

World Health Organization  
**Raffaella Balocco**  
INN Programme Manager  
Quality Assurance & Safety :  
Medecines  
CH 1211 GENEVA 27  
SUISSE

Paris, June 12, 2019

## Prescrire's contribution to the WHO consultation on List 120 of proposed INNs

*Prescrire* is an independent continuing education organisation for healthcare professionals. It is wholly funded by its subscribers, carries no advertising, and receives no other financial support whatsoever.

Both independently since 1981, and with others as part of the Medicines in Europe Forum, the International Society of Drug Bulletins (ISDB) and the International Medication Safety Network (IMSN), *Prescrire* has been advocating the systematic use by healthcare professionals and patients of international nonproprietary names (INNs), which are clearer, safer and more informative than drug brand names (1-6).

**Making INNs safer.** The principles underlying the creation of INNs are the same that apply to the prevention of medication errors: standardisation, differentiation, and facilitation of logic and redundancy checks (7).

However, even with the INN system there is a residual risk of confusion, partly owing to the sheer number of INNs now in circulation. A report from the Council of Europe, which recommends the use of INNs, calls for active participation in the public consultations on proposed INNs organised by the World Health Organization (WHO), in order to identify any risk of confusion during their clinical use (8). Our review group, consisting of members of *Prescrire's* editorial staff, including hospital- and community-based health professionals, joined by lecturers in pharmacy and medicine from Marseille University Hospital and Marseille School of Pharmacy, has examined List 120 in order to participate in the public consultation on this latest list of proposed INNs, published in February 2019 (a)(9).

**Our critical analysis of the proposed INNs.** Our analysis of the 125 INNs proposed in List 120, and 4 amendments to INNs proposed in previous lists, was based on the following resources: the 2018 list of common stems and its addendum; the INN database and the WHO's lists of pre-stems, biological and biotechnological substances, and radicals; the list of planned stems proposed by the United States Adopted Names (USAN) Council; databases of drugs marketed in France, which enable searches on both brand names and INNs; a reference database of drugs used throughout the world; and *Prescrire's* in-house monitoring of the literature (10-18).

The first step of *Prescrire's* collective review was to identify INNs or brand names of marketed drugs that could potentially be confused with the INNs proposed in List 120. In each case, the participants then assessed the likelihood and clinical consequences of a medication error or misunderstanding arising through this mechanism, listing their arguments. When clinical consequences were foreseeable, the participants were also invited to suggest solutions to reduce the risk of confusion.

**Prescrire**  
83 boulevard Voltaire  
75558 PARIS CEDEX 11  
FRANCE

Tél. : (33) (0)1 49 23 72 80  
Fax : (33) (0)1 47 00 33 20  
contact@prescrire.org

Site internet  
Web site  
www.prescrire.org

Relations Abonnés :  
Abonnements  
Subscription Department  
Tél. : (33) (0)1 49 23 72 86  
Fax : (33) (0)1 49 23 76 48  
relationsabonnes@prescrire.org  
international@prescrire.org

Formations Prescrire  
Tél. : (33) (0)1 49 23 72 90  
Fax : (33) (0)1 49 23 76 48  
formations@prescrire.org

Association Mieux Prescrire

Organisme indépendant  
de formation permanente  
des soignants

Independent organisation  
continuing education  
for health professionals

Association loi de 1901  
n° 86/4331 - JO 21/01/1987  
(Statuts sur demande)  
Org DPC n° 1358  
Org FC 11 751 711 075  
N° TVA : FR 48 340647619  
SIRET 340 647 619 00014  
Code NAF : 9499Z  
RIB La Banque Postale Paris  
BIC : PSST FRPPPAR  
IBAN :  
FR44 2004 1000 0100 6120 5H02 022

**Ever longer lists.** With 125 proposed INNs and 4 amendments, List 120 is one of the longest *Prescrire* has examined.

Our examination of List 120 provided an opportunity to identify some pre-stems: **-adenant** for adenosine receptor antagonists, **-cerfont** for corticotropin-releasing factor type-1 (CRF1) receptor antagonists, **-sidenib** for isocitrate dehydrogenase inhibitors; and **-trectinib** for tropomyosin receptor kinase (TRK) inhibitors.

This list also includes some planned stems proposed by the US drug nomenclature committee, the USAN Council: **-camtiv** for cardiac myosin activators, and **-lanstat** for lanosterol 14 $\alpha$ -demethylase inhibitors.

## Objections

**The abiding risk associated with the naming of monoclonal antibodies conjugated to active substances.** We remain deeply concerned about the risks associated with the two-term INNs given to monoclonal antibodies conjugated to cytotoxic drugs. If healthcare professionals do not know the precise meaning of the second term, which they may assume refers to a radical devoid of pharmacological activity rather than a second active substance, dosing errors can occur through administration of the wrong product. The proposed INNs *disitamab vedotin*, *serclutamab talirine* and *tamrintamab pamozirine* add to the ever-growing list of similarly constructed INNs for monoclonal antibodies conjugated to cytotoxic agents against which *Prescrire* has filed objections to the WHO INN Programme, mainly due to the risk of these cytotoxic moieties being mistaken for simple radicals (19).

Once again, we formally acknowledge that the WHO INN Programme is aware of the problem but has decided not to revise the nomenclature for these conjugated compounds, on the grounds that the rules were established a long time ago (20). We regret that this shifts the responsibility for reducing the number of patients harmed through confusion between these INNs onto pharmaceutical companies, regulatory agencies, healthcare establishments and organisations, and health professionals, requiring them to devise measures to aid discrimination between the products concerned through their packaging, labelling, and the way they are listed in IT systems and on prescriptions. This leads to the paradoxical situation in which it is actually safer to use brand names than INNs.

**New monoclonal antibody nomenclature: first signs of saturation?** The new naming scheme for monoclonal antibodies, which omits the species substem, is a welcome development (21). However, the phonetic similarity identified by some members of our review group between the proposed INNs *ieramilimab* and *nidanilimab* indicates that there are early signs of saturation despite this new nomenclature.

## Comments

Our review group identified a number of proposed INNs that could generate medication errors, for a variety of reasons: confusion with a brand name; confusion with another INN; confusion due to absence of a clearly identifiable stem; conflicts between the proposed INN and the indications claimed by the pharmaceutical company; the complexity of some two-term proposed INNs; and finally the assignment of a unique INN to therapies that are different for each patient.

**Confusion with a brand name.** Some INNs proposed in List 120 could be confused with a brand name, in particular: *acimostat*, *aldafermin*, *clascoterone*, *danicamtiv*, *foscarbidopa*, *selitrectinib*, *taminadenant* and *teclistamab*.

The phonetic and visual similarity between the proposed INN *acimostat* and the brand name Climaston<sup>o</sup> (*estradiol + dydrogesterone*) could lead to confusion errors.

The prefix "alda", used for the first time in the proposed INN *aldafermin*, has already been used in France as a prefix in brand names such as Aldactazine<sup>o</sup> (*altizide + spironolactone*), Aldactone<sup>o</sup> (*spironolactone*) and Aldara<sup>o</sup> (*imiquimod*), creating a risk of wrong-drug errors when selecting drugs from an alphabetical menu.

Some members of our review group felt that the proposed INN *clascoterone* is liable to confusion with the brand name Clastoban<sup>o</sup> (*clodronic acid*) as their first 4 letters are identical and they sound so similar. As in the previous case, this is the first time the prefix "clas" has

Prescrire  
83 boulevard Voltaire  
75558 PARIS CEDEX 11  
FRANCE

Tél. : (33) (0)1 49 23 72 80  
Fax : (33) (0)1 47 00 33 20  
contact@prescrire.org

Site internet  
Web site  
www.prescrire.org

### Relations Abonnés :

**Abonnements**  
Subscription Department  
Tél. : (33) (0)1 49 23 72 86  
Fax : (33) (0)1 49 23 76 48  
relationsabonnes@prescrire.org  
international@prescrire.org

**Formations Prescrire**  
Tél. : (33) (0)1 49 23 72 90  
Fax : (33) (0)1 49 23 76 48  
formations@prescrire.org

Association Mieux Prescrire

Organisme indépendant  
de formation permanente  
des soignants

Independant organisation  
continuing education  
for health professionals

Association loi de 1901  
n° 86/4331 - JO 21/01/1987  
(Statuts sur demande)  
Org DPC n° 1358  
Org FC 11 751 711 075  
N° TVA : FR 48 340647619  
SIRET 340 647 619 00014  
Code NAF : 9499Z  
RIB La Banque Postale Paris  
BIC : PSST FRPPPAR  
IBAN :  
FR44 2004 1000 0100 6120 5H02 022

been used in an INN.

The INN *danicamtiv* contains the USAN stem *-camtiv*, for cardiac myosin activators. This potential stem is very similar to the end of the brand name Hycamtin° (*topotecan*), a product marketed in many countries. If this suffix is used in future INNs, prefixes will have to be selected so as to avoid confusion with Hycamtin°.

The proposed INN *foscarbidopa* could be selected from an alphabetical menu instead of the brand name Foscavir° or its INN *foscarnet sodium*, as their first 5 or 6 letters, respectively, are identical.

One member of our review group pointed out that the proposed INN *selitrectinib* is phonetically similar to the brand name Zelitrex° (*valaciclovir*).

The proposed INN *taminadenant* shares visual and phonetic similarity with the brand name Tadenan° (*Pygeum africanum* extract) due to the combination of the prefix "ta" with the pre-stem **-adenant**.

Tecfidera° (*dimethyl fumarate*) is likely to be mis-selected from an alphabetical menu instead of the proposed INN *teclistamab* because the former would be listed first.

**Confusion with another INN.** Some of the INNs proposed in List 120 are liable to confusion with other INNs, in particular: *abrocitinib*, *amcipatricin*, *avanbulin*, *foscarbidopa*, *foslevodopa*, *serdexmethylphenidate* and *troriluzole*.

Accidental inversion of the first 2 letters of the proposed INN *abrocitinib* could result in confusion with the INN *baricitinib*. One member of our review group also pointed out its similarity to the INN *ibrutinib*.

Many of our reviewers pointed out the risk of confusion between the proposed INN *amcipatricin* and the INNs *amifampridine*, *ampicillin* and *amphotericin B*. They also felt it was unfortunate that the drug does not have a stem that clearly identifies it as an antifungal, even though use of the stem **-tricin** is perfectly justified on the basis of its chemical structure.

The proposed INN *avanbulin* is liable to confusion with the INN *lisavanbulin* (proposed in List 115), the consequences of which will depend on their relative potency (22).

List 120 contains several proposed INNs (described as "telescopic" by one member of our review group) created by adding prefixes to an existing INN. Although their construction cannot be faulted, in routine clinical practice they could be confused with the original INN they contain, i.e. *foscarbidopa* with *carbidopa*, *foslevodopa* with *levodopa*, *serdexmethylphenidate* with *methylphenidate* and *dexamethylphenidate*, and *troriluzole* with *riluzole*. To prevent dosing errors involving these new drugs, doses could be expressed as *carbidopa*, *levodopa*, *methylphenidate* and *riluzole* equivalents, respectively, similar to the measures taken in some countries to encourage doses of *fosphenytoin* to be expressed as *phenytoin* equivalents (23-27).

**Confusion due to absence of a clearly identifiable stem.** Our review group was unable to identify a stem more explicit than **-mab** in the proposed INN for the monoclonal antibody *volagidemab*, which they had expected would also contain the stem **-li-** or **-gli-** to indicate its claimed immunomodulating and antihyperglycaemic effects.

**Conflicts between the proposed INN and the indications claimed by the pharmaceutical company.** The proposed INN *pepinemab* contains the substem **-ne-** from the new monoclonal antibody nomenclature, signifying a neurological target, whereas the pharmaceutical company has only claimed immunomodulating properties for this drug. Our reviewers were therefore expecting it to contain the substem **-li-**.

Conversely, it makes sense that the substem **-ne-** was used rather than **-li-** in the proposed INN *cinpanemab*, for which both immunomodulating and antiparkinsonian properties are claimed.

**Confusion caused by complex two-term INNs.** Many of our reviewers considered that the complexity of certain INNs makes them difficult to memorise and pronounce, and hampers communication between health professionals when discussing patient care. In List 120, the gene therapy products in particular were considered problematic in this regard (*adlinacogene civaparvovec*, *cadalimogene ixalentevec*, *devafidugene civaparvovec*, *etranacogene dezaparvovec*, *inlezifigene civaparvovec*, *inodiftagene vixteplasmid*, *ranuzifigene civaparvovec*, *resamirigene bilparvovec*, *rovoctocogene durparvovec*, *tefidsogene civaparvovec* and *volrubigene ralaparvovec*), because the reviewers were

Prescrire  
83 boulevard Voltaire  
75558 PARIS CEDEX 11  
FRANCE  
Tél. : (33) (0)1 49 23 72 80  
Fax : (33) (0)1 47 00 33 20  
contact@prescrire.org

Site internet  
Web site  
www.prescrire.org

Relations Abonnés :  
Abonnements  
Subscription Department  
Tél. : (33) (0)1 49 23 72 86  
Fax : (33) (0)1 49 23 76 48  
relationsabonnes@prescrire.org  
international@prescrire.org

Formations Prescrire  
Tél. : (33) (0)1 49 23 72 90  
Fax : (33) (0)1 49 23 76 48  
formations@prescrire.org

Association Mieux Prescrire

Organisme indépendant  
de formation permanente  
des soignants

Independent organisation  
continuing education  
for health professionals

Association loi de 1901  
n° 86/4331 - JO 21/01/1987  
(Statuts sur demande)  
Org DPC n° 1358  
Org FC 11 751 711 075  
N° TVA : FR 48 340647619  
SIRET 340 647 619 00014  
Code NAF : 9499Z  
RIB La Banque Postale Paris  
BIC : PSST FRPPPAR  
IBAN :  
FR44 2004 1000 0100 6120 5H02 022

unfamiliar with the rules governing the construction of their INNs.

Although these INNs include all the information required to understand the nature of the substance, some reviewers identified a risk of confusion between gene therapy INNs that share one of their 2 terms. For example, List 120 includes 5 proposed INNs that share the same second term *civaparovec* (*adlinacogene civaparovec*, *devafidugene civaparovec*, *inlezifigene civaparovec*, *ranuzifigene civaparovec* and *tefidogene civaparovec*), and the INNs *rilimogene galvacirepvec* (proposed in List 107) and *rilimogene glafolivec* (proposed in List 113) share the same first term (28,29).

**INNs and patient-specific cell therapies.** List 120 only includes one proposed INN for a substance for cell therapy, *mocemestrocel*, whereas previous lists contained more (7 in List 115, 3 in List 116, 7 in List 117, 3 in List 118, and 6 in List 119) (2,30-33). At the time of their market introduction, *Prescrire*'s editorial staff raised concerns about the fact that each CAR-T therapy has an INN, whereas the composition of the treatment is specific to each patient, because it is produced from the patient's own T cells. In contrast to what this INN might suggest, these treatments are more akin to blood cell transfusions than drug therapy, and carry a particular risk of wrong-patient errors that require careful checks during production and transport, and before administration to the patient, to ensure that the patient ID matches the information on the labelling at each step of the way (34).

**Amendments.** We have no concerns to report regarding the 4 amendments included in List 120. We are pleased that our comments on the proposed INNs *abeprazan*, *nedisertib* and *nemorexant* were taken into account and that these names have been replaced respectively by *fexuprazan*, *peposertib* and *daridorexant* (35).

**In summary.** Two-term INNs are an elegant solution to the increasing complexity of biotechnology-derived pharmaceutical substances, but they generate new risks of confusion that we fear will only intensify as the number of such INNs increases. The same applies to substances for gene therapy and cell therapy. The nomenclature for monoclonal antibodies conjugated to pharmacologically active substances is an issue that has still not been unresolved and continues to concern us.

Issues identified by healthcare professionals are worth taking into account. These include: the increasing complexity of INNs, a problem mentioned by many of our reviewers; the fact that some therapeutic classes have reached saturation point; the role of radicals in altering drugs' pharmacokinetic or pharmacodynamic properties; and the advantages of INNs that provide more information about the drug's indications and properties, while remaining simple and easy to memorise. Healthcare professionals and patients can only think and act successfully in terms of INNs when these names are devised and taught in a rigorous, coherent and effective way, and when they are intelligible.

The recent publication of a guide to INNs for students usefully complements the well executed update of the "Stem book". It relates pharmacological classification to stems as an aid to learning pharmacology, giving more substance to the developing School of INN (10,36). We heartily encourage this initiative and await its translation into the various official WHO languages to increase its global reach.

Prescrire  
83 boulevard Voltaire  
75558 PARIS CEDEX 11  
FRANCE

Tél. : (33) (0)1 49 23 72 86  
Fax : (33) (0)1 47 00 33 20  
contact@prescrire.org

Site internet  
Web site  
www.prescrire.org

**Relations Abonnés :**

**Abonnements**  
Subscription Department  
Tél. : (33) (0)1 49 23 72 86  
Fax : (33) (0)1 49 23 76 48  
relationsabonnes@prescrire.org  
international@prescrire.org

**Formations Prescrire**  
Tél. : (33) (0)1 49 23 72 90  
Fax : (33) (0)1 49 23 76 48  
formations@prescrire.org

Association Mieux Prescrire

Organisme indépendant  
de formation permanente  
des soignants

Independant organisation  
continuing education  
for health professionals

Association loi de 1901  
n° 86/4331 - JO 21/01/1987  
(Statuts sur demande)  
Org DPC n° 1358  
Org FC 11 751 711 075  
N° TVA : FR 48 340647619  
SIRET 340 647 619 00014  
Code NAF : 9499Z  
RIB La Banque Postale Paris  
BIC : PSST FRPPPAR  
IBAN :  
FR44 2004 1000 0100 6120 5H02 022



Bruno Toussaint  
Publishing Director

Review produced collectively by the *Prescrire* Editorial Staff:  
no conflicts of interest  
©Prescrire

**a- This response was prepared using the resources of the entire Prescrire team. Head of team analysis and preparation: Éric Bel (pharmacist). Members of the Prescrire editorial team who made a particular contribution to this review: Anne Americh (pharmacist); Élodie Artielle-Beaucamp (pharmacist); Julie Bontemps (pharmacist); Franca Donatella (doctor); Helen Genevier (translator); Christine Guilbaud (pharmacist); Marie-France Gonzalez (pharmacist); Mélanie Hardy (pharmacist); Sébastien Hardy (pharmacist); Fabienne Jourdan (doctor); Laurence Le Quang Trieu (pharmacist); Florent Macé (pharmacist); Ève Parry (pharmacist); and Étienne Schmitt (pharmacist). Contributors from Marseille University Hospital Pharmacy and Marseille School of Pharmacy: Pascal Rathelot (professor, hospital consultant); Manon Roche (senior lecturer, hospital consultant); Nicolas Primas (senior lecturer); Fanny Matthias (teaching and research assistant), Dyhia Amrane, Nassim Salem, Roman Paoli-Lombardo and Roman Mustière (pharmacy residents).**

## References

- 1- Prescrire Editorial Staff "Think INN, prescribe INN, dispense INN: good professional practice" *Prescrire Int* 2000; **9** (50): 184-190.
- 2- Prescrire Editorial Staff "Informed decisions: think of the INN" *Prescrire Int* 2005; **14** (78): 122.
- 3- Prescrire Rédaction "Patients-soignants: priorité à la DCI" <http://www.prescrire.org/cahiers/dossierDciAccueil.php>
- 4- International Society of Drug Bulletins (ISDB) "Special issue on INNs" *ISDB Newsletter* November 2006; **20** (3): 27 pages.
- 5- International Medication Safety Network (IMSN) "Improving the safety of international non-proprietary names of medicines (INNs)" November 2011; 5 pages.
- 6- Prescrire Rédaction "Ordonnance: la dénomination commune internationale (DCI) au quotidien" *Rev Prescrire* 2012; **32** (346): 586-591.
- 7- Prescrire Editorial Staff "Drug regulatory agencies maintain confusion between brand names" *Prescrire Int*. 2008; **17** (94): 83-86.
- 8- Council of Europe - Expert Group on Safe Medication Practices "Creation of a better medication safety culture in Europe: building up safe medication practices" Initial version of the report published online 19 March 2007: 257 pages.
- 9- WHO "Proposed international nonproprietary names: List 120" *WHO Drug Information* 2018; **32** (4): 559-690.
- 10- WHO "The use of stems in the selection of International Nonproprietary Names (INN) for pharmaceutical substances 2018" WHO/EMP/RHT/TSN/2018.1 + Addendum February 2019; 220+3 pages.
- 11- WHO "International nonproprietary names (INN) for pharmaceutical substances" [mednet.who.int](http://mednet.who.int).
- 12- WHO "Pre-stems: Suffixes used in the selection of INNs" February 2019; 6 pages.
- 13- WHO "International Nonproprietary Names (INN) for biological and biotechnological substances" Update 2019.1; 96 pages.
- 14- WHO "International Nonproprietary Names (INN) for pharmaceutical substances. Names for radicals, groups & others - Comprehensive list" Update 2015.1; 80 pages.
- 15- United States Adopted Names Council "USAN Stem List" <https://www.ama-assn.org/about/united-states-adopted-names/united-states-adopted-names-approved-stems>
- 16- ANSM: Répertoire des Spécialités Pharmaceutiques. <http://agence-prd.ansm.sante.fr/php/ecodex/>
- 17- CNHIM Base de Données Thériaque. <http://www.theriaque.org>
- 18- Martindale: The Complete Drug Reference. <https://www.medicinescomplete.com>
- 19- Prescrire "Prescrire's responses to the WHO's consultations on proposed INNs" <https://english.prescrire.org/en/79/549/49236/4221/ReportDetails.aspx>
- 20- Balocco Mattavelli R "Letter to Prescrire" 30 August 2016: 28 pages.
- 21- WHO "Working Group Meeting on Nomenclature for Monoclonal Antibodies (mAb)" Geneva, 6-7 October 2008; 5 pages.
- 22- WHO "Proposed international nonproprietary names: List 115" *WHO Drug Information* 2016; **30** (2): 241-357.
- 23- Institute for Safe Medication Practices (ISMP) "Important error prevention advisory" *ISMP Medication Safety Alert!* 16 September 1996.
- 24- Institute for Safe Medication Practices (ISMP) "Cerebyx<sup>o</sup> label confusion, flawed dispensing practice, result in baby's death" *ISMP Medication Safety Alert!* 6 May 1998.
- 25- Institute for Safe Medication Practices (ISMP) "Parke-Davis label style contributing to dangerous overdoses" *ISMP Medication Safety Alert!* 3 June 1998.
- 26- Institute for Safe Medication Practices (ISMP) "ISMP recommendation: return Cerebyx<sup>o</sup> until package labeling revised" *ISMP Medication Safety Alert!* 27 January 1999.
- 27- Agence Française du Médicament (ANSM) "Prodilant 75 mg/ml (fosphénytoïne sodique) - Erreurs médicamenteuses pouvant être d'issue fatale en particulier chez les enfants âgés de moins de 5 ans (utilisation hors AMM) - Lettre aux professionnels de santé" 19 January 2017. Website accessed 13 May 2019.
- 28- WHO "Proposed international nonproprietary names: List 107" *WHO Drug Information* 2012; **26** (2): 157-235.
- 29- WHO "Proposed international nonproprietary names: List 113" *WHO Drug Information* 2015; **29** (2): 195-301.
- 30- WHO "Proposed international nonproprietary names: List 116" *WHO Drug Information* 2016; **30** (4): 605-710.
- 31- WHO "Proposed international nonproprietary names: List 117" *WHO Drug Information* 2017; **31** (2): 241-383.
- 32- WHO "Proposed international nonproprietary names: List 118" *WHO Drug Information* 2017; **31** (4): 635-754.
- 33- WHO "Proposed international nonproprietary names: List 119" *WHO Drug Information* 2018; **32** (2): 283-398.
- 34- Prescrire Rédaction "Les thérapies CAR-T" *Rev Prescrire* 2019; **39** (428): 410.
- 35- Prescrire Editorial Staff "Prescrire's contribution to the WHO consultation on List 118 of proposed INNs" 17 May 2018; 6 pages.
- 36- WHO "Learning clinical pharmacology with the use of INNs and their stems" Geneva 2018; (WHO/EMP/RHT/TSN/2018.2): 104 pages.

**Prescrire**  
83 boulevard Voltaire  
75558 PARIS CEDEX 11  
FRANCE  
Tél. : (33) (0)1 49 23 72 80  
Fax : (33) (0)1 49 00 33 20  
[contact@prescrire.org](mailto:contact@prescrire.org)

**Site internet**  
**Web site**  
[www.prescrire.org](http://www.prescrire.org)

**Relations Abonnés :**  
**Abonnements**  
**Subscription Department**  
Tél. : (33) (0)1 49 23 72 86  
Fax : (33) (0)1 49 23 76 48  
[relationsabonnes@prescrire.org](mailto:relationsabonnes@prescrire.org)  
[international@prescrire.org](mailto:international@prescrire.org)

**Formations Prescrire**  
Tél. : (33) (0)1 49 23 72 90  
Fax : (33) (0)1 49 23 76 48  
[formations@prescrire.org](mailto:formations@prescrire.org)

Association Mieux Prescrire

Organisme indépendant  
de formation permanente  
des soignants

Independent organisation  
continuing education  
for health professionals

Association loi de 1901  
n° 86/4331 - JO 21/01/1987  
(Statuts sur demande)  
Org DPC n° 1358  
Org FC 11 751 711 075  
N° TVA : FR 48 340647619  
SIRET 340 647 619 00014  
Code NAF : 9499Z  
RIB La Banque Postale Paris  
BIC : PSST FRPPPAR  
IBAN :  
FR44 2004 1000 0100 6120 5H02 022