1981-2011: 31 years of Prescrire Drug Awards

Translated from Rev Prescrire, February 2012; 32 (340): 87-91

Prescrire Awards

Awards for drugs, packaging and information: Prescrire’s three annual awards are granted in total independence by Prescrire’s Editorial Staff (rules available on our website: english.prescrire.org). These awards complement the annual review published at the beginning of each year in our French edition (see Rev Prescrire 2012, 32 (339): 29-61), and a review of new drugs and indications in 2011 to be published in the next issue of Prescrire International.

The table opposite lists the drugs along with their initial ratings in the New Products section of our French edition: B = Bravo; RA = Real Advance; OAA = Offers An Advantage.

<table>
<thead>
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<th>Year</th>
<th>Pièce d’Or/Golden Pill Award</th>
<th>Honours list</th>
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<tr>
<td>1981 (n°10)</td>
<td>VACCIN HEVAC B* (hepatitis B vaccine) (B)</td>
<td>Androcur* (cyproterone) (RA) • Amphotylphine* (theophylline L.P.) (RA) • Cordium* (bepridil) (RA) • Epanutrin* (inosine acedoben dimeprano) (RA) • Pritlone* (pyrazinamide) (RA) • Tildem* (diltiazem) (RA)</td>
</tr>
<tr>
<td>1982 (n°21)</td>
<td>(not attributed)</td>
<td>Diodrast* (etidronic acid) (RA) • Minirin* (desmopressin) (RA) • Nferfact* (saximine) (RA) (2) • Vansil* (oxamniquine) (3) (RA)</td>
</tr>
<tr>
<td>1983 (n°31)</td>
<td>LOPRIL* (captopril) (RA)</td>
<td>Tigason* (etretinate) (RA) (3)</td>
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<tr>
<td>1984 (n°41)</td>
<td>(not attributed)</td>
<td>Nizoral* (ketoconazole) (OAA) • Omnitrol* (aminoglutethimide) (RA) (3) • Ucar* (sucralfate) (RA)</td>
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<tr>
<td>1985 (n°51)</td>
<td>(not attributed)</td>
<td>Augmentin* (amoxicillin + clavulanic acid) (OAA)</td>
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<tr>
<td>1986 (n°61)</td>
<td>ZOVIRAX* + and tabs. (aciclovir) (B) and (RA)</td>
<td>GHHR Clin Mdy* (somatotropin) (RA) • Riacostatine* (isofetinotin) (RA)</td>
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<tr>
<td>1987 (n°71)</td>
<td>LUTRELEF* (ponadorelin) (B) • DECAPEPTYL* (trigorelin) (RA)</td>
<td>Introna* (interferon alpha) (RA) • Moscontin* (sustained release morphine) (RA) • Zovirax* cream (aciclovir) (OAA) • Rifadin* (rifampicin) (RA) • Tégétol* (new indications) (carbamazepine) (RA)</td>
</tr>
<tr>
<td>1988 (n°81)</td>
<td>LARIUM* (methaqualone) (B) • RETROVIR* (zidovudine) (B)</td>
<td>Anexate* (flumazenil) (RA) • Nimotop* (nimodipine) (RA)</td>
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<tr>
<td>1989 (n°91)</td>
<td>EPREX* (epoetin alpha) (B) • MECTIZAN* (ivermectin) (B)</td>
<td>Malocide* (new indication) (pyrimethamine) (RA) • Nimotop* inj. (new indication) (nimodipine) (RA) • Sandostatin* (octreotide) (RA)</td>
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<tr>
<td>1990 (n°103)</td>
<td>(not attributed)</td>
<td>Mopral* (omeprazole) (RA) • Necar* (naloxone) (RA) • Pentacarinat* (pantemidine) (OAA)</td>
</tr>
<tr>
<td>1991 (n°114)</td>
<td>(not attributed)</td>
<td>Aredia* (pamidronate) (RA) • Mininiv* inj. (new indication) (desmopressin) (RA) • Lévodopa* (l-carnitine) (RA) • Sandostatine* (new indication) (octreotide) (RA)</td>
</tr>
<tr>
<td>1992 (n°125)</td>
<td>SURFEXO* (pulmonary surfactant) (RA) (3)</td>
<td>Apokin® (apomorphine) (OAA) • Videx® (diloxane) (OAA)</td>
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<tr>
<td>1993 (n°136)</td>
<td>(not attributed)</td>
<td>Avcocardyl* (new indication) (propranolol) (RA) • Daivonex® (calcitriol) (OAA) • Sporanox* (itraconazole) (OAA)</td>
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<tr>
<td>1994 (n°147)</td>
<td>(not attributed)</td>
<td>Botox®-Dysport® (botulinum toxin) (OAA) • Zophent® (new dosages) (ondanetron) (OAA)</td>
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<tr>
<td>1995 (n°158)</td>
<td>(not attributed)</td>
<td>Chorhydate de méthadone AP-HP® (methadone) (RA) • Retovir* (new indication) (zidovudine) (RA) • Kogenate* - Recombinate* (recombinant factor VII) (RA)</td>
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<tr>
<td>1996 (n°169)</td>
<td>DIGIDOT® (antidiabetic antibodies) (B) (3)</td>
<td>Céradase* (glucerase) (RA) (3) • Normosang* (hemin arginine) (RA) • Subutex® (buprenorphine) (RA) • Zocor® - Lodale* (new indication) (siomavastatin) (RA) • Zeclar* - Naxy* (clomipramine) • Mosal® - Zolot® (omeprazole) • Otagst* - Lanzor* (ansprazole) (same new indication) (RA)</td>
</tr>
<tr>
<td>1997 (n°180)</td>
<td>(not attributed)</td>
<td>Elisor®-Vasten® (new indication) (pravastatin) (RA) • Novaret® (new indication) (methotrexate) (OAA) • Vasenold® (new indication) (teriflunom) (RA)</td>
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<tr>
<td>1998 (n°192)</td>
<td>CRIXIVAN* (indinavir) (RA)</td>
<td>Cystagam® (mercaptoprione) (RA) • Viagra® (sildenafil) (RA)</td>
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<tr>
<td>1999 (n°203)</td>
<td>(not attributed)</td>
<td>Sustiva® (etavirine) (OAA) • NoLevo® (levonorgestrel) (OAA)</td>
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<td>2000 (n°214)</td>
<td>(not attributed)</td>
<td>Remicade® (antitumour) (OAA)</td>
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<tr>
<td>2001 (n°225)</td>
<td>(not attributed)</td>
<td>Estérasine* (CT esterase inhibitor) (RA) (3) • Troluvir® (new indication) (penicillin) (RA)</td>
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<tr>
<td>2002 (n°236)</td>
<td>(not attributed)</td>
<td>Replagal® (agalsidase alpha) (RA) (4) • Capotrin® (Protekin® (human protein C) (RA) • Stromectol® (new indication) (ivermectin) (RA)</td>
</tr>
<tr>
<td>2003 (n°247)</td>
<td>(not attributed)</td>
<td>Carbagil® (carbucimide) (RA) • Theber® (hepatitis B immunoglobulin) (RA) • Meningitec® (conjugated meningococcal C vaccine) (OAA)</td>
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<tr>
<td>2004 (n°258)</td>
<td>(not attributed)</td>
<td>Diocmtit® (alpenophen) (OAA) • Fusen® (enfuvirtide) (OAA) • Morphine Aquettal® syrup (oral morphine) (OAA)</td>
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<tr>
<td>2005 (n°269)</td>
<td>(not attributed)</td>
<td>Varvax® (chickenpox vaccine) (RA)</td>
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<tr>
<td>2006 (n°280)</td>
<td>ORFADIN® (nitisinone) (B)</td>
<td>Egan® (triclabendazole) (RA)</td>
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<tr>
<td>2007 (n°292)</td>
<td>CARBGAL® (carbamic acid) (a second look) (B)</td>
<td>Gilevec® (sunitinib) (chronic myeloid leukaemia, a second look) (RA) • Herceptin®(new indication) (trastuzumab) (OAA)</td>
</tr>
<tr>
<td>2008 (n°304)</td>
<td>No awards for any new products or new indications</td>
<td></td>
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<tr>
<td>2009 (n°316)</td>
<td>No awards for any new products or new indications</td>
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<tr>
<td>2010 (n°328)</td>
<td>No awards for any new products or new indications</td>
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<tr>
<td>2011 (n°340)</td>
<td>No awards for any new products or new indications</td>
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1-Year and issue of la revue Prescrire in which the annual awards were published.
2-Product no longer marketed in France, as of 5 December 2011.
3-Drug since withdrawn from the French market, because of adverse effects.
4-New data published after the inclusion of this drug on the Honours List led us to revise our rating (see French edition n°241 p. 498-499).
2011 Prescrire Drug Awards

Products evaluated during the previous year in the New Products section of our French edition are eligible for the Prescrire Awards for new drugs and indications (in 2011: issues 327 to 338).

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 individual readers’ subscriptions: 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 each June issue of Prescrire International).

At the end of each year, the Prescrire Drug Awards are based on the review articles published that year, 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.

2011: a lean year. Once again this year, none of the new drugs we examined was awarded the “Golden Pill” Award (see above and page 78). In addition, for the first time since the Awards began in 1981, no new drugs or new indications for existing drugs made it to the Honours List or were even considered Noteworthy. Note that the selection criteria for the Awards have remained unchanged over these 31 years.

Three drugs nearly qualified for an award (for details, search for “ratings system” online at english.prescrire.org). Collagenases extracted from Clostridium histolyticum bacteria (Xiapex®, Prescrire Int n° 122 pp. 285-287), and administered by local injection, may help patients with Dupuytren’s disease when surgery for severe forms cannot be performed, as it reduces digital retractions in about 50% of cases. But little is known of the recurrence rate or the risk of developing autoimmune disorders in the long term.

For the treatment of vitamin E deficiency in the rare children with congenital or hereditary chronic cholesta-sis, oral pegylated vitamin E (tocofersolan) (Vedrop®, Rev Prescrire n° 333) avoids the need for painful intramuscular injections of vitamin E every 2 weeks. But its clinical assessment is inadequate, and none of the available trials used the marketed formulation of tocofersolan.

Mesalazine (Pentasa®, Prescrire Int n° 119 p. 208), the standard anti-inflammatory salicylate, was finally authorised for the treatment of children with inflammatory bowel diseases, but the packaging is not suitable for certain children.

Running out of steam? 2011 was a dismal year for patients and healthcare professionals, given the dearth of new drugs providing real therapeutic advance.

Inadequate marketing authorisation procedures and a failing system of incentives to stimulate therapeutic advance call for urgent action from health authorities.

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Throughout the year, the editorial staff systematically examines the packaging of several hundred pharmaceutical products. This provides us with an opportunity to identify high-quality packaging and to detect dangerous packaging that is a potential source of confusion and errors, in order to inform our readers.

**Painstaking analysis.** Every aspect of the packaging is examined: the labelling on boxes, blister packs, vials, syringes; any devices provided for drug preparation or administration; caps and stoppers, and the legibility and quality of the information provided in the patient leaflet regarding the conditions of use, adverse reactions and interactions, and any recommended non-drug measures.

**Independent rating.** At the end of each year, the Packaging Awards are granted following a review of the year’s standardised forms by the *Prescrire* Packaging Working Group, in total independence and with no input from drug or packaging manufacturers (rules available at english.prescrire.org).

Too many red and yellow cards in 2011. *Prescrire* has been examining drug packaging for three decades, representing more than 5000 packages analysed. This activity contributes to various projects, including the articles published in *Prescrire*, actions aimed at improving professional practice (such as the Preventing the Preventable programme at evitable.prescrire.org), and contributions to European public consultations.

This year’s Packaging Awards highlight the poor overall quality of drug packaging in 2011. The method used to prepare the Awards has remained unchanged over the years, meaning that the steady increase in the number of yellow and red cards simply reflects the state of the market. High-quality packaging is now so rare that the ability to identify high-quality packaging and to detect dangerous packaging that is a potential source of confusion and errors continues to be an important task.

The Packaging Awards focus on the quality of packaging for drugs evaluated during the previous year in the New Products section of our French edition (in 2011: issues 327 to 338).

**2011 Prescrire Packaging Awards**

The labelling highlights information necessary to prevent medication errors, i.e. the international nonproprietary name (INN), the dosage, and the pharmaceutical form. The individual blister pockets of the blister packs are each labelled and precut (a).

The packaging promotes correct preparation of the drug in daily practice, whether in the hospital or not.

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**Packaging Award**

- **Mexiletine AP-HP° capsules** Ageps-EPHP (mexiletine)
  - The labelling highlights information necessary to prevent medication errors, i.e. the international nonproprietary name (INN), the dosage, and the pharmaceutical form. The individual blister pockets of the blister packs are each labelled and precut (a).
  - The packaging promotes correct preparation of the drug in daily practice, whether in the hospital or not.

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**Yellow cards**

(in alphabetical order)

- **Diarfix® capsules** Cristers (racedoctril) (*Rev Prescrire* n° 326)
- **Grazax® oral lyophilisates** Alk Abelló (allergenic extract of Timothy grass pollen) (*Rev Prescrire* n° 328)
- **Hexaquine® tablets** Du Gomenol (quinine + thiamine) (*Rev Prescrire* n° 337) (a)
- **Leovfree® single-dose eyedrops** Chauvin (levocabastine) (*Rev Prescrire* n° 328). The printing on Leovfree® single-dose units is easily rubbed off.
- **Lovavulo® Gé tablets** Codépharma (ethinylestradiol + levonorgestrel) (*Rev Prescrire* n° 327). Lovavulo® Gé blister packs mention the INN but in tiny, poorly legible characters.
- **Septidose® Gé unit-dose cutaneous solution** Neitum (chlorhexidine) (*Rev Prescrire* n° 336)

The route of administration is not clearly mentioned on the front of the box, even though confusion over the route of administration has been reported with other single-dose units containing various products used to treat infants. The packaging includes an obscure pictogram that is supposed to indicate the age of the patients.

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*a* - A unit-dose blister pack is defined by the labelling of each blister pocket with the INN, the dosage, the pharmaceutical form (or the route of administration), as well as the batch number and the expiry date.

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**a** - EPHP is part of Ageps (Agence générale des équipements et des produits de santé) of AP-HP, Paris’s public hospitals. Ageps provides various services, including evaluation and purchase of healthcare products, clinical research and development, and the manufacture and availability of drugs with marketing authorisations.

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*a* - The company announced that a label including the INN but accompanied by a much bigger brand name will be added, see *Rev Prescrire* n° 340 p. 156.
Red cards  (by type of packaging defect, and then in alphabetical order)

**Bulk bottles with potentially fatal contents:**

- Imeth® 10-mg tablets Nordic Pharma (methotrexate) (Rev Prescrire n° 331)
- Méthotrexate Bellon® 2.5-mg tablets Sanofi Aventis (methotrexate) (Rev Prescrire n° 331)
- Novatrex® 2.5-mg tablets Pfizer (methotrexate) (Rev Prescrire n° 331)

Bulk bottles for these 3 products lack a child-proof safety cap, creating a risk of ingestion of a tablet that has accidentally fallen out of the bottle, and accidental ingestion of a lethal dose by a child (a).

- The company stated that the risk was negligible compared with that of overdose due to dosing error, see Rev Prescrire n° 340 p. 156.

**Paediatric packaging unsuitable for children:**

- Picoprep® sachets of powder for oral solution Ferring (sodium picosulfate + magnesium oxide + citric acid) (Rev Prescrire n° 330)
- There is no specific paediatric dosage or packaging: the labelling states that children under 9 years old should receive one-half or one-quarter of a sachet, creating a risk of dosing errors and adverse effects of laxatives (including life-threatening electrolyte disorders) (c).

- Cozaar® preparation for oral suspension Merck Sharp & Dohme (losartan) (Rev Prescrire n° 329)
- Multiple sources of error during preparation of this product for hypertensive children, due to:
  - The excess volume (273 ml) of solvent, and the excess capacity (40 ml) of the bottle provided for the reconstituted suspension;
  - The need to “shake before use” is not mentioned on the bottle, but only on the patient leaflet; this can result in a solution that is not sufficiently homogeneous.
  - The oral syringe is graduated in millilitres, representing a potential source of error when converting the prescribed dose (in mg) to the required volume (in ml).

- The company announced that dosing spoon will be available in 2012, see Rev Prescrire n° 340 p. 156.

**Patient leaflets that fail to provide adequate information to pregnant women and thus endanger their unborn children:**

- Adviltab rhume® tablets Pfizer Santé Familiale (ibuprofen + pseudoephedrine) (Rev Prescrire n° 332)
- Antaréne Codéine® tablets Étière (ibuprofen + codeine) (Rev Prescrire n° 332)
- Bi-Profénid® LP tablets Sanofi Aventis (ketoprofen) (Rev Prescrire n° 327)
- Compralfène® gel Gifrer Barbezat (diclofenac) (Rev Prescrire n° 336)
- Flector Tissuigel Héparine® plasters Genévrier (diclofenac + heparin) (Rev Prescrire n° 329)
- Nifluril Enfants® suppositories Bristol-Myers Squibb (morniflu- mate) (Rev Prescrire n° 336)
- Profémigr® tablets Sanofi Aventis (ketoprofen) (Rev Prescrire n° 327)
- Tendol® gel Népenthès (diclofenac) (Rev Prescrire n° 336)
- Voltarène Enfant® suppositories Novartis Pharma (diclofenac) (Rev Prescrire n° 338)

The labelling of these nine nonsteroidal anti-inflammatory drug (NSAID)-containing products states that they are only contraindicated to pregnant women and thus endanger their unborn children: (a) Patient leaflets that fail to provide adequate information. (b) Adverse effects of laxatives (including life-threatening electrolyte disorders) (c).

**Contradictory dosing schedules on the boxes:**

- Colokit® tablets Mayoly Spindler (sodium phosphates) (Rev Prescrire n° 329)
- The outer packaging includes a two-box treatment schedule with the words “date” and “hour” in the singular, whereas the 32 tablets must be ingested in eight sequences, each with 250 ml of water; this creates a source of confusion in the preparation and administration of this product, thus increasing the risk of adverse effects with this laxative (including life-threatening electrolyte disorders (b)).

- According to the company, details about dosing schedules should be given during the visit prior to colonic investigation. Also a risk management plan is underway, see Rev Prescrire n° 340 p. 156.

**Paediatric packaging unsuitable for children:**

- Humex toxsèche oxoméazine® syrup and oral solution Urgo (oxoméazine) (Rev Prescrire n° 337)
  - No child-proof safety cap is provided; the label represents what looks like a cream dessert, a starry night and a moon; and the graduated cups carry a risk of overdose.
  - The multiple flaws of this self-medication product, part of an umbrella brand, create a risk of preventable overdose and misuse (for insomnia), especially in children.

- Biproterax® tablets Servier (perindopril arginine 10 mg + indis-pamide 2.5 mg) (Rev Prescrire n° 327)

- Buccosoin® mouthwash solution Merck Médication Familiale (chlorhexidine + chlorobutanol, 42.8% ethanol) (Rev Prescrire n° 335)
  - The label represents what looks like a cream dessert, a starry night and a moon; and the graduated cups carry a risk of overdose.

- Célestamine® tablets Merck Sharp & Dohme (betamethasone + dexchlorpheniramine) (Rev Prescrire n° 331)

- Dolko® oral solution Therabel Lucien (paracetamol) (Rev Prescrire n° 334)

- Eludrilpro® mouthwash solution Pierre Fabre Médicament (chlorhexidine + chlorobutanol, 42.8% ethanol) (Rev Prescrire n° 338)

- Euphonyl toxsèche dextrométhorphane® syrup Mayoly Spindler (dextromethorphan) (Rev Prescrire n° 330) (d)

- Flucalyptol toxsèche pholcodine® syrup Zambon (pholcodine) (Rev Prescrire n° 327)

- Primalan® syrup Pierre Fabre Médicament (mequitazine) (Rev Prescrire n° 337)

- Priméran nourrissons et enfants® and Priméran enfants® paediatric oral solutions Sanofi Aventis (metoclopramide) (Rev Prescrire n° 328)

There is no child-proof safety cap on the bottles of these 10 products, creating a risk of overdose in children. Overdose exposes them to the adverse effects of the drugs concerned or their excipients (high ethanol concentration), including cardiovascular, hepatic and neurological disorders, depending on the substance ingested.

- According to the company, a “feasibility study” for a safety cap will be conducted, see Rev Prescrire n° 340 p. 156.

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Copyright(c)Prescrire. For personal use only.
Prescrire’s reviews dealing with new drugs and indications are based on a thorough literature search for documents relating to the drug’s pre-approval assessment, especially clinical trial reports.

In addition to textbooks and bibliographic databases, Prescrire editors search the websites of drug regulatory agencies, health economics institutions, health technology assessment agencies and other institutions specialising in the relevant therapeutic field. Prescrire regularly asks drug regulatory agencies to provide specific information and unpublished documents. We also search other independent journals belonging to the International Society of Drug Bulletins (ISDB), and any independent institutions that have evaluated the drug in question.

Assessing drug company transparency. We also request relevant information from the companies that market each drug we analyse in France, to ensure that we take into account all data, including unpublished data, used to justify marketing approval or to modify an existing marketing authorisation. These unpublished data such as expert reviews and Periodic Safety Update Reports or PSURs are held both by the regulatory agency that examined the application and by the company that obtained marketing authorisation for its product.

As is the case with the other Prescrire Awards, a systematic and totally independent process is used to grant the Information Awards (rules available on our website, at english.prescrire.org).

Rewarding accountable companies. Some drug companies respond to our requests for information or provide only limited data. Some of them tend to delay their response as long as possible, i.e. only after publication of the opinion of the French Transparency Committee (that assesses the comparative effectiveness of new drugs and provides advice on drug reimbursement), or of the price in the Journal Officiel, or after the launch of their advertising campaign. They may also omit the most relevant data, claiming they are too busy, that the administrative services are too slow, that the clinical data are confidential, or that their headquarters raise objections. Other companies withhold information or provide only limited information as a form of retaliation because they did not like one of our earlier product reviews.

“No red cards” for withholding information are a way of highlighting persistent shortcomings in the provision of information by certain drug companies and a way of encouraging more openness.

What do unhelpful companies have to hide? Other drug companies either fail to respond to our requests for information or provide only limited data. Some of them tend to delay their response as long as possible, i.e. only after publication of the opinion of the French Transparency Committee (that assesses the comparative effectiveness of new drugs and provides advice on drug reimbursement), or of the price in the Journal Officiel, or after the launch of their advertising campaign. They may also omit the most relevant data, claiming they are too busy, that the administrative services are too slow, that the clinical data are confidential, or that their headquarters raise objections. Other companies withhold information or provide only limited information as a form of retaliation because they did not like one of our earlier product reviews.

“No red cards” for withholding information are a way of highlighting persistent shortcomings in the provision of information by certain drug companies and a way of encouraging more openness.

Prescrire’s editors have been lobbying for drug companies to provide more transparency for a long time. For the first time, the Prescrire Information Awards focus on the quality of the information provided to Prescrire by the pharmaceutical companies whose products we examined in the New Products section of our French edition during the previous year (in 2011: issues 327 to 338).

Honours List (in alphabetical order)

- Outstanding: Janssen-Cilag
- Followed by: Arrow Génériques, Chauvin, Kreussler Pharma, Mylan, Novex Pharma, Orphan Europe, Shire

Red Cards (in alphabetical order)

- Allergan, Bayer Schering, Biogen Idec, Boehringer Ingelheim, Bristol-Myers Squibb, Eisai, Ipsen Pharma, Menarini, Panpharma, Servier

2011, following France’s Mediator® scandal: a visible effort by some companies. The Mediator® (benfluorex) scandal alerted the French public that withholding information about drug adverse effects was unacceptable. Some companies, including some that were awarded “Red Cards” in the past, expressed their desire for change and even proposed to meet with the Prescrire team in order to better understand the nature of the information we expect to receive in response to our requests.

These meetings provided an opportunity to explain the Prescrire literature search methodology, which aims to take into account all evaluation data, and to highlight that transparency is important for pharmaceutical companies. A drug company’s transparency is one of several criteria to be considered when choosing a drug, after efficacy, adverse effects, convenience and price.

In 2011, we noticed encouraging signs of more openness from some companies, which could ultimately benefit Prescrire’s subscribers and their patients, but it is too early to measure their real impact.

Watch this space in 2012.

Whenever we examine a new drug or indication, the review is accompanied by one of four pictograms rating the transparency of the company concerned for their response to our request for information about their product (for details search for “ratings system” online at english.prescrire.org).