Notable changes in the 2017 update

Only one drug from the list of drugs that *Prescrire* advises health professionals and patients to avoid was withdrawn from the market in 2016: the recombinant urate oxidase *pegloticase.* Its European marketing authorisation, for severe gout, was withdrawn at the request of the pharmaceutical company concerned (*Prescrire Int n° 180*).

Panitumumab, varenicline: *Prescrire* reviewing new data in 2017. The only drugs listed in our 2016 review of drugs to avoid that do not feature in this year's review are *panitumumab* for colorectal cancers and *varenicline* for smoking cessation. This is because we are currently re-evaluating their harm-benefit balance in light of new data published in 2016.

Additions: ambroxol, capsaicin, various antineoplastics. The adverse effects of the mucolytics *ambroxol* and *bromhexine* are better known now that they have been in use for a long time. The hypersensitivity reactions and life-threatening cutaneous disorders they cause make their harm-benefit balance unfavourable. Although these adverse effects are rare, they are unacceptable for drugs that have no efficacy beyond a placebo effect and that are indicated for minor ailments such as cough or sore throat.

The data on *dronedarone* in atrial fibrillation and *capsaicin* in neuropathic pain led us to add these drugs to the list of ones to avoid.

We have also added the vasoconstrictor *phenylephrine*, authorised as a decongestant for nasal use, which we had erroneously omitted from previous lists.

Six of the new products examined by *Prescrire* in 2016 have an unfavourable harm-benefit balance in all their approved indications and three of them are cancer drugs: *nintedanib* for non-small cell lung cancer and for idiopathic pulmonary fibrosis, *olaparib* for ovarian cancer, *panobinostat* for multiple myeloma, *mepolizumab* for asthma, *ciclosporin* eye drops for dry eye disease, and *idebenone* for Leber's hereditary optic neuropathy.

Additions authorised at European level but not marketed in France. *Prescrire* analyses all drugs that receive authorisation through European or French marketing authorisation procedures. In previous years, we only considered drugs marketed in France when compiling our list of drugs to avoid in order to provide better patient care. This year, for the benefit of readers who do not work or live in France, we have expanded our review to include all the drugs examined by *Prescrire* between 2010 and 2016 and having European marketing authorisation, regardless of their availability in France.

Ten drugs to avoid were added to the list as a result of this approach. All but the first are unavailable in France as of early 2017: *alemtuzumab* for multiple sclerosis, *alogliptin* (alone or combined with *metformin*), *canagliflozin*, *dapagliflozin* and *pioglitazone* for type 2 diabetes, the fixed-dose combinations *bupropion* + *naltrexone* for weight loss, *mannitol* inhalation powder for cystic fibrosis, *mifamurtide* for osteosarcoma, *ranolazine* for angina, and *vernakalant* for atrial fibrillation.

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with an unfavourable harm-benefit balance in certain situations but not in others have not been included.

This fifth annual review of drugs to avoid has been extended to cover all the drugs examined by *Prescrire* between 2010 and 2016 that are authorised in the European Union. In previous reviews, we confined our assessment to drugs marketed in France. As of early 2017, we have identified 91 drugs that are more dangerous than beneficial, 82 of which are marketed in France.

They are listed, based first on the therapeutic area in which they are used and then in alphabetical order of their international nonproprietary names (INNs).

These 91 drugs comprise:
– Active substances with adverse effects that are disproportionate to the benefits they provide in a given situation;
– Older drugs that have been superseded by new 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 the placebo effect) but that carry a risk of serious adverse effects.

The main reasons why these drugs are considered to have an unfavourable harm-benefit balance are explained in each case. 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 the inset above.

The full list of drugs to avoid is available at **english.prescrire.org**.

Selected references from Prescrire's literature search

1-fiPrescrire Editorial Staff "Towards better patient care: drugs to avoid in 2016" *Prescrire Int* 2016; **25** (170): 105-111.
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-bene t 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.

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