

# ESSENTIAL MEDICINE CONCEPT

- ◉ ESSENTIAL MEDICINE LIST
- ◉ PRINCIPLES
- ◉ SELECTION CRITERIA
- ◉ NEED
- ◉ UPDATING
- ◉ NOMENCLATURE OF DRUGS
- ◉ ADVANTAGES OF EML



# GLOBAL ACCEPTANCE OF EML

- ◉ WHO MODEL LIST OF ESSENTIAL MEDICINES
- ◉ STARTED IN 1977 , REVISED EVERY 2 YEARS
- ◉ > 350 DRUGS
- ◉ EVERY COUNTRY MUST HAVE ITS OWN POLICIES RELATED TO HEALTH.

- ◎ **ESSENTIAL MEDICINES ARE THOSE THAT SATISFY THE PRIORITY HEALTH CARE NEEDS OF THE MAJORITY OF THE POPULATION;**
- ◎ **THEY SHOULD THERE BE AVAILABLE IN ADEQUATE AMOUNTS & IN AN APPROPRIATE DOSAGE FORM.**



- ⦿ LIST MUST BE UPDATED TIME TO TIME
- ⦿ DIRECT RESPONSIBILITY OF EACH COUNTRY TO EVALUATE & ADOPT A LIST OF ESSENTIAL DRUGS ACCORDING TO ITS OWN POLICY IN THE FIELD OF HEALTH.



# ESSENTIAL MEDICINE CONCEPT

- ◉ PRINCIPLE OF THE CONCEPT IS THAT A LIMITED NUMBER OF DRUGS LEAD TO -
- ◉ A BETTER SUPPLY OF DRUGS
- ◉ MORE RATIONAL PRESCRIBING
- ◉ PROCUREMENT OF GOOD QUALITY AT LOWER COSTS
- ◉ EASIER STORAGE, DISTRIBUTION AND DISPENSING
- ◉ FOCUSED TRAINING AND DRUG INFORMATION
- ◉ MORE EXPERIENCE WITH FEWER DRUGS, BETTER RECOGNITION OF ADVERSE DRUG REACTIONS (ADR) .

# EML

- ◉ DRUG POLICY - RATIONAL DRUG USE & ESSENTIAL MEDICINE LIST, BY WHO, IN INDIA, BANGALDESH, IRAN, NORWAY.
- ◉ EML IS PARTICULARLY RELEVANT FOR DEVELOPING COUNTRIES, WHERE A LARGE % OF POPULATION IS BELOW POVERTY LINE & THEREFORE IS EXPOSED TO A GREATER RISK OF MORBIDITY & MORTALITY DUE TO INFECTIONS & INFESTATIONS.
- ◉ ALSO CAN'T AFFORD EXPENSIVE NEW DRUGS .
- ◉ DON'T HAVE ACCESS TO LARGE TERTIARY CARE HOSPITALS .

# SELECTION CRITERIA

- ◉ BASED ON MORBIDITY PATTERN - INCIDENCE & PREVALENCE OF DISEASES IN THE COUNTRY.
- ◉ ADEQUATE DATA ON SAFETY & EFFICACY ABOUT THE DRUG .
- ◉ AVAILABILITY IN A DOSAGE FORM OF SUITABLE STRENGTH, FOR WHICH ADEQUATE QUALITY IN TERMS OF - BIOAVAILABILITY CAN BE ASSURED.
- ◉ STABILITY UNDER CLIMATE CONDITIONS .

# SELECTION CRITERIA

- ◉ PHARMACEUTICAL FORM - ON THE BASIS OF COST , P/K , BIOAVAILABILITY , STABILITY, LOCAL PREFERENCE .
- ◉ COMPARE 2 DRUGS IN RESPECT OF -
- ◉ EFFICACY , SAFETY , QUALITY , AVAILABILITY & COST
- ◉ PREFERABLY AS A SINGLE ACTIVE INGREDIENT
- ◉ FIXED DOSE COMBINATION - ONLY WHEN PROVEN ADVANTAGE OVER SINGLE.



# WHY IS EML NEEDED

- ◉ THERAPEUTIC JUNGLE > 60000 DRUGS
- ◉ IRRATIONAL FIXED DRUG DOSE COMBINATIONS
- ◉ ME TOO DRUGS ( Similar to drugs already in the market)
- ◉ SUB-STANDARD & SPURIOUS DRUGS
- ◉ COSTS OF DRUGS
- ◉ IRRATIONAL PRESCRIPTION OF TONICS, MULTI-VITAMINS
- ◉ IATROGENIC DISEASES
- ◉ LIMITED HEALTH BUDGET

# WHY IS EML NEEDED

- ◉ SOURCE OF INFORMATION
- ◉ PHARMA INDUSTRY - *PRESCRIBE MY DRUGS*
- ◉ GOVT & INSURANCE BODIES - WANT TO SPEND LESS , QUALITY AFFECTED
- ◉ MEANS OF RESTRICTING PHARMA INDUSTRY -
- ◉ FORMULARY , A LIST OF FORMULATIONS OF MEDICINES WITH VARYING AMOUNTS OF ADDED INFORMATION ABOUT NATIONALLY LICENSED MEDICINES.

# UPDATING OF EML

- ◉ EML MUST BE FLEXIBLE TO -
- ◉ ACCOMMODATE NEW DRUGS
- ◉ NEW INFORMATION ON ESTABLISHED DRUGS
- ◉ CHANGES IN THE STATUS OF INTERNATIONALLY CONTROLLED SUBSTANCES .



# EML

- ◉ NATIONAL ESSENTIAL MEDICINE LIST
- ◉ NAMES OF DRUGS ARE FOLLOWED BY THE FOLLOWING LETTER TO INDICATE THEIR NEED AT VARIOUS LEVELS OF MEDICAL CARE-
- ◉ P - PRIMARY HEALTH CARE
- ◉ S - SECONDARY HEALTH CARE
- ◉ T - TERTIARY HEALTH CARE
- ◉ U- UNIVERSAL
- ◉ W- WHO
- ◉ I - NATIONAL ESSENTIAL DRUGS LIST ( INDIA )
- ◉ DRUGS INCLUDED ARE SAFE , EFFECTIVE, AFFORDABLE , APPROVED BY DRUG CONTROLLER GENERAL OF INDIA (DCGI)

# NOMENCLATURE OF DRUGS

- ◉ GENERIC ( NON-PROPRIETARY)
- ◉ BRANDED ( PROPRIETARY )
- ◉ **GENERIC- UNIFORM, USED EVERYWHERE**
- ◉ CONFUSION REDUCED
- ◉ GIVES INFORMATION ABOUT THE CLASS OF THE DRUG
- ◉ COST IS LESS
- ◉ **GENERIC NAMES SHOULD BE USED WHENEVER POSSIBLE**
- ◉ **BRANDED - EASY TO RECALL , QUALITY ENSURED, BUT EXPENSIVE.**

# ADVANTAGES OF EML

- ◉ ENSURES AVAILABILITY OF MOST REQUIRED DRUGS AT ALL TIMES, IN SUFFICIENT AMOUNTS AND IN APPROPRIATE DOSAGE FORMS .
- ◉ KEEPS A CHECK ON THE PRICES OF GENERICALLY LISTED DRUGS .
- ◉ SUBSTANTIAL SAVINGS ( 50-60 %) INCLUDING FOREIGN EXCHANGE IS POSSIBLE WITHOUT COMPROMISING THE QUALITY OF HEALTH-CARE.
- ◉ CURTAILING THE NO. OF DRUGS IMPROVES DRUG DISPENSING & PATIENT COMPLIANCE.
- ◉ PROCUREMENT & DISTRIBUTION CAN BE UNIFORM & SYSTEMIC.