

World Health Organization Model List of Essential Medicines

21st List
2019

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WHO Model List of Essential Medicines (2019)

Explanatory notes

The **core list** presents a list of minimum medicine needs for a basic health-care system, listing the most efficacious, safe and cost-effective medicines for priority conditions. Priority conditions are selected on the basis of current and estimated future public health relevance, and potential for safe and cost-effective treatment.

Where the **[c]** symbol is placed next to an individual medicine or strength of medicine on the core list it signifies that there is a specific indication for restricting its use to children.

The **complementary list** presents essential medicines for priority diseases, for which specialized diagnostic or monitoring facilities, and/or specialist medical care, and/or specialist training are needed. In case of doubt medicines may also be listed as complementary on the basis of consistent higher costs or less attractive cost-effectiveness in a variety of settings.

Where the **[c]** symbol is placed next to an individual medicine or strength of medicine on the complementary list it signifies that the medicine(s) require(s) specialist diagnostic or monitoring facilities, and/or specialist medical care, and/or specialist training for their use in children.

The **square box symbol (□)** is primarily intended to indicate similar clinical performance within a pharmacological class. The listed medicine should be the example of the class for which there is the best evidence for effectiveness and safety. In some cases, this may be the first medicine that is licensed for marketing; in other instances, subsequently licensed compounds may be safer or more effective. Where there is no difference in terms of efficacy and safety data, the listed medicine should be the one that is generally available at the lowest price, based on international drug price information sources. Not all square boxes are applicable to medicine selection for children.

Therapeutic equivalence is indicated only on the basis of reviews of efficacy and safety and when consistent with WHO clinical guidelines. National lists should not use a similar symbol and should be specific in their final selection, which would depend on local availability and price.

The **Ⓜ** symbol indicates that there is an age or weight restriction on use of the medicine; details for each medicine can be found in Table 1.1.

The presence of an entry on the Essential Medicines List carries no assurance as to pharmaceutical quality. It is the responsibility of the relevant national or regional drug regulatory authority to ensure that each product is of appropriate pharmaceutical quality (including stability) and that, when relevant, different products are interchangeable.

For recommendations and advice concerning all aspects of the quality assurance of medicines see the WHO Medicines website http://www.who.int/medicines/areas/quality_safety/quality_assurance/en/.

Medicines and dosage forms are listed in alphabetical order within each section and there is no implication of preference for one form over another. Standard treatment guidelines should be consulted for information on appropriate dosage forms.

The main terms used for dosage forms in the Essential Medicines List can be found in Table 1.2.

Definitions of many of these terms and pharmaceutical quality requirements applicable to the different categories are published in the current edition of *The International Pharmacopoeia* <http://www.who.int/medicines/publications/pharmacopoeia>.

1. ANAESTHETICS, PREOPERATIVE MEDICINES AND MEDICAL GASES	
1.1 General anaesthetics and oxygen	
1.1.1 Inhalational medicines	
halothane	Inhalation.
isoflurane	Inhalation.
nitrous oxide	Inhalation.
oxygen	Inhalation (medical gas).
1.1.2 Injectable medicines	
ketamine	Injection: 50 mg (as hydrochloride)/ mL in 10- mL vial.
propofol*	Injection: 10 mg/ mL; 20 mg/ mL. * Thiopental may be used as an alternative depending on local availability and cost.
1.2 Local anaesthetics	
<input type="checkbox"/> bupivacaine	Injection: 0.25%; 0.5% (hydrochloride) in vial. Injection for spinal anaesthesia: 0.5% (hydrochloride) in 4- mL ampoule to be mixed with 7.5% glucose solution.
<input type="checkbox"/> lidocaine	Injection: 1%; 2% (hydrochloride) in vial. Injection for spinal anaesthesia: 5% (hydrochloride) in 2- mL ampoule to be mixed with 7.5% glucose solution. Topical forms: 2% to 4% (hydrochloride).
lidocaine + epinephrine (adrenaline)	Dental cartridge: 2% (hydrochloride) + epinephrine 1:80 000. Injection: 1%; 2% (hydrochloride or sulfate) + epinephrine 1:200 000 in vial.
<i>Complementary List</i>	
<i>ephedrine</i>	Injection: 30 mg (hydrochloride)/ mL in 1- mL ampoule. (For use in spinal anaesthesia during delivery, to prevent hypotension).
1.3 Preoperative medication and sedation for short-term procedures	
atropine	Injection: 1 mg (sulfate) in 1- mL ampoule.
<input type="checkbox"/> midazolam	Injection: 1 mg/ mL. Oral liquid: 2 mg/ mL [c]. Tablet: 7.5 mg; 15 mg.
morphine	Injection: 10 mg (sulfate or hydrochloride) in 1- mL ampoule.

1.4 Medical gases	
oxygen*	Inhalation For use in the management of hypoxaemia. *No more than 30% oxygen should be used to initiate resuscitation of neonates less than or equal to 32 weeks of gestation.
2. MEDICINES FOR PAIN AND PALLIATIVE CARE	
2.1 Non-opioids and non-steroidal anti-inflammatory medicines (NSAIDs)	
acetylsalicylic acid	Suppository: 50 mg to 150 mg. Tablet: 100 mg to 500 mg.
ibuprofen <input type="checkbox"/>	Oral liquid: 200 mg/5 mL. Tablet: 200 mg; 400 mg; 600 mg. <input type="checkbox"/> Not in children less than 3 months.
paracetamol*	Oral liquid: 120 mg/5 mL; 125 mg/5 mL. Suppository: 100 mg. Tablet: 100 mg to 500 mg. * Not recommended for anti-inflammatory use due to lack of proven benefit to that effect.
2.2 Opioid analgesics	
codeine	Tablet: 30 mg (phosphate).
fentanyl*	Transdermal patch: 12 micrograms/hr; 25 micrograms/hr; 50 micrograms/hr; 75 micrograms/hr; 100 micrograms/hr *for the management of cancer pain
<input type="checkbox"/> morphine*	Granules (slow-release; to mix with water): 20 mg –200 mg (morphine sulfate). Injection: 10 mg (morphine hydrochloride or morphine sulfate) in 1- mL ampoule. Oral liquid: 10 mg (morphine hydrochloride or morphine sulfate)/5 mL. Tablet (slow release): 10 mg–200mg (morphine hydrochloride or morphine sulfate). Tablet (immediate release): 10 mg (morphine sulfate). *Alternatives limited to hydromorphone and oxycodone

<i>Complementary list</i>	
methadone*	<p>Tablet: 5 mg; 10 mg (as hydrochloride)</p> <p>Oral liquid: 5mg/ 5mL; 10mg/ 5mL (as hydrochloride)</p> <p>Concentrate for oral liquid: 5 mg/ mL; 10mg/ mL (as hydrochloride)</p> <p>*For the management of cancer pain.</p>
2.3 Medicines for other common symptoms in palliative care	
amitriptyline	Tablet: 10 mg; 25 mg; 75 mg.
cyclizine [c]	Injection: 50 mg/ mL. Tablet: 50 mg.
dexamethasone	Injection: 4 mg/ mL in 1- mL ampoule (as disodium phosphate salt). Oral liquid: 2 mg/5 mL. Tablet: 2 mg [c]; 4 mg.
diazepam	Injection: 5 mg/ mL. Oral liquid: 2 mg/5 mL. Rectal solution: 2.5 mg; 5 mg; 10 mg. Tablet: 5 mg; 10 mg.
docusate sodium	Capsule: 100 mg. Oral liquid: 50 mg/5 mL.
fluoxetine [a]	Solid oral dosage form: 20 mg (as hydrochloride). [a] >8 years.
haloperidol	Injection: 5 mg in 1- mL ampoule. Oral liquid: 2 mg/ mL. Solid oral dosage form: 0.5 mg; 2mg; 5 mg.
hyoscine butylbromide	Injection: 20 mg/ mL.
hyoscine hydrobromide [c]	Injection: 400 micrograms/ mL; 600 micrograms/ mL. Transdermal patches: 1 mg/72 hours.

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