# New drugs and indications in 2012

**Prescrire's ratings of new products and indications over the last 10 years (a)**

| Prescrire's rating | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|---|---|---|---|---|
| Bravo | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| A real advance | 4 | 0 | 1 | 1 | 2 | 0 | 0 | 1 | 0 | 1 (b) |
| Offers an advantage | 5 | 6 | 4 | 8 | 14 | 6 | 3 | 3 | 3 | 3 (c) |
| Possibly helpful | 23 | 12 | 20 | 31 | 27 | 25 | 14 | 22 | 13 | 14 |
| Nothing new | 34 | 41 | 38 | 69 | 79 | 57 | 62 | 49 | 53 | 42 |
| Not acceptable | 7 (d) | 7 | 19 | 17 | 15 | 23 | 19 | 19 | 16 | 15 (e) |
| Judgement reserved | 6 | 4 | 2 | 8 | 3 | 9 | 6 | 3 | 7 | 7 (f) |
| **Total** | **79** | **70** | **84** | **135** | **141** | **120** | **104** | **97** | **92** | **82** |

***a-*** *The previous years' results (1988 to 2002) can be found in Prescrire Int n° 64. This table lists new products (other than generics) and new indications (including unauthorised indications) proposed in France by drug companies to doctors and pharmacists, for use in hospitals or the community; and, as of 2005, line extensions (new dose strengths, new formulations and presentations of existing drugs and products for self-medication, rated in our French edition, la revue Prescrire. A given product is counted several times if it received different ratings in different indications.*
***b-*** *The drug was: boceprevir in chronic hepatitis C (Prescrire Int n° 126).*
***c-*** *The drugs were:*
*– abiraterone in prostate cancer after failure of other treatments (Prescrire Int n° 128);*
*– telaprevir in chronic hepatitis C (Prescrire Int n° 126);*
*– trastuzumab as adjuvant therapy for breast cancer after more follow-up (Prescrire Int n° 133).*
***d-*** *Including two jointly marketed products.*
***e-*** *The drugs were:*
*– asenapine in manic episodes in bipolar disorder (Prescrire Int n° 131);*
*– bevacizumab in metastatic breast cancer in combination with capecitabine (Rev Prescrire n° 340);*
*– bevacizumab in advanced ovarian cancer (Rev Prescrire n° 348);*
*– domperidone in gastrointestinal disturbances (Rev Prescrire n° 340);*
*– fluticasone in atopic dermatitis in infants 3 months of age and older (Prescrire Int n° 129);*
*– insulin detemir in combination with liraglutide in type 2 diabetes (Rev Prescrire n° 348);*
*– ivabradine in heart failure (Rev Prescrire n° 348);*
*– linagliptin in type 2 diabetes (Rev Prescrire n° 347);*
*– pirfenidone in mild to moderate idiopathic pulmonary fibrosis (Rev Prescrire n° 350);*
*– roflumilast in severe chronic obstructive pulmonary disease (Prescrire Int n° 134);*
*– saxagliptin in type 2 diabetes in combination with insulin (Rev Prescrire n° 349);*
*– the saxagliptin + metformin combination in type 2 diabetes (Rev Prescrire n° 349);*
*– sildenafil in pulmonary arterial hypertension in children (Prescrire Int n° 129);*
*– vandetanib in medullary thyroid cancer (Prescrire Int n° 131);*
*– vernakalant in atrial fibrillation (Prescrire Int n° 127).*
***f-*** *The drugs were:*
*– carglumic acid for organic acidaemia in neonates and infants (Rev Prescrire n° 349);*
*– brentuximab vedotin in Hodgkin's lymphoma or systemic anaplastic large cell lymphoma (Rev Prescrire n° 349);*
*– ipilimumab in metastatic melanoma (Prescrire Int n° 128);*
*– mexiletine in myotonic syndromes (Rev Prescrire n° 344);*
*– ranibizumab in retinal vein occlusion (Prescrire Int n° 130);*
*– tafamidis in transthyretin amyloidosis (Rev Prescrire n° 349);*
*– vemurafenib in metastatic melanoma (Prescrire Int n° 133).*

► **Little publicity surrounding drug safety withdrawals.** While new drugs are often announced amid much fanfare, market withdrawals tend to receive little publicity.

Pharmaceutical companies and drug regulatory agencies sometimes present patients and healthcare professionals with a fait accompli. In 2012, some products that are still quite useful were withdrawn for economic reasons, including: injectable *fusidic acid*, one option in certain staphylococcal infections (*Rev Prescrire* n° 347); and *lepirudin*, which was an alternative to *danaparoid* before market release of *argatroban* (*Rev Prescrire* n° 348). On occasion, healthcare professionals and patients even have to fight to keep a product on the market, as was the case for Phosphoneuros°, an oral solution containing *phosphate*, which is useful for certain children with hypophosphataemic rickets (*Rev Prescrire* n° 348).

## A few measures to protect patients

One key responsibility of governmental agencies is to protect patients. They have a number of measures at their disposal to oversee and regulate the pharmaceutical market, in order to ensure that patients are not exposed to unnecessary risks.

**Market withdrawal, MA rejection, MA revocation: too rare.** Market withdrawal and the revocation, restriction or rejection of a drug's marketing authorisation (MA) are effective measures for protecting patients, but are still too rarely used.

A few decisions were taken in 2012 that reflect a trend towards patient protection: suppositories containing terpenes were contraindicated in children under 30 months of age, due to the risk of seizures (*Rev Prescrire* n° 340); the neuroleptic *metoclopramide*, which is approved to relieve nausea and vomiting, was contraindicated in children due to its disproportionate neurological adverse effects, and a *metoclopramide* oral solution for infants and children was subsequently withdrawn from the French market (*Rev Prescrire* n° 345 and 340).

In 2012, *Prescrire* welcomed a few unfavourable opinions issued by the European Medicines Agency's (EMA) Committee for Medicinal Products for Human Use (CHMP), concerning: *naproxcinod*, a non-steroidal anti-inflammatory drug that exposes patients to disturbing risks of hypotension and hepatotoxicity (*Prescrire Int* n° 129); and *sodium oxybate* in fibromyalgia, which provokes major dose-dependent neuropsychiatric adverse effects (*Prescrire Int* n° 133).

**The French Transparency Committee fulfilling its role.** In France, the National Authority for Health's (HAS) Transparency Committee is responsible for evaluating the therapeutic benefit (*Service Médical Rendu*) of drugs, especially those for which pharmaceutical companies have applied for reimbursement by the national health insurance system or approval for use in hospitals. When a product's therapeutic benefit is deemed "insufficient", reimbursement must be refused or revoked: a welcome development. But often, it is a stopgap measure that simply reduces the number of patients exposed to a dangerous drug that should not remain on the market.

In 2012, reimbursement for several drugs with unacceptable risks was revoked, including: certain combinations of vasoconstrictors used as decongestants, but not *naphazoline + prednisolone* (*Rev Prescrire* n° 350); *dronedarone* in atrial fibrillation; *beta-alanine* in hot flushes associated with menopause; *ropinirole* in restless legs syndrome; *trimetazidine* in angina and various sensory disturbances; and "vasodilators" in age-related neurosensory cognitive deficits (*Rev Prescrire* n° 339, 342, 345 and 348)

**Information about the risks of drugs: easily missed.** Apart from a few announcements issued by health authorities, new information published by regulatory agencies about the risks of