From: on behalf of emlsecretariat

Subject: FW: Suggestions for the Essential Drugs list for Children

Sent: 04 September 2007 20:22
To: emlsecretariat
Subject: Suggestions for the Essential Drugs list for Children

Dear Dr. Hill,

Please consider the following suggestions in your deliberations on the Essential Drugs List for Children:

Section 2.2
Please consider substituting oxycodone for codeine as the non-morphine oral opioid. Codeine's analgesic activity derives from metabolism into morphine by CYP2D6. Many people's enzyme (1 of 8) is insufficiently active to metabolize codeine to morphine. For these people, codeine is a placebo. In contradistinction, oxycodone is directly active at the mu opioid receptor. Unlike morphine, oxycodone oral bioavailability is quite predictable. Therefore, oxycodone should be the alternate, or preferred, oral opioid to morphine.

Section 3
Please consider replacing chlorphenamine with diphenhydramine. Diphenhydramine is effective histamine blocker with a pediatric formulation already widely used and with an acceptable safety record. Chlorphenamine's advantage is only in co-medication with anti-malarials. IF this is the reason for it's inclusion as an Essential Medicine, that information should be noted on the List.

Section 6.2.1
Please consider replacing cloxacillin with cephalexin. Palatability of cloxacillin suspension is so bad that noncompliance can be expected. For Staphylococcal coverage, cephalexin or amoxicillin/clavulanate are more likely to improve disease because they will be consumed. This replacement would also provide a cephalosporin on the Essential Drugs list for a second product after amoxicillin/clavulanate for gram positive coverage with an oral liquid product.

Section 6.2.2
Please consider replacing Erythromycin with azithromycin or clarithromycin. Erythromycin's gastrointestinal toxicity has been mitigated in these other macrolides without sacrificing efficacy in respiratory infection. Since azithromycin is already under consideration for trachoma, it should be considered first for replacing Erythromycin for respiratory infection in penicillin-allergic patients.

Section 6.2.4
The Committee should carefully consider the reproducible, serious nephrotoxicity of kanamycin and capreomycin before advocating these medicines over amikacin. Unlike amikacin, neither kanamycin or capreomycin serum drug level determinations are easily performed. Therefore the smaller therapeutic windows of the older drugs (kanamycin and capreomycin) should argue against their inclusion and favor the inclusion of amikacin.

Section 8.4
For pediatric palliative care, analgesics, antihistamines, antiemetics and stimulants would

be needed and they are already covered in other parts of the List.

Section 24
The committee should consider adding a stimulant such as methylphenidate for the treatment of Attention Deficit Disorder.

Section 24.5
The committee should consider adding buprenorphine for the treatment of opioid addiction in adolescents

Section 26.2
The committee should consider adding "Ringer's Lactate" for fluid resuscitation from trauma or cholera.

Thank you in advance for considering these suggestions.

Kind Regards,

Bruce Reidenberg

Bruce Reidenberg, MD, FAAP
Assistant Professor of Pharmacology and of Pediatrics (courtesy)
Weill Medical College of Cornell University