WHO Model List of Essential Medicines for Children

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WHO Model List of Essential Medicines for Children

Explanatory Notes

This Model List is intended for use for children up to 12 years of age.

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.

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.

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.

Therapeutic equivalence is only indicated 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. Medicines are listed in alphabetical order, within sections.

The format and numbering of the 15th WHO Model List of Essential Medicines have been retained but, as indicated in the text, some sections have been deleted because they contain medicines that are not relevant for children.

In the List of Essential Medicines for Children, two additional symbols	s are used.
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į	a	indicates	that the	ere is an	age res	striction	on use	of the	medicines	; the	details	for	each
1	me	edicine ar	re in Tab	ole 1.									

R indicates that the Subcommittee has endorsed the medicine as essential but has requested a review of the efficacy and safety to confirm this decision, or to expand use to additional age groups.

The listing of a medicine on the Essential Medicines List carries no assurance as to pharmaceutical quality of an individual product. It is the responsibility of each local regulatory authority to ensure that each brand is of appropriate pharmaceutical quality (including stability) and that, when relevant, different brands are interchangeable.

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

Entries of the type *oral liquid* are intended to permit any solution, suspension or other form of liquid. Granules or powder for reconstitution as an oral liquid may substitute for oral liquids, and typically carry benefits in the form of better stability and lower transport costs. If more than one type of oral liquid is available on the same market (e.g. solution, suspension, granules or powder for reconstitution), they may be interchanged and in such cases should be bioequivalent. It is preferable that oral liquids do not contain sugar and that solutions for children do not contain alcohol.

Entries of the type *tablet* are intended to allow various forms of immediate-release tablet such as scored, uncoated, film-coated, crushable, chewable, dispersible etc. Enteric coating, on the other hand, modifies drug release, and enteric-coated products are a modified-release dosage form. Crushable, chewable and dispersible tablets may be easier to administer to paediatric populations and to the elderly.

1. ANAESTHETICS	
1.1 General anaesthetics ar	nd oxygen
□ halothane R	Inhalation.
La materialic N	Review for alternative inhalational agents.
ketamine	Injection: 50 mg (as hydrochloride)/ml in 10-ml vial.
nitrous oxide	Inhalation.
oxygen	Inhalation (medicinal gas).
thiopental	Powder for injection: 0.5 g; 1.0 g (sodium salt) in ampoule.
1.2 Local anaesthetics	
	Injection: 0.25%; 0.5% (hydrochloride) in vial.
□ bupivacaine	Injection for spinal anaesthesia: 0.5% (hydrochloride) in 4-ml ampoule to be mixed with 7.5% glucose solution.
	Injection: 1%; 2% (hydrochloride) in vial.
□ lidocaine	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	Dental cartridge: 2% (hydrochloride) + epinephrine 1:80 000.
(adrenaline)	Injection: 1%; 2% (hydrochloride) + epinephrine 1:200 000 in vial.
1.3 Preoperative medication	n and sedation for short-term procedures
atropine R	Injection: 1 mg (sulfate) in 1-ml ampoule.
шпорте 🖍	Relevance to current clinical practice?
_	Injection: 5 mg/ml in 2-ml ampoule.
□ diazepam R	Tablet: 5 mg.
	R Alternatives such as midazolam preferable?
morphine R	Injection: 10 mg (sulfate or hydrochloride) in 1-ml ampoule.
	R Need for review for the next meeting.
MEDICINES (NSAIMS), M MODIFYING AGENTS IN I	RETICS, NON-STEROIDAL ANTI-INFLAMMATORY EDICINES USED TO TREAT GOUT AND DISEASE RHEUMATOID DISORDERS (DMARDS)
2.1 Non-opioids and non-st	eroidal anti-inflammatory medicines (NSAIMs)
	Tablet: 200 mg; 400 mg.
ibuprofen a R	 3 months. Use in children, focusing on comparative analgesic efficacy and safety, include role of injection form in patent ductus arteriosus.
	Oral liquid: 125 mg/5 ml.
	Suppository: 100 mg.
paracetamol*	Tablet: 100 mg to 500 mg.
	* Not recommended for anti-inflammatory use due to lack of proven benefit to that effect.

Complementary List	
	Suppository: 50 mg to 150 mg.
acetylsalicylic acid*	Tablet: 100 mg to 500 mg.
	* For use for rheumatic fever, juvenile arthritis, Kawasaki disease.
2.2 Opioid analgesics	
codeine	Tablet: 15 mg (phosphate).
	Injection: 10 mg (morphine hydrochloride or morphine sulfate) in 1-ml ampoule.
morphine	Oral liquid: 10 mg (morphine hydrochloride or morphine sulfate)/5 ml.
•	Tablet: 10 mg (morphine sulfate).
	Tablet (prolonged release): 10 mg; 30 mg; 60 mg (morphine sulfate).
2.3 Medicines used to tr	eat gout
2.4 Disease modifying a	gents used in rheumatoid disorders (DMARDs)ℝ
	there is a need for medicines for the treatment of juvenile arthritis but did not d medicines at this time, requesting a review of this section.
3. ANTIALLERGICS AN	ID MEDICINES USED IN ANAPHYLAXIS
	Injection: 10 mg (hydrogen maleate) in 1-ml ampoule.
	Oral liquid: 2 mg/5 ml.
□ chlorphenamine a R	Tablet: 4 mg (hydrogen maleate).
	 >1 year. Review of diphenhydramine to assess comparative efficacy and safety with chlorphenamine as a possible preferable alternative.
dexamethasone	Injection: 4 mg dexamethasone phosphate (as disodium salt) in 1-ml ampoule.
epinephrine (adrenaline)	Injection: 1 mg (as hydrochloride or hydrogen tartrate) in 1-ml ampoule.
hydrocortisone	Powder for injection: 100 mg (as sodium succinate) in vial.
□ prednisolone	Oral liquid: 5mg/ml.
□ predifisolofie	Tablet: 5 mg; 25 mg.
4. ANTIDOTES AND O	THER SUBSTANCES USED IN POISONINGS
4.1 Non-specific	
charcoal, activated	Powder.
4.2 Specific R	1
R The Subcommittee recommen	ded that this section be reviewed for its next meeting.
acetylcysteine	Injection: 200 mg/ml in 10-ml ampoule.
atropine	Injection: 1 mg (sulfate) in 1-ml ampoule.

deferoxamine	Powder for injection: 500 mg (mesilate) in vial.			
dimercaprol	Injection in oil: 50 mg/ml in 2-ml ampoule.			
naloxone	Injection: 400 micrograms (hydrochloride) in 1-ml ampoule.			
_	Capsule or tablet: 250 mg.			
penicillamine R	Comparative effectiveness and safety versus sodium calcium edetate.			
	Injection: 200 mg/ml in 5-ml ampoule.			
sodium calcium edetate R	R Comparative effectiveness and safety versus penicillamine.			
5. ANTICONVULSANTS/A	NTIEPILEPTICS			
	Oral liquid: 100 mg/5 ml.			
carbamazepine	Tablet (chewable): 100 mg; 200 mg.			
	Tablet (scored): 100 mg; 200 mg.			
	Injection: 5 mg/ml in 2-ml ampoule (intravenous or rectal).			
□ diazepam R	Review of benzodiazepines as alternative to diazepam (specifically consider comparative efficacy and safety of lorazepam and midazolam in relation to diazepam).			
	Injection: 200 mg/ml (phenobarbital sodium).			
phenobarbital	Oral liquid: 15 mg/5 ml (phenobarbital) or 5 ml (phenobarbital sodium).			
	Tablet: 15 mg to 100 mg (phenobarbital).			
	Capsule: 25 mg; 50 mg; 100 mg (sodium salt).			
	Injection: 50 mg/ml in 5-ml vial (sodium salt).			
	Oral liquid: 25 mg to 30 mg/5 ml.*			
phenytoin	Tablet: 25 mg; 50 mg; 100 mg (sodium salt).			
	Tablet (chewable): 50 mg.			
	* The presence of both 25 mg/5 ml and 30 mg/5 ml strengths on the same market would cause confusion in prescribing and dispensing and should be avoided.			
	Oral liquid: 200 mg/5 ml.			
valproic acid (sodium valproate)	Tablet (crushable): 100 mg.			
	Tablet (enteric-coated): 200 mg; 500 mg (sodium salt).			
Complementary List	Complementary List			
ethosuximide	Capsule: 250 mg.			
ะเกษรนมเทเนะ	Oral liquid: 250 mg/5 ml.			
6. ANTI-INFECTIVE MEDI	CINES			
6.1 Anthelminthics R				
Review evidence of efficacy and saf medicines in children below the specif	Tety of use of anthelminth/antifilarial/antischistosomal and antitrematode ied age in current licences.			
6.1.1 Intestinal anthelmint	hics R			
albendazole	Tablet (chewable): 400 mg.			

levamisole	Tablet: 50 mg; 150 mg (as hydrochloride).
□ mebendazole	Tablet (chewable): 100 mg; 500 mg.
	Tablet (chewable): 500 mg.
niclosamide*	* Niclosamide is listed for use when praziquantel treatment fails.
praziquantel	Tablet: 150 mg; 600 mg.
praziquanter	Oral liquid: 50 mg (as embonate)/ml.
pyrantel	Tablet (chewable): 250 mg (as embonate).
6.1.2 Antifilarials R	Tablet (Chewable). 250 mg (as embonate).
_	Tablet (cased), 2 mg, 6 mg
ivermectin	Tablet (scored): 3 mg; 6 mg.
Complementary List	
diethylcarbamazine	Tablet: 50 mg; 100 mg (dihydrogen citrate).
6.1.3 Antischistosomals a	nd antitrematode medicine R
praziquantel	Tablet: 600 mg.
triclabendazole	Tablet: 250 mg.
Complementary List	
	Capsule: 250 mg.
oxamniquine*	Oral liquid: 250 mg/5 ml.
	* Oxamniquine is listed for use when praziquantel treatment fails.
6.2 Antibacterials	
6.2.1 Beta Lactam medici	nes
	Capsule or tablet: 250 mg; 500 mg (anhydrous).
amoxicillin	Powder for oral liquid: 125 mg (anhydrous)/5 ml; 250 mg (anhydrous)/5 ml.
amoxicillin + clavulanic acid	Oral liquid: 125 mg amoxicillin + 31.25 mg clavulanic acid/5 ml AND 250 mg amoxicillin + 62.5 mg clavulanic acid/5 ml.
	Tablet: 500 mg + 125 mg.
ampicillin	Powder for injection: 500 mg; 1 g (as sodium salt) in vial.
benzathine benzylpenicillin	Powder for injection: 900 mg benzylpenicillin (=1.2 million IU) in 5-ml vial; 1.44 g benzylpenicillin (=2.4 million IU) in 5-ml vial.
benzylpenicillin	Powder for injection: 600 mg (= 1 million IU); 3 g (= 5 million IU) (sodium or potassium salt) in vial.
	Powder for injection: 1 g (as sodium salt) in vial.
□ cefazolin* a	* For surgical prophylaxis.
	a >1 month.
E a Cairman	Powder for injection: 250 mg, 1 g (as sodium salt) in vial.
□ ceftriaxone R	Review for safety of use in neonates.
	I

Capsule: 500 mg; 1 g (as sodium salt). Powder for injection: 500 mg (as sodium salt) in vial. Powder for oral liquid: 125 mg (as sodium salt)/5 ml. Powder for oral liquid: 250 mg (as potassium salt)/5 ml.
Powder for oral liquid: 125 mg (as sodium salt)/5 ml.
- 0
Powder for oral liquid: 250 mg (as potassium salt)/5 ml.
Tablet: 250 mg (as potassium salt).
Powder for injection: 1 g (=1 million IU); 3 g (=3 million IU) in vial.
Not in neonates />1 month. Review use of procaine penicillin in neonates.
Powder for injection: 250 mg (as pentahydrate) in vial.
Review the use of ceftazidime (predominantly for pseudomonas infections) - are there preferred alternatives for use in children?
Powder for injection: 250 mg (as monohydrate) + 250 mg (as sodium salt); 500 mg (as monohydrate) + 500 mg (as sodium salt) in vial.
* Only listed for the treatment of life-threatening hospital-based infection due to suspected or proven multidrug-resistant infection.
Review the use of meropenem and other penems as alternative to imipenem, specifically identifying agents useful in all age groups.
Capsule: 250 mg or 500 mg.
Oral liquid: 200 mg/5 ml.
* Only listed for trachoma.
a >6 months.
Capsule: 250 mg.
Oily suspension for injection*: 0.5 g (as sodium succinate)/ml in 2-ml ampoule
* Only for the presumptive treatment of epidemic meningitis in children older than 2 years.
Oral liquid: 150 mg (as palmitate)/5 ml.
Powder for injection: 1 g (sodium succinate) in vial.
Tablet: 250 mg (as hydrochloride).
* Only for treatment of Shigella infections.
Review of appropriate use of fluroquinolones in children.
Capsule or tablet: 100 mg (hydrochloride).
* For the treatment of cholera.
Review comparative safety and efficacy of tetracyclines (are tetracyclines other than doxycycline appropriate for this indication and therefore a square box listing is appropriate?).

	Capsule or tablet: 250 mg (as stearate or ethyl succinate).
	Powder for injection: 500 mg (as lactobionate) in vial.
erythromycin R	Powder for oral liquid: 125 mg (as stearate or ethyl succinate).
eryunomychi K	Review macrolides used in children for specific indications and whether erythromycin is the appropriate listed medicine. Review to consider use in neonates (risk of pyloric stenosis with erythromycin), relative toxicity and dosing compared to other macrolides. Include consideration of use of other macrolides for rheumatic fever.
☐ gentamicin R	Injection: 10 mg; 40 mg (as sulfate)/ml in 2-ml vial.
d gentamicm N	Review of evidence on ototoxicity for the next meeting.
	Injection: 500 mg in 100-ml vial.
metronidazole	Oral liquid: 200 mg (as benzoate)/5 ml.
	Tablet: 200 mg to 500 mg.
nitrofurantoin	Oral liquid: 25 mg/5 ml.
Introducation	Tablet: 100 mg.
	Injection: 80 mg + 16 mg/ml in 5-ml and 10-ml ampoules.
sulfamethoxazole + trimethoprim	Oral liquid: 200 mg + 40 mg/5 ml.
	Tablet: 100 mg + 20 mg; 400 mg + 80 mg.
	Oral liquid: 50 mg/5 ml.
trimethoprim a	Tablet: 100 mg; 200 mg.
	a >6 months.
Complementary List	
	Capsule: 150 mg.
clindamycin a	Injection: 150 mg (as phosphate)/ml.
cumumiyem <u>a</u>	Oral liquid: 75 mg/5 ml.
	a >1 month.
	Injection: 250 mg (sodium salt) in 4-ml ampoule.
sulfadiazine R	Tablet: 500 mg.
	Review on use of sulfadiazine in children - especially safety, efficacy and dosing in toxoplasmosis.
vancomycin	Powder for injection: 250 mg (as hydrochloride) in vial.

6.2.3 Antileprosy medicines

Medicines used in the treatment of leprosy should never be used except in combination. Combination therapy is essential to prevent the emergence of drug resistance. Colour coded blister packs (MDT blister packs) containing standard two medicine (paucibacillary leprosy) or three medicine (multibacillary leprosy) combinations for adult and childhood leprosy should be used. MDT blister packs can be supplied free of charge through WHO.

clofazimine	Capsule: 50 mg; 100 mg.
dapsone	Tablet: 25 mg; 50 mg; 100 mg.
rifampicin	Capsule or tablet: 150 mg; 300 mg.

6.2.4 Antituberculosis medicines R

 ${f R}$ The Subcommittee requested a review of medicines used for TB in children, including evidence regarding dose, and alternatives for streptomycin.

ethambutol	Oral liquid: 25 mg/ml.
	Tablet: 100 mg; 400 mg (hydrochloride).
	Oral liquid: 50 mg/5 ml.
isoniazid	Tablet: 100 mg; 300 mg.
	Tablet (scored): 50 mg.
	Oral liquid: 30 mg/ml.
pyrazinamide	Tablet: 400 mg.
pyrazmamac	Tablet (dispersible): 150 mg.
	Tablet (scored): 150 mg.
rifampicin	Capsule or tablet: 150 mg; 300 mg.
Indirection	Oral liquid: 20 mg/ml.
	Tablet:
rifampicin + isoniazid	60 mg + 30 mg.
	60 mg + 60 mg (For intermittent use three times weekly).
rifampicin + isoniazid + pyrazinamide	Tablet: 60 mg + 30 mg + 150 mg.
streptomycin	Powder for injection: 1 g (as sulfate) in vial.

Complementary List

Reserve second-line drugs for the treatment of multidrug-resistant tuberculosis (MDR-TB) should be used in specialized centres adhering to WHO standards for TB control. $\mathbb R$

The Subcommittee has included these in recognition of the need for medicines for MDR-TB in children, but has not reviewed evidence at this meeting and therefore the section should be reviewed for the next meeting.

amikacin	Powder for injection: 1000 mg in vial.
capreomycin	Powder for injection: 1000 mg in vial.
cycloserine	Capsule or tablet: 250 mg.
ethionamide	Tablet: 125 mg; 250 mg.
kanamycin	Powder for injection: 1000 mg in vial.
ofloxacin*	Tablet: 200 mg; 400 mg. * Levofloxacin may be an alternative based on availability and programme considerations.
p-aminosalicylic acid	Granules: 4 g in sachet. Tablet: 500 mg.

6.3 Antifungal medicin	nes
	Capsule: 50 mg.
fluconazole	Injection: 2 mg/ml in vial.
	Oral liquid: 50 mg/5 ml.
مناء ۽ داران	Capsule or tablet: 125 mg; 250 mg.
griseofulvin	Oral liquid: 125 mg/5ml.
	Lozenge: 100 000 IU.
nystatin	Oral liquid: 50 mg/5 ml; 100 000 IU/ml.
	Tablet: 100 000 IU; 500 000 IU.
Complementary List	
amphotericin B	Powder for injection: 50 mg in vial.
flucutocina	Capsule: 250 mg.
flucytosine	Infusion: 2.5 g in 250 ml.
potassium iodide	Saturated solution.
6.4 Antiviral medicines	5
6.4.1 Antiherpes medi	cines
	Oral liquid: 200 mg/5 ml.
aciclovir	Powder for injection: 250 mg (as sodium salt) in vial.
	Tablet: 200 mg.

6.4.2 Antiretrovirals

Based on current evidence and experience of use, medicines in the following three classes of antiretrovirals are included as essential medicines for treatment and prevention of HIV (prevention of mother-to-child transmission and post exposure prophylaxis). The Subcommittee emphasizes the importance of using these products in accordance with global and national guidelines. The Subcommittee recommends and endorses the use of fixed-dose combinations and the development of appropriate new fixed-dose combinations, including modified dosage forms, non-refrigerated products and paediatric dosage forms with assured pharmaceutical quality.

The Subcommittee notes that scored tablets can be used in children and therefore can be considered for inclusion in the listing of tablets, provided adequate quality products are available.

6.4.2.1 Nucleoside/Nucleotide reverse transcriptase inhibitors

abacavir (ABC)	Oral liquid: 100 mg (as sulfate)/5 ml.
	Tablet: 300 mg (as sulfate).
	Buffered powder for oral liquid: 100 mg; 167 mg; 250 mg packets.
didanosine (ddI)	Capsule (unbuffered enteric-coated): 125 mg; 200 mg; 250 mg; 400 mg.
	Tablet (buffered chewable, dispersible): 25 mg; 50 mg; 100 mg; 150 mg; 200 mg.

	Capsule: 200 mg.
emtricitabine (FTC)*a	Oral liquid: 10 mg/ml.
	* FTC is an acceptable alternative to 3TC, based on knowledge of the pharmacology, the resistance patterns and clinical trials of antiretrovirals.
	a >3 months.
lamivudine (3TC)	Oral liquid: 50 mg/5 ml.
lamivudine (31C)	Tablet: 150 mg.
stavudina (d4T)	Capsule: 15 mg; 20 mg; 30 mg.
stavudine (d4T)	Powder for oral liquid: 5 mg/5 ml.
	Capsule: 100 mg; 250 mg.
zidovudine (ZDV or AZT)	Oral liquid: 50 mg/5 ml.
	Solution for IV infusion injection: 10 mg/ml in 20-ml vial.
	Tablet: 300 mg.

6.4.2.2 Non-nucleoside reverse transcriptase inhibitors

	Capsule: 50 mg; 100 mg; 200 mg.
efavirenz (EFV or EFZ) a	Oral liquid: 150 mg/5 ml.
eravirenz (EFV or EFZ) a	Tablet: 600 mg.
	a >3 years or >10 kg weight.
· · · (A.IV.D.)	Oral liquid: 50 mg/5 ml.
nevirapine (NVP)	Tablet: 200 mg.

6.4.2.3 Protease inhibitors

Selection of protease inhibitor(s) from the Model List will need to be determined by each country after consideration of international and national treatment guidelines and experience. Ritonavir is recommended for use in combination as a pharmacological booster, and not as an antiretroviral in its own right.

This section will be reviewed. It is expected that application for a heat-stable tablet formulation containing 200/50 mg lopinavir + ritonavir will be submitted for the next meeting.

loning and the state of DV/v)	Capsule: 133.3 mg + 33.3 mg.
lopinavir + ritonavir (LPV/r)	Oral liquid: 400 mg + 100 mg/5 ml.
nolfinavir (NEV)	Oral powder: 50 mg/g.
nelfinavir (NFV)	Tablet: 250 mg (as mesilate).
ritonavir	Oral liquid: 400 mg/5 ml.
Inonavii	Oral solid dosage form: 100 mg.
saquinavir (SQV) a	Capsule: 200 mg.
saquinavii (5QV)	a >25 kg weight.

FIXED-DOSE COMBINATION	INS
stavudine + lamivudine +	Tablet: 30 mg + 150 mg + 200 mg.
nevirapine	
zidovudine + lamivudine	Tablet: 300 mg + 150 mg.
zidovudine + lamivudine + nevirapine	Tablet : 300 mg + 150 mg + 200 mg.
6.4.3 Other antivirals	
	Injection for intravenous administration: 800 mg and 1000 mg in 10-ml phosphate buffer solution.
ribavirin*	Oral solid dosage forms: 200 mg; 400 mg; 600 mg.
	* For the treatment of viral haemorrhagic fevers only.
6.5 Antiprotozoal medicine	es
6.5.1 Antiamoebic and ant	igiardiasis medicines
	Tablet: 500 mg (furoate).
171	a >25 kg weight.
diloxanide a R	Review of effectiveness and safety for amoebiasis, with emphasis on comparative efficacy, safety, and age limits compared with oral paromomycin.
	Injection: 500 mg in 100-ml vial.
□ metronidazole	Oral liquid: 200 mg (as benzoate)/5 ml.
	Tablet: 200 mg to 500 mg.
6.5.2 Antileishmaniasis me	edicines
paromomycin	Solution for intramuscular injection : 750 mg of paromomycin base present as the sulfate.
sodium stibogluconate or meglumine antimoniate	Injection : 100 mg/ml, 1 vial = 30 ml or 30%, equivalent to approximately 8.1% antimony in 5-ml ampoule.
Complementary List	
amphotericin B	Powder for injection: 50 mg in vial.
6.5.3 Antimalarial medicin	es
6.5.3.1 For curative treatn	nent
currently recommends combinati recognizes that not all of these FD	falciparum malaria cases should be used in combination. The list cons according to treatment guidelines. The Subcommittee PCs exist and encourages their development and rigorous testing. Les development and testing of rectal dosage formulations.
	Tablet: 153 mg or 200 mg (as hydrochloride).
amodiaquine*	* To be used (a) in combination with artesunate 50 mg OR (b) may be used alone for the treatment of <i>P.vivax</i> , <i>P.ovale</i> and <i>P.malariae</i> infections.
artemether	Oily injection: 80 mg/ml in 1-ml ampoule.
	For use in the management of severe malaria.

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artemether + lumefantrine*	Tablet: 20 mg + 120 mg.		
	* Not recommended in the first trimester of pregnancy or in children below 5 kg.		
	Injection: ampoules, containing 60 mg anhydrous artesunic acid with a separate ampoule of 5% sodium bicarbonate solution.		
	For use in the management of severe malaria.		
artesunate*	Rectal dosage form: 50 mg; 200 mg capsules (for pre-referral treatment of severe malaria only; patients should be taken to an appropriate health facility for follow-up care).		
	Tablet: 50 mg.		
	* To be used in combination with either amodiaquine, mefloquine or sulfadoxine + pyrimethamine.		
	Oral liquid: 50 mg (as phosphate or sulfate)/5 ml.		
chloroquine*	Tablet: 100 mg; 150 mg (as phosphate or sulfate).		
	* For use only in central American regions, for use for <i>P.vivax</i> .		
	Capsule: 100 mg (as hydrochloride).		
doxycycline*	Tablet (dispersible): 100 mg (as monohydrate).		
	* For use only in combination with quinine.		
modlo mino*	Tablet: 250 mg (as hydrochloride).		
mefloquine*	* To be used in combination with artesunate 50 mg.		
	Tablet: 7.5 mg; 15 mg (as diphosphate).		
primaquine*	* Only for use to achieve radical cure of <i>P.vivax</i> and <i>P.ovale</i> infections, given for 14 days.		
	Injection: 300 mg quinine hydrochloride/ml in 2-ml ampoule.		
quinine*	Tablet: 300 mg (quinine sulfate) or 300 mg (quinine bisulfate).		
quiline	* For use only in the management of severe malaria, and should be used in combination with doxycycline.		
10.1	Tablet: 500 mg + 25 mg.		
sulfadoxine + pyrimethamine*	* Only in combination with artesunate 50 mg.		
6.5.3.2 For prophylaxis	6.5.3.2 For prophylaxis		
	Oral liquid: 50 mg (as phosphate or sulfate)/5 ml.		
chloroquine*	Tablet: 150 mg (as phosphate or sulfate).		
	* For use only in central American regions, for use for <i>P.vivax</i> .		
dovavalino	Capsule or tablet: 100 mg (as hydrochloride).		
doxycycline a	a >8 years.		
mefloquine a	Tablet: 250 mg (as hydrochloride).		
menoquine a	a >5 kg or >3 months.		
proguanil*	Tablet: 100 mg (as hydrochloride).		
proguanil*	* For use only in combination with chloroquine.		
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6.5.4 Anti-pneumocystosis	and antitoxoplasmosis medicines
pyrimethamine	Tablet: 25 mg.
sulfamethoxazole + trimethoprim	Injection: 80 mg + 16 mg/ml in 5-ml ampoule;
	80 mg + 16 mg/ml in 10-ml ampoule.
	Oral liquid: 200 mg + 40 mg/5 ml.
	Tablet: 100 mg + 20 mg; 400 mg + 80 mg.
6.5.5 Antitrypanosomal me	edicines R
The Subcommittee requested a retrypanosomiasis in children for the ne	view of evidence for effectiveness and safety for medicines for ext meeting.
6.5.5.1 African trypanoson	niasis
Medicines for the treatment of 1st	stage African trypanosomiasis
	Powder for injection: 200 mg (pentamidine isetionate) in vial.
pentamidine*	* To be used for the treatment of <i>Trypanosoma brucei gambiense</i> infection.
suramin sodium*	Powder for injection: 1 g in vial.
	* To be used for the treatment of the initial phase of
	Trypanosoma brucei rhodesiense infection.
Medicines for the treatment of 2 nd	stage African trypanosomiasis
eflornithine	Injection: 200 mg (hydrochloride)/ml in 100-ml bottle.
melarsoprol	Injection: 3.6% solution, 5-ml ampoules (180 mg of active compound).
6.5.5.2 American trypanos	omiasis
benznidazole	Tablet: 100 mg.
nifurtimox	Tablet: 30 mg; 120 mg; 250 mg.
7. ANTIMIGRAINE MEDI	CINES
7.1 For treatment of acute	attack
ibuprofen	Tablet: 200 mg; 400 mg.
. 1	Syrup: 125 mg/5 ml.
paracetamol	Tablet: 300 mg to 500 mg.
7.2 For prophylaxis	1
propranolol	Tablet: 20 mg; 40 mg (hydrochloride).

8. ANTINEOPLASTIC, IMMUNOSUPPRESSIVES AND MEDICINES USED IN PALLIATIVE CARE

The Subcommittee noted that these immunosuppressives and cytotoxics are essential for children but requested that these medicines be reviewed for the next meeting.

8.1 Immunosuppressive medicines

Complementary List	
azathioprine	Powder for injection: 100 mg (as sodium salt) in vial. Tablet: 50 mg.
ciclosporin	Capsule: 25 mg. Concentrate for injection: 50 mg/ml in 1-ml ampoule for organ transplantation.

8.2 Cytotoxic medicines

77 . 7	T 11
allopurinol	Tablet: 100 mg to 300 mg.
asparaginase	Powder for injection: 10 000 IU in vial.
bleomycin	Powder for injection: 15 mg (as sulfate) in vial.
	Injection: 3 mg/ml in 10-ml ampoule.
calcium folinate	Tablet: 15 mg.
chlorambucil	Tablet: 2 mg.
cisplatin	Powder for injection: 10 mg; 50 mg in vial.
	Powder for injection: 500 mg in vial.
cyclophosphamide	Tablet: 25 mg.
cytarabine	Powder for injection: 100 mg in vial.
dacarbazine	Powder for injection: 100 mg in vial.
dactinomycin	Powder for injection: 500 micrograms in vial.
daunorubicin	Powder for injection: 50 mg (as hydrochloride).
doxorubicin	Powder for injection: 10 mg; 50 mg (hydrochloride) in vial.
atomocida	Capsule: 100 mg.
etoposide	Injection: 20 mg/ml in 5-ml ampoule.
fluorouracil	Injection: 50 mg/ml in 5-ml ampoule.
mercaptopurine	Tablet: 50 mg.
methotrexate	Powder for injection: 50 mg (as sodium salt) in vial.
тетинехите	Tablet: 2.5 mg (as sodium salt).
procarbazine	Capsule: 50 mg (as hydrochloride).
vinblastine	Powder for injection: 10 mg (sulfate) in vial.
vincristine	Powder for injection: 1 mg; 5 mg (sulfate) in vial.

8.3 Hormones and antihormones	
Complementary List	
dexamethasone	Injection: 4 mg dexamethasone phosphate (as disodium salt) in 1-ml ampoule.
hydrocortisone	Powder for injection: 100 mg (as sodium succinate) in vial.
prednisolone*	Oral liquid: 5 mg/ml. Tablet: 5 mg; 25 mg. * Prednisone should be considered equivalent to prednisolone.

8.4 Medicines used in palliative care

The WHO Expert Committee recognizes the importance of listing specific medicines in the Palliative Care Section. Some medicines currently used in palliative care are included in the relevant sections of the Model List, according to their therapeutic use, e.g. analgesics. The Guidelines for Palliative Care that were referenced in the previous list are in need of update. The Expert Committee expects applications for medicines needed for palliative care to be submitted for the next meeting.

9. ANTIPARKINSONISM MEDICINES

10. MEDICINES AFFECTING THE BLOOD

10.1 Antianaemia medicines

The Subcommittee proposed a review of the evidence for appropriate dose combinations of iron and folic acid for children for consideration at its next meeting.

ferrous salt	Oral liquid: equivalent to 25 mg elemental iron/ml.
	Tablet: equivalent to 60 mg iron.
folic acid	Tablet: 1 mg; 5 mg.
hydroxocobalamin	Injection: 1 mg in 1-ml ampoule.

10.2 Medicines affecting coagulation

phytomenadione	Injection: 1 mg/ml; 10 mg/ml in 5-ml ampoule.
	Tablet: 10 mg.
Complementary List	
heparin sodium	<i>Injection:</i> 1000 IU/ml; 5000 IU/ml; 20,000 IU/ml in 1-ml ampoule.
protamine sulfate	Injection: 10 mg/ml in 5-ml ampoule.
□ warfarin	Tablet: 0.5 mg; 1.0 mg; 2.0 mg; 5.0 mg (sodium salt).

11. BLOOD PRODUCTS AND PLASMA SUBSTITUTES

11.1 Plasma substitutes R

R The Subcommittee requested a review to determine whether these medicines are essential for children.

11.2 Plasma fractions for specific use

All plasma fractions should comply with the WHO Requirements for the Collection, Processing and Quality Control of Blood, Blood Components and Plasma Derivatives (Revised 1992). (WHO Technical Report Series, No. 840, 1994, Annex 2).

Complementary List	
human normal immunoglobulin	Intramuscular administration: 16% protein solution.*
	Intravenous administration: 5%; 10% protein solution.**
	Subcutaneous administration: 15%; 16% protein solution.*
	* Indicated for primary immune deficiency.
	**Indicated for primary immune deficiency and Kawasaki disease.
☐ factor VIII concentrate	Dried.
☐ factor IX complex (coagulation factors, II, VII, IX, X) concentrate	Dried.

12. CARDIOVASCULAR MEDICINES

12.1 Antianginal medicines

12.2 Antiarrhythmic medicines R

R The Subcommittee noted the potential importance of these medicines in children but requested a review of the section before endorsing any medicine as essential.

12.3 Antihypertensive medicines R

R The Subcommittee noted the potential importance of these medicines in children but requested a review of the section before endorsing any medicine as essential.

12.4 Medicines used in heart failure R

The Subcommittee noted the potential importance of these medicines in children but requested a review of the section for the next meeting.

	Injection: 250 micrograms/ml in 2-ml ampoule.
digoxin	Oral liquid: 50 micrograms/ml.
	Tablet: 62.5 micrograms; 250 micrograms.
	Injection: 10 mg/ml in 2-ml ampoule.
furosemide	Oral liquid: 20 mg/5 ml.
	Tablet: 40 mg.
Complementary List	
_	Injection: 40 mg (hydrochloride)in 5-ml vial.
dopamine R	Review of safety and efficacy and place in therapy of dopamine in children.

12.5 Antithrombotic medicines R

R The Subcommittee noted the potential importance of these medicines in children but requested a review of the section before endorsing any medicine as essential.

12.6 Lipid-lowering agents R

R The Subcommittee noted the potential importance of these medicines in children but requested a review of the section before endorsing any medicine as essential.

13. DERMATOLOGICAL MEDICINES (topical) ℝ			
R The Subcommittee noted the need for a review of this section with alternative possible additions to the list.			
13.1 Antifungal medicines			
benzoic acid + salicylic acid	Ointment or cream: 6% + 3%.		
□ miconazole	Ointment or cream: 2% (nitrate).		
Complementary List	Complementary List		
selenium sulfide	Detergent-based suspension: 2%.		
13.2 Anti-infective medicion	nes		
	Aqueous solution: 0.5%.		
☐ methylrosanilinium chloride (gentian violet) R	Tincture: 0.5%.		
(gentian violet) K	R Review of new evidence from ongoing trials.		
neomycin sulfate + □ bacitracin	Ointment: 5 mg neomycin sulfate + 250 IU bacitracin zinc/g.		
potassium permanganate	Aqueous solution: 1:10 000.		
silver sulfadiazine a	Cream: 1%, in 500-g container.		
silver sunaulazine a	a >2 months.		
13.3 Anti-inflammatory ar	d antipruritic medicines		
□ betamethasone a	Cream or ointment: 0.1% (as valerate).		
Detalliculasone a	A Hydrocortisone preferred in neonates.		
calamine lotion	Lotion.		
hydrocortisone	Cream or ointment: 1% (acetate).		
13.4 Astringent medicines R			
R The Subcommittee requested a re	eview to determine whether these medicines are essential for children.		
13.5 Medicines affecting skin differentiation and proliferation			
benzoyl peroxide	Cream or lotion: 5%.		
coal tar	Solution: 5%.		
dithranol	Ointment: 0.1% to 2.0%.		
□ podophyllum resin	Solution: 10% to 25%.		
salicylic acid	Solution: 5%.		
urea	Cream or ointment: 10%.		
13.6 Scabicides and pediculicides			
	Lotion: 25%.		
□ benzyl benzoate a R			
	a >2 years.R Review of alternatives to benzyl benzoate for use in younger children		

14. DIAGNOSTIC AGENTS	
14.1 Ophthalmic medicine	es
fluorescein	Eye drops: 1% (sodium salt).
□ tropicamide	Eye drops: 0.5%.
14.2 Radiocontrast media	R
R The Subcommittee requested a review of possible alternative contrast agents for use in children.	
Complementary List	
barium sulfate	Aqueous suspension.
15. DISINFECTANTS AN	ND ANTISEPTICS
15.1 Antiseptics	
□ chlorhexidine	Solution: 5% (digluconate) for dilution.
□ ethanol	Solution: 70% (denatured).
□ polyvidone iodine	Solution: 10%.
15.2 Disinfectants	L Comment of the comm
☐ chlorine base compound	Powder: (0.1% available chlorine) for solution.
□ chloroxylenol	Solution: 4.8%.
glutaral	Solution: 2%.
16. DIURETICS	
	Injection: 10 mg/ml in 2-ml ampoule.
furosemide	Oral liquid: 20 mg/5 ml.
	Tablet : 10 mg; 20 mg; 40 mg.
Complementary List	
□ hydrochlorothiazide	Tablet (scored): 25 mg.
_	Injectable solution: 10%; 20%.
mannitol R	Review of comparative efficacy, safety and place in therapy of mannitol in children.
	Oral liquid: 1 to 20 mg/ml.
spironolactone R	Tablet: 25 mg.
_	Review of comparative efficacy, safety and place in therapy of spironolactone in children.
17. GASTROINTESTINAL MEDICINES	
17.1 Antacids and other a	antiulcer medicines
aluminium hydroxide	Oral liquid: 320 mg/5 ml.
	Tablet: 500 mg.
magnesium hydroxide	Oral liquid: equivalent to 550 mg magnesium oxide/10 ml.

	Injection: 25 mg/ml in 2-r	nl ampoule.
□ ranitidine	Oral liquid: 75 mg/5 ml.	
	Tablet : 150 mg (as hydrod	chloride)
17.2 Antiemetic medicii		inoriac).
17.2 Antiemetic medicii	1	
	Injection: 5 mg (hydrochl	oride)/ml in 2-ml ampoule.
metoclopramide a	Oral liquid: 5 mg/5 ml.	
metociopiamide <u>a</u>	Tablet: 10 mg (hydrochlo:	ride).
	a Not in neonates.	
	Injection: 25 mg (hydroch	nloride)/ml in 2-ml ampoule.
	Oral liquid: 5 mg (hydrod	chloride)/5 ml.
promethazine a	Tablet: 10 mg; 25 mg (hyd	drochloride).
	a >2 years.	
17.3 Anti-inflammatory medicines		
17.4 Laxatives R		
R The Subcommittee noted the the section before endorsing any	potential importance of these medic medicine as essential.	cines in children but requested a review of
17.5 Medicines used in	diarrhoea	
17.5.1 Oral rehydration		
	glucose:	75 mEq
	sodium:	75 mEq or mmol/l
	chloride:	65 mEq or mmol/l
	potassium:	20 mEq or mmol/l
	citrate:	10 mmol/l
	osmolarity:	245 mOsm/l
1 1 1 1 1	glucose:	13.5 g/l
oral rehydration salts	sodium chloride:	2.6 g/l
	potassium chloride:	1.5 g/l
	trisodium citrate dihydrat	•
	carbonate (sodium bicarbona	e may be replaced by sodium hydrogen ate) 2.5 g/l. However, as the stability of this or under tropical conditions, it is only actured for immediate use.
17.5.2 Medicines for diarrhoea in children		
	Oral liquid: in 10 mg per	unit dosage forms.
	Tablet: in 10 mg per unit	dosage forms.
zinc sulfate* R	* In acute diarrhoea zinc s oral rehydration salts.	sulfate should be used as an adjunct to
	Review of availability of a	ppropriate dosage forms.
17.5.3 Antidiarrhoeal (s	symptomatic) medicines i	in adults

18. HORMONES, OTHER ENDOCRINE MEDICINES AND CONTRACEPTIVES 18.1 Adrenal hormones and synthetic substitutes R R The Subcommittee noted the need for adrenal hormones and requested that appropriate products be reviewed for possible inclusion. 18.2 Androgens 18.3 Contraceptives 18.3.1 Oral hormonal contraceptives 18.3.2 Injectable hormonal contraceptives 18.3.3 Intrauterine devices 18.3.4 Barrier methods 18.3.5 Implantable contraceptives 18.4 Estrogens 18.5 Insulins and other antidiabetic agents insulin injection (soluble) Injection: 40 IU/ml in 10-ml vial; 100 IU/ml in 10-ml vial. Injection: 40 IU/ml in 10-ml vial; 100 IU/ml in 10-ml vial intermediate-acting insulin (as compound insulin zinc suspension or isophane insulin). Complementary List *Tablet:* 500 mg (hydrochloride). metformin R Review of public health relevance of this medicine in children. 18.6 Ovulation inducers 18.7 Progestogens 18.8 Thyroid hormones and antithyroid medicines Tablet: 25 micrograms; 50 micrograms; 100 micrograms levothyroxine (sodium salt). Complementary List Lugol's solution **Oral liquid:** about 130 mg total iodine/ml. potassium iodide Tablet: 60 mg. Tablet: 50 mg. propylthiouracil R ${f R}$ Review of use of propylthiouracil in children and appropriateness of carbimazole as an alternative. 19. IMMUNOLOGICALS 19.1 Diagnostic agents All tuberculins should comply with the WHO Requirements for Tuberculins (Revised 1985). WHO Expert Committee on Biological Standardization. Thirty-sixth report. (WHO Technical Report Series, No. 745, 1987, Annex 1). tuberculin, purified protein Injection. derivative (PPD)

19.2 Sera and immunoglobulins

All plasma fractions should comply with the WHO Requirements for the Collection, Processing and Quality Control of Blood, Blood Components and Plasma Derivatives (Revised 1992). WHO Expert Committee on Biological Standardization. Forty-third report. (WHO Technical Report Series, No. 840, 1994, Annex 2).

antitetanus immunoglobulin (human)	Injection: 500 IU in vial.
antivenom immunoglobulin*	Injection. * Exact type to be defined locally.
diphtheria antitoxin	Injection: 10 000 IU; 20 000 IU in vial.
□ rabies immunoglobulin	Injection: 150 IU/ml in vial.
19.3 Vaccines	

Selection of vaccines from the Model List will need to be determined by each country after consideration of international recommendations, epidemiology and national priorities. The list below details the vaccines for which there is either a recommendation from the Strategic Advisory Group of Experts on Immunization (SAGE)

(http://www.who.int/immunization/sage_conclusions/en/index.html) and/or a WHO position paper (http://www.who.int/immunization/documents/positionpapers/en/index.html). This site will be updated as new position papers are published and contains the most recent information and recommendations. All vaccines should comply with the WHO Requirements for Biological Substances.

The Subcommittee noted the need for vaccines used in children to be polyvalent.

BCG vaccine	
cholera vaccine	
diphtheria vaccine	
hepatitis A vaccine	
hepatitis B vaccine	
Haemophilus influenzae type b	
vaccine	
influenza vaccine	
Japanese encephalitis vaccine	
measles vaccine	
meningococcal meningitis	
vaccine	
mumps vaccine	
pertussis vaccine	
pneumococcal vaccine	
poliomyelitis vaccine	
rabies vaccine	
rotavirus vaccine	

rubella vaccine	
tetanus vaccine	
typhoid vaccine	
varicella vaccine	
yellow fever vaccine	
20. MUSCLE RELAXANTS CHOLINESTERASE INHIB	(PERIPHERALLY-ACTING) AND RITORS R
R The Subcommittee recommended a	a review of the alternatives available for use in children.
neostigmine	Injection: 500 micrograms in 1-ml ampoule; 2.5 mg (metilsulfate) in 1-ml ampoule.
	Tablet: 15 mg (bromide).
suxamethonium	Injection: 50 mg (chloride)/ml in 2-ml ampoule.
suxamentomum	Powder for injection: (chloride), in vial.
□ vecuronium	Powder for injection: 10 mg (bromide) in vial.
Complementary List	
pyridostigmine	Injection: 1 mg in 1-ml ampoule.
pyrmostigmine	Tablet: 60 mg (bromide).
The Subcommittee requested a rev 21.1 Anti-infective agents	iew of newer medicines for potential additions to this list.
aciclovir	Ointment: 3% W/W.
☐ gentamicin	Solution (eye drops): 0.3% (sulfate).
□ tetracycline	Eye ointment: 1% (hydrochloride).
21.2 Anti-inflammatory age	ents
□ prednisolone	Solution (eye drops): 0.5% (sodium phosphate).
21.3 Local anaesthetics	
□ tetracaine a	Solution (eye drops): 0.5% (hydrochloride). a Not in preterm neonates.
21.4 Miotics and antiglauce	rma medicines
21.5 Mydriatics	
	Solution (eye drops): 0.1%; 0.5%; 1% (sulfate).
atropine* a	* OR homatropine or cyclopentolate.
	a >3 months.
Complementary List	
_	Solution (eye drops): 2% (as hydrochloride).
epinephrine (adrenaline) R	Review of anti-infective eye drops, identifying which are most appropriate for use in children.

22. OXYTOCICS AND ANT	T IOXYTOCICS	
22.1 Oxytocics		
22.2 Antioxytocics (tocolyti	(es)	
23. PERITONEAL DIALYS	IS SOLUTION	
Complementary List		
intraperitoneal dialysis solution (of appropriate composition)	Parenteral solution.	
24. PSYCHOTHERAPEUTIC MEDICINES		
24.1 Medicines used in psyc	chotic disorders R	
R The Subcommittee requested a revi	iew of appropriate antipsychotics for use in children.	
	Injection: 25 mg (hydrochloride)/ml in 2-ml ampoule.	
chlorpromazine	Oral liquid: 25 mg (hydrochloride)/5 ml.	
	Tablet: 10 mg; 25 mg; 50 mg; 100 mg (hydrochloride).	
	Injection: 5 mg in 1-ml ampoule.	
haloperidol	Oral liquid: 2 mg/ml.	
	Oral solid dosage form: 0.5 mg; 2.0 mg; 5.0 mg.	
24.2 Medicines used in mod	od disorders	
24.2.1 Medicines used in de	epressive disorders	
Complementary List		
fluoxetine a	Capsule or tablet: 20 mg (present as hydrochloride). a >8 years.	
24.2.2 Medicines used in bipolar disorders R		
The Subcommittee noted the poten the section before endorsing any media	tial importance of these medicines in children but requested a review of cine as essential.	
24.3 Medicines used in gene	eralized anxiety and sleep disorders R	
The Subcommittee noted the potential importance of these medicines in children but requested a review of the section before endorsing any medicine as essential.		
24.4 Medicines used for obsessive compulsive disorders and panic attacks $lacksquare$		
The Subcommittee noted the potential importance of these medicines in children but requested a review of the section before endorsing any medicine as essential.		
24.5 Medicines used in subs	stance dependence programmes R	
	tial importance of these medicines, particularly in neonates, but nce before endorsing any medicine as essential.	
25. MEDICINES ACTING ON THE RESPIRATORY TRACT		
25.1 Antiasthmatic and medicines for chronic obstructive pulmonary disease		
□ budesonide	Inhalation (aerosol): 50 micrograms per dose (dipropionate); 250 micrograms (dipropionate) per dose.	
epinephrine (adrenaline)	Injection: 1 mg (as hydrochloride or hydrogen tartrate) in 1-ml ampoule.	

	Injection: 50 micrograms (as sulfate)/ml in 5-ml ampoule.	
□ salbutamol		
	Metered dose inhaler (aerosol): 100 micrograms (as sulfate) per dose.	
	Oral liquid: 2 mg/5 ml.	
	Review of the place in therapy of oral salbutamol preparations in children, with particular emphasis on efficacy and safety in asthma and in the wheezy child with acute respiratory tract infection.	
	Respirator solution for use in nebulizers : 5 mg (as sulfate)/ml.	
	Tablet: 2 mg; 4 mg (as sulfate).	
	R As for oral liquid.	
25.2 Other medicines actir	ng on the respiratory tract	
(Coin - oit note	Injection: 20 mg/ml (equivalent to 10 mg caffeine base/ml).	
caffeine citrate	Oral liquid: 20 mg/ml (equivalent to 10 mg caffeine base/ml).	
26. SOLUTIONS CORRECT DISTURBANCES	TING WATER, ELECTROLYTE AND ACID-BASE	
26.1 Oral		
oral rehydration salts	See section 17.5.1.	
potassium chloride	Powder for solution.	
26.2 Parenteral		
glucose	Injectable solution: 5%; 10% isotonic; 50% hypertonic.	
glucose with sodium chloride	Injectable solution: 4% glucose, 0.18% sodium chloride (equivalent to Na+ 30 mmol/l, Cl- 30 mmol/l); 5% glucose, 0.9% sodium chloride (equivalent to 150 mmol/l Na+ and 150 mmol/l Cl-); 5% glucose, 0.45% sodium chloride (equivalent to 75 mmol/l Na+ and 75 mmol/l Cl-).	
potassium chloride	Solution : 11.2% in 20-ml ampoule (equivalent to K+1.5 mmol/ml, Cl-1.5 mmol/ml).	
sodium chloride	Injectable solution: 0.9% isotonic (equivalent to Na+154 mmol/l, Cl-154 mmol/l).	
sodium hydrogen carbonate	Injectable solution: 1.4% isotonic (equivalent to Na ⁺ 167 mmol/l, HCO ₃₋ 167 mmol/l). Solution: 8.4% in 10-ml ampoule (equivalent to Na ⁺ 1000 mmol/l,	
	HCO ₃ -1000 mmol/l).	
☐ sodium lactate, compound solution	Injectable solution.	
26.3 Miscellaneous	26.3 Miscellaneous	
water for injection	2-ml; 5-ml; 10-ml ampoules.	
27. VITAMINS AND MIN	ERALS R	
R The Subcommittee noted the need children.	for a review of this section of the list to meet public health needs in	
ascorbic acid	Tablet: 50 mg.	
•		

	Capsule or tablet: 400 IU; 1000 IU.
cholecalciferol*	Oral liquid: 400 IU/ml.
	* Ergocalciferol can be used as an alternative.
	Capsule: 200 mg.
iodine	Iodized oil: 1 ml (480 mg iodine); 0.5 ml (240 mg iodine) in ampoule (oral or injectable); 0.57 ml (308 mg iodine) in dispenser bottle.
pyridoxine	Tablet: 25 mg (hydrochloride).
retinol	Capsule: 50 000 IU; 100 000 IU; 200 000 IU (as palmitate). Oral oily solution: 100 000 IU (as palmitate)/ml in multidose dispenser. Tablet (sugar-coated): 10 000 IU (as palmitate). Water-miscible injection: 100 000 IU (as palmitate) in 2-ml ampoule.
riboflavin	Tablet: 5 mg.
sodium fluoride	In any appropriate topical formulation.
thiamine	Tablet: 50 mg (hydrochloride).
Complementary List	
calcium gluconate	Injection: 100 mg/ml in 10-ml ampoule.

Table 1: Medicines with age restrictions

atropine	>3 months
azithromycin	>6 months
benzyl benzoate	>2 years
betamethasone topical preparations	Hydrocortisone preferred in neonates
cefazolin	>1 month
chlorphenamine	>1 year
clindamycin	>1 month
diloxanide	>25 kg weight
doxycyline	>8 years
efavirenz	>3 years or >10 kg weight
emtricitabine	>3 months
fluoxetine	>8 years
ibuprofen	>3 months
mefloquine	>5 kg or >3 months
metoclopramide	Not in neonates
procaine benzylpenicillin	Not in neonates />1 month
promethazine	>2 years
saquinavir	>25 kg weight
silver sulfadiazine	>2 months
tetracaine	Not in preterm neonates
trimethoprim	>6 months

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kanamycin		potassium iodide	
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