in different settings?   | ☐ Yes  ☑ No ☐ Not applicable Comments:  |
| Are there any issues regarding the registration of the medicine by national regulatory authorities?  (e.g. accelerated approval, lack of regulatory approval, off-label indication)                    | ☐ Yes  ☑ No ☐ Not applicable Comments:  |
| Is the proposed medicine recommended for use in a current WHO guideline?  (refer to: https://www.who.int/publications/whoguidelines)   | ☐ Yes ☐ No ☐ Not applicable Comments: It is expected that the recommendations made by this proposal on changing the current status of chlorpromazine, fluphenazine decanoate/enantate and haloperidol on the EML will be approved by the WHO Guidelines Review Committee. |