1.5	Fluoxetine – obsessive-compulsive disorder – EML	
Draft recommendation		⊠ Recommended
		□ Not recommended
		Justification:
		SSRIs are more effective in reducing obsessive compulsive disorder than placebo and have a significantly lower risk of adverse events than TCAs including Clomipramine, the only medicine for OCD in the WHO EML. Also SSRIs are recommended as first line treatment in most national and international guidelines because of their safety profile over TCAs. SSRIs are also most feasible to use in low resource settings due to widespread availability, low costs, and being available as generics.
Does the proposed medicine address a relevant public health need?		⊠ Yes
		□No
		□ Not applicable
		Comments:
		OCD is the 4 <sup>th</sup> most common mental disorder and the 10 <sup>th</sup> cause of disability worldwide. Prevalence of OCD also increased during the COVID-19 pandemic as well as worsening of symptoms of OCD in people both undiagnosed and diagnosed OCD prior to the pandemic.
Does adequate evidence exist for the		⊠ Yes
efficacy/effectiveness of the medicine for the proposed indication?		□No
(this may be evidence included in the application, and/or additional evidence identified during the review process)		☐ Not applicable
		Comments:
		SSRIs are more effective than placebo and recommended in guidelines as first-line pharmacological treatment.
Does adequate evidence exist for the		⊠ Yes
safety/harms associated with the proposed medicine?		□No
(this may be evidence included in the application, and/or additional evidence		☐ Not applicable
		Comments:
1 1	ng the review process)	SSRIs have a significantly lower risk of adverse events than TCAs and usually recommended as first-line pharmacological treatment due to their safer profile over TCAs.
Are there any adverse effects of		☐ Yes
concern, or that may require special monitoring?		⊠ No
		□ Not applicable
		Comments:

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Are there any special requirements for	☐ Yes
the safe, effective and appropriate use of the medicines?	⊠ No
	□ Not applicable
(e.g. laboratory diagnostic and/or monitoring tests, specialized training for	Comments:
health providers, etc)	
Are there any issues regarding cost,	□Yes
cost-effectiveness, affordability and/or access for the medicine in different	⊠ No
settings?	□ Not applicable
	Comments:
	OCD comes with a high cost for affected individuals, healthcare systems and society
	both due to the loss of productivity and working power. SSRIs although equal in efficacy to Clomipramine in the treatment of OCD, are better tolerated and thus
	compliance to treatment is higher with SSRIs than Clomipramine resulting in better
	treatment outcomes and reduced cost to individuals, healthcare system and society.
Are there any issues regarding the registration of the medicine by national	☐ Yes
regulatory authorities?	⊠ No
(e.g. accelerated approval, lack of	□ Not applicable
regulatory approval, off-label indication)	Comments:
	Fluoxetine gained USFDA approval under the Trade name Prozac in 1987, went off-
	patent in 2001 and available as generics. Other SSRIs (citalopram, escitalopram, fluvoxamine, paroxetine and sertraline) are also off-patent with generic formulations
	available.
Is the proposed medicine	⊠ Yes
recommended for use in a current WHO guideline?	□No
(refer to:	□ Not applicable
https://www.who.int/publications/who-	Comments:
guidelines)	Guidelines clearly indicate SSRIs as the first-choice pharmacological treatment for OCD.
	[The National Institute for Health and Care Excellence (NICE), British Association of Psychopharmacology (BAP), Canadian Anxiety Disorders Guidelines Initiative, The American Psychiatric Association]