

		ATC codes: NO)5AD0
Indication	Schizophrenia or other primary psychotic disorders	ICD11 code: 6A4Z	
INN	Haloperidol		
Medicine type	Chemical agent		
List type	Core		
Additional notes	The square box applies only to oral dose forms of halo	pperidol and chlorpromazine	
Formulations	Parenteral > General injections > IM: 5 mg per mL in Oral > Solid: 2 mg ; 5 mg	ampoule	
EML status history	First added in 1977 (TRS 615) Changed in 1979 (TRS 641) Changed in 1987 (TRS 770) Changed in 2007 (TRS 950) Changed in 2009 (TRS 958) Changed in 2013 (TRS 985) Changed in 2021 (TRS 1035) Changed in 2023 (TRS 1049)		
Sex	All		
Age	Adolescents and adults		
Therapeutic alternatives	chlorpromazine (ATC codes: N05AA01) Oral > Liquid: 25 mg per 5 mL (hydrochloride) Oral > Solid: 100 mg (hydrochloride)		
Patent information	Patents have expired in most jurisdictions Read more about patents.		
Wikipedia	Haloperidol 🗹		
DrugBank	Haloperidol 🗹		

Summary of evidence and Expert Committee recommendations

The Expert Committee recalled the request made by the 2021 Committee that therapeutic alternatives for the square box listings for chlorpromazine, fluphenazine and haloperidol in this section of the EML be reviewed. The Expert Committee accepted the rationale applied by the WHO Department of Mental Health and Substance Use in identifying suitable therapeutic alternatives, and made the following recommendations: - Chlorpromazine (oral formulations only) be included as a therapeutic alternative to oral haloperidol. (This recommendation, coupled with the recommendation above to remove chlorpromazine injection, effectively removes the independent listing for chlorpromazine from the EML). - Haloperidol decanoate and zuclopenthixol decanoate be included as therapeutic alternatives to fluphenazine (decanoate/enantate). The Expert Committee recommended the deletion of chlorpromazine and haloperidol (all dosage forms) from the complementary list of the EMLc. The Committee noted that schizophrenia and other chronic psychotic disorders are rare in children younger than 12 years. The Committee agreed that the available evidence for these medicines in the treatment of psychoses in children was inconclusive and insufficient to support their ongoing inclusion on the EMLc.

