IMPACT OF EU LABEL CHANGES FOR SYSTEMATIC DICLOFENAC PRODUCTS: POST-REFERRAL PRESCRIBING TRENDS FOR SYSTEMIC DICLOFENAC PRODUCTS

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Background: Non-steroidal anti-inflammatory drugs (NSAIDs), such as diclofenac, are widely prescribed agents across Europe for the management of pain, fever and inflammatory conditions. In June 2013, a European Medicines Agency (EMA) referral procedure concluded that diclofenac containing products were associated with an elevated risk of acute cardiovascular events and that contraindications, warnings, and changes to the product information, including direct healthcare professional communication (DHPC) were required to be implemented across the EU.

Objectives: The aim of the study was to evaluate the impact of the risk minimisation measures implemented in 2013 to manage the cardiovascular risks of systemic diclofenac containing medicinal products in Denmark, Netherlands, England and Scotland.

Method: Drug utilisation studies assessing diclofenac-containing medical products covering the regulatory intervention in June 2013. Quarterly time series analysis measuring the prevalence of diclofenac initiation and discontinuation with statistical significance testing using interrupted time series regression.

Results: The cohorts consisted of 5.6 million in Denmark, 5.3 million in Scotland, 4.2 million in England and 1 million in the Netherlands. The most common indication for diclofenac in all countries among those assessed was osteoarthritis. In all countries diclofenac prescribing fell during the overall observation period. The 2013 EMA regulatory intervention was associated with a significant: immediate reduction in diclofenac initiation in the Netherlands (-0.42%, 95%CI -0.66% to -0.18%), England (-0.09%, 95%CI -0.11% to -0.08%) and Scotland (-0.67%, 95%CI -0.79% to -0.55%) but no significant immediate impact on diclofenac discontinuation; a falling trend in diclofenac initiation in the Netherlands (-0.03%, 95%CI -0.06% to -0.01%) and Scotland (-0.04%, 95%CI -0.05 to -0.02%), and no statistically significant rising trend in diclofenac discontinuation.

Conclusion: The 2013 EMA referral was associated with reductions in overall diclofenac prescribing the extent of which varied by country and type of exposure.