

NATIONAL ESSENTIAL MEDICINES LIST COMMITTEE (NEMLC) BULLETIN FOR THE MEETING HELD ON 20 OCTOBER 2022: MEETING OUTCOMES FOR PUBLIC DISSEMINATION

ACCESS TO STANDARD TREATMENT GUIDELINES AND ESSENTIAL MEDICINES LIST

The following are the latest editions of the Standard Treatment Guidelines (STGs) and Essential Medicines List (EML):

- **Primary Health Care:** STGs and EML 2020 Edition (plus updated chapters ratified by NEMLC)
- **Hospital Level Adult:** STGs and EML 2019 Edition (plus updated chapters ratified by NEMLC)
- **Hospital Level Paediatric:** STGs and EML 2017 Edition (plus updated chapters ratified by NEMLC)
- **Tertiary and Quaternary:** EML June 2022 Edition

The following formats of the STGs and EML are accepted by the National Department of Health (NDoH):

- **Knowledge Hub:**

Primary Health Care (PHC), 2020 (plus updated 2021/2022 chapters ratified by NEMLC)	https://www.knowledgehub.org.za/elibrary/primary-healthcare-phc-standard-treatment-guidelines-and-essential-medicines-list-south
Hospital Level – Paediatrics, 2017 (plus updated 2021/2022 chapters ratified by NEMLC)	https://www.knowledgehub.org.za/elibrary/hospital-level-paediatrics-standard-treatment-guidelines-and-essential-medicines-list
Hospital Level – Adults, 2019 (plus updated chapters ratified by NEMLC)	https://www.knowledgehub.org.za/elibrary/hospital-level-adults-standard-treatment-guidelines-and-essential-medicines-list-2nd
Tertiary and Quaternary, June 2022	https://www.knowledgehub.org.za/elibrary/hospital-level-tertiary-and-quaternary-essential-medicines-list

- **EMGuidance mobile application:** To sign up, click on the link: <http://onelink.to/sy896k>

The most current version of the COVID-19 rapid review reports are available on the **NDoH website** at: <http://www.health.gov.za/covid-19-rapid-reviews/>

ACCESS TO CIRCULARS FROM THE NATIONAL DEPARTMENT OF HEALTH

Circulars that are developed by the Essential Drugs Programme are disseminated to EDP stakeholders and uploaded on the Knowledge Hub. The EDP Knowledge Hub section is currently being restructured to contain all EDP related information under one URL. This will be live in the next few weeks and communication to that effect will be sent to all EDP stakeholders, containing a summary of what is available, with the corresponding link.

Please email SAEDP (SAEDP@health.gov.za) if you would like to be added to the mailing list for circulars and other EDP updates.

There were no circulars disseminated by EDP between September 2022 to October 2022.

PRIMARY HEALTH CARE (PHC) AND ADULT HOSPITAL LEVEL STANDARD TREATMENT GUIDELINES AND ESSENTIAL MEDICINES LIST

- The following have been reviewed and *ratified for publication*, with the respective NEMLC report and relevant medicine review(s):
 - **PHC Chapter 13: Immunisation** – NEMLC ratified the chapter for *publication*, with amendments.
 - **PHC Chapter 5: Skin Conditions** – NEMLC ratified the chapter for *publication*.
 - **Adult Hospital Chapter 4: Dermatology** – NEMLC ratified the chapter for *publication*.
 - **Cephalexin for Staphylococcus aureus skin and soft tissues infections** – NEMLC ratified the evidence summary for *publication*, with amendments.

- The following have been reviewed and ratified *for external comment*, with the respective NEMLC report and relevant medicine reviews:
 - **Adult Hospital Chapter 9: Systemic and Healthcare-Associated Infections** – NEMLC accepted the updated chapter and recommended the chapter be circulated for *external comment*, with amendments.
 - **Adult Hospital Chapter 20: Emergencies and Injuries** – NEMLC recommended the chapter be circulated for *external comment*, with amendments.
 - **Ketamine monotherapy or adjunctive therapy as analgesia for post-intubated adults with trauma and requiring mechanical ventilation** – NEMLC ratified the evidence summary with amendments.
 - **Olanzapine for delirium** – NEMLC ratified the evidence summary with amendments.

- The following reviews were ratified by the NEMLC:
 - **Oral prednisone for the management of severe bilateral posterior uveitis and panuveitis** – NEMLC ratified the evidence summary with amendments.

Comments are due by the **30 November 2022** and may be submitted *via* e-mail to:

Dr Janine Jugathpal

E-mail: janine.jugathpal@health.gov.za

(Documents for comment accessible at: <https://www.knowledgehub.org.za/elibrary/notice-comment-phcadult-hospital-level-stgs-and-eml>)

PAEDIATRIC HOSPITAL LEVEL STANDARD TREATMENT GUIDELINES AND ESSENTIAL MEDICINES LIST

- The following has been reviewed and *ratified for publication*, with the respective NEMLC report:
 - **Paediatric Hospital Chapter 12: Rheumatology and Vasculitides** – NEMLC ratified the chapter for clinical editing and *publication*.
 - **Paediatric Hospital Chapter 19: Prematurity and Neonatal Conditions** – NEMLC ratified the chapter for clinical editing and *publication*.
 - **Paediatric Hospital Chapter 9: HIV Infection** – The Paediatric Hospital Level Human Immunodeficiency Virus (HIV) Chapter will be aligned with the recently finalised 2022 ART Clinical Guidelines for the Management of HIV in Adults, Pregnancy, Adolescents, Children, Infants and Neonates; and the 2022 Guideline for Maternal Care and Vertical Transmission Prevention of Communicable Infections (HIV, Syphilis, TB, Hepatitis, Listeriosis, and Malaria). NEMLC ratified the chapter for alignment with the programmatic guidelines and *publication*. Publication of the chapter will be delayed to allow co-ordination with the abovementioned programmes.

- The following have been reviewed and *ratified for external comment*, with the respective NEMLC report:
 - **Paediatric Hospital Chapter 1: Emergencies and Trauma** - NEMLC accepted the updated chapter and recommended the chapter be circulated for *external comment*.
 - **Paediatric Hospital Chapter 20: Pain Control** - NEMLC accepted the updated chapter and recommended the chapter be circulated for *external comment*.
 - **Paediatric Hospital Chapter 22: Intensive Care and Anaesthetics** – The Intensive Care chapter has been separated from the Anaesthetics chapter. NEMLC accepted the updated chapter and recommended the chapter be circulated for *external comment*.
- The following chapter has been reviewed and will be shared for external comment following NEMLC recommended amendments:
 - **Paediatric Hospital Chapter 21: Palliative Care** - NEMLC accepted the updated chapter and recommended the chapter be circulated for *external comment*.

Comments were due by the 14 November 2022 and were submitted *via* e-mail to:

Dr Jane Riddin

E-mail: jane.riddin@health.gov.za

(Documents for comment accessible at: <https://www.knowledgehub.org.za/elibrary/notice-comment-phcadult-hospital-level-stgs-and-eml>)

TERTIARY AND QUATERNARY LEVEL ESSENTIAL MEDICINES LIST (TQEML)

- The following medicines have been reviewed and *ratified for publication*, with the respective NEMLC report:
 - **Lenalidomide for Multiple Myeloma** –
 - It was outlined that since lenalidomide is more affordable, with equivalent efficacy to thalidomide, it should be considered for inclusion in the TQEML.
 - NEMLC recommended that lenalidomide be added to the EML for this indication.
 - **Ezetimibe for Familial Hypercholesterolaemia** –
 - The medicine review on ezetimibe plus high-intensity statin therapy or maximally tolerated therapy for familial hypercholesterolemia was presented to NEMLC.
 - NEMLC recommended that ezetimibe be added to the TQEML for this specific indication.

OTHER

- **Blood Factor Prophylaxis review**
 - A draft review, with cost analysis, looking at the use of prophylactic blood factor versus on-demand blood factor for management of haemophilia A was presented to NEMLC.
 - NEMLC recommended that a technical working group to evaluate the management of haemophilia A across all levels of care be formulated.

COVID-19 RAPID REVIEWS

The following rapid reviews have been conducted from July to August 2022 and published in the public domain:

- Rapid review of Vitamin D for COVID-19.

The following infographics, based on published rapid reviews, have been uploaded on the COVID-19 rapid review reports website (see link on page 1):

- Infographic – Rapid review on corticosteroids.
- Infographic – Rapid review on inhaled corticosteroids.
- Infographic – Rapid review on ivermectin.

SHOULD CORTICOSTEROIDS BE USED TO TREAT COVID-19 IN HOSPITALISED PATIENTS?

Rapid Review for COVID-19

THE KEY REVIEW QUESTION
This review aimed to determine whether corticosteroids should be used for managing patients hospitalised with severe COVID-19 and requiring respiratory support. This review incorporates additional evidence. View [full rapid review of corticosteroids](#).

WHAT WAS INCLUDED IN REVIEW?

- This review summarised data from eight randomised placebo-controlled trials (RCTs) evidenced in two electronic databases [EpubMed](#) and the [Cochrane COVID-19 Study Register](#).
- Data were gathered from 1 048 hospitalised adult patients, comparing corticosteroids to the standard of care (placebo).

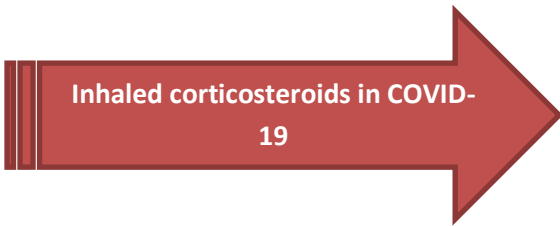
WHAT DID THE REVIEW FIND?

- Systemic corticosteroids reduced mortality at Day 28 in critically ill patients.
- In hospitalised patients not requiring respiratory support, there was no evidence of benefit, and a possibility of harm.
- Systemic corticosteroids may also be considered in patients with COVID-19 diagnosed with septic shock.
- No studies have, as yet, reported on the use of corticosteroids in children with severe COVID-19.

RECOMMENDATION OF THE NATIONAL ESSENTIAL MEDICINES LIST COMMITTEE ON COVID-19 THERAPEUTICS ON USE OF CORTICOSTEROIDS FOR SEVERE COVID-19

RECOMMENDATION
The trials were moderate quality and the benefits of corticosteroids outweigh the risks. NEMLMAC recommends the use of corticosteroids in hospitalised patients with severe COVID-19 who require supplemental oxygen.

REVIEW PUBLICATION DATE: 20 October 2022 (2nd update)



SHOULD INHALED CORTICOSTEROIDS BE USED TO TREAT COVID-19?

Rapid Review for COVID-19

THE KEY REVIEW QUESTION
This review aimed to determine whether inhaled corticosteroids (ICS) be used to treat patients with COVID-19 not requiring oxygen therapy, in hospital or in ambulatory settings. This review incorporates additional evidence. View [full rapid review of inhaled corticosteroids](#).

WHAT WAS INCLUDED IN REVIEW?

- Systematic review of evidence from seven randomised placebo-controlled trials (RCTs) evidenced in four electronic databases [PubMed](#), [EpubMed](#), the [Cochrane COVID-19 Study Register](#) and [COV-019](#).
- The initial review was conducted in July 2021, with updated research done until May 2022 in the Cochrane Library and COVID-IMA.

WHAT DID THE REVIEW FIND?

- Low degree of certainty for differences in progression to urgent therapy, mechanical ventilation, hospitalisation or death.
- Very low certainty of evidence for differences in negative SARS-CoV-2 PCR results at 14 days or adverse events.
- Very low degree of certainty of difference in patients reporting resolution of symptoms after 28 days.
- Very low degree of certainty for difference in time to resolution of symptoms.

RECOMMENDATION OF THE NATIONAL ESSENTIAL MEDICINES LIST COMMITTEE ON COVID-19 THERAPEUTICS ON USE OF INHALED CORTICOSTEROIDS TO TREAT COVID-19

RECOMMENDATION
The current very low- to low-certainty evidence does not suggest any clear benefit to the use of inhaled corticosteroids. NEMLMAC suggests that inhaled corticosteroids not be used routinely in the management of COVID-19, unless indicated for other reasons.

REVIEW PUBLICATION DATE: 6 June 2022 (2nd update)



SHOULD IVERMECTIN BE USED TO TREAT COVID-19?

Rapid Review for COVID-19

THE KEY REVIEW QUESTION
This review aimed to determine whether ivermectin should be used for the management of COVID-19. This review incorporates additional evidence. View [full rapid review of ivermectin](#).

WHAT WAS INCLUDED IN REVIEW?

- An updated review of evidence from further randomised placebo-controlled trials (RCTs) evidenced in two electronic databases [EpubMed](#) and the [Cochrane COVID-19 Study Register](#).
- Previous rapid reviews included active comparator trials, with the emergence of further RCT data, the comparator has now been restricted to placebo/standard of care.

WHAT DID THE REVIEW FIND?

- High degree of uncertainty of the effect of ivermectin on mortality.
- High degree of uncertainty of the effect of ivermectin on the need for invasive mechanical ventilation or the need for supplemental oxygen.
- High degree of uncertainty of the effect of ivermectin on adverse events.
- Hospitalised patients: little or no effect on clinical improvement or duration of hospitalisation up to 28 days.
- Ambulatory patients: ivermectin had little or no effect on clinical improvement up to 14 days.

RECOMMENDATION OF THE NATIONAL ESSENTIAL MEDICINES LIST COMMITTEE ON COVID-19 THERAPEUTICS ON USE OF IVERMECTIN TO TREAT COVID-19

RECOMMENDATION
The current very low- to low-certainty evidence does not suggest any clear benefit to the use of ivermectin. NEMLMAC suggests that ivermectin not be used in the management of COVID-19, except in the context of a clinical trial.

REVIEW PUBLICATION DATE: 20 May 2022 (2nd update)