

These 105 drugs comprise:

- Active substances with adverse effects that, given the clinical situations in which they are used, are disproportionate to the benefits they provide;
- Older drugs that have been superseded by newer drugs with a better harm-benefit balance;
- Recent drugs that have a less favourable harm-benefit balance than existing options;
- Drugs that have no proven efficacy beyond that of a placebo, but that carry a risk of particularly severe adverse effects.

The main reasons why these drugs are considered to have an unfavourable harm-benefit balance are explained on a case by case basis. When available, better options are briefly mentioned, as are situations (serious or non-serious) in which there is no suitable treatment.

The differences between this year's and last year's lists are detailed in "Main changes in the 2020 update" above.

**Review produced collectively  
by the Editorial Staff: no conflicts of  
interest**  
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#### Selected references from Prescrire's literature search

- 1- Prescrire Editorial Staff "Towards better patient care: drugs to avoid in 2019" *Prescrire Int* 2019; **28** (203): 108-110.
- 2- Prescrire Editorial Staff "Towards better patient care: drugs to avoid" *Prescrire Int* 2013; **22** (137): 108-111.
- 3- Prescrire Rédaction "Des médicaments à écarter pour mieux soigner: pourquoi?" *Rev Prescrire* 2013; **33** (360): 792-795.
- 4- Prescrire Editorial Staff "Determining the harm-benefit balance of an intervention: for each patient" *Prescrire Int* 2014; **23** (154): 274-277.
- 5- Prescrire Editorial Staff "Treatment goals: discuss them with the patient" *Prescrire Int* 2012; **21** (132): 276-278.



Complete review available  
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via the Search function, with  
the keywords "drugs to avoid"

## Main changes in the 2020 update

*Prescrire* updates its review of drugs to avoid every year. As a result, some drugs are added to the list, while others are removed pending the outcome of our reassessment of their harm-benefit balance. In other cases, the pharmaceutical company or a health authority decided to withdraw the drugs from the market, or new data show that their harm-benefit balance is no longer clearly unfavourable in all their indications. Here we outline the main differences between the 2020 and 2019 lists of drugs to avoid.

**Market withdrawals in France.** One drug included in *Prescrire's* 2019 list of drugs to avoid is no longer marketed in France: **mephenesin**, a muscle relaxant. The French Health Products Agency withdrew marketing authorisation for products containing this drug in mid-2019, due to its unfavourable harm-benefit balance. We left it on our list of drugs to avoid, however, since it is still marketed for topical application in Belgium, for example.

**Gliflozins: harm-benefit balance unfavourable in type 2 diabetes, but under review in type 1 diabetes.** As of 2019, glucose-lowering drugs belonging to the gliflozin class (sodium-glucose co-transporter 2 inhibitors) have an unfavourable harm-benefit balance in type 2 diabetes (*Prescrire Int* n° 211). Those currently marketed in Europe are **canagliflozin** (alone or combined with *metformin*), **dapagliflozin** (alone or combined with *metformin* or *saxagliptin*), and **ertugliflozin** (*Rev Prescrire* n° 434). However, we did not include the gliflozins in our 2020 list of drugs to avoid, because **dapagliflozin** has been authorised for use in type 1 diabetes, and our analysis of its harm-benefit balance in this situation is in progress.

**Selexipag removed from the list in light of new data.** The oral prostacyclin receptor agonist **selexipag**, authorised for pulmonary arterial hypertension, has been dropped from this year's list. It was added to our list of drugs to avoid in 2018, because excess mortality had been observed in the main clinical trial on which its marketing authorisation was based. It was removed in 2019 while *Prescrire* reassessed its harm-benefit balance. Following our review of the latest data, **selexipag** has not been put back on our 2020 list, even though its harm-benefit balance is highly uncertain, and the risk that it hastens the death of certain patients during the first months of treatment has not been ruled out (*Rev Prescrire* n° 433).

**Additions to this year's list of drugs to avoid: alpha-amylase, diosmectite and other medicinal clays, Ginkgo biloba, etc.** Twelve drugs were added to our 2020 list of drugs to avoid because their adverse effects are disproportionate to their efficacy or the severity of the clinical situation for which they are authorised. They are: **alpha-amylase**, authorised for sore throat; **Ginkgo biloba** for cognitive impairment in elderly patients; **naftidrofuryl** for intermittent claudication associated with peripheral arterial disease; oral **pentosan polysulfate** for bladder pain syndrome; **pentoxyverine** for cough; the nonsteroidal anti-inflammatory drug **tenoxicam**; and **xylometazoline**, a nasopharyngeal decongestant available in several European countries; the medicinal clays **attapulgit** (marketed alone and in multi-ingredient preparations), **diosmectite**, **hydrotalcite**, **montmorillonite** (marketed alone and in multi-ingredient preparations), and **kaolin** (a component of multi-ingredient preparations) are authorised to treat various intestinal disorders, including diarrhoea, but should be avoided due to lead contamination.

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