Mass vaccination probably benefits everyone, by reducing the risk of developing symptomatic covid-19 and of hospitalisation for covid-19. One major unknown is how effective they will be against any new Sars-CoV-2 variants that emerge. The short-term adverse effects of these two vaccines are frequent local and systemic reactions. Very rare cases of pericarditis and myocarditis were reported during the vaccination campaigns, especially in adolescents and young men. Most cases resolved within a few days. The other serious adverse effects reported after receiving one of these vaccines were mainly hypersensitivity reactions, Guillain-Barré syndrome, acquired haemophilia and viral reactivation. Unknowns remain over their possible long-term adverse effects.

These two vaccines represented a major therapeutic advance in the context of the covid-19 pandemic in 2021, and both have therefore been awarded a Pilule d'Or. They constitute an additional means of prevention, alongside measures aimed at reducing transmission, such as physical distancing, hand and respiratory hygiene, and the use of face masks.

Nasal glucagon: easier to use than subcutaneous or intramuscular forms. Glucagon, a hormone that raises blood glucose levels, is an essential drug for treating hypoglycaemia in patients with insulin-treated diabetes who have lost consciousness.

Glucagon has been available for many years as a powder for reconstitution as a solution for subcutaneous or intramuscular injection. Glucagon is now marketed in Europe as a powder for administration as a dry nasal spray (Baqsimi\textsuperscript{®}). Intranasally administered and injected glucagon have similar efficacy. The ease of use of the ready-to-use spray device is a therapeutic advance in a situation where urgent treatment is required, especially in non-medical settings, earning nasal glucagon a place on this year’s Honours List. It is important that the carers, family and friends of patients with diabetes know when and how to use this product.

Covid-19 vaccines Ad26.COV2-S and ChAdOx1-S: when mRNA vaccines are not available. In addition to the mRNA covid-19 vaccines, two viral vector covid-19 vaccines were authorised in the European Union in 2021: covid-19 vaccine Ad26.COV2-S (Covid-19 Vaccine Janssen\textsuperscript{®}, Janssen-Cilag) and covid-19 vaccine ChAdOx1-S (Vaxzevria\textsuperscript{®}, AstraZeneca).

In trials conducted in tens of thousands of people in 2020 during the pandemic, these two vaccines reduced the risk in the short term, of developing symptomatic covid-19 and of hospitalisation for covid-19. One major unknown is how effective they will be against any new Sars-CoV-2 variants that emerge. The short-term adverse effects of these two vaccines are those common to most vaccines, mainly frequent local and systemic reactions. Rare but serious thromboses, with thrombocytopenia or haemorrhage, were identified as adverse effects during the vaccination campaigns. As with the mRNA covid-19 vaccines, unknowns persist over their long-term adverse effects.

In practice, these thromboses are sufficiently serious to position these two vaccines, as of 2021, as second-tier options after mRNA covid-19 vaccines. They were particularly useful in...
### 2021 Prescrire Drugs Awards

#### 2021 Pilule d’Or / Golden Pill

A Pilule d’Or (Golden Pill) is granted to drugs that represent a major therapeutic advance in a field in which no treatment was previously available.

**COMIRNATY® (tozinameran) – BioNTech**  
(representative in France: Pfizer)

For active immunisation against the virus Sars-CoV-2 to prevent covid-19 disease (Prescrire Int n° 227, 231, 236).

**SPIKEVAX® (elasomeran) – Moderna**

For active immunisation against the virus Sars-CoV-2 to prevent covid-19 disease (Prescrire Int n° 227, 231, 236).

#### 2021 Honours List

Drugs included on the Honours List constitute a clear advance for some patients compared with existing therapeutic options, albeit with limitations.

**BAQSIMI® (nasal glucagon) – Lilly**

In severe hypoglycaemia in diabetic patients aged 4 years and over (Prescrire Int n° 232).


For active immunisation against the virus Sars-CoV-2 to prevent covid-19 disease (Prescrire Int n° 229).

**GIVLAARI® (givosiran) – Alnylam**

In acute hepatic porphyria in patients aged 12 years and over (Prescrire Int n° 227).

**MABTHERA® or other brands (rituximab) – Roche**

In moderate to severe pemphigus vulgaris in adults (Prescrire Int n° 226).

**VAXZEVRIA® (covid-19 vaccine ChAdOx1-S) – AstraZeneca**

For active immunisation against the virus Sars-CoV-2 to prevent covid-19 disease (Prescrire Int n° 229).

#### Noteworthy in 2021

Drugs deemed “Noteworthy” provide a modest improvement in patient care.

**JORVEZA® (budesonide orodispersible tablets) – Dr. Falk Pharma**

In eosinophilic oesophagitis in adults (Prescrire Int n° 234).

**KAFTRIO® (ivacaftor + tezacaftor + elecaftor) – Vertex Pharmaceuticals**

In cystic fibrosis in patients aged 12 years and over with at least one F508del mutation in the CFTR gene (Prescrire Int n° 235).

#### 2021 in geographical regions where logistics, availability or cost prevented access to mRNA covid-19 vaccines, and made their use unfeasible. These two vaccines, which constitute an additional arm in the fight against the covid-19 epidemic, therefore feature on this year’s Honours List.

Givosiran in acute hepatic porphyria: fewer attacks, and no further attacks for some patients, at least in the short term. Acute hepatic porphyrias are rare conditions, characterised by the accumulation of certain toxic precursors of haem, a molecule containing ferrous iron, present for example in haemoglobin. This provokes serious attacks, marked by severe abdominal pain, often accompanied by neurological and psychiatric disorders. These attacks constitute a medical emergency, and are sometimes fatal if untreated. The long-term complications are renal, hepatic and neurological.

**Haem arginate** is the standard treatment for attacks, and it is sometimes used off-label to prevent attacks. Preventive treatment with **haem argenate** is burdensome, requiring one to four intravenous infusions per month.

Givosiran (Givlaari®) is a “small interfering” ribonucleic acid (siRNA), which has been authorised in the prevention of acute hepatic porphyria attacks. In a double-blind, randomised, placebo-controlled trial in 94 patients, the estimated rate of attacks requiring hospitalisation, an urgent medical consultation or administration of **haem arginate** was 3 attacks per patient per year in the givosiran group, versus 12 attacks per patient per year in the placebo group. 50% of the patients in the givosiran group had no attacks during this 6-month trial, versus 17% in the placebo group.

Givosiran’s main adverse effects are injection site reactions, hypersensitivity reactions, hepatic disorders and renal disorders, including renal failure. Givosiran is a more convenient preventive treatment than **haem arginate**, because it is administered once a month by subcutaneous injection.
These data earned givosiran a place on the 2021 Honours List. The possibility that givosiran prevents the long-term complications of the disease is a hypothesis that remains unproven as of late 2021.

**Rituximab in moderate to severe pemphigus vulgaris: more patients achieve sustained remission.** Pemphigus vulgaris is a rare, potentially serious, and sometimes fatal, chronic autoimmune disease characterised by blistering and erosions on the skin and mucous membranes. *Rituximab* (Mabthera® or other brands) was evaluated in this clinical situation in two comparative trials: in one trial, it was added to systemic corticosteroid therapy and compared with corticosteroid therapy alone; and in the other trial, it was compared with *mycophenolate mofetil*, an immunosuppressant sometimes used in this situation, in patients who were all receiving an oral corticosteroid. *Rituximab* increased the chances of achieving remission in both trials. In the trial of *rituximab* added to corticosteroid versus corticosteroid alone, the median duration of remission was 16 months in the *rituximab* group, versus 4 months in the other group. In the other trial, after one year of treatment, 40% of patients in the *rituximab* group had been in complete remission for at least 16 consecutive weeks, versus 9.5% in the *mycophenolate mofetil* group.

*Rituximab*’s main adverse effects are infections, infusion reactions, hypersensitivity reactions, cardiac disorders, haematological disorders, interstitial lung disease and cancer.

*Rituximab* was awarded a place on the 2021 Honours List for its demonstrated efficacy in pemphigus vulgaris.

**Budesonide orodispersible tablets in eosinophilic oesophagitis: symptom relief in about half of patients.** Eosinophilic oesophagitis is a chronic immune-mediated disease. Its symptoms, such as dysphagia, cause feeding difficulties that can greatly affect the patient’s daily life. Potential complications are: complete blockage of the oesophagus with food, requiring endoscopy to clear the obstruction; more rarely, oesophageal rupture or perforation; and in the longer term, fibrosis of the oesophagus.

In two trials in just over 200 patients, about an additional 50% of patients in the groups treated with *budesonide* orodispersible tablets (Jorveza®) obtained relief from the symptoms of dysphagia as compared with the placebo groups.

The main adverse effects of *budesonide* orodispersible tablets are local candidiasis and the systemic adverse effects of corticosteroids, especially with prolonged use. The availability of orodispersible tablets, backed up by the assurances that marketing authorisation provides, is a welcome development in this situation, in which forms of *budesonide* intended for inhalation were sometimes used off-label.

The therapeutic advance provided by these orodispersible tablets warrants a place amongst this year’s Noteworthy drugs. It is a shame, however, that continuous treatment was not compared with an intermittent treatment strategy in which *budesonide* would only be taken if symptoms recur, thus reducing the likelihood of experiencing the drug’s adverse effects.

**Ivacaftor + tezacaftor + elexacaftor in cystic fibrosis with at least one F508del mutation: alleviation of respiratory symptoms, and sometimes fewer exacerbations.** Cystic fibrosis is a serious genetic disorder caused by mutations in the gene encoding the CFTR (cystic fibrosis transmembrane conductance regulator) protein. The most common mutation is the F508del (or deltaF508) mutation.

In patients with cystic fibrosis and at least one F508del mutation in the CFTR gene, triple therapy with the CFTR “modulators” ivacaftor + tezacaftor + elexacaftor (Kaftrio®) alleviated respiratory symptoms in four comparative trials, with a maximum duration of 24 weeks, in a total of 943 patients. *Ivacaftor* + *tezacaftor* + *elexacaftor* also reduced the incidence of exacerbations in heterozygous patients with one F508del mutation and a second mutation that results in minimal CFTR protein function.

The efficacy of *ivacaftor* + *tezacaftor* + *elexacaftor* triple therapy must be weighed against its harms, in particular upper respiratory tract infections, liver disorders, rash, muscle disorders and numerous drug interactions. This triple therapy was deemed noteworthy mainly because of this demonstrated efficacy, albeit largely symptomatic and short-term. Any longer-term harms or possible effect on disease progression are as yet unknown.

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2021 Information Awards

Prescrire’s annual Information Awards are based on the quality of the documentation and information provided by pharmaceutical companies in response to requests by Prescrire’s Editorial Staff. Prescrire uses this documentation when analysing new products and preparing the articles published in the Marketing Authorisations section of our French edition. Using our systematic methodology, Prescrire compares and contrasts the information and data thus obtained with those gathered from various sources, including health authorities and the scientific literature.

What information do we request from pharmaceutical companies?
Pharmaceutical companies hold a wealth of data on their drugs, from the earliest stages of development to market withdrawal: data that are useful to healthcare professionals and patients by helping them use drugs appropriately and as safely as possible. Prescrire’s information-gathering strategy includes asking pharmaceutical companies to send us information about their drug, in particular: evaluation data on its efficacy, adverse effects and interactions (detailed clinical study reports, pharmacovigilance data, and data submitted to health authorities); packaging items; the conditions under which patients can access the drug, and the planned date of its market introduction or the reasons for its market withdrawal.

Only 3 of the 84 companies contacted made this year’s Honours List. Prescrire requested information from 84 pharmaceutical companies in 2021. Three of them earned a place on this year’s Honours List for regularly providing high-quality information in a timely manner: Arrow Génériques, Accord Healthcare and EG Labo. And one of these three companies, Arrow Génériques, was rated “Outstanding” for also providing particularly significant information.

At the other end of the scale, 17 companies chose not to send us information. They failed to respond to our repeated requests or provided only occasional, cursory documentation. These companies received an information “Red Card” (see opposite).

Covid-19 vaccines: selective disclosure of information. 2021 was marked by the rapid roll-out of covid-19 vaccines. The pharmaceutical companies concerned, mainly AstraZeneca, Janssen-Cilag, Moderna and Pfizer, made regular announcements about the efficacy of their vaccines, often in press releases, sometimes even before publishing the results of the trials in peer-reviewed scientific journals. This constant stream of announcements contrasts with the lack of information sent to Prescrire, despite multiple specific requests. Only two companies responded: Moderna simply sent us the summary of product characteristics (SPC) for its vaccine; and Pfizer sent us links to websites referring to otherwise easily obtainable administrative data and published documents. Given the level of mistrust of covid-19 vaccines in some quarters, it would have been preferable if pharmaceutical companies had promptly shared the scientific data generated to evaluate their vaccine’s efficacy and the data collected on its adverse effects with independent teams such as Prescrire, enabling them to issue independent conclusions on these results and the uncertainties that still remain.

Access to data held by the pharmaceutical industry was still insufficient in 2021. As in previous years, many pharmaceutical companies chose not to share the useful data in their possession with Prescrire, and not to allow an independent team to conduct its own analysis. Sharing relevant information with all stakeholders on the evaluation of efficacy, known adverse effects and packaging enables health care to be based on the most comprehensive scientific evidence possible, without hiding the uncertainties.

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