Drugs in 2020: a brief review

- Nine of the 109 new drugs, combinations, drug strengths, pharmaceutical forms or indications analysed and rated in our French edition in 2020 constituted a notable therapeutic advance.


**BRAVO**

**A REAL ADVANCE**
- *fexinidazole* in sleeping sickness (Prescrire Int n° 221).
- *tafamidis* in transthyretin amyloid cardiomyopathy (Prescrire Int n° 222)

**OFFERS AN ADVANTAGE**
- *abemaciclib* in some breast cancers (Prescrire Int n° 217).
- *betibegogene autotemcel* in certain forms of severe beta thalassaemia (Prescrire Int n° 221).
- *cannabidiol* in Lennox-Gastaut syndrome and Dravet syndrome (Prescrire Int n° 218).
- *glibenclamide* in neonatal diabetes (Prescrire Int n° 215).
- *methadone* in cancer pain (Prescrire Int n° 215).
- *patisiran* in polyneuropathy associated with amyloidosis (Prescrire Int n° 217).

**POSSIBLY HELPFUL**
- *apalutamide* in non-metastatic prostate cancer (Prescrire Int n° 218).
- *buprenorphine*, in subcutaneous prolonged-release form, in opioid dependence (Prescrire Int n° 216).
- *dabrafenib* and *trametinib* combined, in certain types of melanoma (Prescrire Int n° 216).
- *liposomal daunorubicin + cytarabine* in acute myeloid leukaemia (Prescrire Int n° 215).
- *dolutegravir + lamivudine* in HIV infection (Prescrire Int n° 219).
- *dupilumab* in atopic eczema (Rev Prescrire n° 442).
- *emicizumab* to prevent bleeding in haemophilia A (Prescrire Int n° 220).

**JUDGEMENT RESERVED**
- *bedaquiline* in multidrug-resistant tuberculosis in adolescents (Rev Prescrire n° 446).
- *brentuximab vedotin* in Hodgkin lymphoma (Rev Prescrire n° 441).
- *ipilimumab* and *nivolumab* combined, in some renal cancers (Prescrire Int n° 215).
- *ivacaftor + lumacaftor* in children with cystic fibrosis (Rev Prescrire n° 437).

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**Therapeutic advances in 2020 compared with the previous 9 years**

**2011-2019**
- Notable advance
- No proven advantages
- Minimal advance
- More dangerous than useful

**2020**
- BRAVO
- A REAL ADVANCE
- OFFERS AN ADVANTAGE
- POSSIBLY HELPFUL
- NOTHING NEW
- JUDGEMENT RESERVED

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**Prescrire’s ratings of new products and indications over the past 10 years**

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Drug shortages: a (big) thorn in the side of pharmacists

In Europe, community pharmacy staff waste a considerable amount of time each week dealing with the consequences of drug shortages.

In late 2019, the Pharmaceutical Group of the European Union (PGEU), the organisation which represents unions and professional bodies in Brussels, conducted a survey of the opinions of community pharmacists regarding the impact of drug shortages in Europe in the previous 12 months (1,2).

Despite the limitations of this type of survey, based on participants’ statements, the results give some indication of the scale of the phenomenon. They provide evidence that, in most European countries, there is a high, and constantly increasing, frequency of shortages, with an unfortunate impact on patients and on the daily practice of pharmacists. Information is also lacking, as well as the tools and legal means for providing solutions to patients (2).

Nearly all drug classes are involved in the majority of countries. Shortages involved more than 100 drugs in 21 out of 24 countries, and more than 400 drugs in 5 countries (2).

The pharmacists stated that these shortages had been detrimental to patients. In all countries, they considered them to be a cause of distress and inconvenience. In three-quarters of the countries, they mentioned interruption of treatments and, in more than half of the countries, increases in patients’ contribution to drug costs (co-payments). According to the pharmacists, these shortages had other consequences for patients’ health, including: use of alternative treatments considered to be less appropriate, or with a higher risk of adverse effects (according to pharmacists in more than half of the countries); and a risk of medication errors (in one-quarter of the countries). These shortages sometimes led to deaths (according to pharmacists in 3 countries) (2).

The pharmacists estimate that each pharmacy team spends on average 6.5 hours per week dealing with the consequences of drug shortages (responses ranged from 2 to 15 hours) (2).

Despite its lack of precision in assessing the harm to patients, this survey illustrates the extent of the shortages and their consequences for community pharmacy practice.