Prescrire's ratings of new drugs in 2024: a brief review

● One major therapeutic advance, a few practical advances for children, but otherwise many new products or indications of little value this year.

Every month, Prescrire publishes independent systematic reviews of recent developments in Europe's pharmaceutical market, including marketing authorisations granted for new active substances, new indications, new pharmaceutical forms, etc. Our aim is to help subscribers identify those that advance patient care. We also keep a close eye on re-examinations of the harm-benefit balance of drugs that are already on the market, news on adverse effects, drug shortages, and market withdrawals.

Overall, fewer tangible therapeutic advances than in previous years. Prescrire rated 122 new marketing authorisations in 2024 (see the table opposite, "10 years of drug ratings in La Revue Prescrire").

Only 30 of these offered some degree of added benefit compared with existing treatments. One of these 30 (0.8% of all the new authorisations evaluated in our French edition in 2024) represented a major therapeutic advance (rated "Bravo"): *fexinidazole* (Fexinidazole Winthrop®) in sleeping sickness due to *Trypanosoma brucei rhodesiense* (see "Fexinidazole (Fexinidazole Winthrop®) in sleeping sickness caused by Trypanosoma brucei rhodesiense", pp. 94-95 of this issue). Six others (5% of our evaluations) represented a notable advance (rated "Offers an advantage"), and the remaining 23 (19%) represented a minimal advance (rated "Possibly helpful"). The number of new products or indications that represented at least a notable advance (rated "Offers an advantage" or better) was below the average observed over the previous 9 years.

Almost half of the new authorisations we analysed in 2024 (60, or 49%) offered no advantages over existing treatment options (rated "Nothing new"). In 14 cases (11%), the data were inconclusive (rated "Judgement reserved"). And 18 new authorisations (15%) were considered more dangerous than beneficial in the clinical situation concerned (rated "Not acceptable"), a higher proportion than that observed in recent years.

A few practical advances for children. Two new developments represented a clear practical advance for children. One was the authorisation of *lipegfilgrastim* (Lonquex®) for use in children, which reduced the number of injections required to one per chemotherapy cycle, and included authorisation for a new presentation that is better suited to children who weigh less than 45 kg. The second was the arrival on the French market of a 1.88-mg dose strength of *leuprorelin* for monthly injection (Enantone LP®), which corresponds to the dose recommended for the rare children with central precocious puberty who weigh less than 20 kg. Some other developments offered a small practical advantage, also in children, in particular: dispersible tablets containing *dolutegravir* 5 mg + *abacavir* 60 mg + *lamivudine* 30 mg (Triumeq®) for HIV-infected children weighing between 14 and 25 kg, thus eliminating the need to use 2 or even 3 different products; and *trientine* 100-mg hard capsules (Cufence®), which are useful in some patients with Wilson's disease for adjusting the daily dose.

Janus kinase inhibitors: usually best avoided in chronic inflammatory diseases. The efficacy of 4 Janus kinase inhibitors we evaluated this year in 4 chronic inflammatory diseases was too weak or insufficiently well demonstrated to justify exposing patients to their cardiovascular adverse effects (including venous and arterial thrombosis) and an increased risk of serious infections and cancer. The drugs and diseases in question are: *baricitinib* and *ritlecitinib* in alopecia areata; *upadacitinib* in Crohn's disease and in "non-radiographic" axial spondyloarthritis; and *tofacitinib* in ankylosing spondylitis ("radiographic" axial spondyloarthritis).

Conditional marketing authorisations: companies put pressure on the EMA. In 2024, the European Medicines Agency (EMA) rightly issued negative opinions concerning the renewal of 3 conditional marketing authorisations. This type of marketing authorisation is granted on the basis of incomplete data, to fulfil "*an unmet medical need*", while awaiting additional data, often concerning the drug's efficacy. In all 3 cases, the drug's presumed efficacy was not confirmed by the data obtained after its market introduction. The drugs concerned were: *ataluren* (Translarna®) in Duchenne muscular dystrophy; *belantamab mafodotin* (Blenrep®) in multiple myeloma, which was withdrawn from the market in early 2024; and *obeticholic acid* (Ocaliva®) in primary biliary cholangitis (1-3).

In the case of *ataluren*, the European Commission did not revoke the drug's marketing authorisation and, in an unusual move, asked the EMA to re-examine the data; the EMA maintained its position in mid-2024, and again in October 2024 after yet another appeal by the pharmaceutical company concerned. The European Commission had not yet published its final decision as of 3 March 2025 (2).

As for *obeticholic acid*, the European Commission revoked its conditional marketing authorisation, but this decision was temporarily suspended by the European Court of Justice in September 2024, with the pharmaceutical company arguing that the EMA had not taken into account "*a wealth of positive real-world evidence*" (3). Revocation of this marketing authorisation was finally confirmed in December 2024 (4). *Obeticholic acid* has featured among Prescrire's drugs to avoid since 2019, because it often exacerbates the main symptoms of the disease (pruritus and fatigue), and possibly provokes severe and sometimes fatal hepatic adverse effects (5).

In a fourth case, the conditional marketing authorisation for *pralsetinib* (formerly marketed under the brand name Gavreto®) was withdrawn in late 2024 at the request of the pharmaceutical company, after an increased incidence of serious infections was observed in a clinical trial (to be published in an upcoming issue). The marketing authorisation for a fifth drug, *darvadstrocel* (formerly marketed as Alofisel®), which was rashly authorised for the treatment of perianal fistulas, was withdrawn in late 2024 at the pharmaceutical company's request, in light of the results of a second clinical trial (6).

Table. **10 years of drug ratings in La Revue Prescrire**

PRESCRIRE'S RATING	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
BRAVO	0	0	0	0	0	1	0	0	0	1
A REAL ADVANCE	3	1	1	2	1	2	3	0	0	0
OFFERS AN ADVANTAGE	5	5	9	11	10	6	14	11	10	6
POSSIBLY HELPFUL	15	9	18	22	13	18	19	23	20	23
NOTHING NEW	43	56	45	50	61	55	51	63	73	60
JUDGEMENT RESERVED	6	5	4	5	9	17	12	13	10	14
NOT ACCEPTABLE	15	16	15	9	14	10	9	14	8	18
TOTAL	87	92	92	99	108	109	108	124	121	122

BRAVO

- *Fexinidazole* (Fexinidazole Winthrop°) in sleeping sickness due to *Trypanosoma brucei rhodesiense* (*Prescrire Int* n° 269).

OFFERS AN ADVANTAGE

- *Darolutamide* (Nubeqa°) in combination with *docetaxel* in metastatic hormone-sensitive prostate cancer (*Prescrire Int* n° 260).
- *Dostarlimab* (Jemperli°) in first-line treatment for advanced or recurrent endometrial cancer with DNA repair defects (*Prescrire Int* n° 267).
- *Dupilumab* (Dupixent°) in prurigo nodularis (*Prescrire Int* n° 261).
- *Leuprorelin* (Enantone LP°) in precocious puberty (*Rev Prescrire* n° 486).
- *Lipegfilgrastim* (Lonquex°) in the prevention of chemotherapy-induced neutropenia from 2 years of age (*Prescrire Int* n° 263).
- *Sodium bicarbonate* (Bicafres°) in metabolic acidosis due to chronic kidney disease (*Rev Prescrire* n° 487).

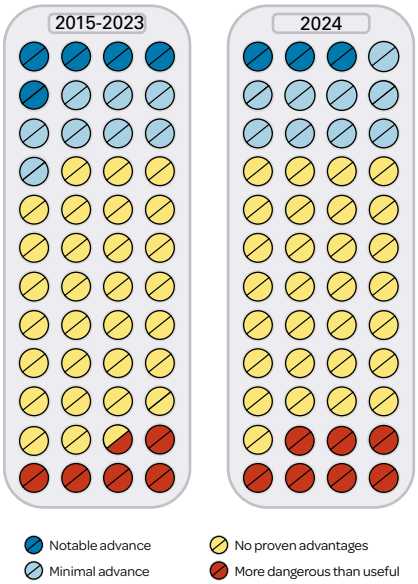
POSSIBLY HELPFUL

- *Abiraterone* (Abiraterone Sandoz°, Ibiron°) 1000-mg tablets in metastatic prostate cancer (*Rev Prescrire* n° 485).
- *Apalutamide* 240-mg tablets (Erleada°) in prostate cancer (*Rev Prescrire* n° 491).
- *Cabotegravir* (Apretude°) in HIV pre-exposure prophylaxis (*Rev Prescrire* n° 494).
- *Cemiplimab* (Libtayo°) in cervical cancer that has progressed during or after chemotherapy (*Prescrire Int* n° 260).
- *Corifollitropin alfa* (Elonva°) in hypogonadotropic hypogonadism in adolescent males (*Prescrire Int* n° 260).
- *Dabrafenib + trametinib* (Finlee° + Spexotras°) in certain gliomas with a BRAF V600E mutation (*Prescrire Int* n° 269).
- *Dolutegravir + abacavir + lamivudine* (Triumeq°) in HIV-infected children weighing 14 kg or more (*Rev Prescrire* n° 485).
- *Efgartigimod alfa* (Vyvgart°) in generalised myasthenia gravis (*Prescrire Int* n° 259).
- *Evinacumab* (Evkeeza°) in homozygous familial hypercholesterolaemia from 5 years of age (*Prescrire Int* n° 267).
- *Herpes zoster vaccine gE/AS01$_B$* (Shingrix°) in the prevention of herpes zoster and post-herpetic neuralgia (*Prescrire Int* n° 264).
- *Human normal immunoglobulin* (Gamunex°) in measles prevention (*Rev Prescrire* n° 485).
- *Lidocaine* gel (Glydo°) in interstitial cystitis and proctoscopy (*Rev Prescrire* n° 490).
- *Lidocaine* gel (Lidbree°) for intrauterine local anaesthesia (*Rev Prescrire* n° 491).
- *Lorazepam* solution for injection (Lorazepam Xilmac°) in premedication, acute anxiety states or acute agitation (*Rev Prescrire* n° 489).
- *Nifedipine* (Mapakna LP°) in threatened preterm labour (*Rev Prescrire* n° 489).
- *Pegvisomant* 25 mg and 30 mg (Somavert°) in acromegaly (*Rev Prescrire* n° 483).
- *Posaconazole* (Noxafil°) as first-line treatment in invasive aspergillosis (*Prescrire Int* n° 268).
- *Risankizumab* (Skyrizi°) in Crohn's disease after failure of at least one other immunosuppressant (*Prescrire Int* n° 264).
- *Ruxolitinib* cream (Opzelura°) in vitiligo (*Prescrire Int* n° 266).
- *Sacituzumab govitecan* (Trodelvy°) in metastatic hormone receptor-positive breast cancer, after failure of several treatments (*Prescrire Int* n° 264).
- *Timolol + latanoprost* preservative-free eye drops (Fixapost°) in ocular hypertension (*Rev Prescrire* n° 489).
- *Trientine* 100-mg hard capsules (Cufence°) in Wilson's disease (*Rev Prescrire* n° 493).
- *Ustekinumab* pre-filled pens (Stelara°) in various chronic inflammatory diseases (*Rev Prescrire* n° 494).

NOT ACCEPTABLE

- *Baricitinib* (Olumiant°) in severe alopecia areata in adults (*Prescrire Int* n° 266).
- *Brimonidine* 0.25 mg/ml eye drops (Lumobry°) in ocular redness (*Rev Prescrire* n° 489).
- *Cipaglucosidase alfa + miglustat* (Pombiliti° + Opfolda°) in late-onset Pompe disease (*Prescrire Int* n° 267).
- *Esketamine* (Spravato°) in depression after failure of several antidepressants or with a high risk of suicide (*Prescrire Int* n° 269).
- *Fenfluramine* (Fintepla°) in Lennox-Gastaut syndrome (*Prescrire Int* n° 263).
- *Futibatinib* (Lytgobi°) as second-line treatment for inoperable or metastatic cholangiocarcinoma with an FGFR2 mutation (*Prescrire Int* n° 265).
- *Ivosidenib* (Tibsovo°) as second- or subsequent-line therapy in certain cholangiocarcinomas (*Prescrire Int* n° 265).
- *Netarsudil* (Rhokiinsa°) or *netarsudil + latanoprost* (Roclanda°) in chronic glaucoma (*Prescrire Int* n° 261).
- *Ritlecitinib* (Litfulo°) in severe alopecia areata in adults and adolescents (*Prescrire Int* n° 268).
- *Secukinumab* (Cosentyx°) in hidradenitis suppurativa (*Prescrire Int* n° 266).
- *Selinexor* (Nexpovio°) in relapsed or refractory multiple myeloma (*Prescrire Int* n° 262).
- *Solifenacin + tamsulosin* (Vecalmys°) in benign prostatic hyperplasia (*Prescrire Int* n° 263).
- *Sutimlimab* (Enjaymo°) in cold agglutinin disease (*Prescrire Int* n° 265).
- *Tenofovir alafenamide + emtricitabine + elvitegravir + cobicistat* (Genvoya°) in HIV infection from 2 years of age (*Prescrire Int* n° 265).
- *Tofacitinib* (Xeljanz°) in ankylosing spondylitis ("radiographic" axial spondyloarthritis) (*Prescrire Int* n° 260).
- *Upadacitinib* (Rinvoq°) in Crohn's disease (*Prescrire Int* n° 264).
- *Upadacitinib* (Rinvoq°) in "non-radiographic" axial spondyloarthritis (*Prescrire Int* n° 261).
- *Valoctocogene roxaparvovec* (Roctavian°) in haemophilia A (*Prescrire Int* n° 266).

Proportion of authorisations in 2024 that advanced patient care, compared with the previous 9 years



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Drugs that are more dangerous than beneficial: one less on the market, another about to be withdrawn? The European marketing authorisation for *ulipristal* 5 mg (Esmya°), used in certain cases of uterine fibroids, was finally withdrawn in mid-2024, at the request of the pharmaceutical company. The efficacy data on continuous use of *ulipristal* in this clinical situation were inconclusive, yet this product exposes patients to a risk of fatal liver injury.

A review of the harm-benefit balance of the *bupropion* + *naltrexone* combination Mysimba°, requested by the European Commission, was in progress as of 30 December 2024. The pharmaceutical company failed to fulfil its obligation to conduct a post-authorisation trial to assess the long-term cardiovascular adverse effects of this combination, authorised for weight loss. This product has disproportionate cardiovascular and neuropsychiatric adverse effects, given its modest efficacy. It is high time it was withdrawn from the market. Both of the drugs it contains have featured among Prescrire's drugs to avoid for years (5).

In summary. Apart from one major therapeutic advance and a few practical advances for certain children, 2024 was a poor year. About one-seventh of the new authorisations we evaluated were worse options for patients than those already available, which is disturbing, especially since revocations or withdrawals are rare and rarely rapid.

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References **1-** European Commission "Commission implementing decision of 23.2.2024 refusing the renewal of the conditional marketing authorisation for the orphan medicinal product for human use "Blenrep - belantamab mafodotin" (...)" + "Annex" - Scientific conclusions 23 February 2024: 7 pages. **2-** EMA "Translarna: EMA re-confirms non-renewal of authorisation of Duchenne muscular dystrophy medicine" 18 October 2024: 10 pages. **3-** APMnews "La révocation de l'AMM conditionnelle européenne d'Ocaliva° suspendue (actualisation)" 5 September 2024: 1 page. **4-** EMA "Revocation of conditional marketing authorisation for Ocaliva°" 3 December 2024: 3 pages. **5-** Prescrire Editorial Staff "Towards better patient care: drugs to avoid in 2025" *Prescrire Int* 2025; 34 (267): 52-55 (full version: 11 pages), free to download at english.prescrire.org. **6-** EMA "Alofisel withdrawn from the EU market" 13 December 2024: 3 pages.

Prescrire's ratings

Our judgement is based on the therapeutic advance of the product in the relevant clinical situation. It considers not only the inherent value of each product in terms of its harm-benefit balance, but also its advantages and disadvantages relative to existing treatments. Note that the relative value of new products can vary from one country to another.

BRAVO
The product is a major therapeutic advance in an area where previously no treatment was available.

A REAL ADVANCE
The product is an important therapeutic advance but has certain limitations.

OFFERS AN ADVANTAGE
The product has some value but does not fundamentally change current therapeutic practice.

POSSIBLY HELPFUL
The product has minimal additional value, and should not change prescribing habits except in rare circumstances.

NOTHING NEW
The product is a new substance but with no evidence that it has more clinical value than other substances of the same group. It can be a me-too or a near me-too.

NOT ACCEPTABLE
Product without evident benefit but with potential or real disadvantages.

JUDGEMENT RESERVED
The editors postpone their rating until better data and a more thorough evaluation of the product are available.

Quality of information from pharmaceutical companies

In response to our systematic requests

The company provided detailed information, covering every aspect of our request.

The company provided information on every aspect of our request, but it was incomplete.

The company provided minimal information, or information obtainable elsewhere.

The company provided no information.