

List of Psychotropic and Neurological Medications

Recommended by the National Mental Health Programme For Prescription in Humanitarian Setting June 2016 – v1.1

Since the start of the Syrian crisis, local and international non-governmental organizations have initiated specialized mental health services targeting displaced Syrians, Palestinian refugees and vulnerable Lebanese, using different lists of psychotropic and neurological medications, some of these being costly with no reported additional benefits.

This has led to challenges in maintaining a continuum of care for patients when moving between the different levels of care (non-governmental organizations with specialized mental health services, primary healthcare centers and hospitals). The need to rationalize the medication list, especially in the absence of a national list for psychotropic and neurological medications at specialized level, was reported to the mental health and psychosocial support task force that is led by the Ministry of Public Health (MOPH).

Hence,

After reviewing the medication lists shared by several non-governmental organizations providing specialized mental health services to displaced Syrians, Palestinian refugees and vulnerable Lebanese,

And after taking into consideration the World Health Organization's essential list of medications and the need to have the following 5 categories of psychotropic and neurological medications included in the list: 1.Antipsychotics, 2.Anxiolytics, 3.Antidepressants, 4.Mood stabilizers, and 5.Antiepileptic drugs,

And after including the essential psychotropic and neurological medications for primary care from the MOPH list of essential medications for chronic diseases¹ made widely available in Lebanon via MOPH/YMCA programme to around 435 primary healthcare centers and dispensaries,

And after taking into consideration the available medications in Lebanon as listed in the national drug index², the need to have a sustainable supply of psychotropic and neurological medications for all populations residing in Lebanon, the need for public health relevance, evidence of efficacy, safety and comparative cost-effectiveness, and the need for continuum of care,

And after taking into consideration that the mental health services are currently being integrating into the primary healthcare centers using mental health Gap Action Programme – Intervention Guide (mhGAP-IG),

And after the review by stakeholders, local and international experts,

And in line with the National Mental Health and Substance Use Strategy for Lebanon 2015-2020³,

The National Mental Health Programme recommends that the prescription of psychotropic and neurological medications in the humanitarian setting especially at the specialized healthcare level is restricted to the following list:

¹ Ministry of Public Health of Lebanon. 2014. Chronic Disease Medications Provided by MOPH in Collaboration with YMCA, available at http://www.moph.gov.lb/userfiles/files/HealthCareSystem/PHC/YMCADrugs.pdf

² Ministry of Public Health of Lebanon. 2015. National Drug index, fifth edition, available at http://www.moph.gov.lb/userfiles/files/HealthCareSystem/Pharmaceuticals/LNDI/LNDI-2015.pdf

³ Ministry of Public Health. 2015. Mental Health and Substance Use- Prevention, Promotion, and Treatment- Situation Analysis and Strategy for Lebanon 2015-2020. Beirut: Lebanon, available at http://www.moph.gov.lb/userfiles/files/Programs%26Projects/MentalHealthProgram/MentalHealthStrategy-Eng%20-2015.pdf



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| Class | Medication ¹ (Molecular Name) | Form and Dosage | Recommended Line of Treatment | Age Category |
|-----------------|---------------------------------------------|-------------------------------|---------------------------------------------------------------|-----------------|
| Antidepressants | Amitriptyline* | Tablet 25 mg | First line ² | Adults |
| | Fluoxetine*3 | Tablet 20 mg | First line | All ages |
| | Sertraline* | Tablet 50 mg | First line | Adults |
| | Clomipramine | Tablet 75 mg | Mainly used as second line for obsessive compulsive disorder | Adults |
| Antipsychotics | Chlorpromazine* | Tablet 100 mg | First line for adults Second line for pediatrics ⁴ | All ages |
| | Haloperidol* | Tablet 5 mg | First line | All ages |
| | Risperidone | Tablet 4 mg | Second line for adults First line for pediatrics | All ages |
| | Risperidone | Syrup 1mg/ml | First line | Pediatrics |
| | Zuclopenthixol decanoate | Injectable solution 200 mg/mL | Second line | Adults |
| | Clozapine ⁵ | Tablet 100 mg | Third line | All ages |
| Anxiolytics | Diazepam ⁶ | Tablet 5 mg | First line | Adults |
| Antiepileptic | Phenytoin* | Tablet 100 mg | First line | All ages |
| | Phenobarbital ⁶ | Tablet 100 mg | First line | All ages |
| | Levetiracetam | Tablet 500 mg | Third line | All ages |
| | Levetiracetam | Syrup 100mg/ml | Third line | Pediatrics |
| | Clonazepam ⁶ | Tablet 2 mg | Add-on medication | All ages |

¹ The national guidelines for prescriptions of these medications will follow

² Amitriptyline is not a first line of treatment for elderly (≥ 65 years) and medically ill persons, as well as persons with imminent risk of suicide

³ Fluoxetine is the only antidepressant that can be prescribed for adolescents aged 12 years and older when psychosocial interventions prove ineffective; it is not to be prescribed for children below 12 years of age under any circumstance

⁴ Pediatrics defined as persons aged less than 18 years

⁵ For Clozapine, close monitoring of absolute neutrophil count (ANC) is needed (ANC should be ≥ 1500/μL)

⁶ Diazepam, Phenobarbital and Clonazepam are strictly controlled by the Lebanese drug law # 673/1998 and their dispensing requires the maintenance of specific registries available at the level of pharmacies, and usually not available at the level of primary healthcare centers



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| Antiepileptic / | Carbamazepine* | Tablet 200 mg | First line | All ages |
| Mood stabilizers | Carbamazepine * | Tablet 400 mg | First line | All ages |
| | Carbamazepine | Syrup 100mg/5ml | First line | Pediatrics |
| | Sodium Valproate* | Tablet 500 mg | First line | All ages |
| | Sodium Valproate* | Tablet 500 mg CHRONO | First line | All ages |
| | Sodium Valproate* | Syrup 200 mg/5 ml | First line | Pediatrics |
| | Lamotrigine | Tablet 100 mg | Third line | All ages |
| Mood stabilizer | Lithium | Tablet 400 mg | Third line ⁷ | All ages |
| Antiparkinson/ Treatment of antipsychotic medications side- effects | Carbidopa/ Levodopa* | Tablet 25 mg/250 mg | First line | Adults |
| | Trihexyphenidyl* | Tablet 5 mg | First line | All ages |
| | Biperiden | Tablet 4 mg | First line | All ages |

^{*} Ministry of Public Health of Lebanon. 2014. Chronic Disease Medications Provided by MOPH in Collaboration with YMCA, available at http://www.moph.gov.lb/userfiles/files/HealthCareSystem/PHC/YMCADrugs.pdf

⁷ As per the mental health Gap Action Programme – Intervention Guide (mhGAP-IG): "Begin treatment of acute mania with lithium, valproate, carbamazepine or with antipsychotics". "Lithium may be considered only if clinical and laboratory monitoring are available". Hence, since lithium has a narrow therapeutic index and since laboratory monitoring at no cost is usually not available for vulnerable populations, it is recommended to start using lithium after other first line of treatments have failed