Haloperidol

Essential medicine status

ATC codes: N05AD01

Indication	Palliative care ICD11 code: QB9B
INN	Haloperidol
Medicine type	Chemical agent
List type	Core
Formulations	**Oral > Liquid:** 2 mg per mL **Oral > Solid:** 0.5 mg ; 2 mg ; 5 mg **Parenteral > General injections > unspecified:** 5 mg per mL in 1-mL ampoule
EML status history	First added in 1991 (TRS 825) Changed in 2013 (TRS 985)
Sex	All
Age	Adolescents and adults
Therapeutic alternatives	The recommendation is for this specific medicine
Patent information	Patents have expired in most jurisdictions Read more about patents.
Wikipedia	Haloperidol
DrugBank	Haloperidol

Summary of evidence and Expert Committee recommendations

In 2013, the Expert Committee considered a review of medicines for palliative care in adults. To develop the list of proposed medicines, a working group was constituted by IAHPC. Using WHO global mortality data this group identified the most common causes of death, and the most common and distressing symptoms in palliative care by means of a literature search. The final step was identification of the medicines to be recommended for the treatment of symptoms. Table 1 (page 49-50, TRS 985) lists the most common and distressing symptoms occurring in people receiving palliative care, and the medications included in the application. The Expert Committee noted that good-quality evidence for rational pharmacotherapy for many of the symptoms was lacking. The systematic reviews in the literature of symptom management related to patients with cancer. These reviews concluded that there was insufficient evidence to draw any firm conclusions on medicines for the treatment of symptoms such as fatigue, anxiety or anorexia in cancer. However, there is extensive experience in the use of these medicines for the treatment of most of the common symptoms experienced in terminally ill patients. The medicines that have been recommended in the application are already listed in the EML, under either palliative care or another indication. The unique position of the terminally ill patient and the objectives of providing palliative care means that experience needs to be taken into account. Given the above, much of the evidence for the efficacy of these drugs was based on studies that were not of patients receiving palliative care. The Expert Committee also noted the medicines that were included for palliative care in children. The Expert Committee recommended the listing of medicines for adults for common symptoms in palliative care, other than for pain, as shown in Table 2 (page 51-52, TRS 985). This list included haloperidol. In 2013, medicines for palliative care were moved from Section 8.4 to Section 2.3 of the EML and EMLc - Medicines for other common symptoms in palliative care.