

Why remove old but still valuable drugs?

Who is actually responsible for the removal of older medicines such as chlortalidone and desipramine, generics of penicillin V and spiramycin in France, even though their risk-benefit balance is still favourable?

Is it the pharmaceutical companies, who do their utmost to sideline older drugs in their bid to convince doctors that these medicines are outdated and that they should prescribe new drugs which are not necessarily better, nor always as good, but which cost a lot more?

Or is it the fault of doctors too eager to jump on the innovation bandwagon who are taken in by the advertising blurb and tend to prescribe older medicines less and less?

And how much of the blame should be laid at the door of the health authorities and social security systems with their policy of keeping down the prices of older medicines?

Why do they agree to outrageous prices for new medicines that offer no proven improvement, while allowing tried-and-tested older medicines to become increasingly unprofitable for the manufacturers (see pp. 45, 48 and 71)?

Pharmaceutical products are different from other goods. But they are industrial products, and some manufacturing costs (labour, wel-

fare cost contributions, equipment, etc.) continue to rise.

The authorities should pay the appropriate price for established medicines which still deserve to be prescribed. As they should also finance the investments necessary for their best use.

Prescribers should resist fads and prescribe drugs according to evidence based criteria.

Pharmaceutical firms should concentrate on producing new medicines that bring genuine improvements rather than “me too” products that have nothing new to offer. And they should also be allowed to continue to profit from the sale of established medicines, until it can be proved that new is better.

As always, the responsibility lies with many different people, and the solutions are complex. But imperfect as they are, solutions do exist. We just have to find them.

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