Main changes in the 2021 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, either because the pharmaceutical company or a health authority decided to withdraw the drug from the market, or pending the outcome of our reassessment of the drug’s harm-benefit balance, which may change in light of new data. Here we outline the main differences between the 2020 and 2021 lists of drugs to avoid.

Three drugs removed from the list of drugs to avoid. In 2019, we added ulipristal 5 mg (Esmya®) to the list of drugs to avoid, because this antagonist and partial agonist of progesterone receptors, used for uterine fibroids, can cause serious liver injury, sometimes requiring liver transplantation (Prescrire Int n° 198; Rev Prescrire n° 418) (a). Esmya®’s marketing authorisation was suspended in the European Union in March 2020 due to these serious hepatic effects, and in September 2020, the European Pharmacovigilance Risk Assessment Committee (PRAC) recommended withdrawal of its marketing authorisation.

The intestinal “anti-infective” agent nifuroxazide was also removed from our list of drugs to avoid, because it is supposedly no longer marketed in France. This drug has no proven efficacy against diarrhoea, but it provokes serious, albeit rare, immune-mediated and haematological adverse effects.

We also removed the antiangiogenic tyrosine kinase inhibitor nintedanib from the list while we assess its harm-benefit balance in two new indications added in 2020: chronic fibrosing interstitial lung diseases with a progressive phenotype, and systemic sclerosis-associated interstitial lung disease. Nintedanib’s harm-benefit balance remains unfavourable in the other situations for which it is authorised: idiopathic pulmonary fibrosis (Prescrire Int n° 173) and certain forms of non-small cell lung cancer (Rev Prescrire n° 389).

Gliflozins back on the list of drugs to avoid in diabetes. Glucose-lowering drugs belonging to the gliflozin class have been authorised for type 2 diabetes in the European Union since the mid-2010s. Increasing evidence of their unfavourable harm-benefit balance has accrued over time (Prescrire Int n° 160). Those currently marketed in Europe are canagliflozin (alone or combined with metformin), dapagliflozin (alone or combined with metformin or saxagliptin), empagliflozin (alone or combined with metformin or linagliptin), and etugliflozin (alone or combined with metformin or sitagliptin). Gliflozins were included in our 2019 list of drugs to avoid. They were removed in 2020 while we evaluated the harm-benefit balance of dapagliflozin in type 1 diabetes. Dapagliflozin has no more place in the treatment of type 1 diabetes than in type 2 diabetes. Following this re-evaluation, the gliflozin class of glucose-lowering drugs was reinstated on Prescrire’s list of drugs to avoid.

New drugs to avoid: finasteride 1 mg, piracetam, esketamine, etc. Two drugs were added to our 2021 list of drugs to avoid because their adverse effects are disproportionate when weighed against their weak efficacy or the benign condition for which they are authorised. They are finasteride 1 mg, authorised for use in men with male-pattern baldness, and the “vasodilator” piracetam, authorised for various clinical situations including vertigo and cognitive impairment.

Three other drugs have some efficacy, but their adverse effects are disproportionate or other, less dangerous options exist: esketamine nasal spray in “treatment-resistant” depression; pimecrolimus in atopic eczema; and romosozumab in severe postmenopausal osteoporosis. Meloxicam joins the other nonsteroidal anti-inflammatory drugs (NSAIDs) on our list that belong to the oxicam class: piroxicam and tenoxicam. Its omission from last year’s review was simply an oversight.

112 authorised drugs that are more dangerous than beneficial

As of late 2020, based on the drugs examined by Prescrire between 2010 and 2020 that are authorised in France or in the European Union, 112 drugs were identified as more dangerous than beneficial in all their authorised indications. 93 of these drugs are marketed in France.

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

These 112 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...