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I.5 Fluoxetine – obsessive-compulsive disorders

MSF strongly supports the proposal from the WHO Collaborating Centre for Research and Training in Mental Health and Service Evaluation to include fluoxetine, as a representative of the selective serotonin reuptake inhibitor antidepressants (SSRIs), with a squared box symbol restricted to citalopram, escitalopram, fluvoxamine, paroxetine, and sertraline, for the treatment of adults with obsessive compulsive disorders, in the Core List of the Section 24.4 “Medicines used for obsessive compulsive disorders” in the WHO Model List of Essential Medicines (EML).

Since 2007, fluoxetine is included in the Core List of the Section 24.2.1 “Medicines used in depressive disorders” of the EML.

In 2019, MSF strongly supported the WHO Collaborating Centre for Research & Training in Mental Health & Service Evaluation proposal to add a square box symbol to fluoxetine, the first representative of the therapeutic class of SSRIs for the treatment of depressive disorders in the EML. The square box symbol indicates therapeutic equivalence between SSRIs with comparable efficacy, acceptability and safety profiles and MSF recommended that the square box symbol be restricted to citalopram, escitalopram, fluoxetine, sertraline and paroxetine, SSRIs for which there is the strongest evidence for both efficacy and acceptability.

The 2019 Expert Committee recommended the addition of a square box symbol to the current listing of fluoxetine on the Core List of the EML for treatment of depressive disorders with the following list of therapeutic alternatives: citalopram, escitalopram, fluvoxamine, paroxetine, and sertraline.

Currently, the Section 24.4 “Medicines used for obsessive compulsive disorders” includes only clomipramine, a tricyclic antidepressant (TCA).

Obsessive compulsive disorders can be treated by tricyclic antidepressants (TCAs) and SSRIs. SSRIs are recommended as the first-line pharmacological treatment, as they are more effective in reducing obsessive compulsive disorders than placebo and have a safer profile than tricyclic antidepressants (TCAs), including in case of acute intoxication.

After a comprehensive review of the highest-quality scientific, the authors concluded that fluoxetine and other SSRIs have similar efficacy and tolerability profiles and that fluoxetine, the first SSRI being

approved in 1987, should be included in the EML in Section 24.4 “Medicines used in obsessive compulsive disorders” with a square box symbol. This square box symbol is restricted to citalopram, escitalopram, fluvoxamine, paroxetine, and sertraline which could be substituted to fluoxetine if needed as they are considered to be valid therapeutic alternatives. These medicines are worldwide available as generics and included in most national pharmacopoeias. The authors considered that there is no sufficient evidence to endorse the other SSRIs (i.e., zimeldine, alaproclate and etoperidone).

SSRIs are essential medicines in low- and middle-income countries (LMICs), due to their efficacy, safety profile, worldwide availability and affordability, and ease of administration (one daily oral intake).

MSF has been using fluoxetine, paroxetine and sertraline in its programs, since 2002, 2011 and 2017 respectively.

MSF urges the 24th Expert Committee on the Selection and Use of Essential Medicines to include fluoxetine, as a representative of the selective serotonin reuptake inhibitors antidepressant with a squared box, restricted to citalopram, escitalopram, fluvoxamine, paroxetine, and sertraline, in the Core List of the Section 24.4 “Medicines used obsessive compulsive disorders” in the WHO Model List of Essential Medicines.



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