Each month, the Prescrire Editorial Staff presents systematic and comparative analyses of available data on all newly approved drugs in France, and on new therapeutic indications granted for existing drugs. The goal is to help the reader distinguish, among the plethora of lavishly promoted commercial products, those medications worth adding to their drug list or worth using instead of existing products, as well as products to be avoided.

This evaluation is based on rigorous procedures that include a thorough literature search, a large panel of reviewers (specific to each project) and a quality control system to verify that the text is consistent with the data in the references (see our website for further information: english.prescrire.org). Total independence. This work is carried out by the Editorial Staff in total independence. Prescrire is financed exclusively by subscribers. Neither the French nor the English edition carries any paid advertising, nor do we receive grants or subsidies of any kind (see our annual financial report in the March issues of Prescrire and the June issues of Prescrire International). At the end of each year, the Prescrire Drug Awards are based on the review articles published that year in the French edition, and take into account any new data available since the initial articles were published.

The rules governing the Drug Awards are available online, at english.prescrire.org.

“Therapeutic advance” is defined as better efficacy, fewer or less severe adverse effects (for similar efficacy), or safer or more convenient administration.

2013: only one product providing modest progress. Once again, the Golden Pill award was not granted this year. In addition, no new drug or new indication for an existing drug was deemed worthy of inclusion on the Honours List in 2013.

A new vaccine that helps to protect certain infants was deemed “Noteworthy”.

For children aged from one to two years who require protection against meningococcal infections caused by serogroups A, C, W135 and Y before travelling to an endemic area, existing unconjugated polyside vaccines were poorly immunogenic. A tetravalent polyside vaccine conjugated to tetanus toxoid (Nimenrix®) has documented immunogenicity and is the only vaccine authorised for this age group in the European Union. Its adverse effects are moderate, although it is less well tolerated than unconjugated vaccines.

Another tetravalent conjugated vaccine is already available for children over two years of age.

Still awaiting real progress. Once again, new drugs and indications authorised in 2013 provided no major therapeutic progress.

We need to improve the care of patients by integrating results of new evaluation or pharmacovigilance data into clinical practice. Rejecting drugs that have more adverse effects than benefits could be a source of tremendous progress for patients. For real improvements to be made, all healthcare professionals need to do their share.

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